

Post 2011 Session NHCA/NALA Bills of Interest

More information and/or the text of a bill can be found on the [Legislature's Bill Search Sebsite](#)

Note: Most bills are not indefinitely postponed (IPP'd) until the end of the second year of the legislative session. 2011 was the first year. So a bill may be identified below as "Held in Committee" when there is little likelihood that it will ever advance. After 2012, many bills will be IPP'd (killed).

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	34	Louden	Exempt convents from the Health Care Facility Licensure Act. Although Sen. Louden used DHHS' suggested definition of convent, it may be overly broad. Convent means a facility of a religious order where shelter, food, and care or treatment are provided exclusively to members of the religious order. Louden introduced pursuant to DHHS recently beginning to regulate the "Marian Residence" (convent) in Alliance that previously was not subject to licensure standards because it was viewed similar to a private residence.	Neutral / Opposed	Adopted
LB	39	Haar	Requires sign language interpreters to be licensed. Under the bill no person shall "practice" as a sign language interpreter, hold oneself out as a licensed sign language interpreter, or use the title "Licensed" unless licensed. Currently sign language interpreters who provide service to any state agency must be licensed. There are 5 exceptions to the proposed requirement: (1) Interpreting as a part of a religious service, (2) Interpreting in an emergency situation, (3) Interpreting under the direct supervision of a licensed interpreter as a part of a course of study, (4) Interpreting as an educational interpreter under the rules of the Department of Ed., and (5) Interpreting while licensed or certified by another state for a period of less than 14 days or via technological means. NHCA submitted neutral letter asking for clarification of the term "interpreter services".	Neutral seeking clarification on "practice".	Held in HHS Committee
LB	140	Lautenbaugh	Pertains to transportation services under contract with DHHS, employee or volunteer. Changes requirement for "national criminal history information" check to "national criminal history record background check". Eliminates the State Patrol's involvement in the background check.	Neutral	Held in HHS Committee
LB	219	McCoy	HEALTH CARE REFORM: No individual, employer, or health care provider shall be compelled directly or indirectly to participate in a health care system (any public or private entity intended to manage payment for health care services). Any person may make direct payment for health care service without the imposition of a fine or penalty. An employer may make direct payment for a health care service provided to an employee or dependent without the imposition of any penalty. A provider may accept direct payment for services without the imposition of any penalty. Subject to reasonable and necessary rules and regulations that do not limit the purchaser's or seller's options, the purchase or sale of health insurance in a private health care system shall not be prohibited by law, rule, or regulation.	Neutral	Held in HHS Committee
LB	222	Gloor	Amends the Nebraska Regulation of Health Professions to remove barriers to changing a scope of practice. Currently, the scope of practice of a regulated health profession shall be changed only when: (a) The present scope of practice or limitations on the scope of practice create a situation of harm or danger to the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument. The bill strikes that limitation thereby removing barrier to changing a scope of practice.	Support	Held in HHS Committee

LB/ LR #	Primary Introducer	Description	Position	Post '11 Session Status
LB 225	Campbell	LB 225 removes, under the Uniform Credentialing Act, the restriction that credentials for nonimmigrants are issued only to nonimmigrants whose visa for entry, or application for visa for entry, is related to employment in the United States. The bill allows a credential to be issued to a United States citizen, an alien lawfully admitted for permanent residence, or a nonimmigrant lawfully present in the United States who is eligible for credentials under the Uniform Credentialing Act.	Support	Adopted
LB 237	Howard	Provides that the intent of the Legislature in this act is to establish a system of prescription drug monitoring to: (1) Prevent the misuse of prescription drugs in an efficient and cost-effective manner, (2) Allow doctors and pharmacists to monitor the care and treatment of patients prescribed prescription drugs, to ensure their medical appropriateness, and (3) Have the State remain on the cutting edge of medical information technology. The bill provides that the department, in collaboration with the Nebraska Health Information Initiative (or any successor public-private statewide health information exchange), shall enhance or establish technology for prescription drug monitoring to carry out this act. The department may adopt and promulgate rules and regulations to authorize the use of electronic health information, if necessary, to carry out the purposes of this act.	Support	Adopted
LB 240	Nordquist	HEALTH CARE REFORM: Creates the Nebraska Insurance Choices Exchange Task Force consisting of the directors of the department of Insurance, DHHS CEO, Chief Info Officer (DAS), 3 St. senators appointed by the Legis. Exec. Bd., & 3 public members appointed by the Gov. Created by 7/1/11. The purpose is to study and develop recommendations regarding the requirements of the health insurance exchange required by federal Health Care Reform. They shall facilitate the purchase and sale of qualified health plans in the individual and small group market and evaluate the establishment of a small business health options exchange to assist qualified small employers in this state in facilitating the enrollment of their employees in qualified health plans. They shall develop recommendations to ensure that the health insurance exchange will reduce health care costs, reduce the number of uninsured individuals, provide a transparent marketplace, and provide consumer education to assist with access to programs, premium assistance tax credits, and cost-sharing reductions. It shall submit a report to the Legislature on or before 12/1/11. It shall oversee implementation of insurance exchanges until 6/30/12 at which time it sunsets.	Support	Held in Banking & Insurance Committee
LB 245	Carlson	WORKERS' COMP: Gives employer greater access to employees' prior health records. Under the bill, an employee filing a claim for work comp benefits with an insurer shall provide a patient's waiver upon the request of the insurer allowing the employer or insurer to obtain all previous hospital and medical records concerning the employee's previous treatments with any physician, psychologist, or other medical provider. This does not entitle the insurer or employer to an employee's hospital or medical records pertaining to previous treatment for sexual abuse, HIV, reproductive health conditions, or mental health unless seeking benefits for mental health injuries, or alcohol or controlled substance abuse. Failure to provide a patient's waiver shall toll the commencement of the 30-day payment timeframe under 48-125. Any health care provider releasing the records shall not be liable criminally or civilly.	Support	Held in Business & Labor Committee
LB 262	Lathrop	Introduced on behalf of the Dept of Labor, repeals the requirement that businesses subject to workers' compensation, have safety committees. Other health and safety statutes as well as the Worker Safety Consultation Program would also be repealed. According to DOL, it is proposing to repeal certain statutes primarily because OSHA has taken over enforcement.	Support	

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	272	Fulton	<p>WORKERS' COMP: A report filed by an employer or work comp insurer with the Workers' Comp Court after an injury is confidential and not open to public inspection or copying. The compensation court shall deny any request to inspect or copy the report that is confidential under this section unless: (a) The requester is the injured employee or his or her attorney or authorized agent. (b & c) The requester is the employer, workers' compensation insurer, risk management pool, or third-party administrator (or attorney or agent of the same) that is party to the report or any other injury report of the same employee filed with the court. (d) The report will be used for the purpose of state or federal investigation or examinations or for the state or federal government to compile statistical information; (e) The report requested is sought for the purpose of identifying the number and nature of any injuries to employees of an employer identified in the request without revealing the identity of any employee; or (f) Ordered by a court of competent jurisdiction.</p>	Support	Held in HHS Committee
LB	274	Gloor	<p>Changes provisions for collecting drugs/devices for disposal. Currently, they may be returned to the dispensing pharmacy for immediate destruction, in response to a recall, or if the device is defective. LB 274 allows them to be returned to a pharmacy (not just the dispensing pharmacy) for recall, if it is defective, or collected (not immediately destroyed) for disposal. The bill allows returned dispensed drugs/devices to be retained until disposed or relabeled or redispensed as specified. The bill states that dispensed drugs/devices shall not be returned to saleable inventory nor made available for subsequent relabeling and redispensing except when returned from a long-term care facility to the pharmacy from which they were dispensed for credit or for relabeling and redispensing as specified in statute. Pharmacies are allowed to charge a fee for collecting dispensed drugs/devices for disposal or from a long-term care facility for credit or for relabeling and redispensing. It provides civil/criminal immunity and from professional disciplinary actions for any injury, death, or loss to person or property relating to the collecting of dispensed drugs or devices for disposal or relabeling and redispensing pursuant to the bill as long as reasonable care is exercised. LB 274 changes the definition of calculated expiration date. Currently defined as "an expiration date on the prepackaged product which is greater than 25% of the time between the date of repackaging and the expiration date of the bulk container nor greater than 6 months from the date of repackaging. The bill changes the definition to the expiration date on the manufacturer's, packager's, or distributor's container, or 1 yr year from the date the drug or device is repackaged, whichever is earlier.</p>	Monitor	Adopted
LB	288	Mello	<p>Small Business Regulatory Flexibility Act. Before adoption of a regulation that may have an adverse economic impact on small businesses, the proposing agency shall, in accordance with the Administrative Procedure Act, solicit public comment. Prior to adoption, the proposing agency shall take into account any public comment and shall consider, but not be limited to, each of the following methods of reducing the adverse economic impact: (1) establishment of less stringent compliance or reporting requirements; (2) less stringent schedules or deadlines for compliance or reporting; (3) consolidation or simplification of compliance or reporting; (4) establishment of performance standards to replace design or operational standards; and (5) exemption of small businesses for all or any part of the requirements contained in the proposed rule or regulation.</p> <p>Rule or regulation does not include "rate orders" (among other items).</p> <p>Small business means independently owned and operated, employs fewer than 500 FTE or has gross annual sales of less than \$6M.</p>	Support	Held in Business & Labor Committee

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	290	Pankonin	<p>Simplifies patient requested billing statements. Current statute provides that a "health care facility" or a health care practitioner facility, upon written request of a patient or a patient's representative, shall provide an itemized billing statement, including diagnostic codes, without charge to the patient or patient's representative. Such itemized billing statement shall be provided within fourteen days after the request.</p> <p>Under the bill, this requirement would be amended to require provision "to a patient or patient's representative, without charge and within fourteen days after the request, a reasonable description of the procedures, supplies, and other services provided for the care of the patient and the charge for each item or category of such procedures, supplies, and other services".</p>	Support	Held in HHS Committee
LB	291	Nelson	<p>WORKERS' COMP: Amends the Workers' Comp Act so that when a judgment has been made that an employee is entitled to periodic payments (as opposed to a lump sum) and there is a change in circumstances that modifies the payment amount, any over payments by an employer are recouped and any underpayments to an employee are received.</p>	Neutral	Held in Business & Labor Committee
LB	348	Lautenbaugh	<p>WORKERS' COMP: Requires that an accident be a prevailing factor for an employee to be eligible to receive workers' comp benefits. "Prevailing factor" means the primary factor, in relation to any other factor, causing both the personal injury and the resulting disability.</p>	Support	Held in Business & Labor Committee
LB	350	Lautenbaugh	<p>Currently, when a person employs a physician, nurse, chiropractor, or hospital to perform professional services in the treatment of an injury, and such injured person claims damages from whatever party caused the injury, the health care provider shall have a lien upon any sum awarded in a personal injury settlement or judgment for the usual charges of the health care services. Except that no such lien shall be valid against anyone coming under the Workers' Compensation Act.</p> <p>LB 350 strikes the following provisions: For persons covered under private health/medical insurance, the amount of the lien shall be reduced by the contracted discount or other limitation which would have been applied had the claim been submitted for reimbursement to the medical insurer or administrator of such other health benefit plan. The measure of damages for medical expenses in personal injury claims shall be the private party rate, not the discounted amount.</p>	Support	Held in Judiciary Committee
LB	374	Speaker Flood at the request of the Governor.	<p>Mainline Budget Bill. As introduced, it included a 5% decrease in General Funds available for rates in FY 2011-12 and remains flat at that level in FY 2012-13. An additional 2.9% reduction for rates nor the elimination of the Medicaid hospice benefit identified by the department in the "modification" budget request (the "what if?" budget) were not included. Rates for certain "primary care codes", providers of child care, and providers of services for developmentally disabled persons were exempted. As adopted, the reduction percent was reduced to 2.5% cut and according to the Legislative Fiscal Office, only the primary care codes and DD services were exempted.</p>	Oppose	Adopted

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	400	Janssen	<p>As introduced, it eliminated the Long-Term Care Savings Plan Act, deleted the tax exemption for contributions, and returned any and all contributions already made. Per LR 542 Former State Treasurer Shane Osborn recommended as part of Govt Committee's LR 542 review. Avery introduced a number of the LR542 recommendations. Would provide \$98,000 in savings. So far 369 people have invested \$466,000.</p> <p>The bill was "gutted" through the amendment process, effectively killing the bill. Amended in was an unrelated measure to change property tax levy authority for natural resources districts and exceptions from property tax levy limits</p>	Oppose	<p>The long-term care savings plan elimination is dead.</p> <p>Adopted as unrelated bill.</p>
LB	401	Howard	<p>As adopted, each assisted-living facility (ALF) shall provide written information about the practices of the ALF to each applicant for admission to the facility or his or her authorized representative including: (a) A description of the services provided by the ALF and the staff available to provide the services; (b) The charges for services provided by the ALF; (c) Whether the ALF accepts residents who are eligible for Medicaid Waiver and if applicable, the policies or limitations on access to waiver; (d) The circumstance under which a resident would be required to leave the ALF; (e) The process for developing and updating the resident services agreement; and (f) For facilities that have special care units for dementia, the additional services provided to meet the special needs of persons with dementia.</p> <p>The bill as initially drafted over the interim included provisions significantly more problematic for facilities including amendments that would allow nurses to perform nursing interventions up to their scope of practices. It also included a provision that all direct care staff be trained at the nurse aide level (76 hours at roughly \$440).</p>	Opposed as introduced. Neutral with suggested changes	Adopted
LB	436	Gloor	<p>Increases cigarette taxes by \$1.35 per pack. Expected to generate \$133 in revenue. Under the bill \$0.375 is applied to stabilize Medicaid funding. That could yield roughly \$37 million for Medicaid.</p>	Monitor. NHCA signed on to letter of support for additional Medicaid funding.	Held in Revenue Committee
LB	443	Avery	<p>Increase State Fire Marshal fees for inspections (including NF and ALF) from \$25-150 to \$30 to \$175. It also raises the fees for inspecting blueprints, etc. according to building size.</p>	Oppose	Held in Govt Committee
LB	456	HHS Committee	<p>Another other changes, removes requirement that NF regulations are promulgated with the advise of the Nursing Home Advisory Council. Committee amendment struck this and most other provisions, leaving in only a technical amendment.</p>	Oppose	General File with Committee amendment pending.
LB	461	Pirsch	<p>Adopts the Freedom of Conscience Act applying to health care providers, explicitly nursing home, and presumably assisted living facilities. The provider must accommodate an employee's religious or moral beliefs and practices related to abortion, embryo research, and end of life decisions. It disallows a provider or insurer from discounting a person's life and abandoning patients in end-of-life care because of age or disability. It gives protection against discrimination related to admission, hiring, firing, tenure, privileges or status.</p>	Oppose	Held in Judiciary Committee

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	466	Gloor	Allows inclusion on the DHHS preferred drug list, antidepressant, antipsychotic, and anticonvulsant prescriptions for Medicaid. Currently, DHHS and an advisory committee create a preferred drug list for Medicaid recipients containing drugs that may be obtained without prior authorization from DHHS that excludes these types of drugs.	Support	Held in HHS Committee
LB	494	Nordquist	Requires DHHS to follow federal standards for determination of Medicaid eligibility: 90 days for disabled, 45 for everyone else.	Support	Adopted
LB	502	Cook	Adds a health care employer representative to the NE Workforce Investment Board and adds health care shortage as a specific topic the board must address. The Nebraska Legislature adopted the Nebraska Workforce Investment Act in 2001. The purpose of the bill was to enact legislation consistent with the provisions of the federal Workforce Investment Act of 1998. The act streamlined Nebraska's workforce development programs into single one-stop centers for those seeking services and training programs to obtain employment or to upgrade existing skills. That act established local boards and a state board which includes business representatives, to advise the Governor on how to best deliver services that meets the business and employment needs of local areas.	Support	Adopted
LB	515	Christensen	HEALTH CARE REFORM: Declares that the state rejects Federal Health Care Reform and that it violates states' rights provisions in the US Constitution. It would be a class I misdemeanor for officers of the state to attempt to implement provisions of the Reform Act.	Neutral	Held in Judiciary Committee
LB	539	HHS Committee	Introduced by the HHS Committee in response to the LR 542 process as an option for addressing the budget deficit. It requires the department, no later than July 1, 2011, to submit a state plan amendment or waiver to CMS to limit Medicaid payments for emergency room visits for adults to twelve per year. Emergency room visits that result in inpatient admission shall not be counted towards the limit of twelve visits. Legislative Resolution (LR) 542 called for a study in the 2010 interim by each legislative committee to identify statutory changes that would bring about General Fund savings.	Opposed	Held in HHS Committee
LB	569	Coash	Private employers must use E-Verify. Currently public employers and public contractors are required to use the "E-Verify" system to verify the immigration status and work eligibility of all new employees. The bill would expand the requirement to all employers and contractors. Those in violation would be guilty of a class III misdemeanor.	Neutral	Held in Judiciary Committee
LB	600	Campbell	NHCA SPONSORED BILL: Maximizes federal funding for nursing facility reimbursement. The state assesses \$3.50 against private and Medicaid days and pays 100% back to providers in proportion to Medicaid days. The repayment draws roughly \$19.5M in federal funding for Medicaid rate enhancement.	Support	Adopted
LB	602	Campbell	Maximize federal Medicaid funding. Provides the following intent language: DHHS shall apply for and use to the maximum extent possible any and all amendments, options, and waivers available to Nebraska under the Medicaid program and corresponding rules and regs to ensure that Nebraska reduces and maximizes expenditures from the General Fund. If the department is required to choose between or among amendments, options, or waivers, the department shall apply for the amendment, option, or waiver that is projected to result in the greatest number of persons becoming eligible for benefits under the program, the greatest amount of federal funds coming to the state pursuant to the program, or both.	Support	Held in HHS Committee

LB/ LR	#	Primary Introducer	Description	Position	Post '11 Session Status
LB	677	Lathrop	Creates penalties for 1st, 2nd, and 3rd degree assault on a health care worker performing official/work-related duties. Health care provider means a practitioner licensed or certified under the Uniform Credentialing Act. Providers must display this sign: "WARNING TO PERSONS SEEKING OR ASSISTING A PERSON SEEKING HEALTH CARE SERVICES: ASSAULTING OR THREATENING IN A MENACING MANNER A HEALTH CARE PROVIDER ENGAGING IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES WILL RESULT IN MANDATORY IMPRISONMENT."	Concerned about behavioral residents & "intent". Concerned about signage.	Held in Judiciary Committee
LR	21	Janssen	<p>HEALTH CARE REFORM: (1) Resolution calling for rejection by the Legislature of federal health care reform and calling for its repeal. States intent that (2) all individuals should have the right to make decisions about their health care, and no law should be in effect that restricts a person's freedom of choice of private health care systems or plans. (3) No law should interfere with a person's or entity's right to pay directly for medical services, nor should any law impose a penalty or fine for choosing to obtain or decline health care insurance coverage. (4) The Clerk of the Legislature shall transmit copies of this resolution to the speaker of the US House of Reps, US Senate majority leader, and the Nebraska Congressional Delegation.</p> <p>The resolution lists a hosts of rationales. I.e., the federal law will constrain the individual freedom to choose a doctor and make decisions, will increase health care costs; cause rationing of care, loss of employer covered health care, increased premiums, reduce physician Medicaid/Medicare reimbursement, increased employer taxes, reduced capital investment, increased national debt, and have an overall negative impact on our economy and employment.</p>	Neutral	Held in HHS Committee
LR	30	Campbell	HEALTH CARE REFORM: Calls for reappointment of the legislative "Health Care Reform Implementation and Oversight Committee" created under LR 467 (2010). They shall continue the committee's work by consulting and encouraging collaboration, coordination, and systemwide communication with a broad array of public and private entities and other legislative committees involved in Nebraska health care issues. It authorizes authority to recommend on a broad scope of related issues pertaining to implementation of the reforms. A report must be made to the legislature by 12/31/11.	Support	Held in Executive Board Committee