



**NHA** | NEBRASKA  
HOSPITALS

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# LEGISLATIVE WRAP-UP

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108TH LEGISLATURE | SECOND SESSION

# Introduction

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The Legislative Wrap-Up provides a concise overview of legislative priorities and pertinent bills for the Nebraska Hospital Association in the 108th Nebraska Legislature 2nd session. It serves as a reflection of collaborative efforts with policymakers, stakeholders, and health care professionals to advance industry interests.

Testimony from health care experts remains pivotal in shaping policy discussions, providing senators with firsthand insights. Looking ahead, the NHA Advocacy Team will continue engaging members to address health care challenges and champion solutions. As a liaison between members and government entities, the NHA stands ready to assist with legislative matters and policy inquiries.

## 2024 NHA Priority Bills

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NHA Priority Legislation was written, introduced, and advocated by the NHA and the introducing senator.

NHA Priority Bills passed this session:

- LB896** Change provisions relating to telehealth consultations
- LB1087** Adopt the Hospital Quality Assurance and Access Assessment Act and provide duties for the Nebraska Center for Nursing
- LB1099** Change the use of appropriated Federal Funds for nursing scholarships

NHA Priority Bill held in committee:

- LB984** Prohibit certain actions relating to distribution of drugs by 340B entities

# NHA Priority Legislation Passed into Law

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LB1087 Adopt the Hospital Quality Assurance and Access Assessment Act and provide duties for the Nebraska Center for Nursing

[NHA Priority Legislation](#)

Effective Date: March 27, 2024

Senator Jacobson

The Hospital Quality Assurance and Access Assessment Act establishes a partnership between Nebraska hospitals and the Nebraska Department of Health and Human Services to preserve health care services across Nebraska, improve health care quality, and pursue additional federal reimbursement for Medicaid services.

LB1087 requires DHHS to work with the federal Centers for Medicare and Medicaid Services (CMS) and consult with a statewide hospital association to establish a hospital assessment and directed payment program, under which the department will impose an assessment on hospitals to increase Medicaid reimbursement and assure quality and access in the Medicaid program. The bill requires each hospital to pay a quarterly assessment based on net patient revenue that will be used to pay the state share of payments authorized by CMS plus an administrative fee.

LB1087 establishes the Hospital Quality Assurance and Access Assessment Fund to which such assessments will be paid, which shall be used to enhance Medicaid rates for hospital inpatient and outpatient services.

LB1087 includes funding to pay DHHS an administrative fee not to exceed 3% or \$15 million per year; provide the Nebraska Center for Nursing Board .5% not to exceed \$2.5 million per year for the expansion of clinical nursing training sites; provide funding of 3.5% not to exceed \$17 million per year for rates for nonhospital providers in the medical assistance program, continuous eligibility for children, or the state designated health information exchange.

LB1087 prohibits a managed care organization from setting rates that take such enhanced payments into account. It also prohibits hospitals from passing assessment costs to patients. It expresses legislative intent that Medicaid rates for hospitals and the General Fund appropriations for hospital Medicaid services shall not be reduced below FY23-24 amounts.

The assessments and directed payments shall be retroactive to July 1, 2024, or the effective date approved by CMS. The program is discontinued if CMS ends the program or Assessment Funds are used for other than permitted purposes.

LB1087 requires DHHS to pay for programs established by a statewide hospital association in partnership with DHHS to improve Medicaid quality measures for children's mental health, adult mental health, maternity care, and senior care.

LB896 Change provisions relating to telehealth consultations

*Included in Health and Human Services Committee Priority Legislation LB1215 (Passed)*

[NHA Priority Legislation](#)

Effective Date: July 19, 2024

Senator Ballard

LB896 eliminates the requirement to collect a signed consent statement for a telehealth consultation if verbal consent has already been given. The bill removes the following language: "The signed statement may be collected by paper or electronic signature and shall become a part of the patient's medical record. If the patient gives verbal consent during the initial telehealth consultation, the signed statement shall be collected within ten days after such telehealth consultation."

LB1099 Change the use of appropriated Federal Funds for nursing scholarships

*Included in the Legislative Budget Package LB1412 (Passed)*

[NHA Priority Legislation](#)

Effective Date: April 1, 2024

Senator McDonnell

LB1099 allows DHHS to use ARPA funds apportioned for the purpose of funding scholarships for nursing students in the amount of \$5,000 per semester or \$3,500 per quarter. (Scholarships currently are not allowed for nursing students at Metro community college, which uses the quarter system.)

## NHA Priority Legislation Held in Committee

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LB984 Prohibit certain actions relating to distribution of drugs by 340B entities

[NHA Priority Legislation](#)

Senator Hardin

The 340B Drug Program helps hospitals and other health care facilities care for vulnerable patients in some of the most underserved areas of the state. The program enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.

LB984 provides that drug manufacturers or wholesale drug distributors shall not directly or indirectly deny, restrict, prohibit, refuse, withhold or otherwise interfere with the acquisition of a 340B drug, or delivery of drug to, any pharmacy that is under contract with the 340B entity to distribute 340B drugs.

The 8th Circuit Court of Appeals upheld similar legislation passed in Arkansas in March 2024. The NHA plans to reintroduce LB984 in 2025 as priority legislation.

# Additional Enacted Legislation that Impacts Nebraska Hospitals

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## LB62 Coverage of translation and interpretation services under Medicaid

Effective Date: July 19, 2024  
Senator M. Cavanaugh

LB62 requires the state to provide coverage for all necessary translation and interpretation services for individuals who receive Medicaid. It requires the Department of Health and Human Services to provide the coverage, as well as reimbursement for providers, and to “take all actions necessary” to maximize federal funding to do so.

## LB857 Creates the Nebraska Prenatal Plus Program, provide for use of the Medicaid Managed Care Excess Profit Fund, and change provisions relating to coverage of glucose monitors under the Medical Assistance Act

Effective Date: August 1, 2024  
Senator Dungan

LB857 creates the Nebraska Prenatal Plus Program at DHHS for women eligible for Medicaid or the Children's Health Insurance Program to reduce the incidence of low birth weight, pre-term birth, and adverse birth outcomes while also addressing other lifestyle, behavioral, and nonmedical aspects of an at-risk mother's life that may affect the health and well-being of the mother or the child. Services eligible for reimbursement for at-risk mothers include nutrition counseling, psychosocial counseling and support, general client education and health promotion, breastfeeding support, and targeted case management. LB857 limits eligibility for at-risk mothers otherwise eligible for Medicaid while pregnant, removes CHIP eligibility and postpartum coverage. It also limits nutrition counseling to 6 or fewer sessions.

## LB876 Adopt the Newborn Safe Haven Act

Effective Date: July 19, 2024  
Senator Holdcroft

LB876 intends to appropriate, subject to available funding, \$65,000 to DHHS and \$10,000 annually to develop, implement, and maintain a public information program on the Newborn Safe Haven Act. Amends existing law protecting a person from prosecution for leaving a child in the custody of an employee on duty at a hospital, to include a staffed fire station, staffed law enforcement agency, or emergency care provider and extends the age of the child to 90 days or younger.

## LB905 Require the Department of Health and Human Services to submit a Medicaid waiver or state plan amendment for medical respite care, change the definition of respite care, and change provisions relating to the Medicaid Managed Care Excess Profit Fund

Effective Date: July 19, 2024  
Senator Riepe

LB905 requires DHHS to submit a Medicaid waiver or state plan amendment to designate two medical respite facilities to reimburse for services provided to an individual who is homeless and an adult in the expansion population no later than Jan. 1, 2025. When approved, the department must submit a report to the Health and Human Services Committee of the Legislature on or before November 30 each year including the number of homeless individuals served at each facility, cost of the program, and amount of reduction in health care costs due to the program's implementation.

## LB942 Quality Assurance Assessment for nursing facilities or skilled nursing facilities

*Amended into LB130*

Effective Date: July 19, 2024  
Senator Dorn

Each nursing facility or skilled nursing facility licensed under the Health Care Facility Licensure Act shall pay a quality assurance assessment based on total resident days, including bedhold days, less Medicare days, for the purpose of improving the quality of nursing facility or skilled nursing facility care in this state. LB942 increases the assessment from \$3.50 for each resident day to \$9.00 for each resident day. The amount for FY24-25 will be adjusted for inflation on Aug. 1, 2024.

## LB1017 Change the schedule of compensation for certain injuries resulting in disability under the Nebraska Workers' Compensation Act

Effective Date: July 19, 2024  
Senator Bosn

LB1017 clarifies existing law regarding the ability of an employee to receive benefits for loss or loss of use of more than one hand, arm, foot, or leg, or any combination thereof, based upon the employee's loss of earning capacity, if the loss or loss of use, results in at least a 30% loss of earning capacity. Under the bill, loss or loss of use of multiple parts of the same arm, including the hand and fingers, or loss or loss of use of multiple parts of the same leg, including the foot and toes, resulting from the same accident or illness would not entitle the employee to receive compensation based upon the employee's loss of earning capacity and loss of use means permanent loss of function.

# Additional Enacted Legislation that Impacts Nebraska Hospitals

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Effective Date: July 19, 2024  
Senator Hughes

LB1035 requires DHHS to approve a prescription drug donation program where participation is voluntary and any individual or entity can donate prescription drugs, over the counter medicines and products, and supplies. The bill requires that the donated drug is in its original, unopened, sealed, and tamper-evident packaging; the drug is inspected by the program before it is dispensed by a licensed pharmacist and such drugs are only dispensed pursuant to a prescription; the drug has an expiration date more than 6 months after the date it was donated; and the drug is not misbranded, has not expired, and does not have restricted distribution by the FDA. LB1035 gives civil, criminal, and professional disciplinary immunity to an individual, entity, or drug manufacturer exercising reasonable care in participating in the program.

**LB1108 Provide for transfer of certain sales and use taxes to the Nebraska Emergency Medical System Operations Fund and provide additional uses for the fund**

Effective Date: April 15, 2024  
Senator Dorn

LB1108 transfers \$1,270,000 from the Game and Parks Commission Capital Maintenance Fund to the Nebraska Emergency Medical System Operations Fund from the proceeds of the sales of all-terrain vehicles and utility-type vehicles, annually beginning in June 2025. The funding will be used for the Nebraska Emergency Medical System Operations Fund including financial support for the statewide patient care reporting system and trauma registry, and financial support for the recruitment, retention, and training of emergency medical responders.

**LB1158 Adopt the Medical Debt Relief Act and provide certain income tax consequences.**  
*Amended into LB937*

Effective Date: July 19, 2024  
Senator Bostar

LB1158 Establishes the Medical Debt Relief Act for the purpose of discharging medical debt of eligible residents by contracting with a medical debt relief coordinator as administered by the State Treasurer. The Act creates the Medical Debt Relief Fund consisting of money transferred to the fund by appropriation or contributions by private individuals and entities. Contributions to the fund will be tax deductible and medical debt relief shall not be considered taxable income under the Act.

LB1214 Change provisions relating to a criminal background check for certain professions under the Uniform Credentialing Act

Effective Date: July 19, 2024  
HHS Committee

LB1214 makes updates to the statutes involving criminal background checks for health professionals. In order to be in compliance with federal guidelines all health professionals able to prescribe controlled substances must be listed in statute.

The legislation adds to the list of professions: a physician, an osteopathic physician, a physician or osteopathic physician who is an applicant for a temporary educational permit, a physician or osteopathic physician who is an applicant for a temporary visiting faculty permit, a physician assistant, a dentist, an optometrist, a podiatrist, a veterinarian, an advanced practice registered nurse-nurse practitioner, an advanced practice registered nurse-certified nurse midwife, or an advanced practice registered nurse-certified registered nurse anesthetist or to practice a profession which is authorized to prescribe controlled substance.

**LB1355 Provide for release of certain patient data by an emergency medical service, change provisions of the Opioid Prevention and Treatment Act, and provide for state aid, research, first responder training, and overdose fatality review**

Effective Date: July 19, 2024  
Senator Vargas

LB1355 requires the Department of Health and Human Services to provide grants to local public health departments, law enforcement agencies, and health care facilities, to aid programs to facilitate opioid overdose prevention efforts, education and training, recovery, problem-solving courts, and data tracking. The bill includes the intent of the Legislature to appropriate \$4,000,000 annually from the Nebraska Opioid Recovery Fund beginning in FY2024-25 for grants under the Opioid Prevention and Treatment Act. Would provide \$500,000 each to a local public health department, a law enforcement agency applicant, and to a health care facility applicant.

LB1355 allows pharmacists to sell, and public health departments to distribute, fentanyl test strips.

Administrative costs of the grant award program are capped at 10% of the grants awarded.

# Additional Enacted Legislation that Impacts Nebraska Hospitals

LB1215 Adopt the Dietitian Licensure Compact and the Physician Assistant (PA) Licensure Compact, change provisions relating to prescriptions, death certificates, credentialing of barbers, nurses, pharmacies, pharmacy professionals, and certain health care facilities and services, treatment of individuals with communicable tuberculosis, and telehealth consultations, and provide for abstracts of death and coverage under the medical assistance program for certain breast pumps and lactation visits.

Effective Date: July 19, 2024  
HHS Committee

**LB1215 is the committee priority bill that contains provisions of several other bills including:**

LB1106 Provide for coverage of lactation consultations under the Medical Assistance Act  
Senator Day

No later than January 1, 2025, the department shall provide coverage for a minimum of ten lactation consultation visits for every mother covered under the medical assistance program or child covered under the medical assistance program, if the mother is not covered under such program.

LB1107 Provide for coverage of breast pumps under the Medical Assistance Act  
Senator Day

No later than January 1, 2025, the department shall provide coverage for an electric personal-use breast pump for every pregnant woman covered under the medical assistance program, or child covered under the medical assistance program if the pregnant woman is not covered, beginning at thirty-six weeks gestation or the child's date of birth, whichever is earlier. The electric personal-use breast pump shall be capable of (i) sufficiently supporting milk supply, (ii) double and single side pumping, and (iii) suction power ranging from zero mmHg to two hundred fifty mmHg. No later than January 1, 2025, the department shall provide coverage for a minimum of ten lactation consultation visits for every mother covered under the medical assistance program or child covered under the medical assistance program, if the mother is not covered under such program.

LB1181 as amended, changes provisions in the Pharmacy Practice Act, Uniform Controlled Substances Act and Public Health and Welfare statutes relating to drugs.  
Senator Ballard

Specifically, this bill changes inventory and dosage requirements for controlled substances; self-inspection forms used by pharmacies; pharmacy intern age requirements (must be 18 years old); pharmacy technician registration requirements relating to drug-relating crimes and labeling requirements involving legend drugs which are not controlled substances.

LB1171 amended, allows for pharmacist verification by real-time audio-visual communications  
Senator Hardin

Verification shall occur by a pharmacist on duty in the facility, except that verification may occur by means of a real-time audio-visual communication system if all of the following conditions are met:

- The pharmacist performing the verification is located in Nebraska;
- The physical product verification occurs in person at the location where the prescription is prepared; and
- The pharmacy maintains manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, pharmacist intern, or pharmacy technician who took part in all acts, tasks, or functions undertaken to fulfill a prescription.

LB1173 defines abstract of death and adds to the vital statistics documents (i.e. birth certificates, death certificates) that DHHS supplies  
Senator Riepe

Defines abstract of death, in the Vital Statistics Act, as a certified document that summarizes the facts of death, including, but not limited to, the name of decedent, the date of death, and the place of death. An abstract of death does not include signatures.  
Changes the death certificate form for veterans in the U.S. Armed Forces by removing the space for period of service.

LB1138 allows a prescriber issuing less than 50 prescriptions a year to not use electronic prescription technology; and  
Senator Riepe

LB896 removes the requirement that when a telehealth patient gives verbal consent, then a signed statement must be collected within 10 days  
Senator Ballard

The bill removes the following language: "The signed statement may be collected by paper or electronic signature and shall become a part of the patient's medical record. If the patient gives verbal consent during the initial telehealth consultation, the signed statement shall be collected within ten days after such telehealth consultation."

# Additional Enacted Legislation that Impacts Nebraska Hospitals

## Insurance Coverage

**LB829 Change provisions relating to insurance coverage for screening for colorectal cancer**

Effective Date: January 1, 2025

Senator Blood

LB829 states that mandatory colorectal cancer insurance coverage shall include "the concurrent removal of polyps or biopsy, or both". It states that "An insured shall not be subject to any additional charge for any service associated with a procedure or test for colorectal cancer screening, which may include one or more of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician services; (iv) facility use; and (v) anesthesia." Clarifies the "services or items" precluded from deductible, coinsurance, or other cost-sharing requirements. It bars insurance from imposing costs for a service or item that is an integral part of performing a colorectal cancer screening, including specific items performed as part of the screening procedures.

**LB885 Provide requirements for insurance coverage of lung cancer screening**

*Included in LB1073 Package*

Effective Date: July 19, 2024

(Senator Bostar)

LB 885 would create an insurance mandate related to lung cancer screenings. Specifically, it states that certain policies SHALL NOT impose a deductible, coinsurance, or any other cost-sharing requirements for lung cancer screening, including those performed with low-dose computed tomography, for adults at least 50 years of age but no older than 80, must have a twenty-pack-per-year smoking history and must currently smoke or have quit smoking within the past 15 years. The section also adds language clarifying that the section does not apply if an individual has not smoked for fifteen years, develops a health problem that substantially limits life expectancy, or is preparing to have curative lung surgery.

**LB933 Change medicaid coverage requirements for continuous glucose monitors**

*Amended into LB857*

Effective Date: August 1, 2024

Senator Bosn

LB933 expands Medicaid coverage for glucose monitors to individuals who meet local coverage determinations and have gestational diabetes. Medicaid eligible recipients for glucose monitors shall include all individuals who meet local coverage determinations defined in the federal Social Security Act and shall include individuals with gestational diabetes.

**LB990 Change provisions of the Pharmacy Benefit Manager Licensure and Regulation Act Included in LB1073 Package**

Effective Date: July 19, 2024

Senator Bostar

LB 990 seeks to address the practices of pharmacy benefit managers (PBMs) that restrict patient choice and access to preferred pharmacy providers. LB990 expands who the Act applies to by removing the limiting language, "including any health carrier that performs a claims processing service" and replacing it with "including any claims processing service." A PBM shall not restrict a covered person's ability to choose how a retail community pharmacy may dispense or deliver prescription drugs. A PBM shall not prohibit a retail community pharmacy from shipping, mailing, or any manner of delivering dispensed prescription drugs to a covered person at any location requested by the covered individual if such shipping, mailing, or delivery is otherwise allowed by law. A PBM shall not require a retail community pharmacy to participate in a mail order contract or substantially similar terms to ship, mail, or deliver a prescription drug to a covered person.

The bill states that a PBM shall not exclude a Nebraska pharmacy from participation in the PBM's specialty pharmacy network if the pharmacy is willing to accept the terms and conditions of the PBM's agreement with the PBM's specialty pharmacies. Section 4 clarifies that such terms and conditions must be reasonable, and then goes on to specify what the reasonable terms shall not include.

LB990 states that any contract under the Medicaid Prescription Drug Act with a pharmacy benefit manager or a managed care organization using a pharmacy benefit manager shall require any pharmacy benefit manager that is a party or otherwise subject to the contract to comply with the Pharmacy Benefit Manager Licensure and Regulation Act.

**LB1148 Change requirements relating to insurance coverage of step therapy for certain drugs**

*Included in LB1073 Package*

Effective Date: July 19, 2024

Senator Hansen

Under the Act, Nebraska requires that health carriers have an override exception to step-therapy protocols. LB1148 states under what circumstances the exception may be utilized, states what happens after the approval of a steptherapy override exception, creates timelines related to the override exception process, outlines what happens after a denial of an override exception process has occurred, and identifies how the statute shall not be construed.

LB 1148 adds new language to the statute to expand the list of products available for use by health care providers in their step-therapy protocols. Specifically, the statute would be expanded to also include biosimilars along with biosimilars that have the interchangeable designation.

# Additional Enacted Legislation that Impacts Nebraska Hospitals

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## Child Care

LB856 Change eligibility requirements for the federal child care subsidy program

Effective Date: July 1, 2025

Senator Fredrickson

LB856 states that a licensed child care program that employs a member of an eligible household shall make reasonable accommodations so that the eligible applicant or adult household member is not a primary caregiver to such applicant's or adult household member's child. If reasonable accommodation cannot be made, the department shall allow the applicant or adult household member to receive child care assistance for the applicant's or adult household member's child including when the applicant or adult household member is the primary caregiver for such child. A licensed child care provider eligible for the child care subsidy may enroll the household member's child in a child care program other than the household member's child care program to receive child care assistance.

LB874 Change requirements relating to child care licensing and child care facilities

Effective Date: July 19, 2024

Senator Bostar

LB874 allows providers to obtain a dual license with respect to state licenses and local licenses. It limits the liability insurance requirement to a policy that covers the center only during hours of operation when children are being cared for. Makes available criminal records reports for employees to ease the burden of transferring jobs. It also prohibits the use of blankets in cribs and implementation of residency requirements by local authorities.

LB904 Change provisions regarding child care reimbursement rates, create the Intergenerational Care Facility Incentive Grant Program, and provide for use of the Medicaid Managed Care Excess Profit Fund

Effective Date: July 19, 2024

LB904 requires DHHS to assess market rates and costs for provision of services and use an approved methodology for rate of reimbursement for child care rates no less than the 75th percentile of the current market rate.

LB1416 Adopt the Child Care Capacity Building and Workforce Act

*Amended into LB164*

Effective Date: July 19, 2024

Senator Bostar

Creates the Child Care Capacity Building and Workforce Grant Program for the Department of Economic Development to contract with a statewide organization that supports children and families to administer the grant program and provide technical assistance to grant recipients. Grants will be made available to applicants providing a one-to-one match, which may include in-kind donations or collateral. Allows funds to be used for operation of a licensed or license-exempt child care program, child care workforce, parents or guardians, a federal Head Start program, to start or expand a licensed child care program, to build or remodel a building, or for other purposes specified by the Department.

## Housing

LB850 Change the authorized use of \$10 million in ARPA funds for DED housing projects

*Amended into LB1412*

Effective Date: July 19, 2024

Senator Jacobson

LB850 brings Federal ARPA Funds previously appropriated in 2022 and 2023 by the legislature and awarded as grants by the DED to conform to Federal guidelines more closely. Without this change, the Federal guidelines determined that grants awarded would have been transformed into loans. LB850 fixes this problem so that the grants can go forward as intended. The goal is to use this grant money for rehabilitation and adaptive reuse of vacant or abandoned property in disproportionately impacted rural communities in cities with a population of fewer than one hundred thousand. The DED shall give preference to applicants that applied for grants pursuant to Laws 2022.

## Changes to the Open Meetings Act

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The revisions to the Open Meetings Act now mandate that, with the exception of closed sessions, public bodies must provide an opportunity for members of the public to speak at every meeting. Before these changes, public bodies were not obligated to allow public participation at every meeting, as long as there were opportunities for public input at some meetings.

LB 43, which includes amendments to the Public Records Statutes, Personal Privacy Protection Act, and Open Meetings Act, was passed with an emergency clause. The change became effective immediately after the Governor signed the bill on March 27, 2024.



# Interim Studies

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**LR377** - Interim study to examine the components of the State of Nebraska's public health registry data collection and the release of that data to appropriate research entities (Senator Von Gillern)

**LR392** - Interim study to examine the costs and frequency of rebasing provider rates and to develop a methodology for rebasing such rates (Senator Hansen)

**LR397** - Interim study to examine the structure and processes of the credentialing review process known as the "407 process" (HHS Committee)

**LR410** - Interim study to examine the long-term fiscal sustainability of and how to best direct funding and appropriations towards sustaining a strong health care workforce in Nebraska, especially in rural communities (Senator Dorn) [NHA Priority](#)

**LR423** - Interim study to examine child care providers in Nebraska and the shortage of child care options in rural Nebraska (Senator Hansen)

**LR428** - Interim study to review how the State of Nebraska can ensure it has effective emergency medical services in rural communities (Senator Hardin) [NHA Priority](#)

**LR431** - Interim study to examine the roles of various entities in the pharmaceutical supply chain (Senator Jacobson)

## The EPIC Option tax proposal is bad for Nebraska and bad for Nebraska hospitals.

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A recent Tax Foundation study found that the EPIC plan would require a consumption tax rate of **21.6 percent or more**.

Petitions are currently being circulated to place two amendments on the ballot for the November general election. They must gather signatures from 10% of the registered voters in the state, and that 10% must comprise 5% of the registered voters from at least 38 of Nebraska's 93 counties, by July 5, 2024.

If the EPIC Tax passes, economic experts project Nebraska will have to raise the sales tax to an estimated 22% or more on everything under this new tax scheme. It would be detrimental to hospitals and healthcare. The tax-exempt status of not-for-profit hospitals would be eliminated. Exemptions on sales tax could be removed. Nebraska hospitals are already under extreme financial distress. Paying taxes for goods and services, especially at a rate at nearly 22%, would likely cause hospitals to close.

**Patients would have to pay a 22% sales tax for doctor visits, medication, hospital stays and assisted living and long-term care.** It would be a disaster for Nebraska families.

We need to do everything that we can to make sure that this issue is not on the ballot this fall.

### Do not sign the petition!

Visit for more information:  
<https://nonewtaxesnebraska.com/>

## NO EXEMPTIONS ALLOWED FOR HEALTH CARE

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### The ballot language reads:

"Beginning January 1, 2026, the State of Nebraska shall impose a retail consumption tax or an excise tax on all new goods and services. There shall be no exemption from such taxes except for grocery items purchased for off-premises consumption."

### What the Epic tax means:

- Tax-exempt status of not-for-profit hospitals would be eliminated
- Exemptions on sales tax could be removed.
- **22% TAX**  
For doctors visits, medication, hospital stays, Assisted Living and long-term care

# LB227 – Hospital Inpatient, Nursing Facility Level of Care Payment FAQ

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**What is the background/basis for the Hospital IP NF LOC payment?**

A1: Legislative Bill (LB) 227 (Section 63) was passed during the 2023 Nebraska Legislative Session. This bill aims to ensure that hospitals receive reimbursement for Medicaid patients who no longer need inpatient (IP) care but require nursing facility (NF) level of care (LOC) upon discharge but cannot be transferred. The transfer may be delayed due to NF bed shortages, or if the transfer requires a guardian, which has been approved for appointment but the State Court Administrator is unable to appoint a public guardian.

**Which Medicaid population is eligible for the payment?**

All active Medicaid members covered through both Fee-for-Service (FFS) and Managed Care Organizations (MCOs) are eligible for the payment provided their applicable IP stay meets the conditions as outlined in Legislative Bill (LB) 227, Section 63, from the 2023 Nebraska Legislative Session.

**How do I determine if my Medicaid members are eligible for the payment?**

If the Medicaid member meets either condition noted in the legislative bill, they may be eligible for payment. *Note: Prior authorization is required from the applicable Medicaid payer.*

**Which hospital types are eligible for the payment?**

All hospitals that provide Inpatient services and have patients who meet the conditions of the legislative bill may qualify for this per diem payment.

**Is a prior authorization required?**

Yes. Please contact the applicable MCO payer to require a prior authorization. For FFS, please reach out to eQ to request a prior authorization. More information on how to request a prior authorization is below.

**Where can I reference billing instructions to submit my claim?**

For guidance, refer to the Reimbursement & Billing section in the NE Medicaid Provider Bulletin 24-04 on Hospital Inpatient Nursing Facility Level of Care (Hospital IP NF LOC) Per Diem Rate.

**What service dates are applicable for the payment?**

Refer to Provider Bulletin 24-04 on Hospital Inpatient Nursing Facility Level of Care (Hospital IP NF LOC) Per Diem Rate to find out what service dates are applicable for payment.

**How do I submit my claim for payment?**

You will submit your claim to the applicable Medicaid payer (as you do for your existing hospital claims). Please follow the billing guidance referenced in the Provider Bulletin 24-04.

**What is the reimbursement amount for this payment?**

As noted in Provider Bulletin 24-04, the reimbursement rate from September 2, 2023 to December 31, 2023, for service dates is \$264.13. The reimbursement rate for January 1, 2024 till December 31, 2024, is \$278.37. The reimbursement rate for the calendar year 2025 will be published in late 2024 through a new provider bulletin.

**If I have any further questions, who should I contact?**

Please reach out to Danny Vanourney, DHHS Rates and Reimbursement Administrator at (402) 471-3368 or danny.vanourney@nebraska.gov.

**Will Healthy Blue be responsible for stays that occurred during their contract period (through 12/31/23)?**

Yes, Healthy Blue will be responsible for applicable stays that occurred for their members between service dates September 2, 2023 to December 31, 2023.

**Can hospitals bill the full day of room charges for the date of discharge from the Acute IP stay in addition to billing for the initial/admit date of Hospital IP NF LOC (S9976)?**

Reimbursement is not available for the date of discharge from the Acute IP claim. However, the date of admission for the IP NF LOC claim is payable.

**If a member has primary coverage, should the hospital bill the primary payer first?**

A13: If the member has primary coverage such as Medicare, Medicare HMO, or a Commercial payer, the hospital does not have to bill the primary payer first, as the primary payer generally will not cover the Hospital IP NF LOC claim.

**How do I request a prior authorization from the respective Medicaid payer source?**

Please contact the applicable Medicaid payer to request a prior authorization.

For Managed Care Organizations (MCOs), Molina, and Nebraska Total Care will be able to begin accepting prior authorizations on March 18, 2024 retroactive to September 2, 2023.

United Healthcare will not be able to accept prior authorizations until April 1, 2024 retroactively to September 2, 2023.

Fee-for-Service (FFS) Medicaid can accept prior authorizations anytime retroactive to September 2, 2023.

- For Nebraska Total Care authorization, please contact 844-385-2192 or fax to 844-252-4644. Please refer to the Nebraska Total Care portal link and the Inpatient Medicaid Prior Authorization Form.
- For Healthy Blue Nebraska authorization, please contact Heather Leschinsky at Heather.Leschinsky@healthybluene.com or via phone at (402) 350-5823.
- For Molina Healthcare authorization, please contact 844-782-2678 or you may fax your request to 833-832-1015. You may also submit a prior authorization request through Availity.
- For United Healthcare authorization, please contact 866-331-2243.
- For Fee-for-Service (Straight Medicaid) authorization, please contact eQ via phone at 888-498-0939 or fax to 800-316-0021. You may also use the eQ Provider Portal to submit a prior authorization portal.

# Thank you to all of the members of the 2024 Policy Development Committee

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The NHA staff would like to thank everyone who participated in the development of public policy during the 2024 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 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.**

**Lori Mazanec, Chair**, Box Butte General Hospital, Alliance

**Manny Banner** Memorial Community Hospital and Health System, Blair

**Steve Beck** Kearney Regional Medical Center, Kearney

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**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

**Tiffany Joekel** Nebraska Medicine, Omaha

**Burke Kline** Jefferson Community Health & Life, Fairbury

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**Tom Lee** Faith Regional Health Services, Norfolk

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**Caleb Poore** Boone County Health Center, Albion

**Connie Roseberry** Madonna Rehabilitation Hospital, Lincoln

**Roger Reamer** Memorial Health Care Systems, Seward

**Julie Rezac** Saunders Medical Center, Wahoo

**Brett Richmond** Methodist Fremont Health, Fremont

**Tanya Sharp** Antelope Memorial Hospital, Neligh

**Melanie Thornton** Children's Nebraska, Omaha

**Jim Ulrich** York General Hospital, York

**Treg Vyzourek** Brodstone Healthcare, Superior

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Save the Date:  
**NHA Advocacy Day**  
**March 12, 2025**

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