

ONE HUNDRED NINTH LEGISLATURE - SECOND SESSION - 2026
COMMITTEE STATEMENT
LB950

Hearing Date: Monday February 02, 2026
Committee On: Banking, Commerce and Insurance
Introducer: Bostar
One Liner: Change provisions relating to uniform prior authorization forms, the designated health information exchange, and the Health Information Technology Board

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

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

Testimony:

Proponents:

Senator Eliot Bostar
Jeremiah Blake
Robert M. Bell
Ben Sparks

Representing:

Opening Presenter
Blue Cross Blue Shield Nebraska
Nebraska Insurance Federation
Bryan Health

Opponents:

Representing:

Neutral:

Representing:

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

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 (Board).

Section 1 of the bill amends the Ensuring Transparency in Prior Authorization Act (Neb. Rev. Stat. §§ 44-5432 to 44-5444). Sections 2 through 5 of the bill amend the Population Health Information Act (Neb. Rev. Stat. §§ 81-6,123 to 81-6,126).

Section-by-Section Summary:



Section 1: Amends Neb. Rev. Stat. § 44-5437 by making the current voluntary transition of healthcare providers to electronic filing systems a mandatory requirement. Under current 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, section 1 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, section 1 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.

Sections 2: 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.

Section 3: 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. The section replaces the informal "policies" of the Board with a requirement for formal "rules and regulations." It also extends the mandatory participation deadline to January 1, 2027, while simultaneously upgrading the technical standard from simple access to "real-time access" for healthcare providers.

The section introduces a strict prohibition on the inclusion of claims, billing, or payment data in the information shared by insurance plans. The section also 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.

Section 4: Amends Neb. Rev. Stat. § 81-6,127 by adding an additional representative to 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.

Section 5: 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.

Section 6: Repealer

Explanation of amendments:

The committee adopted AM 1881. The original contents of LB 950 remain the same, but for the changes made by AM 1881 (see below).

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 Board.

Updates the membership of the 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.

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

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.

Mike Jacobson, Chairperson

