

## FINAL - NHCA/NALA Bills of Interest - 2009

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LB	Primary Introducer	Description	Position	Status
107	Haar	The Committee advanced the bill to General File with an amendment that restricts the bill to public employees only. NHCA testified in opposition to LB 107, which provides that employers would not be permitted to terminate employees without having first given the specific reason for the termination and provided a meaningful opportunity to present the employee's position in response to the reason for the proposed termination. Does not apply to "exempt" employees (mainly management). The bill does not explicitly limit the ability for an employer to terminate, create any legal rights for terminated employees, or even require that an accurate reason be given to the employee. NHCA teamed with other business associations and the Chamber of Commerce in opposing asserting that the bill weakened "at will" employment and could nonetheless result in lawsuits or other negative consequences. The bill however, does not have a priority designation and is unlikely to advance.	Oppose	General File
159	Gay	Amendment to be filed to reduce maximum deduction to reduce GF impact. Bill provides a 25% income tax credit for LTC insurance premium payments for oneself, spouse, parent, or immediate family member, or dependent for whom the individual was allowed to deduct a personal exemption for the taxable year. May be claimed for a maximum of three tax years. Can't exceed the lesser of (a) \$250 two hundred fifty dollars for an individual policy or \$500 for a joint policy or (b) the taxpayer's income tax liability (to be reduced).	Support	Final Reading Gay agreed to postpone until '10 due to GF forecast
195	Gay	HHS Committee priority bill into which LBs 220 and 367 have been amended. As introduced the bill amends the Statewide Trauma System Act.	Support w/ Amendments	Adopted
220	Gloor	Was amended into LB 195 and adopted. Allows LTC facilities to use automation medication dispensing machines. Sponsors: NPA, NHCA, NHA, HHS input. Changes the definition of "prescription" in regulations to resemble a chart order for dispensing to LTC patients. Changes filing requirements for Rx & allows pharmacies to maintain prescriptions in separate file or "readily retrievable" format, which is allowed in federal law.  Defines supplying pharmacy as entity that contracts with LTC facility and owns emergency drug box drugs. "E-box to be inspected at least once every 30 days or after reported usage. Eliminates oversight by the NE Bd of Pharmacy of a list of drugs to be contained in e-box and instead limits e-box content to include no more than 10 doses of CS and no more that 50 total doses, to be decided by physician medical director, pharmacist, and facility quality assurance committee. Allows e-box drugs to be returned to the supplying pharmacy that owns the drugs.	Support	Adopted in LB 195
288	HHS	LB 371 was included in committee amendment to this bill. Introduced as a DHHS "clean-up" bill. HHS Committee priority bill.	Support w/ Amendments	Scheduled for Gen File
315	Speaker Flood	Appropriations Committee recommends a 1.5% Medicaid provider rate increase for both NFs and ALFs in FY10 and 11. Appropriation is also included sufficient to fund a 1.5% utilization increase for NFs and 3% for "waiver" services including assisted living. The Committee initially recommended 2% for rates but was forced to reduce their recommendation after the State Revenue project was reduced in April. The Governor initially recommended 1% for rates but did not veto the 0.5% when the bill came to his desk to be signed.	Oppose	Adopted.

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367	Gloor	NHCA/NAHSA sponsored bill which allows for inter-planning region transfer of NF beds and exempts any associated increase in beds at the receiving facility from the 10 beds/10% over 2 years limitation. At the Department's request, the bill includes the following provision: To determine "need", nursing homes must quarterly report their occupancy "on the last day of the immediately preceding quarter on a form provided by the department". The report must be provided no later than 90 days after the end of the preceding quarter. DHHS shall provide this data upon request. Failing to report shall disqualify a facility for bed transfers. Now part of LB 195.	NHCA	Adopted in LB 195.
371	Campbell	To be amended into LB 288, a HHS Committee priority bill. NHCA/MRC sponsored. Removes a sunset provision pertaining to the Medicaid Reform Council on which Pat Snyder serves. Requires that DHHS respond to specific council recommendations in an attempt to increase Dept accountability to the council and public. It also adjusts the timeframe for providing draft reports by the Dept to the council to improve the ability for the Council to thoughtfully address Dept intentions/information.	NHCA	Adopted in LB 288.
385	Pahls	This bill attempts to force a reconsideration of every and all sales tax exemption provided for under state law including non-profit health care facilities/ALFs. The authority for local option taxes are removed in 2014 and the state sales tax is ended by 2016. Exemptions are removed before that time, i.e., for nonprofit health care facilities/ALFs in 2012. Initially, the bill was introduced to spur a dialogue about the appropriateness of our myriad of tax exemptions. After receiving significant attention, Senator Pahls became interested in pursuing the bill. The Revenue Committee, voted to kill the bill despite Pahls's intentions and Pahls motioned to the Body to "raise" the bill from Committee notwithstanding the Committee action. The motion failed.	Oppose	Held in Rev. Committee. Motion to raise failed
680	Approp	"The Stimulus Bill": The Appropriations Committee introduced this bill at its own discretion as a vehicle to enable a public hearing and Legislature debate on how the State should allocate its portion of Federal ARRA funds (American Recovery & Reinvestment Act, aka "Federal Stimulus"). Related to health care, ARRA includes an approximate \$256.3M in Medicaid matching funds and funds for technology-related grants. The State "backed-out" State funds correlated with ARRA to balance state revenue shortfall. Indirectly, a portion of these funds was used to increase provider rates but not the entire \$256.3M.	Support	Did not require adoption to implement