

Copic 2026 Legislative Recap: What Passed, What Changed, What's Next

Top Takeaways from the 2026 Session

A quick look at the biggest changes for your practice. Read on for the full bill-by-bill breakdown.

- **Healthcare legislation was shaped by federal Medicaid and rural health funding decisions.** Nebraska lawmakers spent significant time reviewing state-level impacts from the "One Big Beautiful Bill Act," including implications for Medicaid providers and patients and use of federal Rural Health Transformation Program funds.
- **New consent and notice requirements now apply to intimate examinations.** Clinicians generally must obtain prior written consent before performing intimate examinations on anesthetized or unconscious patients in healthcare facilities, unless an emergency, authorized representative consent, or court order exception applies.
- **"Intimate examination" is defined broadly enough to affect more than pelvic exams.** The law includes manual breast examinations and internal pelvic, prostate, or rectal examinations, which may affect workflows for procedures such as colonoscopies, breast cancer surgery, and hysterectomies.
- **Legal and compliance teams should tighten consent and discharge-notice processes.** Practices and facilities should clarify who obtains consent, who documents it, and who provides required written notice before discharge when an intimate examination is performed.
- **Nebraska created a pathway for internationally trained physicians without U.S. residency.** Limited and restricted licenses may allow eligible internationally trained physicians to practice in designated health professional shortage areas under supervision and participating healthcare entity oversight.



Have questions?

Contact Copic's Director of Public Affairs, Sarah Meirose, at smeirose@copic.com.

About This Report

Copic developed this **2026 Legislative Recap Report** to help you understand the healthcare-related changes that came out of the 2026 legislative session and what actions, if any, you and your practice should consider.

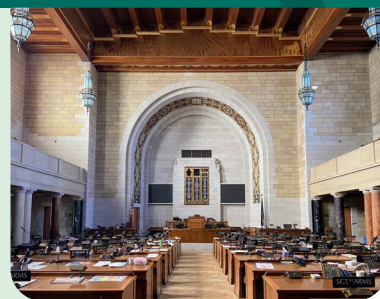
It's part of our dedicated, year-round legislative advocacy efforts, focused on protecting access to quality care, preserving the physician-patient relationship, and maintaining your ability to review, deliver and improve care.

This year, we tracked 643 bills across our key markets and worked directly with legislators and partners to shape healthcare policy. Across our markets, the 2026 legislative session taught us that **healthcare policy is inseparable from state budget issues**. Even bills that aren't explicitly about healthcare delivery are shaped by fiscal pressure, a dynamic likely to continue into 2027.

The information provided herein does not, and is not intended to constitute legal, medical, or other professional advice; instead, this information is for general informational purposes only. The specifics of each state's laws and the specifics of each circumstance may impact its accuracy and applicability, therefore, the information should not be relied upon for medical, legal, or financial decisions and you should consult an appropriate professional for specific advice that pertains to your situation.

What Did We Learn from the 2026 Nebraska Legislative Session?

We tracked 74 bills in Nebraska this year. However, the Legislature spent the bulk of its time in the healthcare space working through issues raised by Congress's passage of the "One Big Beautiful Bill Act," including state level impacts to Medicaid providers and patients, and review of Governor Jim Pillen's plans to utilize Nebraska's share of federal Rural Health Transformation Program funds.



The Full Breakdown

Explore details of key bills in this section, including who's impacted, what changed, and what to consider.

AREA: INTIMATE EXAMS

Bill Title: Provide Requirements for Pelvic Examinations

Bill number: [LB 110](#)

Who this impacts: Healthcare clinicians, emergency medical services, legal and compliance.



Summary

This law states that a healthcare clinician cannot perform an intimate examination on a patient who is anesthetized or unconscious in a healthcare facility without prior written consent unless certain exemptions are met. The law states that if an examination is performed on a patient or anesthetized patient, the patient must be notified in writing prior to discharge.



Considerations

This bill went into effect on July 16, 2026

For clinicians

- **This law specifically outlines what constitutes an "intimate exam."** The bill defines an "intimate examination" as a manual examination of a patient's breast or an internal pelvic, prostate, or rectal examination but does not include a visual examination of a patient's breast or any body part associated with an internal pelvic, prostate, or rectal examination.
- **The law includes exemptions from the prior consent requirement.** A clinician may perform the exam if: (1) an individual authorized to make health care decisions for the patient has given written consent for the examination; (2) the examination is necessary for emergency diagnostic or emergency treatment purposes, or (3) a court orders the performance of the examination for the collection of evidence.

For Legal/Compliance

- **Make sure to request consent for related-nonemergency procedures.** Due to the definition of "intimate examination" in this law, it also applies to colonoscopies, breast cancer surgery, and hysterectomy procedures, for example.
- **Have a process in place related to who is responsible for obtaining consent and/or providing notice of an intimate examination prior to patient discharge.** A patient may not be seen by the same clinician as they transition from subsequent inpatient care.



Medical liability coverage considerations

A clinician that violates this law is subject to discipline under the Uniform Credentialing Act. Most medical professional liability policies contain exclusions for unlawful acts.

AREA: LICENSURE

Bill Title: Licensure of Internationally Trained Physicians under the Uniform Credentialing Act

Bill number: [LB 1212](#)

Who this impacts: Healthcare entities and physicians who employ and supervise internationally trained medical graduates.



Summary

This bill establishes a framework for issuing limited and restricted licenses for internationally trained medical graduates who have not completed a U.S. residency, allowing these physicians to practice in designated health profession shortage areas. Under this bill, internationally trained physicians can obtain a limited license for up to three years, with the possibility of a one-time renewal for an additional three years but not exceeding a total of six years. A restricted license may be granted for up to three years to those who have practiced medicine under supervision for three years and completed an approved assessment program.

Physicians holding a limited license must be supervised by a licensed physician in good standing and employed by a participating healthcare entity, which is responsible for compliance with assessment and evaluation criteria. Additionally, physicians must meet specific licensing requirements, including passing a licensing examination and submitting regular employment status reports. The legislation also outlines the process for transitioning to an unrestricted license after fulfilling the necessary practice requirements under limited and restricted licenses.



Considerations

This bill went into effect on August 1, 2026

For healthcare entities

- **The bill creates new duties and potential liability for healthcare entities who choose to become a “participating healthcare entity” as well as the physicians who will be required to supervise internationally trained physicians.** This would be similar to liability for physicians when supervising residents in training.
- **In Nebraska, an employer has potential vicarious liability to third parties under the doctrine of respondeat superior for an employee’s negligence while acting in the course of the employer’s business.** Nebraska courts have recognized this doctrine in the case of employed physicians as well as other employed healthcare providers.



Medical liability coverage considerations

Copic will continue to require completion of a U.S.-based residency as a prerequisite for coverage.