

**ONE HUNDRED NINTH LEGISLATURE - SECOND SESSION - 2026**  
**COMMITTEE STATEMENT**  
**LB967**

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**Hearing Date:** Tuesday February 03, 2026  
**Committee On:** Banking, Commerce and Insurance  
**Introducer:** Jacobson  
**One Liner:** Provide requirements for electronic notice of annual meetings by mutual insurance holding companies

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**

**Aye:** 8 Senators Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Testimony:**

**Proponents:**

Senator Mike Jacobson  
Robert Bell  
Wes Suter  
Jeremiah Blake

**Representing:**

Opening Presenter  
Nebraska Insurance Federation  
Mutual of Omaha Insurance Company  
Blue Cross Blue Shield of Nebraska

**Opponents:**

**Representing:**

**Neutral:**

**Representing:**

\* ADA Accommodation Written Testimony

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**Summary of purpose and/or changes:**

LB 967 modernizes the Mutual Insurance Holding Company Act. It establishes a clear legal framework for companies to provide notice of annual meetings to their members through electronic means rather than traditional paper mail. The bill defines "reasonable" notice as direct email transmission to a member's designated account or publication on a specific website, provided the member was previously informed of the digital notification procedure. The bill includes a consumer protection clause that allows any member to opt out of digital delivery and request printed materials via U.S. Mail at no cost to them.

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**Explanation of amendments:**

The committee amendment (AM 2324) contains the provisions of LB 967 (Sections 7-8 of AM 2324) and also the provisions of four other bills that were heard by the Banking, Commerce and Insurance Committee and each made a

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part of the committee amendment on an 8-0 vote. Those bills are as follows:

LB 1062 (Bostar) as amended by AM 1859 (Sections 1-6 of AM 2324):

Testifiers on LB1062:

Proponents:

Senator Eliot Bostar , Opening Presenter

Eric Dunning, Nebraska Department of Insurance

Opponents: None

Neutral: None

Committee vote to attach LB1062:

Yes: 8 Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 1062 amends the powers of the Department of Insurance (DOI), the Insurance Producers Licensing Act, and the Pharmacy Benefit Manager Licensure and Regulation Act to modernize administrative and financial oversight of the insurance industry. The bill shifts Nebraska from a fixed-fee and manual verification system to one rooted in mandatory reciprocity and automated data tracking. By eliminating "safe harbor" provisions for out-of-state agents and imposing automatic penalties on Pharmacy Benefit Managers (PBMs), the legislation ensures that nonresident professionals and corporate entities are held to the same rigorous standards and financial costs that other states impose on Nebraska's own residents.

The bill also streamlines how the DOI monitors professional standing, replacing slow, paper-based disciplinary processes with self-executing triggers. If an out-of-state agent loses their home-state credentials, their Nebraska authority is now terminated automatically, moving the burden of proof from the state to the individual. Together, the five sections of the bill create a more aggressive regulatory environment designed to protect the Nebraska market from unqualified actors while ensuring that the state can effectively retaliate against jurisdictions that place excessive burdens on Nebraska-based insurance producers.

Detailed Summary:

Amends Neb. Rev. Stat. § 44-150 to remove subsection (3) from the statute. This effectively subjects insurance producers to Nebraska's retaliatory fee system. Under the current law, this subsection acts as a safe harbor by stating that Nebraska is not required to take retaliatory action regarding the fees or obligations that other states impose on Nebraska insurance agents. By striking this language, the bill eliminates that specific protection and mandates that nonresident producers must now face the same financial burdens in Nebraska that their home states impose on Nebraska producers. This change ensures that the principle of reciprocity applies consistently across the insurance industry rather than being limited primarily to insurance companies.

The broader legal impact of this change is that the DOI will now be required to monitor and match the licensing fees and material obligations of other jurisdictions for individual producers. If a nonresident agent comes from a state that charges Nebraska agents a higher premium for licensing or renewal, Nebraska will legally be obligated to hike its own fees for that specific agent to reach an identical amount.



Amends Neb. Rev. Stat. § 44-4055 to modernize and simplify the oversight of nonresident insurance agents by linking their Nebraska authority directly to their home state status. The update to subsection (2) of Neb. Rev. Stat. § 44-4055 expands the Director's verification toolkit, allowing for the confirmation of an agent's standing through both the National Association of Insurance Commissioners (NAIC) database and direct communication with home state regulators. This eliminates administrative delays by enabling real-time verification and ensuring that the DOI can act on the most current information without waiting for manual certifications or paper filings from the producer.

The addition of new subsection (6) to Neb. Rev. Stat. § 44-4055 introduces a mechanism that effectively makes a valid home state license a continuous requirement for maintaining authority in Nebraska. If a nonresident's home state license is revoked, suspended, or even voluntarily surrendered, the Director can issue an immediate order of revocation without the need for an independent investigation into the underlying misconduct. While this significantly speeds up disciplinary action, it maintains due process by providing the agent a 30-day window to request a hearing to prove they are actually in good standing. This shift places the burden of proof on the agent to demonstrate their eligibility, ensuring that Nebraska can quickly remove unqualified or disciplined out-of-state actors from its insurance market.

Amends Neb. Rev. Stat. § 44-4059 to transition Nebraska from a "due process" model of license revocation to a "self-executing" administrative model for nonresident producers. By removing subdivision (1)(o) of Neb. Rev. Stat. § 44-4059 which previously listed the failure to maintain a home-state license as just one of many "causes" for which the Director could choose to initiate disciplinary proceedings, the section removes that specific behavior from the standard notice-and-hearing framework. In its place, new subsection (2) of this section mandates that a nonresident license shall be automatically revoked the moment the Director receives notice that the producer is no longer in good standing in their home state.

Amends Neb. Rev. Stat. § 44-4064 to implement a mandatory retaliatory fee structure for out-of-state insurance producers and business entities. Under the current law, Nebraska applies a fixed fee cap (such as \$100 for a producer license) regardless of where the applicant is from. The new language in subdivisions (1)(a) and (f) fundamentally changes this by requiring the Director to match the "additional or greater fees, obligations, or prohibitions" imposed by other states. Essentially, if a nonresident agent's home state charges a Nebraska agent \$250 for a license, Nebraska is now legally obligated to charge that specific nonresident \$250, effectively bypassing the standard \$100 cap for that individual.

Amends Neb. Rev. Stat. § 44-4605 of the Pharmacy Benefit Manager Licensure and Regulation Act to increase the financial and operational accountability for PBMs operating in Nebraska. By implementing a mandatory \$100-per-day fine for late renewals and an automatic license suspension upon the arrival of the license anniversary date, the state effectively removes the previous administrative flexibility that allowed PBMs to operate with expired or pending paperwork. While the Director of Insurance retains a limited "emergency brake" to grant a 30-day extension for legitimate hardships, the overall effect is to treat a PBM's failure to maintain its license as a serious violation rather than a minor clerical oversight.

Furthermore, the new reporting requirements enforce a level of corporate transparency that ensures the DOI is not caught off guard by major internal shifts. PBMs are now legally obligated to provide immediate notification of any material changes in their ownership, control, or general eligibility status. This proactive disclosure requirement prevents PBMs from operating under "ghost" ownership or failing to report disciplinary issues from other states that might affect their Nebraska standing. Taken together, these changes ensure that PBMs are subject to the same strict regulatory deadlines and transparency standards as other major financial and insurance entities in the state.

AM 1859 amends LB 1062 by adding a new section to the bill that amends Neb. Rev. Stat. § 44-1523 to redefine insurer to include a pharmacy benefit manager under the Unfair Insurance Trade Practices Act.



LB 950 (Bostar) as amended by AM 1881 (Sections 9-12 of AM 2324):

Testifiers on LB950:

Proponents:

Senator Eliot Bostar , Opening Presenter  
Jeremiah Blake, Blue Cross Blue Shield Nebraska  
Robert M. Bell, Nebraska Insurance Federation  
Ben Sparks, Bryan Health

Opponents: None

Neutral: None

Committee vote to attach LB950:

Yes: 8 Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 950 modernizes Nebraska's health care system by expanding the use of health information technology to facilitate the electronic exchange of data. The bill authorizes the electronic submission and acceptance of prior authorization requests; increases participation in the state's health information exchange; and updates the duties, authority, and membership of the Health Information Technology Board.

Detailed Summary:

Amends Neb. Rev. Stat. § 44-5437 by making the current voluntary transition of healthcare providers to electronic filing systems a mandatory requirement. Under the original law, if a utilization review agent implemented an electronic application programming interface (API), it served primarily as an exemption for the agent from having to process standard paper forms. However, the bill adds a new requirement that once an agent implements such a system and provides the required notice, healthcare providers are legally obligated to use that specific electronic methodology rather than the uniform paper-based forms.

Furthermore, the bill introduces a strict timeline and a safety valve for this transition. After receiving a 90-day notice from a utilization review agent regarding the launch of an electronic system, providers have exactly that window to comply and integrate the new process into their workflow. To balance this mandate, the revised law allows providers to request an extension of time if they can demonstrate "good cause," providing a degree of flexibility for those facing technical or administrative hurdles during the transition to the new electronic standards.

Amends Neb. Rev. Stat. § 81-6,123 to add Neb. Rev. Stat. §§ 81-6,127 and 81-6,128 to the statutes making up the Population Health Information Act.

Amends Neb. Rev. Stat. § 81-6,125 to modernize the Population Health Information Act by shifting from a general data-sharing framework to a more rigorous, real-time system with formal oversight. Administratively, the bill replaces the informal "policies" of the Health Information Technology Board with a requirement for formal "rules and regulations." Extends mandatory participation deadline to January 1, 2027, while simultaneously upgrading the technical standard from simple access to "real-time access" for healthcare providers.



Also introduces a strict prohibition on the inclusion of claims, billing, or payment data in the information shared by insurance plans, reinforcing the exchange's focus on clinical outcomes rather than financial administration. The section increases the pressure on facilities to modernize by deleting the "technological burden" waiver. Under the new language, healthcare facilities can no longer bypass participation requirements due to technical difficulties.

Amends Neb. Rev. Stat. § 81-6,127 by adding an additional representative to the Health Information Technology Board from the Department of Health and Human Services (DHHS). It also adds a requirement that at least one of the two members from DHHS must be from the Division of Medicaid and Long-Term Care of DHHS. Finally, the section adds an additional member to the Board that must be an insurer, as defined in section Neb. Rev. Stat. § 44-103, who offers at least one health insurance plan as defined in section Neb. Rev. Stat. § 81-6,125.

Amends Neb. Rev. Stat. § 81-6,128 to add clarifying language stating that the Board must adopt and promulgate rules and regulations (rather than the existing language of "policies and procedures") necessary to carry out the Population Health Information Act.

AM 1881 amends LB 950 as follows:

Changes to Neb. Rev. Stat. § 44-5437 are removed from the bill.

Replaces the clarifying language originally found in section 3 of LB 950 related to the sharing of information required by Neb. Rev. Stat. § 81-6,125. The new language states that information shared shall be done in accordance with the privacy and security provision set forth in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations adopted under HIPAA.

Adds a new subsection to Neb. Rev. Stat. § 81-6,125 stating that the designated health information exchange shall not require a health care facility or health insurance plan to submit data or information except that required by rules and regulations adopted by the Health Information Technology Board.

Updates the membership of the Health Information Technology Board within Neb. Rev. Stat. § 81-6, 127. The board's composition would now require an additional hospital administrator and one individual with experience in the electronic exchange of sensitive information. Clarifying language is also added to Neb. Rev. Stat. § 81-6,127 stating that at least one of the two hospital administrators on the Board must represent critical access hospitals.

Unnecessary language in Neb. Rev. Stat. § 81-6,127 related to Board member appointments at or near the time of April 1, 2021 was removed.

Adds language to Neb. Rev. Stat. § 81-6,128 stating that data collected by the Board shall not include proprietary or confidential financial information maintained by a health care provider or health care entity. Also adds a requirement under Neb. Rev. Stat. § 81-6,128 that the Board must establish the framework and standards necessary to ensure the secure and seamless exchange of health information in real-time between health care providers and health care entities through the statewide health information exchange.

LB 1138 (Hallstrom) as amended by AM 1920 (Sections 15-24 of AM 2324):

Testifiers on LB1138:



Proponents:

Senator Bob Hallstrom , Opening Presenter  
Robert Bell, Nebraska Insurance Federation  
Mike Herring, National Association of Insurance and Financial Advisors of Nebraska  
Eric Dunning, Nebraska Department of Insurance  
Jina Ragland, AARP Nebraska  
Ryan McIntosh, Nebraska Bankers Association  
Dexter Schrod, Nebraska Independent Community Bankers  
Ann Ames, Big I Nebraska

Opponents: None

Neutral: None

Committee vote to attach LB1138:

Yes: 8 Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 1138 adopts the Nebraska Protection of Seniors from Insurance Exploitation Act (Act). The bill is designed to provide insurance companies and producers with the legal tools and immunity needed to identify, report, and temporarily halt transactions that appear to be the result of financial exploitation of "eligible adults" (seniors or vulnerable adults).

Detailed Summary:

Establishes the formal name of the Act.

States the legislative intent of the bill, which is to provide legal protections (immunity) to insurers so they have the discretion to act against suspected financial exploitation. It clarifies that while insurers have a duty to follow customer instructions, they are also in a unique position to spot fraud.

Provides defined terms used throughout the Act. It defines an eligible adult as someone sixty-five years of age or older or a vulnerable adult under existing Nebraska law. It also defines financial exploitation as the wrongful or unauthorized taking of money or assets through deception, intimidation, or undue influence. Other terms defined include disbursement, insurance producer, and trained individual.

Provides that an insurer or trained individual who makes a disclosure of information pursuant to the Act, in good faith and with reasonable care, to the Director of Insurance shall be immune from administrative or civil liability that might otherwise arise from the disclosure.

Governs the notification of third parties but includes a vital restriction. While it allows an insurer to notify a person previously designated by the eligible adult, it specifically prohibits notifying any person who is authorized to transact business on the policy if the insurer reasonably believes that person has committed or attempted the exploitation. This ensures that a suspected predator is not alerted to the fact that the insurance company is onto them. This section also states that any insurer or trained individual who makes such a disclosure in good faith and with reasonable care shall be immune from administrative or civil liability that might otherwise arise from the disclosure.

Establishes the authority to delay transactions or disbursements. It allows an insurer to pause a request for up to



fifteen business days to conduct an internal review of the suspected exploitation. If the internal review supports the suspicion, the insurer may extend the delay for an additional twenty-five or fifty-five business days (depending upon circumstances identified in the bill). Only a court of competent jurisdiction can extend the delay further.

Grants insurers and their trained employees immunity from administrative or civil liability for actions taken in good faith in compliance with the Act or the Insurance Fraud Act. This protection applies to reporting suspected exploitation to the state, notifying third parties, or delaying transactions as authorized by the Act. This same immunity is granted by the Act in other sections of the bill as well.

Mandates specific training requirements for insurance personnel. Every insurer must ensure that its employees and supervisors who handle transactions or investigate fraud receive instruction on how to identify the signs of financial exploitation. The training must also cover the proper internal procedures for reporting and delaying suspicious activities.

Deals with the sharing and protection of records. It requires insurers to provide law enforcement agencies and the Department of Insurance with access to any records relevant to a suspected case of exploitation. To protect the privacy of the individuals involved, these records are generally kept confidential and are not subject to public disclosure during the investigation.

Authorizes the Director of Insurance to adopt and promulgate any rules and regulations that are necessary to carry out the provisions of the Nebraska Protection of Seniors from Insurance Exploitation Act.

AM 1920 amends LB 1138 as follows:

Strikes original section 3 of the bill and inserts a new section adding the definition of insurer.

Adds clarifying language to the bill stating that an insurer or trained individual shall be immune from any administrative or civil liability for choosing not to implement a program to comply with the Act.

Creates a new subsection within section 8 of the bill stating that notwithstanding subsections (1) and (2) of section 8, an insurer shall be deemed to be in compliance with section 8 if such insurer provides antifraud training to all supervisors and employees of such insurer pursuant to the laws or regulations of this state or another state and if such training includes instruction substantially similar to the instruction described in subdivisions (l)(a) and (b) of section 8.

LB 953 (von Gillern) (Sections 13-14 of AM 2324):

Testifiers on LB953:

Proponents:

Senator R. Brad von Gillern , Opening Presenter

Marco Floreani, City of Omaha

David Honnens, Nebraska Section of the Professional Golfers Association of America and Nebraska Golf Alliance

Amber Bogle, Nebraska Section Professional Golfers' Association

Matt Shaner, Self

Maddison Sykes, Self

Dawn Neujahr, Self



Jennifer Creager, Greater Omaha Chamber  
Lynn Rex, League of Nebraska Municipalities

Opponents: None  
Neutral: None

Committee vote to attach LB953:

Yes: 8 Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 953 proposes amendments to the Site and Building Development Act by expanding the scope of the Site and Building Development Fund to include the construction of major golf facilities and their supporting infrastructure. The first section of the bill limits these specific projects to cities of the metropolitan class, effectively targeting Omaha for this type of urban recreational development. The second section establishes rigorous application requirements, mandating that any proposed facility must provide dedicated programming for both veterans and youth to qualify for state support. Furthermore, applicants are required to secure formal endorsements from the local mayor as well as national and state accredited golf associations while demonstrating that they have already obtained at least eight percent of the total construction costs from private or alternative sources. To maintain fiscal oversight, the bill also stipulates that no single grant may exceed twenty percent of the total project cost, ensuring that state investment remains a minority portion of the overall development budget.

Detailed Summary:

Amends Neb. Rev. Stat. § 81-12,147 which defines the allowable uses for the Site and Building Development Fund. The bill introduces a new category of eligible projects specifically for grants to political subdivisions and accredited golf associations. These grants are intended for the construction of golf facilities and the necessary infrastructure to support them. A key geographical restriction is included in this section, stating that these facilities must be located within the boundaries of a city of the metropolitan class.

Amends Neb. Rev. Stat. § 81-12,148 to establish the criteria an applicant must meet to secure these funds. For a golf facility project to be approved, the applicant must submit documentation to the Director of Economic Development demonstrating that the facility will provide programming for veterans and youth. Additionally, the applicant is required to provide letters of support from both national and state accredited golf associations, as well as a formal letter of support from the Mayor of the metropolitan class city where the facility is located. The bill also requires proof that the applicant has secured at least eight percent of the total construction cost from private or other sources. Furthermore, the section prevents any single grant issued from exceeding 20% of the total costs of construction.

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Mike Jacobson, Chairperson

