

Nebraska



Nebraska - 20-12

Sponsor: Governor Pete Ricketts (R)

Actions: 03/31/2020 Issued

Summary: Summary for 3/31/2020 Executive Order

This executive order suspends certain requirements for certain medical facilities in response to COVID-19.

Hospitals

The following provisions relating to hospitals are temporarily suspended in response to COVID-19:

The provisions of Neb. Rev. Stat. § 71-409 and its implementing regulations require critical access hospitals to maintain an average length of stay of 96 hours and limit critical access hospitals to no more than 25 acute care inpatient beds;

The provisions of Neb. Rev. Stats. § 71-433, § 71-434, and § 71-435 and their implementing regulations regarding the renewal and expiration dates of facility licenses;

The provisions of Title 175 Nebraska Administrative Code § 9-006.09B2 permitting a Director of Nursing to serve as a charge nurse only in a hospital with 25 or fewer beds;

The provisions of Title 175 Nebraska Administrative Code § 9-004.07 which require notice of increase or changes in the type of use and location of hospital beds and similar notices;

The provisions of Title 175 Nebraska Administrative Code § 9-004.05 which prohibit facilities from putting into use more than the total number of beds for which the hospital is licensed and locating more patients in a patient room than the capacity for which the room was initially approved.

Ambulatory Surgical Centers

The following provisions relating to ambulatory surgical centers are temporarily suspended in response to COVID-19:

The provisions of Neb. Rev. Stat. § 71-405 and its implementing regulations which require ambulatory surgical centers to provide services to persons who are admitted to and discharged from the facility within the same working day and which prohibit overnight stays are temporarily suspended so that patients' care and treatment needs may be met at such facilities if no other facility beds are available for transfer of patients;

The provisions of Title 175 Nebraska Administrative Code § 7-006.12 which require ambulatory surgical centers to meet all Medicare Conditions of Participation.

Assisted living; IDD treatment; Hospice

The following provisions relating to assisted living facilities, facilities treatment intellectually and developmentally disabled populations, and hospice care are temporarily suspended in response to COVID-19:

The following provisions relating to hospitals are temporarily suspended in response to COVID-19:

The provisions of Title 175 Nebraska Administrative Code § 3-005.3; § 4-005.03; § 7-005.03, § 9-005.03; § 16-005.03; § 17-005.03; and § 18-005.03 which require inspections for conformity with construction plans and compliance after new construction prior to use and occupancy in hospitals, health clinics, hospice, assisted living facilities, centers for the developmentally disabled, centers for the care and treatment of individuals with intellectual disabilities, and mental health substance use treatment centers;

The provisions of Neb. Rev. Stat. § 71-5903 and its implementing regulations which impose a 21-day limitation on complex nursing interventions in an assisted living facility.

Certificate of Need

The following provisions relating to certificate of need are temporarily suspended in response to COVID-19:

The provisions of Neb. Rev. Stat. § 71-5829.03(3)-(4) which require certificates of need for long-term care and rehabilitation beds and impose a moratorium on such beds.

Telehealth Guidelines to be released

The Nebraska Department of Health and Human Services shall establish and publish guidance for health care providers regarding the use of telehealth by licensed practitioners and guidance for the payment of Medicaid services provided via telehealth.

Bill Links [3/31/2020 Executive Order](#)



Nebraska - LB 943

Sponsor: Senator Eliot Bostar (NP)

Actions: 03/09/2022 Placed on General File
02/15/2022 Hearing Held
01/11/2022 Referred to Banking, Commerce, and Insurance Committee
01/10/2022 Introduced

Summary: Summary of 1/10/2022 Version

This measure prohibits health insurance plans from refusing to pay a participating provider for providing covered clinician-administered drugs. They may not require a specialty pharmacy to dispense these drugs directly to a patient in order for the patient to transport the drug to their provider for administration. The measure also defines clinician-administered drugs.

This measure is applicable to clinician-administered drugs.

Under this measure a health insurance plan may not:

- Refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs
- Impose coverage or benefit limitations or require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other penalties when obtaining clinician-administered drugs from a health care provider.
- Interfere with the right of a patient to choose to obtain a clinician-administered drug from a pharmacy of their choice through steering or offering financial incentives.
- Require clinician-administered drugs to be dispensed by a pharmacy selected by the insurer.
- Limit or exclude coverage for a clinician-administered drug when such drug is not dispensed by a pharmacy selected by the health plan.
- Reimburse the drug at a lesser amount dispensed by a pharmacy not selected by the insurer
- Condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for providing covered clinician-administered drugs and related services to insured individuals when the participating provider obtains clinician-administered drugs from a pharmacy that is not in the provider's network.
- Require an enrollee to pay an additional fee or higher copay for clinician-administered drugs when not dispensed by the insurer
- Require a specialty pharmacy to dispense a clinician-administered medication directly to a patient with the intention that the patient will transport the medication to a health care provider for administration of a pharmacy selected by the insurer.

A health plan may not require:

- The use of a home infusion pharmacy to dispense the drugs to patients in their homes or use an infusion site external to their provider's office or clinic.

Clinician-administered drug means an outpatient prescription drug other than a vaccine that can not be self-administered to a patient or by a person assisting the patient. The drug is typically administered by a health care provider in a physician's office or hospital outpatient setting.

This measure does not provide an effective date.

Bill Links [1/10/2022 Version](#)