

AMENDMENTS TO LB 999

Introduced by Campbell, 25.

1 1. Strike original section 2 and insert the following new
2 sections:

3 Sec. 2. (1) The Legislature finds that Nebraska's general
4 acute and critical access hospitals provide a foundation of health
5 care throughout the state. This long-established means of providing
6 health care is changing. Because health care delivery is evolving,
7 it is important to assess needs in Nebraska and determine whether
8 licensure and regulation should be changed to reflect current and
9 future practices.

10 (2) The department shall not accept an application for or
11 issue a license for a new hospital beginning on the effective date
12 of this act and continuing through September 15, 2011, except that
13 this prohibition shall not apply to an application for or issuance
14 of a license as a critical access hospital or an application for or
15 issuance of a license for any hospital which has begun construction
16 prior to May 1, 2010.

17 (3) The Health and Human Services Committee of the
18 Legislature shall study health care in Nebraska. The study shall
19 include, but not be limited to:

20 (a) A comparison of the roles of Nebraska's general acute
21 hospitals, critical access hospitals, ambulatory surgical centers,
22 and other limited service facilities, such as physician-owned
23 hospitals and investor-owned hospitals, and the impact of such

1 hospitals, centers, and facilities on access to services, quality
2 of health care, and cost, including medicaid costs and insurance
3 premiums;

4 (b) Compliance with the federal Emergency Medical
5 Treatment and Active Labor Act, 42 U.S.C. 1395, as such act existed
6 on January 1, 2010;

7 (c) Referral practices;

8 (d) Ownership disclosure;

9 (e) Uncompensated and under-compensated patient care;

10 (f) Joint ventures among or between hospitals,
11 physicians, and investors;

12 (g) Reinvestment in facilities;

13 (h) Examination and definition of community benefits;

14 (i) Clarification and definition of limited service
15 facilities, such as physician-owned hospitals and investor-owned
16 hospitals, and other definitions as needed; and

17 (j) The impact of federal health care reform on the items
18 in subdivisions (a) through (i) of this subsection.

19 (4) The committee shall seek information from resources,
20 including, but not limited to, physicians; representatives of
21 hospitals, ambulatory surgical centers, physician-owned hospitals,
22 investor-owned hospitals, public health agencies, the department,
23 and allied professions such as behavioral health service providers,
24 nurses, pharmacists, and emergency care providers; businesses;
25 consumers; insurers; communities; the Legislative Fiscal Analyst;
26 and the office of Legislative Research.

27 (5) The committee shall report its findings to the

1 Legislature by December 31, 2010.

2 Sec. 4. Since an emergency exists, this act takes effect

3 when passed and approved according to law.