



Legislative Wrap-Up

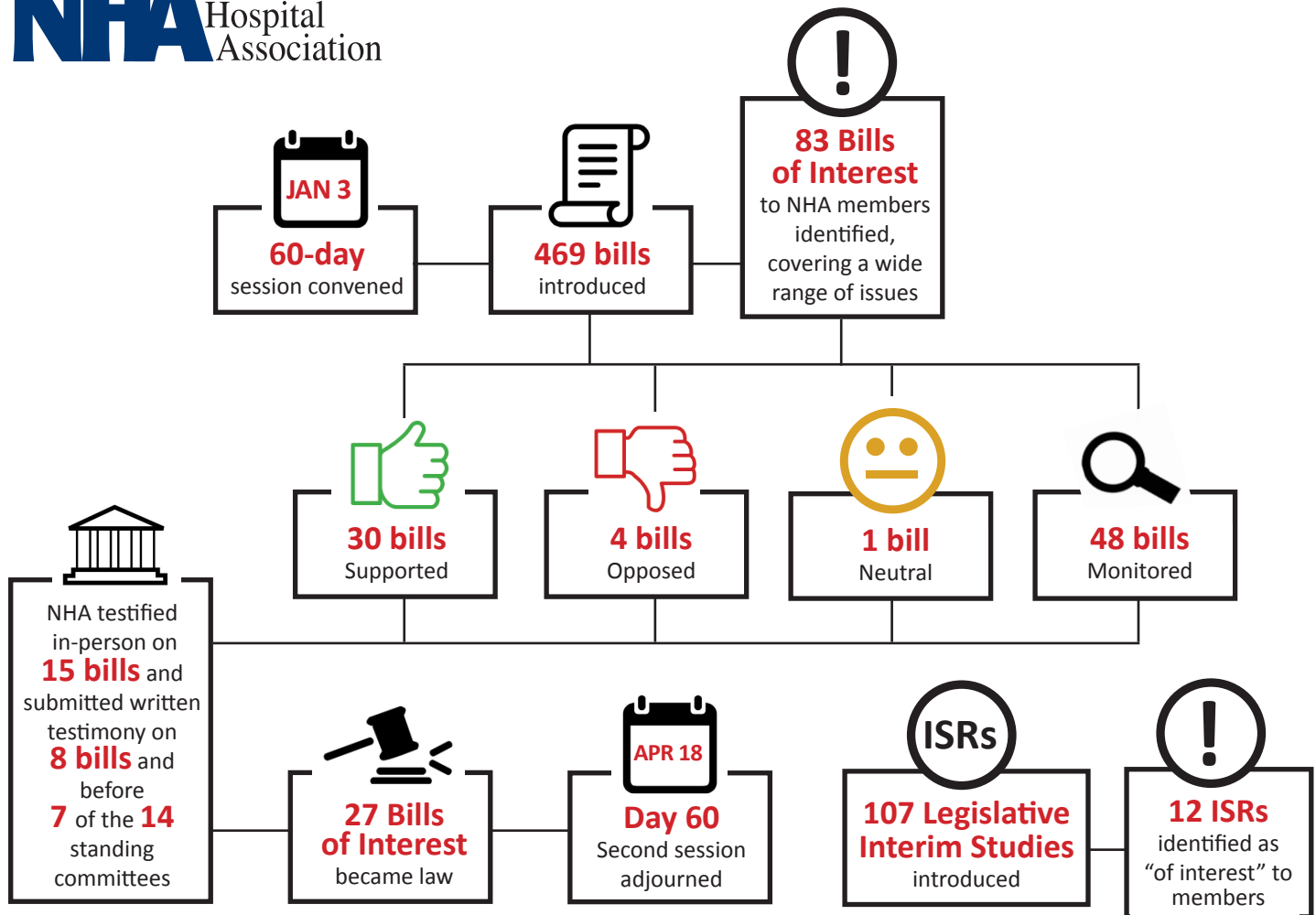
105th Legislature | 2nd Session

2018

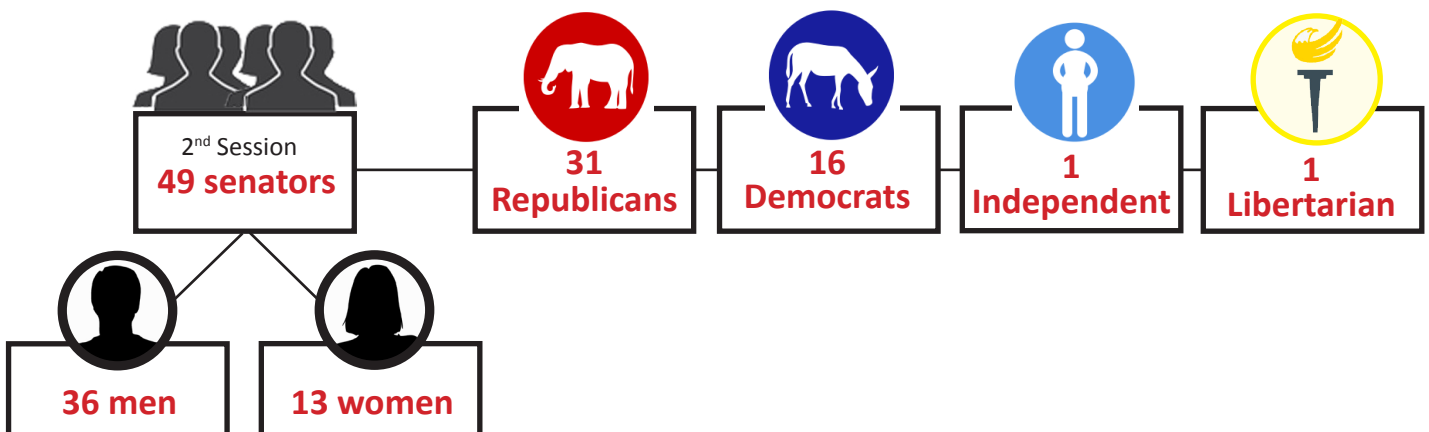
NHA Nebraska
Hospital
Association

2018 LEGISLATIVE SESSION BY THE NUMBERS

Nebraska Unicameral Legislature - 105th Legislature, Second Session



Composition of 105th Legislature



Dear health care champions,

The Nebraska Hospital Association Advocacy Team wrapped up a productive 2018 legislative session in mid-April, and we are pleased to report on our legislative priorities and bills of interest. The NHA collaborated with many policy makers, stakeholders and other health care members in advocating for our top priorities to enhance the health care industry.

We would like to thank our Board of Directors, Policy Development Committee, PAC Steering Committee, and anyone else that took time out of their busy schedules to develop the legislative agenda for the NHA. We especially would like to thank the individuals who visited the Capitol to testify at committee hearings in support of several legislative bills. We know that senators find testimony from our members to be extremely useful as they prefer to hear of “boots on the ground” experiences (or firsthand knowledge) when considering policy changes. It is much more impactful on a senator when they hear direct answers to their questions from professionals practicing in health care on a daily basis.

On April 16, 2018, the NHA staff met with Dr. Matthew Van Patton, the newly-appointed director of Medicaid & Long-Term Care for the Nebraska Department of Health and Human Services (DHHS). During the meeting, we had the opportunity to discuss our legislative priorities, as well as inform him of recent budget concerns regarding Medicaid reimbursement cuts and the dual-eligible change. We also discussed some of the MCO issues that have been frustrating our providers. Dr. Van Patton shared with us his long-term vision for the department and some immediate pressing concerns. The NHA looks forward to working with Dr. Van Patton and his team.

As we transition into the summer, the NHA Advocacy Team will be reaching out to our members to find out what public policy issues are impacting the health care industry. Let us know if you have ideas for legislation or would like us to help put you in contact with your representatives. We serve as a liaison to our members between state and federal agencies and legislatures. If you need any assistance or have any questions regarding what services the NHA can provide to you, please do not hesitate to contact us at any time.

Sincerely,



Andy Hale
Vice President, Advocacy



David Slattery
Director of Advocacy

KEY ISSUES

■ BUDGET

Nebraska hospitals bore the brunt of last year's cuts to the budget and can no longer afford to have their reimbursements rates cut. PPS hospitals saw a reduction of 9% last year for Medicaid reimbursements, while CAHs anticipate a 3% reduction for Medicaid reimbursements. PPS hospitals have seen a reduction of 6% from the error in the All-Patient Refined Diagnosis-Related Group (APR-DRG) implementation in 2014. DHHS then implemented a change in payment methodology for Medicare/Medicaid dual-eligible members on July 1, 2017. The change is anticipated to cost hospitals 3% per year in Medicaid reimbursements. Critical Access Hospitals (CAHs) have seen a reduction of 3% because of the dual-eligible implementation. The NHA will continue to advocate that hospitals cannot take any new cuts to Medicaid provider rates.

The majority of people on Medicaid are children, the elderly and the disabled. It is those populations that will be most harmed by any cuts to Medicaid provider rates.

Medicaid provides health insurance for 124,000 low income children in Nebraska. Children make up 59.5% of Nebraska's Medicaid population. An estimated 25,000 of Nebraska's children under 18 are uninsured.

■ DUAL ELIGIBLE CHANGE

DHHS implementation a new reimbursement model for dual-eligible Medicaid program participants starting on July 1, 2017. Under this new reimbursement model, Nebraska Medicaid will no longer reimburse for services utilizing the Medicare rate and will instead reimburse using the lower Medicaid rate.

The change is estimated by DHHS to save Medicaid \$11.8 million and would impact providers in state by \$23 million. The NHA has asked DHHS to study the impact and if savings generated exceed the projections, put the dollars back into rate adjustments for providers.

■ HERITAGE HEALTH ISSUES

The state contracts with a managed care organization (MCO) to provide health care benefits and services for Nebraska's Medicaid.

A survey of our members last summer found that more than 10,000 claims with a total value of \$24 million were unpaid by the plans for more than 60 days. Hospitals continue to have issues with unpaid claims, credentialing and pre-authorizations.

The legislature has a responsibility to provide oversight for this program. The NHA is acting as a liaison between NHA members and DHHS, along with the legislature's health and human services committee, working to improve this situation. The NHA will continue to monitor implementation of program and working with DHHS to get issues resolved.

■ BEHAVIORAL HEALTH

Behavioral health disorders are a major public health issue. Patients with behavioral health disorders frequently access care through the hospital's emergency department.

Behavioral health disorders co-occur with a significant number of general medical illnesses, such as heart disease, diabetes and cancer and can adversely impact the cost of care, the results of treatments, and the outcomes for these conditions.

Hospitals and health systems provide essential behavioral health care services to thousands of Nebraskans every day.

Nearly 1 in 5 Nebraskans have a mental illness.

There is a lack of access to psychiatric and mental health services in Nebraska and the problem is even more prevalent in rural parts of the state. According to a University of Nebraska Medical Center, 88 of Nebraska's 93 counties are designated as federal mental health professional shortage areas. **Seventy-eight counties have no practicing psychiatrists and 32 counties lack a behavioral health provider of any kind.**

With over half of the state's practicing psychiatrists, psychologists and psychiatric nurse practitioners over the age of 50, the shortage is expected to grow in the next decade.

■ TELEHEALTH

The NHA recognizes the need for uniform access to health care across the state of Nebraska. **Telehealth provides the opportunity for alternative effective delivery of care and cost-saving opportunities for plans, providers and beneficiaries.** Considering the shortage of doctors and practitioners throughout the state, telehealth is even more important in assuring timely and effective delivery of health services particularly in rural areas. Telehealth is a viable option to ensuring comprehensive patient care in all communities throughout our state.

KEY ISSUES

■ OPIATE CRISIS

Every day, hospitals and health systems see the effects of the nation's opioid epidemic. According to the Centers for Disease Control and Prevention, more than 33,000 people died from an opioid-related overdose in 2015.

Hospitals nationwide have recorded 1.27 million emergency department visits or inpatient stays for opioid-related issues last year. Nebraska had 38 confirmed deaths from opioid overdoses in 2016.

The NHA is taking steps to proactively address the opioid issue. The NHA convened a working group with numerous stakeholders last winter.

The group is charged with three tasks:

- Develop appropriate prescribing methods to reduce the risk of addiction/abuse;
- Develop policies to address those who are already addicted; and
- Develop appropriate and realistic expectations on the part of the public regarding opioid use.

■ HOUSING

Rural workforce housing has long been an urgent problem for Nebraskans. The NHA continues to support initiatives that create affordable workforce housing in our communities.

■ WORKFORCE

There are substantial gaps in the distribution of health professionals across Nebraska, particularly in north central Nebraska, which has virtually no occupational therapists, speech language pathologists or medical nutrition therapists. **Thirteen counties do not have a primary care physician and 18 of 93 Nebraska counties have no pharmacist. Nearly one-fifth of physicians in Nebraska are more than 60 years old and will be retiring soon.** Our facilities also experience shortages in lab technician and nursing, as well as, cafeteria workers and housekeepers.

■ ECONOMIC DEVELOPMENT

Nebraska's hospitals are substantial contributors to the state's economy. They are economic engines for our regions, serving as the largest employer in many communities, significantly contributing to workforce development.

Nebraska hospitals also provide essential jobs throughout the state, employing over 42,000 Nebraskans and creating a demand for an additional 42,000 jobs due to hospitals buying goods and services from other local businesses.

Every dollar spent by a hospital supports roughly \$2.30 of additional business activity. The goods and services hospitals purchase from other businesses create additional economic value for the community.

Hospitals serving more rural regions of Nebraska provide vital care to the almost 670,000 people who live in those communities.

When a hospital closes, the physicians, nurses and administrators leave, along with the health care infrastructure. Local businesses will be the next to leave. The schools suffer, the town suffers. There is a whole multiplier effect that really can be the death knell for some of our communities.



LB 686 – Adopt the Psychology Interjurisdictional Compact

Introducer: Sen. Carol Blood (District 3)

Committee: Health & Human Services

Provides the authority for interjurisdictional telepsychology and fore temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology. The Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority. Allows for telepsychological practice across state lines.

LB686 was amended into LB1034.

Signed into Law

LB701 – Provide for telehealth practice by physicians and physician assistants

Introducer: Sen. Mark Kolterman (District 24)

Committee: Health & Human Services

Defines telehealth and telemonitoring under the Uniform Credentialing Act, and under the Medicine and Surgery Practice Act, specifies that a physician or physician assistant may establish a provider-patient relationship through telehealth and may prescribe a patient drug to a patient to whom he or she is providing telehealth service.

Signed into Law

LB704 – Change provisions relating to foreign medical graduates

Introducer: Sen. Mark Kolterman (District 24)

Committee: Health & Human Services

Changes the time from three to two the years of graduate medical education required by foreign medical graduates before allowed to apply for license to practice medicine and surgery.

LB704 was amended into LB1034.

Signed into Law

LB894 – Adopt the EMS Personnel Licensure Interstate Compact

Introducer: Sen. Sue Crawford (District 45)

Committee: Health & Human Services Committee

Enacts the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA). Allows EMS personnel who are at least 18 years of age, practicing under the supervision of a medical director in their home state, with an unrestricted license at or above the level of EMT in a member state the privilege to practice in other member states on a short-term, intermittent basis. EMS personnel providing patient care in a remote state will function within the scope of practice that is authorized in

their home state unless modified by an appropriate authority. Requires newly licensed EMS personnel to be subject to a federal criminal background check, including use of fingerprint or other biometric data check.

Creates an Interstate Commission for EMS Personnel Practice with one delegate from each member state to facilitate implementation of the compact.

Provides for temporary licensure of up to one year to EMS personnel relocating to Nebraska who are authorized to practice in another REPLICA state.

Grants expedited process for licensure in REPLICA states to veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

The EMS Board shall review decisions of the commission. Upon approval by the commission of any action that will increase the cost to Nebraska for membership in the compact, the board may recommend to the legislature that Nebraska withdraw from the compact.

LB894 was amended into LB1034.

Signed into Law

LB897 – Change medical providers' duties under offense of failure to report injury or violence

Introducer: Sen. Sara Howard (District 9)

Committee: Judiciary

Under current law every person engaged in the practice of medicine and surgery, or who is in charge of any ER or first-aid station, shall report every case in which he is consulted for treatment or treats a wound or injury of violence which appears to have been received in connection with the commission of a criminal offense immediately to the police or sheriff's office.

The bill amends the requirement to apply to a physician, surgeon, physician's assistant, or nurse, and when it reasonably appears that the criminal offense that resulted in the need for consultation or treatment was a sexual assault and the patient is 18 or older at the time of consultation or treatment, the medical provider shall ask the patient for written consent to report such offense. If consent is provided, the provider shall make the report. If consent is refused, the provider shall not make such report. Failing to make a required report is made a Class III misdemeanor (with a maximum penalty of three months' imprisonment or \$500 fine, or both).

LB897 was amended into LB1034.

Signed into Law

BILLS SUPPORTED

LB913 – Change provisions relating to assault with a bodily fluid against a public safety officer to include a health care professional

Introducer: Sen. Mike McDonnell (District 5)

Committee: Judiciary

Under a bill passed in 2011, any person who knowingly and intentionally strikes a public safety officer with a bodily fluid is guilty of a Class I misdemeanor assault, which carries a penalty of up to one year imprisonment, a \$1,000 fine or both.

The charge is upgraded to a Class IIIA felony if the person committing the assault strikes a person's eyes, mouth or skin and knows that the fluid is infected with HIV, hepatitis B or hepatitis C at the time the assault is committed.

Signed into Law 

LB931 – Provide requirements for opiate and controlled substance prescriptions

Introducer: Sen. Sara Howard (District 9)

Committee: Judiciary

Limits opiate prescriptions for a patient younger than 18 to no more than a seven-day supply. A medical practitioner will be required to discuss the risks associated with opiates with the patient's parent or guardian. Exceptions to the seven-day limitation can be made for chronic pain, cancer diagnosis or palliative care.

If a health practitioner deems such an exception appropriate for a patient, he or she is required to document the medical condition requiring the pain medication in a patient's medical record and indicate that a non-opiate alternative was not appropriate to address the condition.

The bill's provisions will expire on Jan. 1, 2029, to allow lawmakers to revisit the need for continuation of the program. Provisions of two additional bills addressing opiate prescriptions are included in the bill.

LB933, introduced by Sen. Brett Lindstrom, requires medical practitioners to notify patients, or a parent or guardian of a patient under 18, of the risk of addiction and overdose when prescribing opiates and other Schedule II prescription medications. The notification is required prior to the initial prescription and again before issuing a third prescription. Under the bill, a practitioner is required to discuss the risks of addiction and overdose, including:

- The fact that controlled substances and opiates are highly addictive even when taken as prescribed;
- There is a risk of developing a physical or psychological dependence on opiates or controlled substances;
- Reasons why the prescription is necessary and alternatives that may be available; and
- Taking more controlled substances or opiates than prescribed, or mixing sedatives, benzodiazepines or alcohol with controlled substances or opiates, can result in fatal respiratory depression.

- A medical practitioner must make note of such discussion in the patient's medical record.
- LB934, introduced by Sen. John Kuehn, requires a person picking up an opiate prescription to provide valid photo identification unless the pharmacist has an established relationship with the patient and can positively identify him or her. A driver license, operator license, Nebraska state identification card, military identification card, alien registration card or passport are considered acceptable forms of identification.
- A patient, resident or employee of a licensed health care facility is exempt from this provision if identification procedures are in place for the receipt and administration of controlled substances at the facility.

Signed into Law 

LB944 – Provide, change and eliminate provisions relating to appropriations and reduce appropriations

Introducer: Sen. Jim Scheer (District 19)

Committee: Appropriations

The governor proposed adjustments to the budget requesting cuts across the board of 2% this year and 4% next fiscal year. Hospitals were not included in these cuts.

The Nebraska Economic Forecasting Advisory Board raised the revenue forecast by \$55 million for the biennium (\$25 million for the current fiscal year 2017-18 and \$30 million for fiscal year 2018-19) in February.

The governor signed a budget with 2% across the board cuts for state agencies and operations this year and next year. The University of Nebraska, community colleges and state colleges received a 1% cut in the next fiscal year instead of 4% as proposed by the governor.

The Appropriations Committee left \$296 million in the cash reserve.

Signed into Law 

LB994 – Create the Rural Broadband Study Task Force

Introducer: Sen. Curt Friesen (District 34)

Committee: Transportation & Telecommunications

Creates the Rural Broadband Task Force to assist in developing enhanced broadband telecommunications service to unserved and underserved areas in rural Nebraska.

Membership on the task force will include a member of the Nebraska Public Service Commission, the director of the state Department of Economic Development and the director of the state Department of Agriculture. Additional members will be appointed by the governor, including representatives from the state's agribusiness, business, telecommunications, public power and educational communities.

BILLS SUPPORTED

The Transportation and Telecommunications Committee chairperson and another member of the legislature appointed by the Executive Board will serve as nonvoting, ex officio members. The chairperson of the Nebraska Information Technology Commission will chair the task force.

It will study issues relating to the availability, adoption and affordability of broadband services in rural areas of the state. Specifically, the task force will:

- Determine how the average advertised subscription rates and download and upload speeds compare with neighboring states;
- Determine whether the administration of the Nebraska Telecommunications Universal Service Fund is effective in bringing comparable and affordable broadband service to rural residents;
- Review the feasibility of alternative technologies and providers in expediting access to faster and more reliable broadband service in rural areas;
- Study alternatives for deployment to unserved or underserved areas such as reverse auction programs, public-private partnerships and funding for competitive deployment;
- Recommend state policies to effectively leverage state Universal Service Fund dollars with federal support; and
- Recommend to the governor and legislature the most effective and efficient ways to use federal broadband rural infrastructure funds.
- The Nebraska Information Technology Commission will host a Rural Broadband Task Force Fund to pay for the study, which initially will be funded by a \$50,000 transfer from the Nebraska Internet Enhancement Fund.
- A final report of the task force's findings will be delivered to the legislature's Executive Board no later than Dec. 1, 2019.

Signed into Law 

LB1035 – Change provisions relating to the Stroke System of Care Act

Introducer: Sen. Merv Riepe (District 12)

Committee: Health & Human Services Committee

Amends the Stroke System of Care Act with a technical change to add "designated thrombectomy-capable stroke centers."

Signed into Law 

LB1040 – Provide for certificates of nonviable birth

Introducer: Sen. Joni Albrecht (District 17)

Committee: Health & Human Services

Requires a health care practitioner who attends or diagnoses a nonviable birth, or his or her designee, to advise the patient that they can request a certificate of nonviable birth.

The certificate will be issued by the state Department of Health and Human Services within 60 days of request for a fee not to exceed the cost of issuing the certificate.

The commemorative certificate will not result in the registration of a live birth or be used to calculate live birth statistics. The certificate also cannot be used in support of a civil action seeking damages for injury or wrongful death.

Signed into Law 

LB1119 – Adopt the Direct Primary Care Pilot Program Act

Introducer: Sen. Merv Riepe (District 12)


Committee: Health & Human Services Committee

Creates a pilot program offering direct primary care to state employees eligible to participate in the Nebraska state health insurance program. The three-year pilot program will begin in fiscal year 2019-20 and require that the state insurance program include at least two primary care options—one high-deductible and one low-deductible—for state employees. Providers will receive a monthly payment of a per-member, per-month fee for each enrollee and be required to continuously monitor care quality measurements. The state Department of Administrative Services will provide the legislature an annual report on the clinical and financial performance of the program.

The bill includes provisions of LB604, also sponsored by Sen. Riepe, which adopt the Nebraska Right to Shop Act. The act applies to any health insurance carrier in the state that elects to be subject to it and gives DAS the discretion to develop and implement a right-to-shop program for state employees.

The act requires participating insurers to disclose the allowed amount for a nonemergency admission, procedure or service within three working days. The information provided to a patient or prospective patient by the insurance carrier also must identify out-of-pocket costs.

Participating insurers are required to develop and implement a program that provides incentives for insured individuals who opt for services from network providers that charge less than the average price paid by the insurer for that health care service. Individuals will receive at least 50% of the insurer's saved costs for each service chosen.

Signed into Law 

BILLS OPPOSED

LB368 – Change helmet provisions, change passenger age limits, and require eye protection for operators of motorcycles and mopeds

Introducer: Sen. John Lowe (District 37)

Committee: Transportation & Telecommunications

Would have removed a helmet requirement for riders older than 21 and prohibited children age 6 or younger from being passengers on motorcycles.

The bill failed on a cloture vote of 30-15, 33 votes were needed.

Failed to Advance Out of General File

LB719 – Eliminate the authority of cities of the second class and villages to make loans to students

Introducer: Sen. Justin Wayne (District 13)

Committee: Urban Affairs

Repeals 17-572, which allows second class cities (more than 800 and not more than 5000 inhabitants) and villages (100-800 inhabitants), to contract with a person to loan money to such person while such person pursues a degree of Doctor of Medicine or Doctor of Dental Surgery in consideration for such person's promise to practice medicine or dentistry in such city or village and repay such city or village for such money loaned during the person's study after such person shall have become established in his or her practice, and upon such other terms and conditions as the city council or village board of trustees may determine are warranted.

Held in Committee

LB829 – Adopt the Property Tax Relief Act

Introducer: Sen. Steve Erdman (District 47)

Committee: Revenue

For taxable years beginning or deemed to begin on or after January 1, 2019, there shall be allowed to each taxpayer a refundable credit against the taxpayer's state income tax in the amount of 50% of the school district taxes levied on the taxpayer's property and paid by the taxpayer during such taxable year.

Indefinitely Postponed

LB1088 – Adopt the Nebraska Education Formula and the Remote Seller Sales Tax Collection Act, terminate the Tax Equity and Educational Opportunities Support Act and the Property Tax Credit Act, and eliminate certain tax exemptions

Introducer: Sen. Justin Wayne (District 13)

Committee: Urban Affairs

Removes, among other things, the state sales tax exemption for electricity sold to hospitals. It would also have increased the state's sales tax from 5.5% to 6.5%. LB1088 also reduced the reliance on property taxes for supporting school funding by eliminating the TEEOSA formula and replacing it with the "Nebraska Education Formula Fund."

Failed to Advance

INTERIM STUDIES

Each year at the close of the legislative session, senators introduce interim study resolutions authorizing a legislative committee to study a specific issue while the legislature is in recess. The interim study resolutions often indicate a senator's special interest in an issue that he or she intends to address through a legislative proposal the following year.

Every fall, the standing legislative committees choose two interim study resolutions to research in partnership with the senator who introduced the resolution, often holding public hearings to obtain feedback from interested stakeholders and affected parties. The NHA often participates providing research assistance, proposal development and testimony in support or opposition.

LR383 (Sen. Albrecht) Interim study to examine the feasibility of adopting a workers' compensation drug formulary.

LR384 (Sen. Williams) Interim study to examine the prevalence of cancer in Nebraska and to examine the existing state funding sources that go towards cancer research.

LR386 (Sen. Hilkemann) Interim study to examine the impact on state spending as a result of the use of tobacco products in Nebraska.

LR401 (Sen. Ebke) Interim study to identify the lawful occupations and the occupational regulations which are subject to the Occupational Board Reform Act and to prepare for implementation of the act.

LR405 (Sen. Walz) Interim study to examine the conditions which lead to the congregation, isolation, and segregation of Nebraskans with mental illness who reside in institutional settings and those at risk of placement in institutional settings due to a lack of community support and services.

LR420 (Sen. Riepe) Interim study to examine possible collaboration between the Department of Health and Human Services and the Department of Education to address behavioral or mental health issues for Nebraska students.

LR422 (Sen. Kolterman) Interim study to examine the issuance and usage of electronic prescriptions in accordance with regulatory standards.

LR431 (Sen. Albrecht) Interim study to analyze and review reimbursement rates for ambulatory surgical centers and outpatient hospitals with respect to the provision of workers' compensation services and determine the effectiveness of current billing and reimbursement methods.

LR436 (Sen. Crawford) Interim study to evaluate the effectiveness of occupational licensing processes in accommodating military spouses and transitioning service members.

LR440 (Sen. Kolterman) Interim study to examine issues relating to the Nebraska Coalition for Patient Safety.

LR445 (Sen. Wishart) Interim study to examine the long-term fiscal sustainability of the Nebraska Health Care Cash Fund.

LR462 (Sen. Brieske) Interim study to examine the possible elimination of various exemptions of goods and exclusions of services under Nebraska's sales and use tax laws.

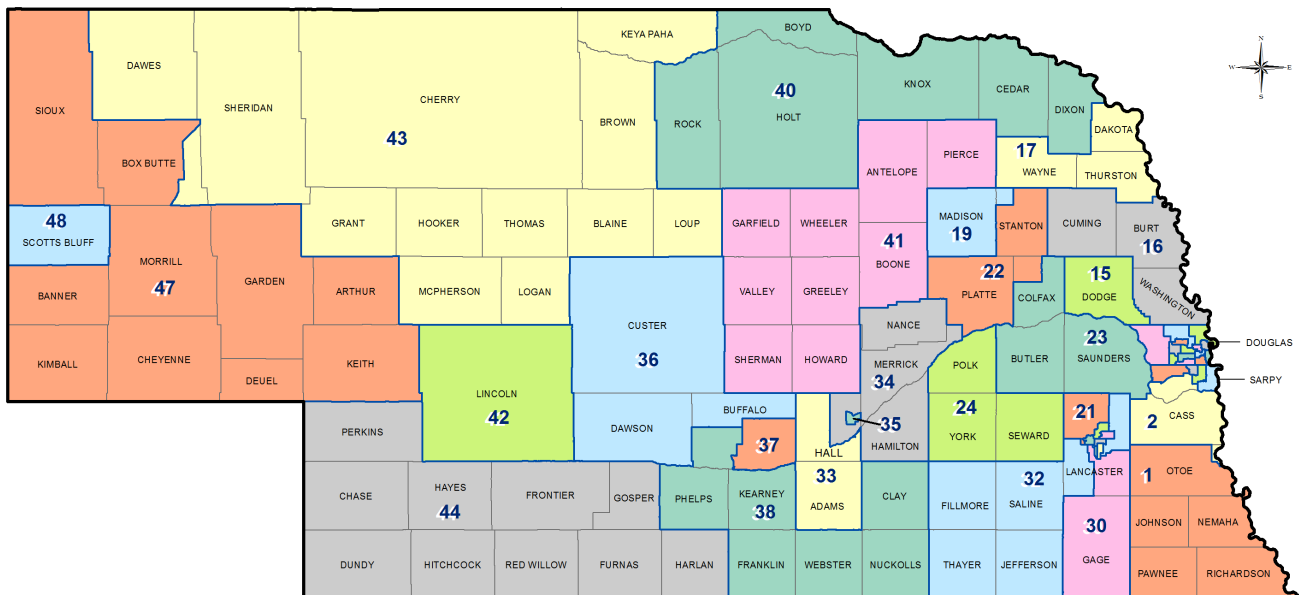
There is a measure attempting to be placed on the 2018 General Election ballot through the use of the initiative petition process. Statutory measures require that signatures be from at least 7% of voters from 38 of the 93 counties. This means that about 85,000 valid signatures are needed for a ballot initiative. The signatures must be submitted to the Secretary of State by July 5, 2018. The Secretary then has 40 days to validate the signatures in order to place the initiative on the ballot.

Medicaid Expansion

This petition proposal seeks to provide Medicaid coverage to an estimated 90,000 more low-income Nebraskans, as allowed under the federal Affordable Care Act. Medicaid expansion legislation has failed to pass the legislature for the past six years, but polling shows that many Nebraskans see the need for it. A campaign called Insure the Good Life is currently out collecting signatures for this initiative and the Nebraska Hospital Association will be supporting their efforts.

Nebraska Legislative Districts

(Districts took effect May 27, 2011)



Geographic Information Systems
Map Created by: Trisha Schlake, GIS Specialist
Source: U.S. Census Bureau
Date Created: 6-27-2011

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Thank You for your support!

The NHA staff would like to thank everyone who participated in the development of public policy during the 2018 legislative session. Your efforts of attending NHA meetings, participating in conference calls and contacting policymakers on behalf of Nebraska's hospitals, are invaluable. The NHA's advocacy priorities are driven by our vision of providing high-quality, affordable health care to the patients we serve.

Through the board of directors and the Policy Development Committee, NHA PAC Steering Committee, Priority Issue Teams, membership and staff, the NHA strives to promote public policy issues to make positive changes in Nebraska's health care environment.

Throughout the upcoming years, hospitals will need champions in the legislature to deal with the issues that impact the operations and success of hospitals. Hospital representatives must be ready to engage in discussions vital to the communities they serve and to the mission of hospitals across Nebraska. **Together, we are the influential voice of Nebraska's hospitals.**

YOUR SUPPORT MATTERS.

Invest in the NHA PAC online.

It's easier than ever to contribute!

Simply go online to: pac.nebraskahospitals.org

Contact the NHA Advocacy Team for username and password.

*Thank you for supporting those who care about
Nebraska's hospitals and the patients they serve.*



GET INVOLVED

For more information about how you can become involved in this critical effort or for more information about legislative bills or resolutions, contact David Slattery, director of advocacy, at 402-742-8153 or dslattery@nebraskahospitals.org.



KEEP INFORMED

To keep you informed about legislative activities, visit our helpful website, nebraskahospitals.org/advocacy, for links and advocacy resources.



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Newslink, a weekly electronic newsletter, highlights key health care-related issues in the nation, in the state and locally. Subscribe by or visiting nebraskahospitals.org and click on Get Our Newsletters.

**SAVE
the
DATE!**

NHA 2019 Advocacy Day
March 20, 2019
The Cornhusker Marriott Hotel
Lincoln, NE

NHA Nebraska
Hospital
Association

The influential voice of Nebraska's hospitals

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