

**ONE HUNDRED SEVENTH LEGISLATURE - FIRST SESSION - 2021**  
**COMMITTEE STATEMENT (CORRECTED)**  
**LB411**

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**Hearing Date:** Wednesday February 10, 2021  
**Committee On:** Health and Human Services  
**Introducer:** Lathrop  
**One Liner:** Require sharing of information with the designated health information exchange

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

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**Vote Results:**  
**Aye:** 7 Senators Arch, Cavanaugh, M., Day, Hansen, B., Murman, Walz, Williams  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Oral Testimony:**

**Proponents:**  
Steve Lathrop  
Jaime Bland  
Jeanette Wojtalewicz  
Justin Birge

**Representing:**  
Introducer  
CyncHealth  
CHI Health  
CyncHealth

**Opponents:**  
Kevin Bagley  
Heath Boddy

**Representing:**  
Department of Health and Human Services  
Nebraska Health Care Association

**Neutral:**  
Robert Bell

**Representing:**  
Nebraska Insurance Federation

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**Submitted Written Testimony:**

**Proponents:**  
Katie Zulkowski  
James Watson  
Eric Dunning

**Representing:**  
Nebraska Hospital Association  
Nebraska Association of Medicaid Health Plans  
Blue Cross Blue Shield

**Opponents:**  
Kent Rogert

**Representing:**  
Leading Age Nebraska

**Neutral:**  
Coleen Nielsen

**Representing:**  
Nebraska Insurance Information Service

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

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LB 411 would amend the Health Information Exchange statute to require certain defined health care facilities to participate in the Health Information Exchange. A health care facility is defined as:

- An ambulatory surgical center;
- An assisted living facility;
- A center or group home for the developmentally disabled;
- A critical access hospital;
- A general acute hospital;
- A health clinic;
- A hospital;
- An intermediate care facility;
- An intermediate care facility for persons with developmental disabilities;
- A long-term care hospital;
- A mental health substance use treatment center;
- A nursing facility;
- A PACE center;
- A pharmacy;
- A psychiatric or mental hospital;
- A public health clinic;
- A rehabilitation hospital; or
- A skilled nursing facility. [Neb. Rev. Stat. Section 71-413].

On or before September 30, 2021, these health care facilities would share clinical information, including patient health information as defined in policies adopted by the Health Information Technology Board. Any connection established between the facility and Health Information Exchange by July 1, 2021 will be at no cost to the facility. [Section 1 [3], pp. 2-3].

On or before September 30, 2021 each health care payor would need to participate in the Health Information Exchange, and would share health information determined by policies adopted by the Health Information Technology Board. [Section 1 [4], p. 3].

- A health care payor is defined as, but not limited to:
- An insurer;
- A health maintenance organization;
- Medicare or Medicaid;
- A legal entity which is self-insured and provides health care benefits for its employees; or
- A person responsible for administering the payment of health care expenses for another person or entity. [Neb. Rev. Stat. Section 25-21,247]

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**Explanation of amendments:**

AM 584 would replace the green copy of LB 411 and become the bill.

AM 584 differs from the green bill in that it breaks subsection 3 down into subsections. It clarifies that clinical information includes information captured in health care facilities' existing electronic records.

AM 584 would state that on or before September 30, 2021, each health care facility shall participate in the health information exchange through sharing of clinical information, which includes clinical data that the health facility already captures as permitted by law. Patient information shared with the health information exchange as determined by the Health Information

Technology Board must be provided in accordance with HIPAA and other law. If a relationship is established by July 1, 2021, there will be no cost to the participating health care facility. A health care facility may apply annually to the HIT Board for a waiver based on technological hardship.

It would remove subsection [4] regarding health care payors and insert new language stating that on or before January 1, 2022, each health insurance plan shall participate in the health information exchange. Health insurance plan would include the following, if not preempted by federal law:

- Any group or individual sickness and accident insurance policies;
- Health maintenance organization contracts;
- Subscriber contracts;
- Employee medical, surgical, or hospital care benefit plans; and
- Self-funded employee benefit plans.

Health insurance plan would not include the following:

- Accident-only, disability-income, hospital confinement indemnity, dental, hearing, vision, or credit insurance;
- Coverage issued as a supplement to liability insurance;
- Insurance as a supplement to Medicare;
- Workers compensation insurance;
- Automobile medical payment insurance;
- Insurance policies that provide coverage for a specified disease or any other limited benefit coverage; and
- No-fault statutorily required liability insurance.

It enumerates the health care facilities which are included, and excludes assisted-living facilities, nursing facilities, and skilled nursing facilities.

It also specifies that the Health Information Technology board shall not require a health care facility to purchase or contract for an electronic records management system or service.

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John Arch, Chairperson