LEGISLATIVE BILL 77

Introduced by Nordquist, 7; Campbell, 25; Cook, 13; Haar, 21; Hansen, 26; Howard, 9; Morfeld, 46; Pansing Brooks, 28.

Read first time January 08, 2015

Committee: Health and Human Services

A BILL FOR AN ACT relating to the Medical Assistance Act; to amend section 68-911, Revised Statutes Cumulative Supplement, 2014; to require a state plan amendment relating to coverage for family planning services; to state intent relating to appropriations; to repeal the original section; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,
Section 1. Section 68-911, Revised Statutes Cumulative Supplement, 2014, is amended to read:

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

(a) Inpatient and outpatient hospital services;
(b) Laboratory and X-ray services;
(c) Nursing facility services;
(d) Home health services;
(e) Nursing services;
(f) Clinic services;
(g) Physician services;
(h) Medical and surgical services of a dentist;
(i) Nurse practitioner services;
(j) Nurse midwife services;
(k) Pregnancy-related services;
(l) Medical supplies;
(m) Mental health and substance abuse services; and
(n) Early and periodic screening and diagnosis and treatment services for children which shall include both physical and behavioral health screening, diagnosis, and treatment services.

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

(a) Prescribed drugs;
(b) Intermediate care facilities for persons with developmental disabilities;
(c) Home and community-based services for aged persons and persons with disabilities;
(d) Dental services;
(e) Rehabilitation services;
(f) Personal care services;
(g) Durable medical equipment;
(h) Medical transportation services;
(i) Vision-related services;
(j) Speech therapy services;
(k) Physical therapy services;
(l) Chiropractic services;
(m) Occupational therapy services;
(n) Optometric services;
(o) Podiatric services;
(p) Hospice services;
(q) Mental health and substance abuse services;
(r) Hearing screening services for newborn and infant children; and
(s) Administrative expenses related to administrative activities, including outreach services, provided by school districts and educational service units to students who are eligible or potentially eligible for medical assistance.

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

(4) On or before October 1, 2014, the department, after consultation with the State Department of Education, shall submit a state plan amendment to the federal Centers for Medicare and Medicaid Services, as necessary, to provide that the following are direct reimbursable services when provided by school districts as part of an individualized education program or an individualized family service plan: Early and periodic
screening, diagnosis, and treatment services for children; medical transportation services; mental health services; nursing services; occupational therapy services; personal care services; physical therapy services; rehabilitation services; speech therapy and other services for individuals with speech, hearing, or language disorders; and vision-related services.

(5) No later than September 1, 2015, the department shall submit a state plan amendment to the federal Centers for Medicare and Medicaid Services for the purpose of providing medical assistance for family planning services for persons whose family's earned income is at or below one hundred eighty-five percent of the federal poverty level as permitted under section 1902(a)(10)(A)(ii)(XXI) of the federal Social Security Act, as amended, 42 U.S.C. 1396a(a)(10)(A)(ii)(XXI), as such act and section existed on January 1, 2015.

Sec. 2. (1) It is the intent of the Legislature to appropriate (a) $500,000 from the General Fund for FY2015-16 and (b) $500,000 from the General Fund for FY2016-17 to the Department of Health and Human Services, for Program 514.

(2) It is the intent of the Legislature that:

(a) The funds appropriated pursuant to subsection (1) of this section only be used for state aid for the Every Woman Matters program for the following purposes: Reimbursement for the provision of mammograms, breast examinations, pap smears, colposcopy, associated laboratory costs, preventive health and family planning services, and education and outreach; and

(b) Funds appropriated pursuant to subsection (1) of this section for the Every Woman Matters program may be leveraged to match any federal or private funding.

Sec. 3. Original section 68-911, Revised Statutes Cumulative Supplement, 2014, is repealed.

Sec. 4. Since an emergency exists, this act takes effect when
1 passed and approved according to law.