

LEGISLATURE OF NEBRASKA  
ONE HUNDRED FOURTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 125**

Introduced by Nordquist, 7; Campbell, 25; Cook, 13; Crawford, 45; Gloor,  
35; Mello, 5.

Read first time January 09, 2015

Committee:

- 1 A BILL FOR AN ACT relating to health and human services; to create a
- 2 fund; and to provide funds for federally qualified health centers as
- 3 prescribed.
- 4 Be it enacted by the people of the State of Nebraska,

1           Section 1. The Health Care Homes for the Medically Underserved Fund  
2 is created. Any money in the fund available for investment shall be  
3 invested by the state investment officer pursuant to the Nebraska Capital  
4 Expansion Act and the Nebraska State Funds Investment Act. The purpose of  
5 the fund is to enhance the ability of Nebraska's federally qualified  
6 health centers to provide patient-centered medical homes to low-income  
7 medically underserved populations.

8           Sec. 2. (1) Twenty-five percent of the federal medicaid fraud  
9 settlement funds accruing to Nebraska annually shall be appropriated to  
10 the Health Care Homes for the Medically Underserved Fund for distribution  
11 to federally qualified health centers in Nebraska. Such funds shall be  
12 distributed proportionately based on the unduplicated number of patients  
13 served in the previous year by such federally qualified health centers as  
14 reported through the uniform data system of the Health Resources and  
15 Services Administration of the United States Department of Health and  
16 Human Services.

17           (2) Funds distributed pursuant to subsection (1) of this section  
18 shall be used for the following purposes:

19           (a) Hiring, training, certifying, and maintaining staff dedicated to  
20 patient-centered chronic disease management, including, but not limited  
21 to, case managers, health educators, social workers, outreach and  
22 enrollment workers, and community health workers;

23           (b) Providing services, including, but not limited to, interpretive  
24 services, transportation services, and social work assistance;

25           (c) Capital improvements, including, but not limited to, facility  
26 expansion, leasing additional space, and furnishing, equipment, or  
27 redesign of facilities to support patient-centered care;

28           (d) Medication management, including, but not limited to, clinical  
29 pharmacy services, pharmacists, clinical pharmacists, technology for  
30 monitoring and real-time notification, and care managers;

31           (e) Information technology, including, but not limited to,

1 telehealth services, analytics tools, patient registries, and updates to  
2 electronic health records systems; and  
3 (f) Reimbursement to health care providers, including, but not  
4 limited to, physicians, nurse practitioners, dieticians, diabetic  
5 educators, behavioral health providers, and oral health providers.