

LEGISLATURE OF NEBRASKA  
ONE HUNDRED NINTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 153**

Introduced by Guereca, 7.

Read first time January 13, 2025

Committee:

- 1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
- 2 sections 68-911 and 68-996, Revised Statutes Cumulative Supplement,
- 3 2024; to require the Department of Health and Human Services to
- 4 submit a state plan amendment for postpartum coverage under the
- 5 Children's Health Insurance Program as prescribed; to provide for
- 6 funding by the Medicaid Managed Care Excess Profit Fund; and to
- 7 repeal the original sections.
- 8 Be it enacted by the people of the State of Nebraska,

1           **Section 1.** Section 68-911, Revised Statutes Cumulative Supplement,  
2 2024, is amended to read:

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

6           (a) Inpatient and outpatient hospital services;

7           (b) Laboratory and X-ray services;

8           (c) Nursing facility services;

9           (d) Home health services;

10          (e) Nursing services;

11          (f) Clinic services;

12          (g) Physician services;

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

14          (i) Nurse practitioner services;

15          (j) Nurse midwife services;

16          (k) Pregnancy-related services;

17          (l) Medical supplies;

18          (m) Mental health and substance abuse services;

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

22          (o) Rural health clinic services; and

23          (p) Federally qualified health center services.

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

28          (a) Prescribed drugs;

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

31          (c) Home and community-based services for aged persons and persons

1 with disabilities;

2 (d) Dental services;

3 (e) Rehabilitation services;

4 (f) Personal care services;

5 (g) Durable medical equipment;

6 (h) Medical transportation services;

7 (i) Vision-related services;

8 (j) Speech therapy services;

9 (k) Physical therapy services;

10 (l) Chiropractic services;

11 (m) Occupational therapy services;

12 (n) Optometric services;

13 (o) Podiatric services;

14 (p) Hospice services;

15 (q) Mental health and substance abuse services;

16 (r) Hearing screening services for newborn and infant children; and

17 (s) Administrative expenses related to administrative activities,  
18 including outreach services, provided by school districts and educational  
19 service units to students who are eligible or potentially eligible for  
20 medical assistance.

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

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

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

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

13 (b) Effective August 1, 2024, eligible recipients shall include all  
14 individuals who meet local coverage determinations, as defined in section  
15 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act  
16 existed on January 1, 2024, and shall include individuals with  
17 gestational diabetes.

18 (c) It is the intent of the Legislature that no more than six  
19 hundred thousand dollars be appropriated annually from the Medicaid  
20 Managed Care Excess Profit Fund, as described in section 68-996, for the  
21 purpose of implementing subdivision (5)(b) of this section. Any amount in  
22 excess of six hundred thousand dollars shall be funded by the Medicaid  
23 Managed Care Excess Profit Fund.

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

30 (7)(a) No later than October 1, 2025, the department shall submit a  
31 medicaid waiver or state plan amendment to the federal Centers for

1 Medicare and Medicaid Services to designate two medical respite  
2 facilities to reimburse for services provided to an individual who is:

3 (i) Homeless; and

4 (ii) An adult in the expansion population.

5 (b) For purposes of this subsection:

6 (i) Adult in the expansion population means an adult (A) described  
7 in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January  
8 1, 2024, and (B) not otherwise eligible for medicaid as a mandatory  
9 categorically needy individual;

10 (ii) Homeless has the same meaning as provided in 42 U.S.C. 11302 as  
11 such section existed on January 1, 2024;

12 (iii) Medical respite care means short-term housing with supportive  
13 medical services; and

14 (iv) Medical respite facility means a residential facility that  
15 provides medical respite care to homeless individuals.

16 (c) The department shall choose two medical respite facilities, one  
17 in a city of the metropolitan class and one in a city of the primary  
18 class, best able to serve homeless individuals who are adults in the  
19 expansion population.

20 (d) Once such waiver or state plan amendment is approved, the  
21 department shall submit a report to the Health and Human Services  
22 Committee of the Legislature on or before November 30 each year, which  
23 provides the (i) number of homeless individuals served at each facility,  
24 (ii) cost of the program, and (iii) amount of reduction in health care  
25 costs due to the program's implementation.

26 (e) The department may adopt and promulgate rules and regulations to  
27 carry out this subsection.

28 (f) The services described in subdivision (7)(a) of this section  
29 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
30 described in section 68-996.

31 (8)(a) No later than January 1, 2025, the department shall provide

1 coverage for an electric personal-use breast pump for every pregnant  
2 woman covered under the medical assistance program, or child covered  
3 under the medical assistance program if the pregnant woman is not  
4 covered, beginning at thirty-six weeks gestation or the child's date of  
5 birth, whichever is earlier. The electric personal-use breast pump shall  
6 be capable of (i) sufficiently supporting milk supply, (ii) double and  
7 single side pumping, and (iii) suction power ranging from zero mmHg to  
8 two hundred fifty mmHg. No later than January 1, 2025, the department  
9 shall provide coverage for a minimum of ten lactation consultation visits  
10 for every mother covered under the medical assistance program or child  
11 covered under the medical assistance program, if the mother is not  
12 covered under such program.

13 (b) It is the intent of the Legislature that the appropriation for  
14 lactation consultation visits shall be equal to an amount that is a one  
15 hundred forty-five percent rate increase over the current lactation  
16 consultation rate paid by the department.

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

22 (b) The services described in subdivision (9)(a) of this section  
23 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
24 described in section 68-996.

25 (10)(a) On or before October 1, 2025, the department shall seek  
26 approval for federal matching funds from the federal Centers for Medicare  
27 and Medicaid Services through a state plan amendment to the Children's  
28 Health Insurance Program to implement a health services initiative to  
29 provide postpartum coverage for at least six months for a mother whose  
30 child is covered under the unborn child option. The covered services  
31 provided shall be identical to the comprehensive postpartum covered

1 services provided to a pregnant woman under medicaid. Nothing in this  
2 subsection shall preclude the department from submitting a state plan  
3 amendment to provide twelve months of postpartum coverage.

4 (b) It is the intent of the Legislature to use the Medicaid Managed  
5 Care Excess Profit Fund, as established in section 68-996, to fund the  
6 services described in subdivision (10)(a) of this section.

7 **Sec. 2.** Section 68-996, Revised Statutes Cumulative Supplement,  
8 2024, is amended to read:

9 68-996 (1) The Medicaid Managed Care Excess Profit Fund is created.  
10 The fund shall contain money returned to the State Treasurer pursuant to  
11 subdivision (3) of section 68-995.

12 (2) The fund shall first be used to offset any losses under  
13 subdivision (2) of section 68-995 and then to provide for services  
14 addressing the health needs of adults and children under the Medical  
15 Assistance Act, including filling service gaps, providing system  
16 improvements, providing evidence-based early intervention home visitation  
17 programs, providing medical respite services, translation and  
18 interpretation services, providing coverage for continuous glucose  
19 monitors as described in section 68-911, providing other services  
20 sustaining access to care, the Nebraska Prenatal Plus Program, providing  
21 postpartum coverage under the Children's Health Insurance Program, and  
22 providing grants pursuant to the Intergenerational Care Facility  
23 Incentive Grant Program as determined by the Legislature. The fund shall  
24 only be used for the purposes described in this section.

25 (3) Any money in the fund available for investment shall be invested  
26 by the state investment officer pursuant to the Nebraska Capital  
27 Expansion Act and the Nebraska State Funds Investment Act. Beginning  
28 October 1, 2024, any investment earnings from investment of money in the  
29 fund shall be credited to the General Fund.

30 **Sec. 3.** Original sections 68-911 and 68-996, Revised Statutes  
31 Cumulative Supplement, 2024, are repealed.