

AMENDMENTS TO LB 8

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

3           "Section 1.       Section 68-1019, Revised Statutes  
4 Supplement, 2000, is amended to read:

5           68-1019. (1) Medical assistance on behalf of recipients  
6 shall be paid directly to vendors.

7           (2) On behalf of recipients over sixty-five years of age,  
8 medical assistance shall include care in an institution for mental  
9 diseases.

10          (3) On behalf of all recipients, medical assistance shall  
11 include:

12           (a) Inpatient and outpatient hospital care;

13           (b) Laboratory and X-ray services;

14           (c) Nursing home services;

15           (d) Care home services;

16           (e) Home health care services;

17           (f) Nursing services;

18           (g) Clinic services;

19           (h) Services of practitioners licensed by the Department  
20 of Health and Human Services Regulation and Licensure; and

21           (i) Such drugs, appliances, and health aids as may be  
22 prescribed by practitioners licensed by the Department of Health  
23 and Human Services Regulation and Licensure.

24          (4) The ~~Director~~ Department of Health and Human Services

1 Finance and Support ~~may~~ shall adopt and promulgate rules and  
2 regulations to establish a schedule of premiums, copayments, and  
3 deductibles for goods and services provided under the medical  
4 assistance program. Such schedule ~~as may be allowed by Title XIX~~  
5 ~~or Title XXI of the federal Social Security Act,~~ as amended as of  
6 ~~September 1, 1998.~~ The ~~system of copayments and deductibles in the~~  
7 ~~schedule~~ shall discourage abuse of high-cost services and encourage  
8 the utilization of cost-effective services. Prior to the adoption  
9 of the schedule of copayments and deductibles, the director shall  
10 provide a report to the Governor and the Legislature outlining  
11 proposed copayments and deductibles. The report shall collect and  
12 summarize available data from other states concerning their  
13 experience with copayments and deductibles, determine if vendors  
14 may be reimbursed for copayments and deductibles resulting from a  
15 recipient's inability to pay, evaluate the collectability of  
16 copayments and deductibles, and assess the effect of copayments and  
17 deductibles on recipients, vendors, access to and availability of  
18 care, and utilization of affected medical assistance program  
19 services. The report shall include data from Nebraska as it  
20 becomes available. The report shall also provide information as to  
21 other cost-containment mechanisms which have been implemented or  
22 proposed by the Department of Health and Human Services Finance and  
23 Support for the fiscal year. If the director is proposing to adopt  
24 a schedule, the report shall be provided to the Governor and the  
25 Legislature by December 1. No schedule of copayments and  
26 deductibles shall be put into effect until July 1 following the  
27 report, except that for the first year the schedule shall be put

1 into effect by April 1. If the director is proposing elimination  
2 or modification of an existing schedule of copayments and  
3 deductibles, a report on the proposed changes shall be provided to  
4 the Governor and the Legislature by December 1. The proposed  
5 modification or elimination of the schedule of copayments and  
6 deductibles shall not take place prior to the July 1 following this  
7 report. ~~A vendor~~ Vendors shall be responsible for collecting any  
8 applicable copayment or deductible from the recipient.

9 (5) The Department Director of Health and Human Services  
10 Finance and Support shall adopt and promulgate rules and  
11 regulations to provide limits as to the amount, duration, and scope  
12 of goods and services and goods recipients may receive under the  
13 medical assistance program. For purposes of providing limits as to  
14 the amount, duration, and scope of services and goods recipients  
15 may receive under the medical assistance program, the Department of  
16 Health and Human Services Finance and Support shall adopt and  
17 promulgate rules and regulations. The limits adopted shall in all  
18 respects comply with applicable provisions of Title XIX of the  
19 federal Social Security Act and the related federal regulations, as  
20 they may be amended from time to time. Prior to the adoption of  
21 such rules and regulations, the director shall provide a report to  
22 the Governor and the Legislature outlining proposed limits. Such  
23 report shall be provided to the Governor and the Legislature by  
24 December 1. No rules or regulations to implement such limits shall  
25 be put into effect until April 1 following the report.

26 (6) The Department of Health and Human Services Finance  
27 and Support shall adopt and promulgate rules and regulations to

1 establish a monthly earned income disregard of one hundred dollars  
2 under the medical assistance program.

3 (7) No vendor shall advertise or promote through  
4 newspapers, magazines, circulars, direct mail, directories, radio,  
5 television, or otherwise that such vendor will waive the collection  
6 of all or any portion of any copayment or deductible established  
7 pursuant to subsection (4) of this section.

8 Sec. 2. Section 68-1020, Revised Statutes Supplement,  
9 2001, is amended to read:

10 68-1020. (1) Medical assistance shall be paid on behalf  
11 of (a) dependent children, (b) aged, ~~persons,~~ blind, ~~individuals,~~  
12 and disabled ~~individuals~~ persons, as defined in sections 43-504 and  
13 68-1002 to 68-1005, and (c) on behalf of all ~~individuals~~ persons  
14 less than twenty-one years of age who are eligible under section  
15 1905(a) of the federal Social Security Act, as such section existed  
16 on ~~September 1, 2001~~ January 1, 2002.

17 (2) The Department Director of Health and Human Services  
18 Finance and Support shall adopt and promulgate rules and  
19 regulations governing provision of such medical assistance benefits  
20 to qualified ~~individuals~~ persons:

21 (a) Who are presumptively eligible as allowed under 42  
22 U.S.C. 1396a, as such section existed on September 1, 2001, and  
23 sections 1920A and 1920B of the federal Social Security Act, as  
24 such sections existed on ~~September 1, 2001~~ January 1, 2002;

25 (b) Who have a family income at or below equal to or less  
26 than one hundred eighty-five percent of the Office of Management  
27 and Budget income poverty line guideline, as allowed under Title

1 XIX and Title XXI of the federal Social Security Act, as such  
2 titles existed on ~~September 17, 2001~~ January 1, 2002, without regard  
3 to resources, including all children under nineteen years of age  
4 and pregnant women as allowed under 42 U.S.C. 1396a, as such  
5 section existed on ~~September 17, 2001~~ January 1, 2002, and section  
6 2110 of the federal Social Security Act, as such section existed on  
7 ~~September 17, 2001~~ January 1, 2002. Children Except as otherwise  
8 provided in this subdivision, children described in this  
9 subdivision shall remain eligible for a ~~twelve-month period of time~~  
10 from the date of eligibility prior to six consecutive months after  
11 each determination or redetermination of eligibility. The  
12 department may conduct limited monthly eligibility reviews upon  
13 completion of the initial six-month period of continuous  
14 eligibility pursuant to rules and regulations adopted and  
15 promulgated by the department. The department may determine upon  
16 such review that a child is ineligible under this subdivision if  
17 the family income exceeds eligibility standards, notwithstanding a  
18 prior determination of continuous eligibility by the department.  
19 The department shall report annually to the Governor and to the  
20 Legislature the number of children determined to be ineligible  
21 under this subdivision and the family incomes of such children; ~~or~~

22 (c) Who, for purposes of Title XIX of the federal Social  
23 Security Act as provided in subdivision (b) of this subsection, are  
24 children in families with income as follows:

25 (i) Equal to or less than one hundred fifty percent of  
26 the Office of Management and Budget income poverty guideline with  
27 eligible children one year of age or younger;

1           (ii) Equal to or less than one hundred thirty-three  
2 percent of the Office of Management and Budget income poverty  
3 guideline with eligible children over one year of age and under six  
4 years of age; or

5           (iii) Equal to or less than one hundred percent of the  
6 Office of Management and Budget income poverty guideline with  
7 eligible children six years of age or older and less than nineteen  
8 years of age; or

9           (d) Who are medically needy caretaker relatives as  
10 allowed under section 1905(a)(ii) of the federal Social Security  
11 Act, as such section existed on ~~September 1, 2001~~ January 1, 2002.  
12 ~~, and who have children with allocated income as follows:~~

13           (i) ~~At or below one hundred fifty percent of the Office~~  
14 ~~of Management and Budget poverty line with eligible children one~~  
15 ~~year of age or younger;~~

16           (ii) ~~At or below one hundred thirty-three percent of the~~  
17 ~~Office of Management and Budget poverty line with eligible children~~  
18 ~~over one year of age and under six years of age; or~~

19           (iii) ~~At or below one hundred percent of the Office of~~  
20 ~~Management and Budget poverty line with eligible children six years~~  
21 ~~of age or more and under fifteen years of age.~~

22           (3) As allowed pursuant to 42 U.S.C. 1396a(a)(10)(A)(ii),  
23 as such section existed on ~~September 1, 2001~~ January 1, 2002,  
24 medical assistance shall be paid on behalf of disabled persons as  
25 defined in section 68-1005 who are in families whose net income is  
26 less than two hundred fifty percent of the Office of Management and  
27 Budget income poverty ~~line~~ guideline applicable to a family of the

1 size involved and who but for earnings in excess of the limit  
2 established under 42 U.S.C. 1396d(q)(2)(B) of the federal Social  
3 Security Act, as such section existed on ~~September 17, 2001~~ January  
4 1, 2002, would be considered to be receiving federal Supplemental  
5 Security Income. The Department of Health and Human Services shall  
6 apply for a waiver to disregard any unearned income that is  
7 contingent upon a trial work period in applying the Supplemental  
8 Security Income standard. Such disabled persons shall be subject  
9 to payment of premiums as a percentage of the family's net income  
10 beginning at not less than two hundred percent of the Office of  
11 Management and Budget net income poverty ~~line~~ guideline. Such  
12 premiums shall be graduated based on family income and shall not be  
13 less than two percent or more than ten percent of family net  
14 income.

15 (4) As allowed pursuant to 42 U.S.C. 1396a(a)(10)(A)(ii),  
16 as such section existed on ~~September 17, 2001~~ January 1, 2002,  
17 medical assistance shall be paid on behalf of persons who:

18 (a) Have been screened for breast and cervical cancer  
19 under the Centers for Disease Control and Prevention breast and  
20 cervical cancer early detection program established under Title XV  
21 of the federal Public Health Service Act, 42 U.S.C. 300k et seq.,  
22 as such sections existed on ~~September 17, 2001~~ January 1, 2002, in  
23 accordance with the requirements of section 1504 of such act, 42  
24 U.S.C. 300n, as such section existed on ~~September 17, 2001~~ January  
25 1, 2002, and who need treatment for breast or cervical cancer,  
26 including precancerous and cancerous conditions of the breast or  
27 cervix;

1                   (b) Are not otherwise covered under creditable coverage,  
2 as defined in section 2701(c) of the federal Public Health Service  
3 Act, 42 U.S.C. 300gg(c), as such section existed on ~~September 1,~~  
4 ~~2001~~ January 1, 2002;

5                   (c) Have not attained sixty-five years of age; and

6                   (d) Are not eligible for medicaid under any mandatory  
7 categorically needy eligibility group.

8                   (5) Eligibility shall be determined under this section  
9 using an income budgetary methodology that determines children's  
10 eligibility at no greater than one hundred eighty-five percent of  
11 the Office of Management and Budget income poverty guideline and  
12 adult eligibility using adult income standards no greater than the  
13 applicable categorical eligibility standards established pursuant  
14 to state or federal law. As of the effective date of this act, the  
15 department shall redetermine eligibility under this section  
16 pursuant to such income budgetary methodology and subsection (6) of  
17 section 68-1019.

18                   (6) The department shall adopt and promulgate rules and  
19 regulations to implement this section.

20                   Sec. 3. Section 68-1713, Revised Statutes Supplement,  
21 2000, is amended to read:

22                   68-1713. (1) The Department of Health and Human Services  
23 shall submit a waiver request or requests to the United States  
24 Department of Health and Human Services and the United States  
25 Department of Agriculture as necessary for federal authorization to  
26 implement the provisions of the Welfare Reform Act. The Department  
27 of Health and Human Services may include the provisions of sections

1 68-1718 to 68-1726 in its waiver requests and shall designate  
2 counties for implementation on or after July 1, 1995, of such  
3 sections for recipient families in the aid to dependent children  
4 program. It is the intent of the Legislature that such designated  
5 counties include at least one county with a population of not more  
6 than thirty-five thousand inhabitants and one county with a  
7 population of at least one hundred fifty thousand inhabitants but  
8 not more than three hundred thousand inhabitants.

9 The Department of Health and Human Services shall  
10 implement the following policies:

11 (a) Permit Work Experience in Private for Profit  
12 Enterprises;

13 (b) Permit Job Search to Extend Beyond Eight Weeks Each  
14 Year;

15 (c) Permit Employment to be Considered a JOBS Program  
16 Component;

17 (d) Make Sanctions More Stringent to Emphasize  
18 Participant Obligations;

19 (e) Alternative Hearing Process;

20 (f) Permit Adults in Two-Parent Households to Participate  
21 in JOBS Activities Based on Their Self-Sufficiency Needs;

22 (g) Eliminate Exemptions for Individuals with Children  
23 Between the Ages of 12 Weeks and Age Six;

24 (h) Providing Poor Working Families with Transitional  
25 Child Care to Ease the Transition from Welfare to Self-Sufficiency;

26 (i) Provide Transitional Health Care for ~~24~~ 12 Months  
27 After Termination of ADC;

1                   (j) Cap Family Benefits Based on the Number of Children  
2 in the Unit at the Time of Initial Eligibility;

3                   (k) Require Adults to Ensure that Children in the Family  
4 Unit Attend School;

5                   (l) Encourage Minor Parents to Live with Their Parents;

6                   (m) Establish a Resource Limit of \$4,000 for a single  
7 individual and \$6,000 for two or more individuals for ADC;

8                   (n) Exclude the Value of One Vehicle Per Family When  
9 Determining ADC Eligibility;

10                  (o) Exclude the Cash Value of Life Insurance Policies in  
11 Calculating Resources for ADC;

12                  (p) Permit the Self-Sufficiency Contract Assessment to  
13 Substitute for the Six-Month ADC Redetermination Process;

14                  (q) Establish Food Stamps as a Continuous Benefit with  
15 Eligibility Reevaluated with Yearly Redeterminations;

16                  (r) Establish a Budget the Gap Methodology Whereby  
17 Countable Earned Income is Subtracted from the Standard of the Need  
18 and Payment is Based on the Difference or Maximum Payment Level,  
19 Whichever is Less. That this Gap be Established at a Level that  
20 Encourages Work but at Least at a Level that Ensures that Those  
21 Currently Eligible for ADC do not Lose Eligibility Because of the  
22 Adoption of this Methodology;

23                  (s) Adopt the Food Stamp Program's Earned Income  
24 Disregard of Twenty Percent of Gross Earnings in the ADC ~~and~~  
25 ~~Related Medical Assistance~~ Program;

26                  (t) Disregard Financial Assistance Received Intended for  
27 Books, Tuition, or Other Self-Sufficiency Related Use;

1                   (u) Culture: Eliminate the 100-Hour Rule, The Quarter of  
2 Work Requirement, and The 30-Day Unemployed/Underemployed Period  
3 for ADC-UP Eligibility;

4                   (v) Make ADC a Time-Limited Program;

5                   (w) Eliminate Self-Initiated Training as a JOBS Option;

6 and

7                   (x) Other Waivers: Statewide Operation of the  
8 Demonstration Project.

9                   At the end of the first year of implementation, the  
10 department shall identify any adjustments or adaptations that may  
11 be needed before the policies of the Welfare Reform Act are  
12 implemented in other areas of the state. Such review shall include  
13 an evaluation of the impact of such policies. The department shall  
14 implement the policies in additional counties as necessary to  
15 complete statewide implementation.

16                   (2) The Department of Health and Human Services shall (a)  
17 apply for a waiver to allow for a sliding-fee schedule for the  
18 population served by the caretaker relative program or (b) pursue  
19 other public or private mechanisms, to provide for transitional  
20 health care benefits to individuals and families who do not qualify  
21 for cash assistance. It is the intent of the Legislature that  
22 transitional health care coverage be made available on a  
23 sliding-scale basis to individuals and families with incomes up to  
24 one hundred eighty-five percent of the federal poverty level if  
25 other health care coverage is not available.

26                   Sec. 4. Original sections 68-1019 and 68-1713, Revised  
27 Statutes Supplement, 2000, and section 68-1020, Revised Statutes

AM9038  
LB 8  
LSN-08-06

AM9038  
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1 Supplement, 2001, are repealed.

2                   Sec. 5. Since an emergency exists, this act takes effect

3 when passed and approved according to law.".