

ONE HUNDRED SEVENTH LEGISLATURE - SECOND SESSION - 2022
COMMITTEE STATEMENT
LB697

Hearing Date: Thursday January 20, 2022
Committee On: Health and Human Services
Introducer: Kolterman
One Liner: Provide for licensure of rural emergency hospital services

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:
Aye: 7 Senators Arch, Cavanaugh, M., Day, Hansen, B., Murman, Walz, Williams
Nay:
Absent:
Present Not Voting:

Oral Testimony:

Proponents:

Senator Mark Kolterman
Jed Hansen
Andy Hale

Representing:

District 24
Nebraska Rural Health Association
Nebraska Hospital Association

Opponents:

Representing:

Neutral:

Representing:

Summary of purpose and/or changes:

LB 697 would insert language into the Health Care Facility Licensure Act to provide for the creation of rural emergency hospitals (REHs). An REH would be required to: maintain an emergency department with twenty-four hour staffing, seven days per week; have less than fifty beds; have a transfer agreement with a higher level trauma center; provide rural emergency services; and meet eligibility requirements.

Rural emergency services would include emergency department services and observation care and other services provided on an outpatient basis, which do not exceed an average patient stay of twenty-four hours.

Eligible facilities include facilities licensed as critical care hospitals, or general hospitals with less than fifty beds in a rural area as defined in the federal Social Security Act - if it is in a rural census tract as determined by the Goldsmith Modification; if it is located in an area designated as rural by the state; or if the hospital meets other criteria the federal Secretary of Health and Human Services specifies.

To apply, the facility must submit an action plan, describe outpatient services, and provide any other information as required by rules and regulations of the state Department of Health and Human Services (DHHS). The facility cannot have inpatient beds, except as part of a skilled nursing unit; and it may own and operate an entity which provides ambulance services.

The REH would also retain its original license. Private insurance would be required to cover services as if they were performed at a general hospital.

Explanation of amendments:

AM 1613 would amend Section 3 of the green copy of the bill to allow rural emergency hospitals to have transfer agreements with facilities other than a level one or level two trauma center.

John Arch, Chairperson