

LEGISLATURE OF NEBRASKA  
ONE HUNDRED EIGHTH LEGISLATURE  
SECOND SESSION

**LEGISLATIVE BILL 62**

FINAL READING

Introduced by Cavanaugh, M., 6; Hunt, 8; Conrad, 46.

Read first time January 05, 2023

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend section  
2 68-908, Reissue Revised Statutes of Nebraska, section 68-996,  
3 Revised Statutes Cumulative Supplement, 2022, and section 68-911,  
4 Revised Statutes Supplement, 2023; to change provisions relating to  
5 the annual summary and analysis of the medical assistance program;  
6 to provide for coverage of translation and interpretation services  
7 under the medical assistance program; to change provisions relating  
8 to the Medicaid Managed Care Excess Profit Fund; to require a report  
9 relating to the Temporary Assistance for Needy Families program; and  
10 to repeal the original sections.  
11 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-908, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3 68-908 (1) The department shall administer the medical assistance  
4 program.

5 (2) The department may (a) enter into contracts and interagency  
6 agreements, (b) adopt and promulgate rules and regulations, (c) adopt fee  
7 schedules, (d) apply for and implement waivers and managed care plans for  
8 services for eligible recipients, including services under the Nebraska  
9 Behavioral Health Services Act, and (e) perform such other activities as  
10 necessary and appropriate to carry out its duties under the Medical  
11 Assistance Act. A covered item or service as described in section 68-911  
12 that is furnished through a school-based health center, furnished by a  
13 provider, and furnished under a managed care plan pursuant to a waiver  
14 does not require prior consultation or referral by a patient's primary  
15 care physician to be covered. Any federally qualified health center  
16 providing services as a sponsoring facility of a school-based health  
17 center shall be reimbursed for such services provided at a school-based  
18 health center at the federally qualified health center reimbursement  
19 rate.

20 (3) The department shall maintain the confidentiality of information  
21 regarding applicants for or recipients of medical assistance and such  
22 information shall only be used for purposes related to administration of  
23 the medical assistance program and the provision of such assistance or as  
24 otherwise permitted by federal law.

25 (4) The department shall prepare an annual summary and analysis of  
26 the medical assistance program for legislative and public review. The  
27 department shall submit a report of such summary and analysis to the  
28 Governor and the Legislature electronically no later than December 1 of  
29 each year. The annual summary shall include, but not be limited to:

30 (a) The number and percentage of applications approved and denied;

31 (b) The number of eligibility determinations, including the number

1 and percentage of those individuals remaining enrolled, terminations, and  
2 other determinations;

3 (c) The number of case closures in the medical assistance program  
4 and the Children's Health Insurance Program and the specific reason for  
5 the closure broken down by (i) eligibility category, including program  
6 type, (ii) local public health district or other geographic area, and  
7 (iii) race or ethnicity, if available;

8 (d) The number of medical assistance program and Children's Health  
9 Insurance Program enrollees broken down by (i) eligibility category,  
10 including program type, (ii) local public health district or other  
11 geographic area, and (iii) race or ethnicity, if available;

12 (e) The number and percentage of redeterminations or renewals  
13 processed ex parte, broken down by (i) eligibility category, including  
14 program type and (ii) race or ethnicity, if available;

15 (f) The average number of days required to process applications for  
16 the medical assistance program and Children's Health Insurance Program,  
17 separating the data by applicants with modified adjusted gross income and  
18 nonmodified adjusted gross income eligibility;

19 (g) The rate of re-enrollment within ninety days of termination and  
20 within twelve months of termination, broken down by (i) eligibility  
21 category, including program type, (ii) local public health district or  
22 other geographic area, and (iii) race or ethnicity, if available;

23 (h) The average client call duration;

24 (i) The client call abandonment rate;

25 (j) The number of requests for a fair hearing separated by (i)  
26 eligibility category and program type, (ii) outcome, and (iii) amount of  
27 time until final disposition; and

28 (k) A link to the medical assistance program fair hearing decisions  
29 that have been redacted to protect private and health information, which  
30 shall be posted on the department's website.

31 Sec. 2. Section 68-911, Revised Statutes Supplement, 2023, is

1 amended to read:

2 68-911 (1) Medical assistance shall include coverage for health care  
3 and related services as required under Title XIX of the federal Social  
4 Security Act, including, but not limited to:

5 (a) Inpatient and outpatient hospital services;

6 (b) Laboratory and X-ray services;

7 (c) Nursing facility services;

8 (d) Home health services;

9 (e) Nursing services;

10 (f) Clinic services;

11 (g) Physician services;

12 (h) Medical and surgical services of a dentist;

13 (i) Nurse practitioner services;

14 (j) Nurse midwife services;

15 (k) Pregnancy-related services;

16 (l) Medical supplies;

17 (m) Mental health and substance abuse services;

18 (n) Early and periodic screening and diagnosis and treatment  
19 services for children which shall include both physical and behavioral  
20 health screening, diagnosis, and treatment services;

21 (o) Rural health clinic services; and

22 (p) Federally qualified health center services.

23 (2) In addition to coverage otherwise required under this section,  
24 medical assistance may include coverage for health care and related  
25 services as permitted but not required under Title XIX of the federal  
26 Social Security Act, including, but not limited to:

27 (a) Prescribed drugs;

28 (b) Intermediate care facilities for persons with developmental  
29 disabilities;

30 (c) Home and community-based services for aged persons and persons  
31 with disabilities;

- 1 (d) Dental services;
- 2 (e) Rehabilitation services;
- 3 (f) Personal care services;
- 4 (g) Durable medical equipment;
- 5 (h) Medical transportation services;
- 6 (i) Vision-related services;
- 7 (j) Speech therapy services;
- 8 (k) Physical therapy services;
- 9 (l) Chiropractic services;
- 10 (m) Occupational therapy services;
- 11 (n) Optometric services;
- 12 (o) Podiatric services;
- 13 (p) Hospice services;
- 14 (q) Mental health and substance abuse services;
- 15 (r) Hearing screening services for newborn and infant children; and
- 16 (s) Administrative expenses related to administrative activities,
- 17 including outreach services, provided by school districts and educational
- 18 service units to students who are eligible or potentially eligible for
- 19 medical assistance.

20 (3) No later than July 1, 2009, the department shall submit a state  
21 plan amendment or waiver to the federal Centers for Medicare and Medicaid  
22 Services to provide coverage under the medical assistance program for  
23 community-based secure residential and subacute behavioral health  
24 services for all eligible recipients, without regard to whether the  
25 recipient has been ordered by a mental health board under the Nebraska  
26 Mental Health Commitment Act to receive such services.

27 (4) On or before October 1, 2014, the department, after consultation  
28 with the State Department of Education, shall submit a state plan  
29 amendment to the federal Centers for Medicare and Medicaid Services, as  
30 necessary, to provide that the following are direct reimbursable services  
31 when provided by school districts as part of an individualized education

1 program or an individualized family service plan: Early and periodic  
2 screening, diagnosis, and treatment services for children; medical  
3 transportation services; mental health services; nursing services;  
4 occupational therapy services; personal care services; physical therapy  
5 services; rehabilitation services; speech therapy and other services for  
6 individuals with speech, hearing, or language disorders; and vision-  
7 related services.

8 (5) No later than January 1, 2023, the department shall provide  
9 coverage for continuous glucose monitors under the medical assistance  
10 program for all eligible recipients who have a prescription for such  
11 device.

12 (6) On or before October 1, 2023, the department shall seek federal  
13 approval for federal matching funds from the federal Centers for Medicare  
14 and Medicaid Services through a state plan amendment or waiver to extend  
15 postpartum coverage for beneficiaries from sixty days to at least six  
16 months. Nothing in this subsection shall preclude the department from  
17 submitting a state plan amendment for twelve months.

18 (7)(a) No later than January 1, 2024, the department shall provide  
19 coverage, and reimbursement to providers, for all necessary translation  
20 and interpretation services for eligible recipients utilizing a medical  
21 assistance program service. The department shall take all actions  
22 necessary to maximize federal funding to carry out this subsection.

23 (b) The services described in subdivision (7)(a) of this section  
24 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
25 described in section 68-996.

26 Sec. 3. Section 68-996, Revised Statutes Cumulative Supplement,  
27 2022, is amended to read:

28 68-996 The Medicaid Managed Care Excess Profit Fund is created. The  
29 fund shall contain money returned to the State Treasurer pursuant to  
30 subdivision (3) of section 68-995. The fund shall first be used to offset  
31 any losses under subdivision (2) of section 68-995 and then to provide

1 for services addressing the health needs of adults and children under the  
2 Medical Assistance Act, including filling service gaps, providing system  
3 improvements, translation and interpretation services, and sustaining  
4 access to care as determined by the Legislature. The fund shall only be  
5 used for the purposes described in this section. Any money in the fund  
6 available for investment shall be invested by the state investment  
7 officer pursuant to the Nebraska Capital Expansion Act and the Nebraska  
8 State Funds Investment Act.

9       Sec. 4. The Department of Health and Human Services shall  
10 electronically submit a report to the Health and Human Services Committee  
11 of the Legislature by November 1 of each year on the current and  
12 anticipated expenditures for the Temporary Assistance for Needy Families  
13 program funds allocated pursuant to the federal Personal Responsibility  
14 and Work Opportunity Reconciliation Act of 1996, Public Law 104-193. Such  
15 report shall provide the committee with all necessary and appropriate  
16 information to enable the committee to conduct a meaningful evaluation of  
17 such expenditures. Such information shall include, but not be limited to:

18       (1) A clear description of programs and services currently funded by  
19 the Temporary Assistance for Needy Families program;

20       (2) A clear explanation of each purpose met by such program or  
21 service;

22       (3) For programs and services provided by entities other than the  
23 state, a clear description of the recipient of Temporary Assistance to  
24 Needy Families funds;

25       (4) For programs other than the aid to dependent children program, a  
26 clear statement explaining how an expenditure for that program or service  
27 is more likely to help families achieve economic mobility and self-  
28 sufficiency than an increase in expenditures for the aid to dependent  
29 children program;

30       (5) The number of persons served under each program or service; and

31       (6) All costs and expenditures associated with each program or

1 service.

2       Sec. 5.    Original section 68-908, Reissue Revised Statutes of  
3 Nebraska, section 68-996, Revised Statutes Cumulative Supplement, 2022,  
4 and section 68-911, Revised Statutes Supplement, 2023, are repealed.