

PREPARED BY:  
DATE PREPARED:  
EMAIL:

Christina Dowd  
February 19, 2026  
cdowd@leg.ne.gov

**LB 1042**

Revision: 00

**FISCAL NOTE**  
LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates) |         |      |         |           |       |
|--|---------|------|---------|-----------|-------|
| EXPENDITURES   | GENERAL | CASH | FEDERAL | REVOLVING | TOTAL |
| FY2025-2026  | 0       | 0    | 0       | 0         | 0     |
| FY2026-2027  | 0       | 0    | 0       | 0         | 0     |
| FY2027-2028  | 0       | 0    | 0       | 0         | 0     |
| FY2028-2029  | 0       | 0    | 0       | 0         | 0     |
| REVENUE  | GENERAL | CASH | FEDERAL | REVOLVING | TOTAL |
| FY2025-2026  | 0       | 0    | 0       | 0         | 0     |
| FY2026-2027  | 0       | 0    | 0       | 0         | 0     |
| FY2027-2028  | 0       | 0    | 0       | 0         | 0     |
| FY2028-2029  | 0       | 0    | 0       | 0         | 0     |

**Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.**

LB 1042 changes the provisions relating to stacking coverage under the Uninsured and Underinsured Motorist Insurance Coverage Act.

No fiscal impact.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE

LB: 1042                      AM:                      AGENCY/POLT. SUB: Department of Insurance

REVIEWED BY: Ryan Walton                      DATE: 1/22/2026                      PHONE: (402) 471-4174

COMMENTS: Concur with the Department of Insurance's assessment of no fiscal impact from LB 1042.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE

LB: 1042                      AM:                      AGENCY/POLT. SUB: Department of Motor Vehicles (DMV)

REVIEWED BY: Ryan Walton                      DATE: 1/22/2026                      PHONE: (402) 471-4174

COMMENTS: The DMV's assessment of no fiscal impact from LB 1042 appears reasonable.

Please complete ALL (5) blanks in the first three lines.

2026

LB<sup>(1)</sup> 1042

FISCAL NOTE

State Agency OR Political Subdivision  
Name: <sup>(2)</sup>

Motor Vehicles

Prepared by: <sup>(3)</sup> Bart Moore

Date Prepared: 1/19/2026  
<sup>(4)</sup>

Phone: <sup>(5)</sup> 402-471-3902

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

|               | FY 2026-27   |         | FY 2027-28   |         |
|---------------|--------------|---------|--------------|---------|
|               | EXPENDITURES | REVENUE | EXPENDITURES | REVENUE |
| GENERAL FUNDS |              |         |              |         |
| CASH FUNDS    |              |         |              |         |
| FEDERAL FUNDS |              |         |              |         |
| OTHER FUNDS   |              |         |              |         |
| TOTAL FUNDS   |              |         |              |         |

Explanation of Estimate:

No Fiscal Impact

BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE

Personal Services:

| POSITION TITLE                    | NUMBER OF POSITIONS |       | 2026-27      | 2027-28      |
|-----------------------------------|---------------------|-------|--------------|--------------|
|                                   | 26-27               | 27-28 | EXPENDITURES | EXPENDITURES |
| Benefits.....                     |                     |       |              |              |
| ...<br>Operating.....             |                     |       |              |              |
| ....<br>Travel.....               |                     |       |              |              |
| .<br>Capital<br>outlay.....       |                     |       |              |              |
| Aid.....                          |                     |       |              |              |
| .<br>Capital<br>improvements..... |                     |       |              |              |
| TOTAL.....                        |                     |       |              |              |

Please complete ALL (5) blanks in the first three lines.

**2026**

**LB<sup>(1)</sup> 1042**

**FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> Department of Insurance

Prepared by: <sup>(3)</sup> Jordan Blades Date Prepared: <sup>(4)</sup> 1/15/26 Phone: <sup>(5)</sup> 402-471-4638

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

|                    | <u>FY 2026-27</u>   |                | <u>FY 2027-28</u>   |                |
|--------------------|---------------------|----------------|---------------------|----------------|
|                    | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS      | _____               | _____          | _____               | _____          |
| CASH FUNDS         | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS      | _____               | _____          | _____               | _____          |
| OTHER FUNDS        | _____               | _____          | _____               | _____          |
| <b>TOTAL FUNDS</b> | <b>=====</b>        | <b>=====</b>   | <b>=====</b>        | <b>=====</b>   |

Explanation of Estimate:

The Department does not anticipate any fiscal impact at this time.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2026-27</u>      | <u>2027-28</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>26-27</u>               | <u>27-28</u> | <u>EXPENDITURES</u> | <u>EXPENDITURES</u> |
| _____                     | _____                      | _____        | _____               | _____               |
| _____                     | _____                      | _____        | _____               | _____               |
| Benefits.....             | _____                      | _____        | _____               | _____               |
| Operating.....            | _____                      | _____        | _____               | _____               |
| Travel.....               | _____                      | _____        | _____               | _____               |
| Capital outlay.....       | _____                      | _____        | _____               | _____               |
| Aid.....                  | _____                      | _____        | _____               | _____               |
| Capital improvements..... | _____                      | _____        | _____               | _____               |
| <b>TOTAL.....</b>         | <b>_____</b>               | <b>_____</b> | <b>_____</b>        | <b>_____</b>        |