

2020

# LEGISLATIVE WRAP-UP

106TH LEGISLATURE | SECOND SESSION





# A special thanks to all of the members of the 2020 Policy Development Committee

**Leslie Marsh, CHAIR**

Lexington Regional Health Center, Lexington

**Manny Banner**

Memorial Community Hospital and Health System, Blair

**Steve Beck**

Kearney Regional Medical Center, Kearney

**Diane Carlin**

Antelope Memorial Hospital, Neligh

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Boys Town National Research Hospital, Omaha

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CHI Health St. Elizabeth, Lincoln

**Bruce Cutright**

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**Kelly Nielsen**

CHI Health, Omaha

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Kearney County Health Services, Minden

**Roger Reamer**

Memorial Health Care Systems, Seward

**Ruth Stephens**

Pawnee County Memorial Hospital, Pawnee City

**Jim Ulrich**

York General, York

**Nizar Wehbi**

University of Nebraska Medical Center, Omaha

**John Woodrich**

Bryan Health, Lincoln

**Dear Health Care Champions,**

*The Nebraska Hospital Association Advocacy Team wrapped up a productive 2020 legislative session and adjourned on August 13, 2020. We are pleased to report on our legislative priorities and bills of interest. The NHA collaborated with many policymakers, stakeholders and other health care members in advocating for our top priorities to enhance the health care industry.*

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

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

Sincerely,



Andy Hale  
Vice President, Advocacy

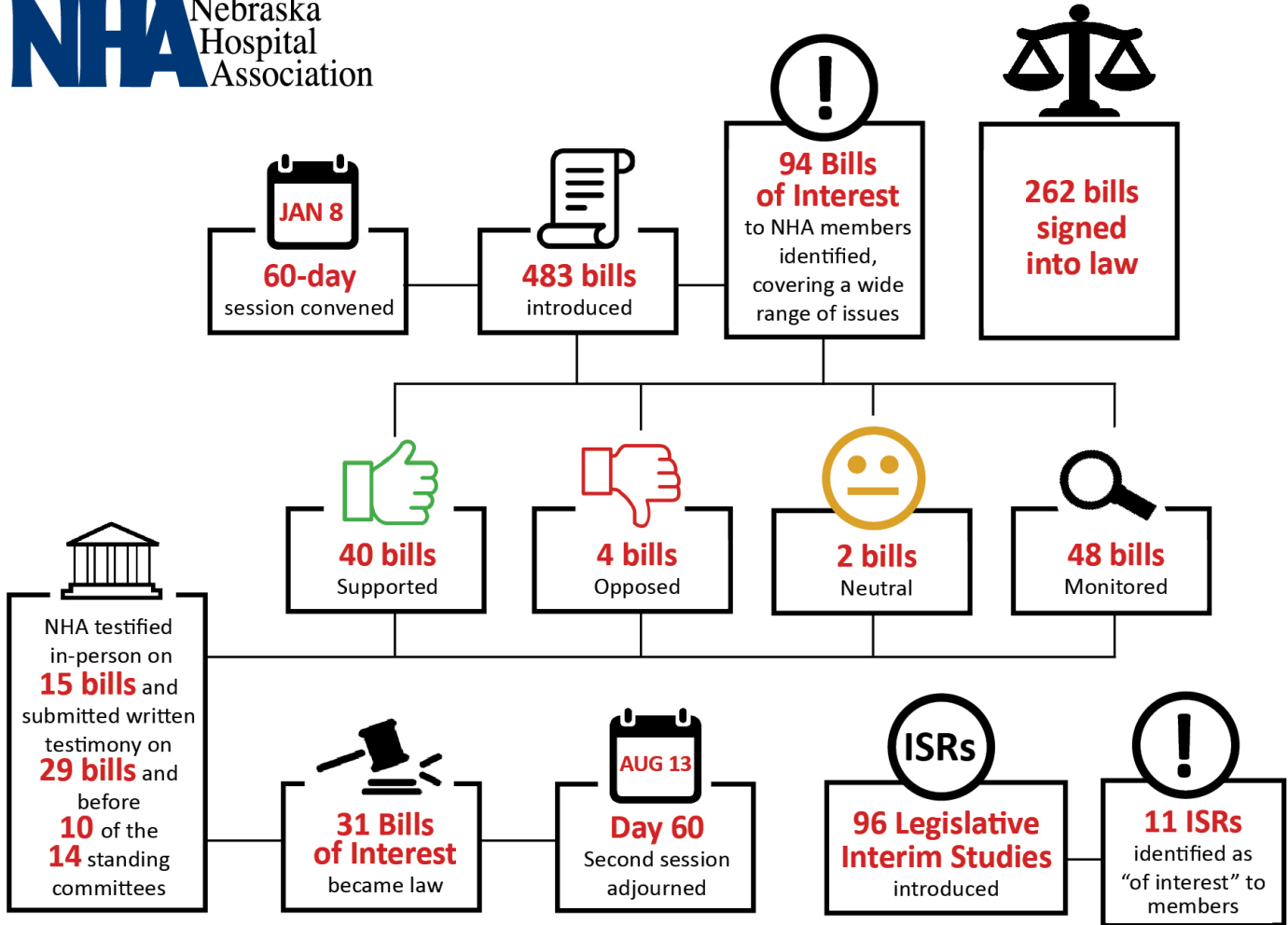


David Slattery  
Director of Advocacy

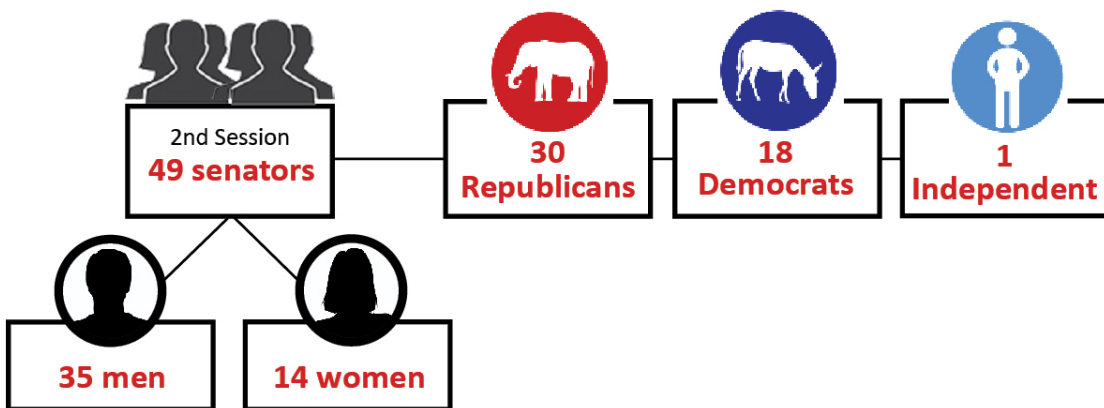
**Due to the coronavirus pandemic, the Legislature stretched out for eight months before finishing the session in the middle of August.**

# 2020 LEGISLATIVE SESSION BY THE NUMBERS

## Nebraska Unicameral Legislature - 106<sup>th</sup> Legislature, Second Session



## Composition of 106<sup>th</sup> Legislature



# Key Issues

## Budget Update

Governor Pete Ricketts signed the budget adjustment bills (LB1008 and LB1009) for this session. Despite the four-month pandemic-induced break in the session, the signed budget package looked much the same as it had emerged from the Appropriations Committee in early March. The package will result in 3% average annual spending growth for the two-year period ending June 30 and leaves \$388 million in the rainy-day fund. The budget includes \$8 million for certain Medicaid provider rate increases.

A provision was added to direct unallocated and unexpended federal CARES Act funds as of November 15, 2020, to be reoffered through a grant process to meet remaining unmet needs, including rental and food assistance, small business and livestock stabilization, broadband, workforce retraining, and child care. If allowed by federal law, any unallocated or unexpended funds received would be transferred to the Cash Reserve Fund on or before December 26, 2020.



**The budget included language and appropriations specifically called for in the following bills supported or monitored by NHA:**

### **LB1093 (Stinner) State intent regarding appropriations for nursing facility services under the medical assistance program**

**NHA Position: Supported** ✓

Effective August 6, 2020

It is the intent of the Legislature that DHHS shall retroactively distribute the portion of \$7,256,215 (\$3,324,072 General Funds and \$3,932,143 Federal Funds) that was unexpended on increased nursing facility utilization during FY2020-21, instead to be paid out as an incentive payment to nursing facilities. The incentive payment shall be distributed based on the nursing facility formula in effect July 1, 2020; such payment to be made no later than Sept. 30, 2020. The Department shall also use .5% as the increased utilization rate rather than 2.5% for holding back funds and spend the rest of the appropriation on nursing facility incentive payments.

### **LB1100 (Bolz) State intent regarding appropriations for mental health and behavioral health services**

**NHA Position: Supported** ✓

Effective August 6, 2020

Appropriates \$4.1 million to fund rate increases for rates paid to providers of mental health and behavioral health services medical assistance program to provide reimbursement comparable to the rates paid by the Division of Behavioral Health of the Department of Health and Human Services – prioritizing rate increases for those paid 15% or more below such rates.

### **LB1018 (Vargas) Appropriate funds to the Department of Health and Human Services**

NHA Position: Monitored

Effective August 6, 2020

Appropriates \$1,500,000 to be provided for local public health departments.

### **LB1019 (Vargas) Appropriate funds to the Department of Health and Human Services**

NHA Position: Monitored

Effective August 6, 2020

Appropriates \$500,000 for the seven community health centers. Each center is to receive an amount to be distributed proportionally based on the previous fiscal year's number of uninsured clients as reported on the Uniform Data System Report

# Grand Compromise

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The “Grand Compromise”, LB 1107, passed this session. The package combined elements of property tax relief, business incentives (Imagine Nebraska Act) and potential funding for the NExT project at the University of Nebraska Medical Center.

\$125 million in new state income tax credits will go to owners of homes, businesses and farmland. As state tax receipts grow, the new credit program would increase, with a guarantee that it would amount to \$375 million a year after five years.

The Imagine Act, a replacement for the state’s current economic development known as the Advantage Act, would be capped at \$25 million a year in the first two years eventually reaching to \$150 million by year five.

The NExT project is a \$2.6 billion project envisioned at UNMC. The state allocated \$300 million for the project but not until the 2025-26 fiscal year. The project must secure at least \$1 billion in federal dollars and \$300 million in private donations before the state allocates their dollars.

# Medicaid Expansion

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Nebraska Medicaid started accepting applications on August 1, 2020, the newly expanded population (single people making about \$17,000 a year or about \$36,000 for a four-person household in 2020). Benefits will begin on October 1, 2020.

90% of the costs will be funded by the United States Federal Government. The remainder of the funds will come from the State of Nebraska. The number of individuals who enroll in the program will determine the costs to the state. (Estimated to be 90,000 - 95,000 people).

The Governor estimated that Medicaid Expansion would cost the state \$63.2 million for fiscal years 2020 and 2021.

Due to the COVID-19 pandemic, CMS has notified DHHS that approval of Nebraska's 1115 expansion demonstration waiver will not be finished in time for Nebraska's planned expansion effective date of October 1. Medicaid Expansion will still occur but with only basic coverage benefits. Participating Nebraskans will be able to earn additional Prime benefits after the 1115 waiver is approved at a later date.

**Most newly eligible Nebraskans will start with the Basic benefits package, which is a comprehensive benefits package that includes the following services:**

- Ambulatory
- Emergencies
- Hospitalization
- Maternity and Newborn
- Mental Health and Substance Use Disorder Services, including Behavioral Health

**Newly eligible Nebraskans who are 19 or 20 years old, pregnant, or medically frail will receive the Prime benefits package, which is the Basic benefits package plus:**

- Dental Services
- Vision Services

- Prescription Drugs
- Rehabilitative & Habilitative Services and Devices
- Laboratory Services
- Preventive, Wellness, and Chronic Disease Management
- Other services such as: Long-Term Care, Non-Emergency Medical Transportation, and Durable Medical Equipment

Over-the-counter Medications

# 2020 Statute Changes That Impact Nebraska Hospitals

## **LB760 (Kolterman) Require health carriers to provide coverage for asynchronous review by a dermatologist by way of telehealth**

**NHA Position: Supported** ✓

Effective November 14, 2020

Insurers shall not exclude asynchronous review by a dermatologist from coverage solely because the service is delivered through telehealth. Insurers shall reimburse the health care provider for asynchronous review by a dermatologist delivered through telehealth on the same basis and at the same rate as the insurer would apply to those services if the services had been delivered in person.

## **LB772 (Williams) Change the scope of practice for physician assistants- Amended into LB755**

**NHA Position: Supported** ✓

Effective November 14, 2020

Amends definition of supervision to mean the ready availability of the supervising physician for consultation and collaboration of the PA. Provides that a PA may render services in a setting that is geographically remote from the supervising physician. Beginning Dec. 1, 2020, LB772 requires that one of the six professional members of the Board of Medicine and Surgery shall be a physician with experience in practice with PAs.

Authorizes a PA to perform medical services that form a component of the scope of practice of a physician working in the same physician group as the PA if delegated and provided under the supervision and collaboration with such physician, are medical services for which the PA has been prepared by education, experience, and training and that the PA is competent to perform. The bill strikes language that a PA is considered an agent of his supervising physician.

LB772 clarifies PA authority to pronounce death and complete death certificates. It strikes restrictions regarding PA practice in hospitals and requirements for physician-PA agreements. It provides that a PA may prescribe drugs and devices, removing language "as delegated to do so by a supervising physician" and provides authority to distribute drug samples and plan and initiate therapeutic regimens that include non-pharmacological interventions. LB772 changes the PA committee so that the member from the Board of Medicine and Surgery would be a non-voting member.

## **LB825 (Hilkeman) Change provisions relating to infant health screenings - Amended into LB755**

**NHA Position: Supported** ✓

Effective November 14, 2020

Requires infant screening for spinal muscular atrophy.

## **LB836 (Arch) Change provisions governing certain contracts and agreements relating to the medical assistance program - Amended into LB1158**

**NHA Position: Supported** ✓

Effective August 11, 2020

LB836 provides that all Medicaid managed care contracts and existing on or after the effective of the act, shall provide for the return to DHHS of any remittance if the contractor does not meet the minimum loss ratio and any unearned incentive funds.

The funds shall be remitted for credit to the Nebraska Health Care Cash Fund. Any performance contingencies imposed by the department shall be reinvested by the contractor to fund additional health services.

## **LB837 (Arch) Change provisions relating to background checks under the Child Care Licensing Act and the Children's Residential Facilities and Placing Licensure Act - Amended into LB1158**

**NHA Position: Supported** ✓

Effective August 11, 2020

DHHS shall seek to maximize federal funding to develop and implement a program to assist childcare providers and childcare staff members with the costs of the fingerprinting and national criminal history record information check.

If DHHS does not receive federal funds sufficient to fund the implementation, administration and maintenance of such program, then a child care staff member being screened shall pay the actual cost of the fingerprinting and national criminal history record information check, except that the department may pay all or part of the cost if funding becomes available.



# 2020 Statute Changes That Impact Nebraska Hospitals

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## **LB838 (Arch) Provide an exemption from licensure under the Medicine and Surgery Practice Act - Amended into LB783**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB838 creates an exception from the unauthorized practice of medicine for persons who are not licensed, certified, or registered under the Uniform Credentialing Act, to whom are assigned tasks by a physician or osteopathic physician licensed under the Medicine and Surgery Practice Act.

If such assignment of tasks is in a manner consistent with accepted medical standards and appropriate to the skill and training, on the job or otherwise, of the persons to whom the tasks are assigned.

## **LB847 (Arch) Change requirement for dispensing drugs in certain health care facilities - Amended into LB1052**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB847 allows a pharmacist may package drugs and devices at the request of a patient or patient's caregiver if the drugs and devices were originally dispensed from a different pharmacy. The bill revisions include labeling and relabeling provision for drugs in an assisted-living facility, a nursing facility, or a skilled nursing facility.

LB847 also adds definitions of central fill, medication administration record, national drug code, and updates the definition of calculated expiration date.

## **LB886 (Arch) Prohibit certain acts by health insurers and network providers and list a deceptive trade practice - Amended into LB774**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB886 specifies that health care facilities may advertise or hold itself out as a network provider if the facility is a network provider of the health insurer. Provides that a facility may not place the name or logo of a health insurer on any signage or marketing materials if the facility is not a network provider for the health insurer.

## **LB956 (Walz) Provide duties for managed care organizations under the Medical Assistance Act**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB956 states that if a managed care organization makes any material change to a provider agreement, the MCO shall provide the provider with at least 90 days' notice of the material change. Material change means a change to a provider agreement, the occurrence and timing of which is not otherwise clearly identified in the provider agreement, that decreases the provider's payment or compensation or changes the administrative procedures in a way that may reasonably be expected to significantly increase the provider's administrative expense, including altering an existing prior authorization, precertification, notification, or referral program or an edit program or specific edits.

The bill provides process for providers to object to such changes and unwind relationship with MCO. The notice of proposed material change shall be sent in an envelope conspicuously marked "contract change."

# 2020 Statute Changes That Impact Nebraska Hospitals

## **LB997 (Morfeld) Adopt the Out-of-Network Emergency Medical Care Act**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB997 creates the Out-of-Network Emergency Medical Care Act. The legislation allows for resolution of unexpected medical bills due to an emergency visit to a health care facility or provider that was not in a patient's health insurance network.

It defines an emergency as the sudden onset of a medical condition that would place a person in serious jeopardy if not treated immediately, and limits a patient's expenses to what would have been charged if the patient had been treated at an in-network facility.

Emergency medical condition means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (1) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy, (2) serious impairment to such person's bodily functions, (3) serious impairment of any bodily organ or part of such person, or (4) serious disfigurement of such person.

Emergency services means health care services medically necessary to screen and stabilize a covered person in connection with an emergency medical condition.

(1) Health benefits plan means a benefits plan which pays or provides hospital and medical expense benefits for covered services and is delivered or issued for delivery in this state by or through an insurer. (2) Health benefits plan does not include the medical assistance program, Medicare, Medicare Advantage, accident-only, credit, disability, or long-term care coverage, TRICARE supplement coverage, coverage arising out of a workers' compensation or similar law, automobile medical payment insurance, personal injury protection insurance, and hospital confinement indemnity coverage.

The bill provides that a claim "or a payment" shall be presumed reasonable if it is based on the higher of (a) the contracted rate "under any then-existing in-

network contractual relationship between the insurer and the out-of-network health care provider for the same or similar services" or (b) 175% of the payment rate "for Medicare services" for the same or similar services in the same geographic area.

It provides that if an out-of-network health care provider deems the payment made by the insurer unreasonable, the out-of-network health care provider shall return payment to the insurer and utilize the dispute resolution procedure set out in the law.

LB997 provides that if an insurer "or an out-of-network health care provider" provides notification that it considers a claim or payment to be unreasonable, the insurer and the health care provider shall have 30 days after the notification to negotiate a settlement.

It provides that if a settlement is not reached, the insurer and the health care provider shall engage in mediation.

## **LB1044 (B. Hansen) Change provisions relating to the practice of medical nutrition therapy - Amended into LB1002**

**NHA Position: Supported** ✓

Effective November 14, 2020

Clarifies a licensed medical nutrition therapist may order patient diets, including therapeutic diets without physician approval.

## **LB1053 (Health and Human Services Committee) Require rules and regulations for hospital and nursing facility Medicaid reimbursement rates**

**NHA Position: Supported** ✓

Effective November 14, 2020

The department shall adopt and promulgate rules and regulations regarding the rate methodology for reimbursement of hospital and nursing facility services.

Any change to the rate methodology is considered substantive and requires a new rulemaking or regulation making proceeding under the Administrative Procedure Act.

# 2020 Statute Changes That Impact Nebraska Hospitals

## **LB1058 (Howard) Adopt the Population Health Information Act - Amended into LB1183**

**NHA Position: Supported** ✓

Effective August 7, 2020

LB1058 will designate an entity to provide the data infrastructure needed to assist in operating the electronic health records initiative. The designated health information exchange shall:

- (1) Aggregate clinical information from health care entities needed to support the operation of Medicaid;
- (2) Act as the designated entity for purposes of access to and analysis of health data;
- (3) Collect and analyze data for purposes of informing the Legislature, the department, health care providers, and health care entities as to the cost of, access to, and quality of health care in Nebraska;
- (4) Act as the primary collector and reporter of public health data for registry submissions, immunization reporting, and syndromic surveillance;
- (5) Enable any health care provider or health care entity to access information available within the designated health information exchange to evaluate and monitor care and treatment of a patient in accordance with HIPAA.

The department shall work collaboratively with the designated health information exchange to access funding through federal programs.

## **LB1064 (Briese) Change provisions relating to the sale and use of tobacco products**

**NHA Position: Supported** ✓

Effective August 15, 2020

Raises the legal age to use and purchase tobacco, cigarettes, cigars, electronic nicotine delivery systems or alternative nicotine products from 19 to 21.

## **LB1124 (Howard) Adopt the Opioid Prevention and Treatment Act**

**NHA Position: Supported** ✓

Effective November 14, 2020

LB1124 creates the Nebraska Opioid Recovery Fund to include all recoveries received on behalf of the state pursuant to the Consumer Protection Act or the Uniform Deceptive Trade Practices Act related to the advertising of opioids and to also include any money, except criminal penalties, whether such recovery is by way of verdict, judgment, compromise, or settlement of any case pursuant to such acts.

The purpose of the Opioid Prevention and Treatment Act is to provide for the use of dedicated revenue for opioid disorder-related treatment and prevention.

## **LB1183 (Arch) Adopt the Population Health Information Act**

**NHA Position: Supported** ✓

Effective August 7, 2020

LB1183 creates the Health Information Technology Board, composed of health care professionals and other stakeholders. The 17-member board including (1) hospital administrator, will establish criteria for data collection and disbursement by the statewide health information exchange.

The Board will begin meeting April 1, 2021, and will assure that information contained in the exchange was accessed, used and disclosed in accordance with the federal Health Insurance Portability and Accountability Act and also will oversee Nebraska's prescription drug monitoring protocol.

## **LB1184 (Arch) Require standards for certain psychiatric services under the Medical Assistance Act - Amended into LB1002**

**NHA Position: Supported** ✓

Effective August 15, 2020

The Medicaid Division shall set standards for inpatient psychiatric units and psychiatric residential treatment facilities that are no more restrictive than national accreditation standards required for direct care staff, including mandatory training and supervision standards.

# 2020 Statute Changes That Impact Nebraska Hospitals

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## **LB1198 (Stinner) Appropriate funds for the Governor's Emergency Program - COVID-19**

Effective March 25, 2020

Appropriated a total of \$83.6 million to bolster the state's response to the spread of COVID-19, the disease caused by the new coronavirus. Funds will be transferred from the state's Cash Reserve Fund to the Governor's Emergency Cash Fund. Dollars then will be directed to a newly created program to be known as the Governor's Emergency Program – COVID-19, housed within the state's Military Department.

### **Among priorities funded by the bill are:**

- \$38.2 million for personal protective gear and other supplies and support for local health departments;
- \$13 million to maintain staffing at veterans' homes and state Department of Health and Human Services care facilities;
- \$4 million for additional staffing and overtime costs for the DHHS Division of Public Health;
- \$2.5 million to the University of Nebraska Medical Center for lab equipment, software programming and personnel;
- \$515,000 to UNMC to facilitate COVID-19 testing; and
- \$344,000 to establish a statewide communication system to share information related to response efforts.

# Bills Opposed by the NHA

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## **LB378 (B. Hansen) Change helmet provisions for autcycles, motorcycles, and mopeds (Held over from last session)**

**NHA Position: Opposed**  
Indefinitely postponed

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.

## **LB946 (Briese) Change the sales tax rate and impose sales tax on additional services**

**NHA Position: Opposed**  
Indefinitely postponed

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, 2021, the sales tax rate be lowered from 5.5% to 4% 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 base made by this bill not gone into effect.

## **LB988 (Hilgers) Provide restrictions on business entity ownership with respect to certain professional services**

**NHA Position: Opposed**  
Indefinitely postponed

A business entity formed for the purpose of rendering professional service, the performance of which is subject to credentialing under the Uniform Credentialing Act, may have owners who are persons not credentialed in a professional service regulated under the Uniform Credentialing Act or persons who are credentialed in a professional service regulated under the Uniform Credentialing Act other than the professional service for which the business entity was formed. Such owners shall not, in the aggregate, directly or beneficially, comprise a majority of the owners of such business entity.

## **LB1126 (Vargas) Change attorney's fees, penalties, and interest provisions under the Nebraska Workers' Compensation Act**

**NHA Position: Opposed**  
Indefinitely postponed

The compensation court may award an attorney's fee for a failure to authorize or provide assurance of payment for treatment pursuant to section 48-120 if there is no reasonable controversy regarding treatment within 30 days of the request for authorization or assurance of payment.

The compensation court may also, in its discretion, assess a penalty under this subsection not to exceed \$500 per day for each day that authorization is delayed without reasonable controversy.

## **LB1133 (Wayne) Increase caps on medical malpractice liability**

**NHA Position: Opposed**  
Indefinitely postponed

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, 2020.

# Interim Studies

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

Every fall, the standing legislative committees choose two interim study resolutions to research in partnership with the senator who introduced the resolution, often holding public hearings to obtain feedback from interested stakeholders and affected parties.

The NHA often participates providing research assistance, proposal development and testimony in support or opposition.

**LR350 (Arch) Interim study to examine the role of telehealth services during the COVID-19 pandemic of 2020**

**LR358 (M. Hansen) Interim study to review the Nebraska Workers' Compensation Act**

**LR368 (Kolterman) Interim study to analyze under-investment in primary care in the State of Nebraska**

**LR379 (Geist) Interim study to examine whether continuity of care and safety for individuals and the public can be enhanced by allowing mental health providers to coordinate with law enforcement**

**LR394 (Cavanaugh) Interim study to examine the TestNebraska program**

**LR404 (Morfeld) Interim study to provide continued oversight of and updates regarding the execution and administration of Medicaid expansion**

**LR407 (Executive Board) Interim study to examine the long-term fiscal sustainability of the Nebraska Health Care Cash Fund**

**LR408 (Health and Human Services Committee) Interim study to examine issues associated with the economic stimulus funds that were provided by the CARES Act as a result of the COVID-19 pandemic**

**LR411 (Howard) Interim study to provide continued oversight of and updates regarding the response of the Dept. of Health and Human Services to the COVID-19 pandemic**

**LR412 (Howard) Interim study to assess the mental and behavioral health needs of Nebraskans and the current shortages of services and resources**

**LR419 (M. Hansen) Interim study to examine the various age requirements in the Nebraska statutes related to minors and the age of majority**

# Vote By Mail

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The Nebraska Hospital Association recommends to our healthcare professionals and the public that voting by mail is the safest approach to voting in light of the current public health crisis.

Studies have found a statistically significant increase in COVID-19 cases in the weeks after the Wisconsin primary, specifically in counties with higher in-person votes per voting location. The study also found a decrease in COVID-19 cases in counties with the highest rates of absentee ballots.

Healthcare workers have already been instrumental in the response to the COVID-19 pandemic and can play an important role in protecting the health of our patients in the coming election.

**Nebraska is a “no-excuse” state, meaning any registered voter may request an early-voting (absentee) ballot, and is not required to provide a reason.**

If you have questions, please contact the Nebraska Secretary of State at (402) 471-2554 or your local County Clerk/Election Commission Office.



## Important Early Voting Dates & Deadlines:

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### **September 28, 2020**

Early voting ballots begin to be mailed out.

### **October 5, 2020**

Early voting in county election offices begin.

### **October 23, 2020**

Last day to request a ballot to be mailed to you.

### **November 2, 2020**

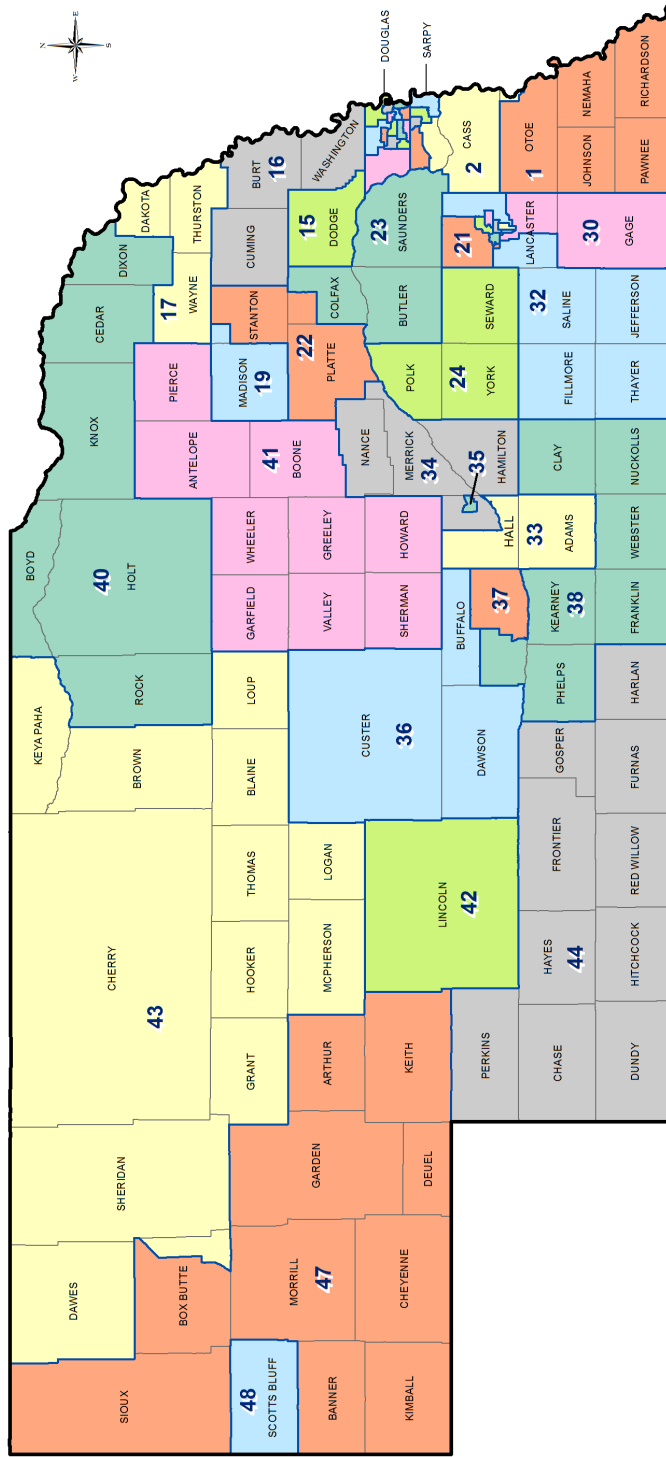
Last day to vote early in county election office.

### **November 3, 2020**

Election Day

# Nebraska Legislative Districts - LB 703 (2011)

(Districts took effect May 27, 2011)



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



# Thank You for your support!

The NHA staff would like to thank everyone who participated in the development of public policy during the 2020 legislative session. Your efforts of attending NHA meetings, participating in conference calls and contacting policymakers on behalf of Nebraska's hospitals, are invaluable. The NHA's advocacy priorities are driven by our vision of providing high-quality, accessible affordable health care to the patients we serve.

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

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

## YOUR SUPPORT MATTERS.

*Invest in the NHA PAC online.*

**It's easier than ever to contribute!**

Simply go online to: [pac.nebraskahospitals.org](http://pac.nebraskahospitals.org)

Contact the NHA Advocacy Team for username and password.

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



### GET INVOLVED

For more information about how you can become involved in this critical effort or for more information about legislative bills or resolutions, contact David Slattery, Director of Advocacy, at 402-742-8153 or [dslattery@nebraskahospitals.org](mailto:dslattery@nebraskahospitals.org).



### KEEP INFORMED

To keep you informed about legislative activities, visit our helpful website, [nebraskahospitals.org/advocacy](http://nebraskahospitals.org/advocacy), for links and advocacy resources.



### SUBSCRIBE TODAY

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