

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 950

Introduced by Bostar, 29.

Read first time January 09, 2026

Committee: Banking, Commerce and Insurance

1 A BILL FOR AN ACT relating to insurance; to amend sections 81-6,123,
2 81-6,125, 81-6,127, and 81-6,128, Reissue Revised Statutes of
3 Nebraska, and section 44-5437, Revised Statutes Supplement, 2025; to
4 change provisions relating to uniform prior authorization request
5 forms as prescribed; to change requirements for the designated
6 health information exchange; to change duties of the Health
7 Information Technology Board; to harmonize provisions; and to repeal
8 the original sections.
9 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 44-5437, Revised Statutes Supplement, 2025, is
2 amended to read:

3 44-5437 (1)(a) On or before November 1, 2025, the department shall
4 approve a single uniform prior authorization request form for
5 prescription drugs, devices, and durable medical equipment and a single
6 uniform prior authorization request form for all other health care
7 services. The uniform prior authorization request forms shall not exceed
8 two printed pages in length. This two-page limit does not apply to
9 information or documentation required by the utilization review agent, as
10 published in accordance with subsection (1) of section 44-5434, or a
11 health care provider's notes or documentation submitted in support of a
12 prior authorization request.

13 (b) Beginning January 1, 2026, except as provided in subsection (2)
14 of this section, (i) health care providers shall use only the approved
15 uniform prior authorization request forms; and (ii) utilization review
16 agents shall accept and process prior authorization requests submitted
17 using such forms. ÷

18 ~~(i) All health care providers shall use only the approved uniform~~
19 ~~prior authorization request forms; and~~

20 ~~(ii) Except as provided in subsection (2) of this section, all~~
21 ~~utilization review agents shall accept and process prior authorization~~
22 ~~requests submitted using such forms.~~

23 (c) This subsection does not prohibit a utilization review agent
24 from using a prior authorization methodology that uses an Internet
25 webpage, an Internet webpage portal, or a similar web-based system if the
26 methodology is consistent with the uniform prior authorization request
27 forms approved by the department pursuant to this subsection.

28 ~~(2)(a) (2)~~ A utilization review agent may request from the
29 department an exemption from the requirements of subsection (1) of this
30 section if the utilization review agent implements and maintains a prior
31 authorization application programming interface pursuant to 45 C.F.R.

1 156.223(b) or other electronic prior authorization methodology that
2 automates and standardizes the prior authorization process for patients,
3 health care providers, and health carriers. A utilization review agent
4 shall provide notice to health care providers at least ninety days prior
5 to implementing a prior authorization application programming interface
6 or other electronic prior authorization methodology under this
7 subsection.

8 (b) Within ninety days after the date of receipt of the notice
9 described in subdivision (2)(a) of this section, a health care provider
10 shall use only the prior authorization application programming interface
11 or other approved electronic prior authorization methodology for prior
12 authorization requests. Upon a request from a health care provider, a
13 utilization review agent may grant an extension of time for good cause.

14 **Sec. 2.** Section 81-6,123, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 81-6,123 Sections 81-6,123 to 81-6,128 ~~81-6,126~~ shall be known and
17 may be cited as the Population Health Information Act.

18 **Sec. 3.** Section 81-6,125, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 81-6,125 (1) The purpose of the Population Health Information Act is
21 to designate a health information exchange to provide the data
22 infrastructure needed to assist in creating a healthier Nebraska and
23 operating the electronic health records initiative.

24 (2) The designated health information exchange shall:

25 (a) Aggregate clinical information from health care entities needed
26 to support the operation of the medical assistance program under the
27 Medical Assistance Act;

28 (b) Act as the designated entity for purposes of access to and
29 analysis of health data;

30 (c) Collect and analyze data for purposes of informing the
31 Legislature, the department, health care providers, and health care

1 entities as to the cost of, access to, and quality of health care in
2 Nebraska;

3 (d) Act as a collector and reporter of public health data for
4 registry submissions, electronic laboratory reporting, immunization
5 reporting, and syndromic surveillance from an electronic health record,
6 which does not include claims data; and

7 (e) Enable any health care provider or health care entity to real
8 time access information available within the designated health
9 information exchange to evaluate and monitor care and treatment of a
10 patient in accordance with the privacy and security provisions set forth
11 in the federal Health Insurance Portability and Accountability Act of
12 1996, Public Law 104-191.

13 (3)(a) On or before January 1, 2027 ~~September 30, 2021~~, each health
14 care facility listed in subdivision (b) of this subsection shall
15 participate in the designated health information exchange through sharing
16 of clinical information. Such clinical information shall include the
17 clinical data that the health care facility captured in its existing
18 electronic health record as permitted by state and federal laws, rules,
19 and regulations. Any patient health information shared with the
20 designated health information exchange as determined by the rules and
21 regulations ~~policies~~ adopted by the Health Information Technology Board
22 shall be provided in accordance with the privacy and security provisions
23 set forth in the federal Health Insurance Portability and Accountability
24 Act of 1996 and regulations adopted under the act.

25 (b) This subsection applies to an ambulatory surgical center, a
26 critical access hospital, a general acute hospital, a health clinic, a
27 hospital, an intermediate care facility, a long-term care hospital, a
28 mental health substance use treatment center, a PACE center, a pharmacy,
29 a psychiatric or mental hospital, a public health clinic, or a
30 rehabilitation hospital, as such terms are defined in the Health Care
31 Facility Licensure Act, or a diagnostic, laboratory, or imaging center.

1 (c) This subsection does not apply to (i) a state-owned or state-
2 operated facility or (ii) an assisted-living facility, a nursing
3 facility, or a skilled nursing facility, as such terms are defined in the
4 Health Care Facility Licensure Act.

5 (d) Any connection established by July 1, 2021, between a health
6 care facility and the designated health information exchange to
7 facilitate such participation shall be at no cost to the participating
8 health care facility.

9 ~~(e) A health care facility may apply to the board for a waiver from
10 the requirement to participate under this subsection due to a
11 technological burden. The board shall review the application and
12 determine whether to waive the requirement. If the board waives the
13 requirement for a health care facility, the board shall review the waiver
14 annually to determine if the health care facility continues to qualify
15 for the waiver.~~

16 (e) ~~(f)~~ The board shall not require a health care facility to
17 purchase or contract for an electronic records management system or
18 service.

19 (4)(a) On or before January 1, 2022, each health insurance plan
20 shall participate in the designated health information exchange through
21 sharing of information. Subject to subsection (5) of this section, such
22 information shall be determined by rules and regulations ~~policies~~ adopted
23 by the Health Information Technology Board. Such information shall not
24 include claims data or any other data used for billing, payment, or
25 adjudication purposes.

26 (b) For purposes of this subsection:

27 (i) Health insurance plan includes any group or individual sickness
28 and accident insurance policy, health maintenance organization contract,
29 subscriber contract, employee medical, surgical, or hospital care benefit
30 plan, or self-funded employee benefit plan to the extent not preempted by
31 federal law; and

1 (ii) Health insurance plan does not include (A) accident-only,
2 disability-income, hospital confinement indemnity, dental, hearing,
3 vision, or credit insurance, (B) coverage issued as a supplement to
4 liability insurance, (C) insurance provided as a supplement to medicare,
5 (D) insurance arising from workers' compensation provisions, (E)
6 automobile medical payment insurance, (F) insurance policies that provide
7 coverage for a specified disease or any other limited benefit coverage,
8 or (G) insurance under which benefits are payable with or without regard
9 to fault and which is statutorily required to be contained in any
10 liability insurance policy.

11 (5) The designated health information exchange and the department
12 shall enter into an agreement to allow the designated health information
13 exchange to collect, aggregate, analyze, report, and release de-
14 identified data, as defined by the federal Health Insurance Portability
15 and Accountability Act of 1996, that is derived from the administration
16 of the medical assistance program. Such written agreement shall be
17 executed no later than September 30, 2021.

18 (6) In addition to the right to opt out as provided in section
19 71-2454, an individual shall have the right to opt out of the designated
20 health information exchange or the sharing of information required under
21 subsections (3) and (4) of this section. The designated health
22 information exchange shall adopt a patient opt-out rules and regulations
23 ~~policy~~ consistent with the federal Health Insurance Portability and
24 Accountability Act of 1996 and other applicable federal requirements.
25 Such rules and regulations ~~policy~~ shall not apply to mandatory public
26 health reporting requirements.

27 **Sec. 4.** Section 81-6,127, Reissue Revised Statutes of Nebraska, is
28 amended to read:

29 81-6,127 (1) The Health Information Technology Board is created. The
30 board shall have seventeen members. Except for members designated in
31 subdivision (2)(o) of this section, the members shall be appointed by the

1 Governor with the approval of a majority of the members of the
2 Legislature. The members may begin to serve immediately following
3 appointment and prior to approval by the Legislature. The members shall
4 be appointed by February 1, 2021, and the board shall begin meeting on or
5 before April 1, 2021.

6 (2) Members designated under subdivisions (b), (c), (d), (e), (g),
7 (h), and (i) of this subsection shall hold a credential under the Uniform
8 Credentialing Act. Except as otherwise provided in subsection (4) of this
9 section, the board shall consist of:

10 (a) One individual who has experience in operating the prescription
11 drug monitoring program created under section 71-2454;

12 (b) Two physicians, one of whom shall be a family practice
13 physician, who are in active practice and in good standing with the
14 Department of Health and Human Services appointed from a list of
15 physicians provided by a statewide organization representing physicians;

16 (c) One pharmacist who is in active practice and in good standing
17 with the department appointed from a list of pharmacists provided by a
18 statewide organization representing pharmacists;

19 (d) One alcohol and drug counselor providing services for a state-
20 licensed alcohol and drug abuse addiction treatment program;

21 (e) One health care provider who is board-certified in pain
22 management;

23 (f) One hospital administrator appointed from a list of hospital
24 administrators provided by a statewide organization representing hospital
25 administrators;

26 (g) One dentist who is in active practice and in good standing with
27 the department appointed from a list of dentists provided by a statewide
28 organization representing dentists;

29 (h) One nurse practitioner who is in active practice and in good
30 standing with the department authorized to prescribe medication appointed
31 from a list of nurse practitioners authorized to prescribe medication

1 provided by a statewide organization representing such nurse
2 practitioners;

3 (i) One veterinarian who is in active practice and in good standing
4 with the department appointed from a list of veterinarians provided by a
5 statewide organization representing veterinarians;

6 (j) Two representatives ~~One representative~~ of the Department of
7 Health and Human Services including one representative from the Division
8 of Medicaid and Long-Term Care of the Department of Health and Human
9 Services;

10 (k) One representative of a delegate as defined in section 71-2454;

11 (l) One health care payor as defined in section 25-21,247 or an
12 employee of a health care payor;

13 (m) One credentialed health information management professional
14 appointed from a list of such professionals provided by a statewide
15 organization representing such professionals;

16 (n) One representative of the statewide health information exchange
17 described in section 71-2455; ~~and~~

18 (o) The chairperson of the Health and Human Services Committee of
19 the Legislature and the chairperson of the Appropriations Committee of
20 the Legislature, both of whom are nonvoting, ex officio members; ~~and -~~

21 (p) One representative of an insurer, as defined in section 44-103,
22 who offers at least one health insurance plan as defined in section
23 81-6,125.

24 (3) Except for members designated in subdivisions (2)(a) and (o) of
25 this section:

26 (a) A minimum of three members shall be appointed from each
27 congressional district;

28 (b) Each member shall be appointed for a five-year term beginning on
29 April 1, 2021, and may serve for any number of such terms;

30 (c) Any member appointed prior to April 1, 2021, shall begin to
31 serve immediately upon appointment and continue serving for the term

1 beginning on April 1, 2021; and

2 (d) Any vacancy in membership, other than by expiration of a term,
3 shall be filled within ninety days by the Governor by appointment for the
4 vacant position as provided in subsection (2) of this section.

5 (4) If, after appointment, the classification of a member's
6 credential changes or a member's credential classification is terminated
7 and if such credential was a qualification for appointment, the member
8 shall be permitted to continue to serve as a member of the board until
9 the expiration of the term for which appointed unless the member loses
10 the credential due to disciplinary action.

11 (5) The members shall be reimbursed for their actual and necessary
12 expenses incurred in serving on the board as provided in section 71-2455.

13 (6) A simple majority of members shall constitute a quorum for the
14 transaction of all business.

15 **Sec. 5.** Section 81-6,128, Reissue Revised Statutes of Nebraska, is
16 amended to read:

17 81-6,128 (1) The Health Information Technology Board shall:

18 (a) Establish criteria for data collection and disbursement by the
19 statewide health information exchange described in section 71-2455 and
20 the prescription drug monitoring program created under section 71-2454 to
21 improve the quality of information provided to clinicians;

22 (b) Evaluate and ensure that the statewide health information
23 exchange is meeting technological standards for reporting of data for the
24 prescription drug monitoring program, including the data to be collected
25 and reported and the frequency of data collection and disbursement;

26 (c) Provide the governance oversight necessary to ensure that any
27 health information in the statewide health information exchange and the
28 prescription drug monitoring program may be accessed, used, or disclosed
29 only in accordance with the privacy and security protections set forth in
30 the federal Health Insurance Portability and Accountability Act of 1996,
31 Public Law 104-191, and regulations promulgated thereunder. All protected

1 health information is privileged, is not a public record, and may be
2 withheld from the public pursuant to section 84-712.05; and

3 (d) Provide recommendations to the statewide health information
4 exchange on any other matters referred to the board.

5 (2) The board shall adopt and promulgate rules and regulations
6 ~~policies and procedures~~ necessary to carry out the Population Health
7 Information Act ~~its duties~~.

8 (3) The authority of the board to direct the use or release of data
9 under this section or section 71-2454 shall apply only to requests
10 submitted to the board after September 1, 2021.

11 (4) The board may hold meetings by telecommunication or electronic
12 communication subject to the Open Meetings Act. Any official action or
13 vote of the members of the board shall be preserved in the records of the
14 board.

15 (5) By November 15, 2021, and November 15 of each year thereafter,
16 the board shall develop and submit an annual report to the Governor and
17 the Health and Human Services Committee of the Legislature regarding
18 considerations undertaken, decisions made, accomplishments, and other
19 relevant information. The report submitted to the Legislature shall be
20 submitted electronically.

21 **Sec. 6.** Original sections 81-6,123, 81-6,125, 81-6,127, and
22 81-6,128, Reissue Revised Statutes of Nebraska, and section 44-5437,
23 Revised Statutes Supplement, 2025, are repealed.