

# LB 314

Change provisions related to insurance coverage of telehealth. LB314 creates full parity of reimbursement for telehealth and in-person medical services, ensuring that the reimbursement rate for a telehealth consultation shall be the same as for a comparable in-person consultation. This change will help ensure patient access as well as market viability of telehealth medicine.

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# LB 100

Prohibit certain billing practices under the Medical Assistance Act. This bill prohibits Medicaid from using a Medicare reimbursement methodology for certain therapies: physical, occupational and speech-pathology that pays the highest rate for the first unit and a reduce rate for subsequent units to the same patient on the same day.

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# LB 494

Direct the Department of Health and Human Services to apply for grants to establish and maintain a health care insurance claims and payment information data base. LB 494 would authorize the Nebraska Department of Health and Human Services to apply for grants to states from the United States Department of Health and Human Services under the Consolidated Appropriations Act, 2021, Public Law 116-260 and to establish and maintain a database to publish claims and payment

information from health insurers, known as an all payer claims database. Upon obtaining such federal grant money the Department, in conjunction with the University of Nebraska Medical Center College of Public Health, would plan, establish, and maintain the database of claims and payment information from health insurers.

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## **LB 270**

Adopt the Pharmacy Manager Regulation Act and require an audit under the Medical Assistance Act. A pharmacist or contracted pharmacy shall not be prohibited from or subject to penalties or removal from a network or plan for sharing information regarding the cost, price, or copayment of a prescription drug with a covered individual or a covered individual's caregiver. A pharmacy benefit manager shall not prohibit or inhibit a pharmacist or contracted pharmacy from discussing any such information or selling a more affordable alternative to a covered individual or a covered individual's caregiver. An insurer that offers a health plan which covers prescription drugs shall not require a covered individual to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of: 1) the covered individual's copayment, deductible, or coinsurance for such prescription drug; or 2) the amount any individual would pay for such prescription drug if that individual paid in cash.

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# **LB 718**

Provide requirements for cost-sharing and coverage relating to health care benefits and pharmacy benefit managers. An enrollee's defined cost-sharing for each prescription drug shall be calculated at the point of sale based on a price that is reduced by an amount equal to at least 80% of all rebates received, or to be received, in connection with the dispensing or administration of the prescription drug.

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# **LB 30**

To limit the cost of prescription insulin drugs

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# **LB 767**

Adopt the Pharmacy Benefit Manager Licensure and Regulation Act. (1) A participation contract between a pharmacy benefit manager and any pharmacist or pharmacy providing prescription drug coverage for a health benefit plan shall not prohibit or restrict any pharmacy or pharmacist from or penalize any pharmacy or pharmacist for disclosing to any covered person any health care information that the pharmacy or pharmacist deems appropriate regarding: a) the nature of treatment, risks, or an alternative to such treatment; b) the availability of an alternate therapy, consultation, or test; c) the decision of a utilization reviewer or similar person to authorize or deny a service; d) the processes that is used to authorize or deny a health care service or benefit; or e)

information on any financial incentive or structure used by the health carrier. (2) A pharmacy benefit manager shall not prohibit a pharmacy or pharmacist from discussing information regarding the total cost for a pharmacist service for a prescription drug or from selling a more affordable alternative to the covered person if a more affordable alternative is available.

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## **LB 1175**

Prohibit a health insurer from removing a provider as an in-network provider under certain circumstances. A health insurer in this state shall not remove a provider as an in-network provider for only financial reasons if such provider wishes to remain as an in-network provider and agrees to remain in contract with such health insurer.

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## **LB 238**

Change provisions of the Ground Emergency Medical Transport Act. The department shall design and implement, in consultation with eligible providers a supplemental reimbursement program, including such a program utilizing certified public expenditures, for ground emergency medical transport services, including services provided by emergency medical technicians at the basic, advanced, and paramedic levels in prestabilization and preparation for transport, in order to increase reimbursement to eligible providers.

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# LB 678

Adopt the Pharmacy Benefit Manager Regulation Act. A BILL FOR AN ACT relating to pharmacy benefits; to amend sections 68-901 and 71-2484, Revised Statutes Cumulative Supplement, 2020; to adopt the Pharmacy Benefit Manager Regulation Act; to transfer provisions related to pharmacy benefits; to require an audit as prescribed; to harmonize provisions; to provide a duty for the Revisor of Statutes; to repeal the original sections; and to declare an emergency.