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LEGISLATURE OF NEBRASKA

ONE HUNDRED NINTH LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 949

Introduced by Ballard, 21.

Read first time January 09, 2026

Committee: Health and Human Services

A BILL FOR AN ACT relating to health information; to amend sections 81-6,124, 81-6,125, 81-6,127, and 81-6,128, Reissue Revised Statutes of Nebraska, and sections 68-2106, 71-2454, and 71-2455, Revised Statutes Cumulative Supplement, 2024; to change provisions relating to the prescription drug monitoring program, the statewide health information exchange, and the Health Information Technology Board; to harmonize provisions; and to repeal the original sections.

Be it enacted by the people of the State of Nebraska,

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Section 1. Section 68-2106, Revised Statutes Cumulative Supplement, 2024, is amended to read:

68-2106 (1) The Hospital Quality Assurance and Access Assessment Fund is created. Interest earned on the fund shall be credited to the fund. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

(2) The department shall use the Hospital Quality Assurance and Access Assessment Fund, including the matching federal financial participation, for the purpose of enhancing rates paid to hospitals under the medical assistance program except as allowed by subsection (3) of this section. Money in the fund shall not be used to replace or offset existing state funds paid to hospitals for providing services under the medical assistance program.

(3) The Hospital Quality Assurance and Access Assessment Fund shall also be used to:

(a) Reimburse the General Fund the amount of the first quarterly payment on or before June 30 of each fiscal year;

(b) Reimburse the department an administrative fee of three percent of the assessment, not to exceed fifteen million dollars per year, to collect assessments and administer directed-payment programs established by the Hospital Quality Assurance and Access Assessment Act;

(c) Provide the Nebraska Center for Nursing Board one-half of one percent of the assessment, not to exceed two million five hundred thousand dollars per year, for the expansion of clinical nursing training sites as authorized in subsection (3) of section 71-1798; and

(d) Provide funding of three and one-half percent of the assessment, not to exceed seventeen million five hundred thousand dollars per year, for rates for nonhospital providers in the medical assistance program, continuous eligibility for children, or the designated health information exchange as defined ~~authorized~~ in section 81-6,124 ~~81-6,125~~.

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(4) In calculating rates, the proceeds from assessments and federal match not utilized under subsection (3) of this section shall be used to enhance rates for hospital inpatient and outpatient services in addition to any funds appropriated by the Legislature.

(5) The department shall collect data for revenue, discharge, and inpatient days from a hospital that does not file an annual medicare cost report. At the request of the department, a hospital that does not file an annual medicare cost report shall submit such requested data to the department.

(6) The department shall prohibit a medicaid managed care organization from (a) setting, establishing, or negotiating reimbursement rates with a hospital in a manner that takes into account, directly or indirectly, a directed payment that a hospital receives under the Hospital Quality Assurance and Access Assessment Act, (b) unnecessarily delaying a directed payment to a hospital, or (c) recouping or offsetting a directed payment for any reason.

(7)(a) A hospital shall not:

(i) Set, establish, or negotiate reimbursement rates with a managed care organization in a manner that directly or indirectly takes into account a directed payment that a hospital receives under the Hospital Quality Assurance and Access Assessment Act; or

(ii) Directly pass on the cost of an assessment to patients or nonmedicaid payors, including as a fee or rate increase.

(b) A hospital that violates this subsection shall not receive a directed payment for the remainder of the rate year. This subsection shall not be construed to prohibit a hospital from negotiating with a payor for a rate increase.

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

71-2454 (1) A vendor ~~An entity~~ described in section 71-2455 shall establish a system of prescription drug monitoring for the purposes of

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(a) preventing the misuse of controlled substances that are prescribed, (b) allowing prescribers and dispensers to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes, (c) providing information to improve the health and safety of patients, and (d) ensuring that the State of Nebraska remains on the cutting edge of medical information technology.

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

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

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

(c) Allow all prescribers or dispensers of prescription drugs to access the system at no cost to such prescriber or dispenser;

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

(e) Make the prescription drug information available to the vendor ~~statewide health information exchange~~ described in section 71-2455 for access by its participants if such access is in compliance with the privacy and security protections set forth in the provisions of the federal Health Insurance Portability and Accountability Act of 1996,

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Public Law 104-191, and regulations promulgated thereunder, except that if a patient opts out of the ~~statewide~~ health information exchange provided by the vendor, the prescription drug information regarding that patient shall not be accessible by the participants in the ~~statewide~~ health information exchange provided by the vendor.

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

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

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

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

(d) The date the prescription is issued;

(e) The date the prescription is filled;

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

(g) The number of refills authorized;

(h) The prescription number of the prescription drug;

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

(j) The strength of the prescription drug prescribed;

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

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

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substance; and

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

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

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

(b) Reporting status;

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

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

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

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

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

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

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section.

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

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

(6) The vendor ~~statewide health information exchange~~ described in section 71-2455, in accordance with policies adopted by the Health Information Technology Board and in collaboration with the department, shall establish the minimum administrative, physical, and technical

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safeguards necessary to protect the confidentiality, integrity, and availability of prescription drug information.

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

(a) Other state prescription drug monitoring programs;

(b) State and regional health information exchanges;

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

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

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

(f) Electronic health record systems or pharmacy-dispensing software systems for the purpose of integrating prescription drug information into a patient's medical record.

(8) The department, or the vendor ~~statewide health information exchange~~ described in section 71-2455, in accordance with policies adopted by the Health Information Technology Board and in collaboration

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with the department, may release to patients their prescription drug information collected pursuant to this section. Upon request of the patient, such information may be released directly to the patient or a personal health record system designated by the patient which has privacy protections at least as restrictive as those set forth in this section and that has implemented and maintains the minimum safeguards required by subsection (6) of this section.

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

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

(11) The vendor ~~statewide health information exchange~~ described in section 71-2455, entities described in subsection (7) of this section, or the department may request and receive program information from other prescription drug monitoring programs for use in the prescription drug

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monitoring system in this state in accordance with the privacy and security provisions set forth in the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and regulations promulgated thereunder.

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

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

(14) For purposes of this section:

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

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

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

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prescriber or dispenser;

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

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

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

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

Sec. 3. Section 71-2455, Revised Statutes Cumulative Supplement, 2024, is amended to read:

71-2455 Subject to sections 81-6,127 and 81-6,128, the Department of Health and Human Services shall contract with a vendor pursuant to the State Procurement Act to ~~, in collaboration with the Nebraska Health Information Initiative or any successor public-private statewide health information exchange, shall~~ enhance or establish technology for

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prescription drug monitoring to carry out the purposes of section 71-2454. The department may use state funds and accept grants, gifts, or other funds in order to implement and operate the technology. The department may adopt and promulgate rules and regulations to authorize use of electronic health information, if necessary to carry out the purposes of sections 71-2454 and 71-2455. The department shall contract with a vendor pursuant to the State Procurement Act ~~the statewide health information exchange~~ for the administration of the Health Information Technology Board, and such contract shall specify that the vendor ~~health information exchange~~ is responsible for the administration of the Health Information Technology Board, including, but not limited to, providing meeting notices, recording and distributing meeting minutes, administrative tasks related to the same, and funding such activities. The contract shall also include provisions for the vendor ~~statewide health information exchange~~ to reimburse the expenses of the members of the board pursuant to subsection (5) of section 81-6,127. Such reimbursement shall be paid using a process essentially similar to sections 81-1174 to 81-1177. No state funds, including General Funds, cash funds, and federal funds, shall be used to carry out the administrative duties of the Health Information Technology Board nor for reimbursement of the expenses of the board members.

Sec. 4. Section 81-6,124, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

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

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

(4) Health care entity means a health care facility as defined in

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section 71-413, a home health agency as defined in section 71-417, an urgent care treatment center, a laboratory, a medicaid managed care organization, a federally qualified health center, a health care practitioner facility as defined in section 71-414, a dental facility, a local public health department, a health insurance carrier, or any other organization or entity providing health care services in Nebraska;

(5) Health care provider means a person practicing as a health care professional under the Uniform Credentialing Act; and

(6) Prescription drug monitoring program means the program created under section 71-2454.

Sec. 5. Section 81-6,125, Reissue Revised Statutes of Nebraska, is amended to read:

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

(2) The designated health information exchange shall:

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

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

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

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

(e) Enable any health care provider or health care entity to access

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information available within the designated health information exchange to evaluate and monitor care and treatment of a patient in accordance with the privacy and security provisions set forth in the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

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

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

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

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

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

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

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

(b) For purposes of this subsection:

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

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

(5) The designated health information exchange and the department

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

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

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

81-6,127 (1) The Health Information Technology Board is created. The board shall have seventeen members. Except for members designated in subdivision (2)(o) of this section, the members shall be appointed by the Governor with the approval of a majority of the members of the Legislature. The members may begin to serve immediately following appointment and prior to approval by the Legislature. The members shall be appointed by February 1, 2021, and the board shall begin meeting on or before April 1, 2021.

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

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

(b) Two physicians, one of whom shall be a family practice

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physician, who are in active practice and in good standing with the Department of Health and Human Services appointed from a list of physicians provided by a statewide organization representing physicians;

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

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

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

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

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

(h) One nurse practitioner who is in active practice and in good standing with the department authorized to prescribe medication appointed from a list of nurse practitioners authorized to prescribe medication provided by a statewide organization representing such nurse practitioners;

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

(j) One representative of the Department of Health and Human Services;

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

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

(m) One credentialed health information management professional appointed from a list of such professionals provided by a statewide

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organization representing such professionals;

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

(o) The chairperson of the Health and Human Services Committee of the Legislature and the chairperson of the Appropriations Committee of the Legislature, both of whom are nonvoting, ex officio members.

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

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

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

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

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

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

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

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

Sec. 7. Section 81-6,128, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

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

(c) Provide the governance oversight necessary to ensure that any health information in the statewide health information exchange and the prescription drug monitoring program may be accessed, used, or disclosed only in accordance with the privacy and security protections set forth in the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and regulations promulgated thereunder. All protected health information is privileged, is not a public record, and may be withheld from the public pursuant to section 84-712.05; and

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

(2) The board shall adopt policies and procedures necessary to carry out its duties.

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

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

(5) By November 15, 2021, and November 15 of each year thereafter, the board shall develop and submit an annual report to the Governor and the Health and Human Services Committee of the Legislature regarding considerations undertaken, decisions made, accomplishments, and other

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relevant information. The report submitted to the Legislature shall be submitted electronically.

Sec. 8. Original sections 81-6,124, 81-6,125, 81-6,127, and 81-6,128, Reissue Revised Statutes of Nebraska, and sections 68-2106, 71-2454, and 71-2455, Revised Statutes Cumulative Supplement, 2024, are repealed.