

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 210

Introduced by Riepe, 12.

Read first time January 14, 2025

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to population health information; to amend
2 sections 81-6,123, 81-6,124, 81-6,125, and 81-6,126, Reissue Revised
3 Statutes of Nebraska, and section 71-2454, Revised Statutes
4 Cumulative Supplement, 2024; to change provisions relating to the
5 prescription drug monitoring program, the designated health
6 information exchange, and the Population Health Information Act; to
7 define terms; to provide for assessments; to create a fund; to
8 require reports regarding managed care organizations; to require
9 sharing of vital statistics data; to harmonize provisions; to repeal
10 the original sections; and to declare an emergency.
11 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 71-2454, Revised Statutes Cumulative Supplement,
2 2024, is amended to read:

3 71-2454 (1) An entity described in section 71-2455 shall establish a
4 system of prescription drug monitoring for the purposes of (a) preventing
5 the misuse of controlled substances that are prescribed, (b) allowing
6 prescribers and dispensers to monitor the care and treatment of patients
7 for whom such a prescription drug is prescribed to ensure that such
8 prescription drugs are used for medically appropriate purposes, (c)
9 providing information to improve the health and safety of patients, and
10 (d) ensuring that the State of Nebraska remains on the cutting edge of
11 medical information technology.

12 (2) Such system of prescription drug monitoring shall be implemented
13 as follows: Except as provided in subsection (4) of this section, all
14 prescription drug information shall be reported to the prescription drug
15 monitoring system. The prescription drug monitoring system shall include,
16 but not be limited to, provisions that:

17 (a) Prohibit any patient from opting out of the prescription drug
18 monitoring system;

19 (b) Require any prescription drug that is dispensed in this state or
20 to an address in this state to be entered into the system by the
21 dispenser or his or her delegate no less frequently than daily after such
22 prescription drug is sold, including prescription drugs for patients
23 paying cash or otherwise not relying on a third-party payor for payment,
24 except that prescriptions labeled "for emergency use" or "for use in
25 immunizations" are not required to be reported;

26 (c) Allow any prescriber or dispenser ~~all prescribers or dispensers~~
27 of prescription drugs to access the system upon payment of any access fee
28 charged ~~at no cost~~ to such prescriber or dispenser;

29 (d) Ensure that such system includes information relating to all
30 payors, including, but not limited to, the medical assistance program
31 established pursuant to the Medical Assistance Act; and

1 (e) Make the prescription drug information available to the
2 statewide health information exchange described in section 71-2455 for
3 access by its participants upon payment of any access fee charged if such
4 access is in compliance with the privacy and security protections set
5 forth in the provisions of the federal Health Insurance Portability and
6 Accountability Act of 1996, Public Law 104-191, and regulations
7 promulgated thereunder, except that if a patient opts out of the
8 statewide health information exchange, the prescription drug information
9 regarding that patient shall not be accessible by the participants in the
10 statewide health information exchange; and -

11 (f) Authorize the operator to charge for access fees.

12 (3) Except as provided in subsection (4) of this section,
13 prescription drug information that shall be submitted electronically to
14 the prescription drug monitoring system shall be determined by the entity
15 described in section 71-2455 and shall include, but not be limited to:

16 (a) The patient's name, address, telephone number, if a telephone
17 number is available, gender, and date of birth;

18 (b) A patient identifier such as a military identification number,
19 driver's license number, state identification card number, or other valid
20 government-issued identification number, insurance identification number,
21 pharmacy software-generated patient-specific identifier, or other
22 identifier associated specifically with the patient;

23 (c) The name and address of the pharmacy dispensing the prescription
24 drug;

25 (d) The date the prescription is issued;

26 (e) The date the prescription is filled;

27 (f) The date the prescription is sold to the patient;

28 (g) The number of refills authorized;

29 (h) The prescription number of the prescription drug;

30 (i) The National Drug Code number as published by the federal Food
31 and Drug Administration of the prescription drug;

1 (j) The strength of the prescription drug prescribed;

2 (k) The quantity of the prescription drug prescribed and the number
3 of days' supply;

4 (l) The prescriber's name and National Provider Identifier number or
5 Drug Enforcement Administration number when reporting a controlled
6 substance; and

7 (m) Additional information as determined by the Health Information
8 Technology Board and as published in the submitter guide for the
9 prescription drug monitoring system.

10 (4) Beginning July 1, 2018, a veterinarian licensed under the
11 Veterinary Medicine and Surgery Practice Act shall be required to report
12 the dispensing of prescription drugs which are controlled substances
13 listed on Schedule II, Schedule III, Schedule IV, or Schedule V pursuant
14 to section 28-405. Each such veterinarian shall indicate that the
15 prescription is an animal prescription and shall include the following
16 information in such report:

17 (a) The first and last name and address, including city, state, and
18 zip code, of the individual to whom the prescription drug is dispensed in
19 accordance with a valid veterinarian-client-patient relationship;

20 (b) Reporting status;

21 (c) The first and last name of the prescribing veterinarian and his
22 or her federal Drug Enforcement Administration number;

23 (d) The National Drug Code number as published by the federal Food
24 and Drug Administration of the prescription drug and the prescription
25 number;

26 (e) The date the prescription is written and the date the
27 prescription is filled;

28 (f) The number of refills authorized, if any; and

29 (g) The quantity of the prescription drug and the number of days'
30 supply.

31 (5)(a) All prescription drug information submitted pursuant to this

1 section, all data contained in the prescription drug monitoring system,
2 and any report obtained from data contained in the prescription drug
3 monitoring system are confidential, are privileged, are not public
4 records, and may be withheld pursuant to section 84-712.05 except for
5 information released as provided in subsection (9) or (10) of this
6 section.

7 (b) No patient-identifying data as defined in section 81-664,
8 including the data collected under subsection (3) of this section, shall
9 be disclosed, made public, or released to any public or private person or
10 entity except to the statewide health information exchange described in
11 section 71-2455 and its participants, to prescribers and dispensers as
12 provided in subsection (2) of this section, or as provided in subsection
13 (7), (9), or (10) of this section.

14 (c) All other data is for the confidential use of the department and
15 the statewide health information exchange described in section 71-2455
16 and its participants. The department, or the statewide health information
17 exchange in accordance with policies adopted by the Health Information
18 Technology Board and in collaboration with the department, may release
19 such information in accordance with the privacy and security provisions
20 set forth in the federal Health Insurance Portability and Accountability
21 Act of 1996, Public Law 104-191, and regulations promulgated thereunder,
22 as Class I, Class II, or Class IV data in accordance with section 81-667,
23 except for purposes in accordance with subsection (9) or (10) of this
24 section, to the private or public persons or entities that the department
25 or the statewide health information exchange, in accordance with policies
26 adopted by the Health Information Technology Board, determines may view
27 such records as provided in sections 81-663 to 81-675. In addition, the
28 department, or the statewide health information exchange in accordance
29 with policies adopted by the Health Information Technology Board and in
30 collaboration with the department, may release such information as
31 provided in subsection (9) or (10) of this section.

1 (6) The statewide health information exchange described in section
2 71-2455, in accordance with policies adopted by the Health Information
3 Technology Board and in collaboration with the department, shall
4 establish the minimum administrative, physical, and technical safeguards
5 necessary to protect the confidentiality, integrity, and availability of
6 prescription drug information.

7 (7) If the entity receiving the prescription drug information has
8 privacy protections at least as restrictive as those set forth in this
9 section and has implemented and maintains the minimum safeguards required
10 by subsection (6) of this section, the statewide health information
11 exchange described in section 71-2455, in accordance with policies
12 adopted by the Health Information Technology Board and in collaboration
13 with the department, may release the prescription drug information and
14 any other data collected pursuant to this section to:

15 (a) Other state prescription drug monitoring programs;

16 (b) State and regional health information exchanges;

17 (c) The medical director and pharmacy director of the Division of
18 Medicaid and Long-Term Care of the department, or their designees;

19 (d) The medical directors and pharmacy directors of medicaid-managed
20 care entities, the state's medicaid drug utilization review board, and
21 any other state-administered health insurance program or its designee if
22 any such entities have a current data-sharing agreement with the
23 statewide health information exchange described in section 71-2455, and
24 if such release is in accordance with the privacy and security provisions
25 of the federal Health Insurance Portability and Accountability Act of
26 1996, Public Law 104-191, and all regulations promulgated thereunder;

27 (e) Organizations which facilitate the interoperability and mutual
28 exchange of information among state prescription drug monitoring programs
29 or state or regional health information exchanges; or

30 (f) Electronic health record systems or pharmacy-dispensing software
31 systems for the purpose of integrating prescription drug information into

1 a patient's medical record.

2 (8) The department, or the statewide health information exchange
3 described in section 71-2455, in accordance with policies adopted by the
4 Health Information Technology Board and in collaboration with the
5 department, may release to patients their prescription drug information
6 collected pursuant to this section. Upon request of the patient, such
7 information may be released directly to the patient or a personal health
8 record system designated by the patient which has privacy protections at
9 least as restrictive as those set forth in this section and that has
10 implemented and maintains the minimum safeguards required by subsection
11 (6) of this section.

12 (9) In accordance with the privacy and security provisions set forth
13 in the federal Health Insurance Portability and Accountability Act of
14 1996, Public Law 104-191, and regulations promulgated thereunder, the
15 department, or the statewide health information exchange described in
16 section 71-2455 under policies adopted by the Health Information
17 Technology Board, may release data collected pursuant to this section for
18 statistical, public policy, or educational purposes after removing
19 information which identifies or could reasonably be used to identify the
20 patient, prescriber, dispenser, or other person who is the subject of the
21 information, except as otherwise provided in subsection (10) of this
22 section.

23 (10) In accordance with the privacy and security provisions set
24 forth in the federal Health Insurance Portability and Accountability Act
25 of 1996, Public Law 104-191, and regulations promulgated thereunder, the
26 department, or statewide health information exchange described in section
27 71-2455 under policies adopted by the Health Information Technology
28 Board, may release data collected pursuant to this section for quality
29 measures as approved or regulated by state or federal agencies or for
30 patient quality improvement or research initiatives approved by the
31 Health Information Technology Board.

1 (11) The statewide health information exchange described in section
2 71-2455, entities described in subsection (7) of this section, or the
3 department may request and receive program information from other
4 prescription drug monitoring programs for use in the prescription drug
5 monitoring system in this state in accordance with the privacy and
6 security provisions set forth in the federal Health Insurance Portability
7 and Accountability Act of 1996, Public Law 104-191, and regulations
8 promulgated thereunder.

9 (12) The statewide health information exchange described in section
10 71-2455, in collaboration with the department, shall implement
11 technological improvements to facilitate the secure collection of, and
12 access to, prescription drug information in accordance with this section.

13 ~~(13)(a) (13)~~ Before accessing the prescription drug monitoring
14 system, any user shall undergo training on the purpose of the system,
15 access to and proper usage of the system, and the law relating to the
16 system, including confidentiality and security of the prescription drug
17 monitoring system. Such training shall be administered by the statewide
18 health information exchange described in section 71-2455 or the
19 department. The statewide health information exchange described in
20 section 71-2455 shall have access to the prescription drug monitoring
21 system for training operations, maintenance, and administrative purposes.
22 Users who have been trained prior to May 10, 2017, or who are granted
23 access by an entity receiving prescription drug information pursuant to
24 subsection (7) of this section, are deemed to be in compliance with the
25 training requirement of this subsection.

26 (b) The operator may assess users of the prescription drug
27 monitoring system, other than pharmacy benefit managers, a fee for use of
28 the system. The operator may collect the fees and pursue legal action for
29 uncollected assessments. The operator may impose interest charges or
30 other penalties on a user that fails to pay an assessment in a timely
31 manner.

1 (14) The department shall impose fees on every pharmacy benefit
2 manager for operational, nontreatment use of the prescription drug
3 monitoring system. The fee shall be XXX. The department shall remit the
4 fees to the State Treasurer for credit to the Population Health
5 Information Assessment Fund.

6 (15) {14} For purposes of this section:

7 (a) Deliver or delivery means to actually, constructively, or
8 attempt to transfer a drug or device from one person to another, whether
9 or not for consideration;

10 (b) Department means the Department of Health and Human Services;

11 (c) Delegate means any licensed or registered health care
12 professional credentialed under the Uniform Credentialing Act designated
13 by a prescriber or dispenser to act as an agent of the prescriber or
14 dispenser for purposes of submitting or accessing data in the
15 prescription drug monitoring system and who is supervised by such
16 prescriber or dispenser;

17 (d) Prescription drug or drugs means a prescription drug or drugs
18 dispensed by delivery to the ultimate user or caregiver by or pursuant to
19 the lawful order of a prescriber but does not include (i) the delivery of
20 such prescription drug for immediate use for purposes of inpatient
21 hospital care or emergency department care, (ii) the administration of a
22 prescription drug by an authorized person upon the lawful order of a
23 prescriber, (iii) a wholesale distributor of a prescription drug
24 monitored by the prescription drug monitoring system, or (iv) the
25 dispensing to a nonhuman patient of a prescription drug which is not a
26 controlled substance listed in Schedule II, Schedule III, Schedule IV, or
27 Schedule V of section 28-405;

28 (e) Dispenser means a person authorized in the jurisdiction in which
29 he or she is practicing to deliver a prescription drug to the ultimate
30 user or caregiver by or pursuant to the lawful order of a prescriber;

31 (f) Operator means the operator of the prescription drug monitoring

1 system and the designated health information exchange;

2 ~~(g)~~ ~~(f)~~ Participant means an individual or entity that has entered
3 into a participation agreement with the statewide health information
4 exchange described in section 71-2455 which requires the individual or
5 entity to comply with the privacy and security protections set forth in
6 the provisions of the federal Health Insurance Portability and
7 Accountability Act of 1996, Public Law 104-191, and regulations
8 promulgated thereunder; ~~and~~

9 (h) Pharmacy benefit manager means a person that negotiates
10 prescription drug price and rebate arrangements with manufacturers or
11 labelers of prescription drugs; and

12 ~~(i)~~ ~~(g)~~ Prescriber means a health care professional authorized to
13 prescribe in the profession which he or she practices.

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 and sections 6 to 9 of this
17 act ~~81-6,126~~ shall be known and may be cited as the Population Health
18 Information Act.

19 **Sec. 3.** Section 81-6,124, Reissue Revised Statutes of Nebraska, is
20 amended to read:

21 81-6,124 For purposes of the Population Health Information Act:

22 (1) Clinical information means information related to the diagnosis
23 and treatment of health conditions or services provided for health
24 conditions;

25 (2) Department means the Department of Health and Human Services;

26 (3) Designated health information exchange means the statewide
27 health information exchange described in section 71-2455;

28 (4) Nonfederal costs means the costs of operating the designated
29 health information exchange and prescription drug monitoring program that
30 are not covered by federal reimbursement under the medical assistance
31 program;

1 ~~(5)~~ {4} Health care entity means a health care facility as defined
2 in section 71-413, a home health agency as defined in section 71-417, an
3 urgent care treatment center, a laboratory, a medicaid managed care
4 organization, a federally qualified health center, a health care
5 practitioner facility as defined in section 71-414, a dental facility, a
6 local public health department, a health insurance carrier, or any other
7 organization or entity providing health care services in Nebraska;

8 ~~(6)~~ {5} Health care provider means a person practicing as a health
9 care professional under the Uniform Credentialing Act; ~~and~~

10 (7) Operator means the operator of the prescription drug monitoring
11 program and the designated health information exchange; and

12 ~~(8)~~ {6} Prescription drug monitoring program means the program
13 created under section 71-2454.

14 **Sec. 4.** Section 81-6,125, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 81-6,125 (1) The purposes ~~purpose~~ of the Population Health
17 Information Act are ~~is~~ to designate a health information exchange to
18 provide the data infrastructure needed to assist in creating a healthier
19 Nebraska and operating the electronic health records initiative and to
20 provide for one or more assessments to be imposed to provide for
21 sustainability of the designated health information exchange and
22 prescription drug monitoring program.

23 (2) The designated health information exchange shall:

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

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

29 (c) Collect and analyze data for purposes of informing the
30 Legislature, the department, health care providers, and health care
31 entities as to the cost of, access to, and quality of health care in

1 Nebraska;

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

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

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

23 (b) The operator may charge the health care facilities listed in
24 subdivision (c) of this subsection. A health care facility shall promptly
25 pay the charge as a condition of conducting business in the State of
26 Nebraska.

27 (c) ~~(b)~~ This subsection applies to an ambulatory surgical center, a
28 critical access hospital, a general acute hospital, a health clinic, a
29 hospital, an intermediate care facility, a long-term care hospital, a
30 mental health substance use treatment center, a PACE center, a pharmacy,
31 a psychiatric or mental hospital, a public health clinic, or a

1 rehabilitation hospital, as such terms are defined in the Health Care
2 Facility Licensure Act, or a diagnostic, laboratory, or imaging center.

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

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

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

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

21 (4)(a) On or before January 1, 2022, each health insurance plan
22 shall participate in the designated health information exchange through
23 sharing of information. Subject to subsection (5) of this section, such
24 information shall be determined by policies adopted by the Health
25 Information Technology Board.

26 (b) The operator may charge the health insurance plans. A health
27 insurance plan shall promptly pay the charge as a condition of doing
28 business in the State of Nebraska.

29 (c) ~~(b)~~ For purposes of this subsection:

30 (i) Health insurance plan includes any group or individual sickness
31 and accident insurance policy, health maintenance organization contract,

1 subscriber contract, employee medical, surgical, or hospital care benefit
2 plan, or self-funded employee benefit plan to the extent not preempted by
3 federal law; and

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

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

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

29 **Sec. 5.** Section 81-6,126, Reissue Revised Statutes of Nebraska, is
30 amended to read:

31 81-6,126 (1) The department shall work collaboratively with the

1 designated health information exchange to access funding through federal
2 programs, which shall include, but not be limited to, the Centers for
3 Medicare and Medicaid Services, the Centers for Disease Control and
4 Prevention, and the Health Resources and Services Administration of the
5 United States Department of Health and Human Services, and other federal
6 programs related to health information, technology, population health,
7 and health care delivery system initiatives, for purposes of supporting
8 the designated health information exchange and the prescription drug
9 monitoring program.

10 (2) The department and the operator shall cooperate on
11 implementation of the assessment in section 6 of this act.

12 (3) ~~(2)~~ Nothing in the Population Health Information Act shall
13 preclude the department from working collaboratively with other entities
14 for purposes of collecting and analyzing data to inform the Legislature,
15 the department, health care providers, and health care entities regarding
16 the cost of, access to, and quality of health care in Nebraska.

17 **Sec. 6.** (1) Beginning July 1, 2025, the operator shall pay an
18 assessment on a quarterly basis. The department shall notify the operator
19 of the amount and due date of the assessments separately from any other
20 state or federal tax liabilities and as otherwise allowed by federal law.
21 The operator shall pay the quarterly assessment within sixty days after
22 receipt of notice of the assessment.

23 (2) The department shall determine the amount of each quarterly
24 assessment based on the most current understanding of nonfederal costs.

25 (3) The department shall adopt and promulgate rules and regulations
26 to implement this section. The department shall include provisions for:

27 (a) Calculating and levying assessments upon the operator; and

28 (b) Providing protections for the operator against uncollected fees
29 and interest penalties for any outstanding debt.

30 (4) The department shall collect the assessment from the operator
31 and remit the assessment to the State Treasurer for credit to the

1 Population Health Information Assessment Fund.

2 **Sec. 7.** (1) The Population Health Information Assessment Fund is
3 created. It is the intent of the Legislature that the fund be used to
4 provide for nonfederal costs and to reimburse the department for the cost
5 of collecting the assessment in an amount not to exceed two hundred fifty
6 thousand dollars annually.

7 (2) It is the intent of the Legislature that no transfers shall be
8 made from the fund to the General Fund.

9 (3) Any money in the Population Health Information Assessment Fund
10 available for investment shall be invested by the state investment
11 officer pursuant to the Nebraska Capital Expansion Act and the Nebraska
12 State Funds Investment Act. Investment earnings shall be credited to the
13 fund.

14 **Sec. 8.** The department shall report to the Health Information
15 Technology Board the compliance status of each managed care organization
16 operating in Nebraska regarding the sharing of claims information by June
17 30 of each fiscal year beginning in fiscal year 2025-26. Within sixty
18 days after receiving this status report, the board shall report to the
19 Department of Insurance the noncompliance status of managed care
20 organizations participating in the medical assistance program.

21 **Sec. 9.** The department shall share its vital statistics data files
22 with the designated health information exchange and the operator on the
23 first business day of January, April, July, and October. The designated
24 health information exchange and the operator shall then file a report
25 electronically with the Health and Human Services Committee of the
26 Legislature regarding the return on investment of the designated health
27 information exchange and prescription drug monitoring program on or
28 before September 1 for the prior fiscal year.

29 **Sec. 10.** Original sections 81-6,123, 81-6,124, 81-6,125, and
30 81-6,126, Reissue Revised Statutes of Nebraska, and section 71-2454,
31 Revised Statutes Cumulative Supplement, 2024, are repealed.

1 **Sec. 11.** Since an emergency exists, this act takes effect when
2 passed and approved according to law.