LEGISLATURE OF NEBRASKA
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LEGISLATIVE BILL 416

Introduced by Cavanaugh, M., 6; Cavanaugh, J., 9; Day, 49; Hunt, 8; McKinney, 11; Vargas, 7; Wayne, 13.

Read first time January 14, 2021

Committee: Health and Human Services

A BILL FOR AN ACT relating to public health and welfare; to amend section 68-911, Reissue Revised Statutes of Nebraska, and sections 38-101, 38-129, 68-901, and 68-915, Revised Statutes Cumulative Supplement, 2020; to define terms; to require implicit bias training for applicants and credential holders under the Uniform Credentialing Act; to require the Department of Health and Human Services to apply for a federal waiver to provide postpartum care; to state intent; to provide for instruction regarding health screenings; to change provisions relating to eligibility for medical assistance for postpartum women; to provide for reimbursement for the services of a doula; to create a fund; to state legislative intent regarding appropriations; to create a grant program; to harmonize provisions; and to repeal the original sections.

Be it enacted by the people of the State of Nebraska,
Section 1. Section 38-101, Revised Statutes Cumulative Supplement, 2020, is amended to read:

38-101 Sections 38-101 to 38-1,145 and sections 3 and 4 of this act and the following practice acts shall be known and may be cited as the Uniform Credentialing Act:

(1) The Advanced Practice Registered Nurse Practice Act;
(2) The Alcohol and Drug Counseling Practice Act;
(3) The Athletic Training Practice Act;
(4) The Audiology and Speech-Language Pathology Practice Act;
(5) The Certified Nurse Midwifery Practice Act;
(6) The Certified Registered Nurse Anesthetist Practice Act;
(7) The Chiropractic Practice Act;
(8) The Clinical Nurse Specialist Practice Act;
(9) The Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act;
(10) The Dentistry Practice Act;
(11) The Dialysis Patient Care Technician Registration Act;
(12) The Emergency Medical Services Practice Act;
(13) The Environmental Health Specialists Practice Act;
(14) The Funeral Directing and Embalming Practice Act;
(15) The Genetic Counseling Practice Act;
(16) The Hearing Instrument Specialists Practice Act;
(17) The Licensed Practical Nurse-Certified Practice Act until November 1, 2017;
(18) The Massage Therapy Practice Act;
(19) The Medical Nutrition Therapy Practice Act;
(20) The Medical Radiography Practice Act;
(21) The Medicine and Surgery Practice Act;
(22) The Mental Health Practice Act;
(23) The Nurse Practice Act;
(24) The Nurse Practitioner Practice Act;
The Nursing Home Administrator Practice Act;  
(26) The Occupational Therapy Practice Act;  
(27) The Optometry Practice Act;  
(28) The Perfusion Practice Act;  
(29) The Pharmacy Practice Act;  
(30) The Physical Therapy Practice Act;  
(31) The Podiatry Practice Act;  
(32) The Psychology Practice Act;  
(33) The Respiratory Care Practice Act;  
(34) The Surgical First Assistant Practice Act;  
(35) The Veterinary Medicine and Surgery Practice Act; and  
If there is any conflict between any provision of sections 38-101 to 38-1,145 and sections 3 and 4 of this act and any provision of a practice act, the provision of the practice act shall prevail.  
The Revisor of Statutes shall assign the Uniform Credentialing Act, including the practice acts enumerated in subdivisions (1) through (35) of this section, to articles within Chapter 38.  
Sec. 2. Section 38-129, Revised Statutes Cumulative Supplement, 2020, is amended to read:  
38-129 (1) No individual shall be issued a credential under the Uniform Credentialing Act until the individual has furnished satisfactory evidence to the department that the individual:  
(a) Is of good character;  
(b) Has attained the age of nineteen years except as otherwise specifically provided by statute, rule, or regulation; and  
(c) Has completed implicit bias training, as defined in section 3 of this act, which is approved by the department.  
(2) A credential may only be issued to (a) a citizen of the United States, (b) an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, (c) a
nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act, or (d) a person who submits (i) an unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and (ii) documentation issued by the United States Department of Homeland Security, the United States Citizenship and Immigration Services, or any other federal agency, such as one of the types of Form I-797 used by the United States Citizenship and Immigration Services, demonstrating that such person is described in section 202(c)(2)(B)(i) through (x) of the federal REAL ID Act of 2005, Public Law 109-13. Such credential shall be valid only for the period of time during which such person's employment authorization document is valid.

Sec. 3. (1) Every person engaged in the practice of medicine and surgery, advanced practice nursing, alcohol and drug counseling, athletic training, audiology, speech-language pathology, chiropractic, dentistry, dental hygiene, emergency medical services, genetic counseling, hearing instrument dispensing and fitting, massage therapy, medical nutrition therapy, medical radiography, mental health practice, nurse midwifery, nursing, occupational therapy, optometry, osteopathy, perfusion, pharmacy, physical therapy, podiatry, psychology, respiratory care, or surgical assisting shall annually complete implicit bias training approved by the department.

(2) For purposes of this section, implicit bias training means a program designed to expose unconscious prejudices or partialities, to provide tools to adjust automatic patterns of thinking, to eliminate discriminatory behaviors, and to create awareness of implicit bias.

Sec. 4. (1) The Legislature finds that Black mothers in the United States are more likely to die during and after childbirth than Black mothers in any other developed country in the world. According to the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human
Services, Black women in the United States die of pregnancy-related causes at a rate about three times higher than white women in the United States.

(2) The Nebraska Perinatal Quality Improvement Program shall develop and provide instruction to appropriate health professionals credentialed under the Uniform Credentialing Act regarding health screenings for maternal hypertension, diabetes, obesity, cardiomyopathy, cardiovascular and coronary conditions, preeclampsia and eclampsia, hemorrhage, embolism, and other maternal health conditions. Such instruction shall include information specific to the health of Black women and other women of color.

Sec. 5. Section 68-901, Revised Statutes Cumulative Supplement, 2020, is amended to read:

68-901 Sections 68-901 to 68-9,100 and section 8 of this act shall be known and may be cited as the Medical Assistance Act.

Sec. 6. Section 68-911, Reissue Revised Statutes of Nebraska, 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;
(1) 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) On or before October 1, 2021, the department shall apply to the federal Centers for Medicare and Medicaid Services for a demonstration project waiver under section 1115 of the Social Security Act, 42 U.S.C. 1315, to provide twelve months of postpartum care for women, including lactation support services.

Sec. 7. Section 68-915, Revised Statutes Cumulative Supplement, 2020, is amended to read:

68-915 The following persons shall be eligible for medical assistance:

(1) Dependent children as defined in section 43-504;
(2) Aged, blind, and disabled persons as defined in sections 68-1002 to 68-1005;

(3) Children under nineteen years of age who are eligible under section 1905(a)(i) of the federal Social Security Act;

(4) Persons who are presumptively eligible as allowed under sections 1920 and 1920B of the federal Social Security Act;

(5) Children under nineteen years of age with a family income equal to or less than two hundred percent of the Office of Management and Budget income poverty guideline, as allowed under Title XIX and Title XXI of the federal Social Security Act, without regard to resources, and pregnant or postpartum women with a family income equal to or less than one hundred eighty-five percent of the Office of Management and Budget income poverty guideline, as allowed under Title XIX and Title XXI of the federal Social Security Act, without regard to resources. Postpartum women described in this subdivision shall be eligible under this subdivision for twelve months. Children described in this subdivision and subdivision (6) of this section shall remain eligible for six consecutive months from the date of initial eligibility prior to redetermination of eligibility. The department may review eligibility monthly thereafter pursuant to rules and regulations adopted and promulgated by the department. The department may determine upon such review that a child is ineligible for medical assistance if such child no longer meets eligibility standards established by the department;

(6) For purposes of Title XIX of the federal Social Security Act as provided in subdivision (5) of this section, children with a family income as follows:

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

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

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

(7) Persons who are medically needy caretaker relatives as allowed under 42 U.S.C. 1396d(a)(ii);

(8) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), disabled persons who have a family income of less than two hundred fifty percent of the Office of Management and Budget income poverty guideline. Such persons shall be subject to payment of premiums as a percentage of family income beginning at not less than two hundred percent of the Office of Management and Budget income poverty guideline. Such premiums shall be graduated based on family income and shall not exceed seven and one-half percent of family income;

(9) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii), persons who:

(a) Have been screened for breast and cervical cancer under the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under Title XV of the federal Public Health Service Act, 42 U.S.C. 300k et seq., in accordance with the requirements of section 1504 of such act, 42 U.S.C. 300n, and who need treatment for breast or cervical cancer, including precancerous and cancerous conditions of the breast or cervix;

(b) Are not otherwise covered under creditable coverage as defined in section 2701(c) of the federal Public Health Service Act, 42 U.S.C. 300gg-3(c);

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

(d) Are not eligible for medical assistance under any mandatory categorically needy eligibility group;

(10) Persons eligible for services described in subsection (3) of section 68-972; and

(11) Persons eligible pursuant to section 68-992.
Except as provided in subdivision (8) of this section and section 68-972, eligibility shall be determined under this section using an income budgetary methodology that determines children's eligibility at no greater than two hundred percent of the Office of Management and Budget income poverty guideline and adult eligibility using adult income standards no greater than the applicable categorical eligibility standards established pursuant to state or federal law. Except as otherwise provided in subdivision (8) of this section, the department shall determine eligibility under this section pursuant to such income budgetary methodology and subdivision (1)(q) of section 68-1713.

Sec. 8. (1) The Legislature finds that:

(a) Doula services have been shown to reduce the cost of birthing and improve outcomes for mothers and infants;

(b) One of the most effective services to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula; and

(c) Support from a doula is associated with lower cesarean rates, as well as fewer obstetric interventions, fewer complications, less pain medication, shorter labor hours, and higher Apgar scores for infants.

(2) The Department of Health and Human Services shall reimburse a recipient of medical assistance for the services of a doula. Such reimbursement shall be paid by state funds at rates determined by the department.

(3) For purposes of this section, doula means a person who provides educational, emotional, and physical support to a pregnant woman or new mother during pregnancy and labor, and postpartum.

Sec. 9. (1) The Maternal Health Care Cash Fund is created. The fund shall be administered by the Department of Health and Human Services. The State Treasurer shall credit to the Maternal Health Care Cash Fund any funds transferred or appropriated to the fund by the Legislature and funds received as gifts or grants or other private or public funds.
obtained for the purposes of this section. Any money in the Maternal Health Care Cash Fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

(2) The purpose of the Maternal Health Care Cash Fund is to fund programs that promote healthy pregnancy, delivery, and postpartum care and to identify health care disparities in maternal and postpartum health outcomes for women and children of color and low-income women and children and to reduce or eliminate such disparities.

(3) It is the intent of the Legislature to make the following appropriations from the Maternal Health Care Cash Fund:

   (a) Twenty-three million dollars for fiscal year 2021-22 or until the waiver in subsection (5) of section 68-911 is approved, to the medical assistance program established pursuant to the Medical Assistance Act to extend postpartum care to twelve months;

   (b) One hundred and twenty-five thousand dollars annually to the Nebraska Perinatal Quality Improvement Collaborative for maternal health screening training;

   (c) Five hundred thousand dollars annually to medical assistance program to provide reimbursements for the services of doulas;

   (d) A one-time appropriation of eight hundred dollars for software changes to the medical assistance program eligibility system; and

   (e) Two million dollars annually to the Women's Health Initiative of Nebraska; and

   (f) One hundred fifty thousand dollars annually to fund data abstractors under the Child and Maternal Death Review Act.

(4) The Women's Health Initiative shall design and implement a grant program to award funding to local organizations that work to improve maternal health outcomes and to reduce or eliminate health disparities for women and children of color and low-income women and children. Such programs shall be evidence-informed programs administered by local
agencies. The focus of the programs may be conditions identified as contributing to health outcome disparities for women and children of color and low-income women and children such as diabetes, cardiomyopathy, cardiovascular and coronary conditions, preeclampsia and eclampsia, hemorrhage, embolism, hypertension, obesity, depression, and other maternal health conditions.

(5) The department may adopt and promulgate rules and regulations as necessary to carry out this section.

Sec. 10. Original section 68-911, Reissue Revised Statutes of Nebraska, and sections 38-101, 38-129, 68-901, and 68-915, Revised Statutes Cumulative Supplement, 2020, are repealed.