

# Spotlight on State: Nebraska

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.*

See [Nebraska](#) page.

Nebraska has advanced several healthcare price transparency initiatives in the state. To protect patients from surprise billing, the legislature enacted the Out-of-Network Emergency Medical Care Act that prohibits providers from billing patients for medical care received from out-of-network providers or facilities in emergency situations. In addition, Nebraska patients have the ability to petition hospitals for a written estimate of average charges for health care services, which promotes transparency and facilitates price shopping. The Nebraska Right to Shop Act, enacted as part of the Direct Primary Care Pilot Program Act, requires participating insurers to make price information public, including out-of-pocket costs. The law also requires insurance carriers to provide financial incentives such as cash from shared savings to patients who choose lower cost, higher quality providers, empowering patients to choose the best value care.

Though the state has not created an all-payer claims database, the 2014 Health Care Transparency Act jumpstarted efforts with an advisory committee that would investigate the creation of an APCD, including how to facilitate the reporting of health care and health quality data, provide for the facilitation of value-based, cost-effective purchasing of health care services by public and private purchasers and consumers, and provisions regarding claims and eligibility standards.

For greater prescription drug pricing transparency, the legislature also enacted the Pharmacy Benefit Fairness and

Transparency Act, putting transparency provisions in place for pharmacy benefit managers when contracting with pharmacies and prohibiting clawbacks and gag clauses.

In addition to promoting price transparency, Nebraska monitors consolidation and competition in the healthcare market by requiring nonprofit entities to provide notice to the state attorney general and health agency prior to a merger or acquisition. Applications for such transactions are subject to review and approval by the Nevada Department of Health and Human Services and in some cases, the AG. In the interest of controlling healthcare costs and ensuring continued access to care, the review is based on whether the merger or acquisition is in the public interest.

In telemedicine, Nebraska passed a law in 2017 requiring private payers to cover telemedicine services. While the laws contains a telehealth coverage provision, it does not require payment parity for telehealth services.