



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2025

The Honorable Jim Pillen
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Nebraska Health Care Funding Act Report

Dear Governor Pillen and Mr. Metzler:

Attached please find the Nebraska Health Care Funding Act Report for State Fiscal Year 2025, pursuant to Neb. Rev. Stat. § 71-7606.

Sincerely,

John Meals
Chief Financial Officer

Attachment

Department of Health & Human Services

Nebraska Health Care Funding Act Report

December 2025

Neb. Rev. Stat. § 71-7606

Use of Appropriated Funds

Illustrated below are the Health Care Cash Fund (HCCF) appropriations, expenditure, and the committed funds at the end of State Fiscal Year 2025 (FY25). Note expenditures are not always indicative of the use of funds as some services are rendered in one fiscal year and paid in the following year.

Program Number & Description	Appropriation	Expenditures	Committed
Prog 030 Tobacco Prevention Programs	\$ 3,652,146	\$ 2,061,516	\$ 1,590,630
Prog 033 Community Health Operations	\$ 100,000	\$ 52,969	\$ 47,031
Prog 033 Lifespan Respite Services Program Administration	\$ 404,643	\$ 279,574	\$ 125,069
Prog 033 Medicaid Smoking Cessation Program Administration	\$ 6,000	\$ -	\$ 6,000
Prog 033 Minority Health Satellite Offices	\$ 220,000	\$ 108,950	\$ 111,050
Prog 033 Out of Hospital Emergency Care Providers Licensing	\$ 13,688	\$ -	\$ 13,688
Prog 033 Parkinson's Disease Registry	\$ 26,000	\$ 25,842	\$ 158
Prog 038 Community Based Mental Health Services	\$ 6,500,000	\$ 6,500,000	\$ 0
Prog 038 Emergency Protective Custody Mental Health Care	\$ 1,500,000	\$ 1,410,229	\$ 89,771
Prog 250 Mental Health Services for Juvenile Offenders	\$ 1,000,000	\$ 992,170	\$ 7,830
Prog 344 Children's Health Insurance	\$ 6,835,700	\$ 6,835,700	\$ -
Prog 347 Lifespan Respite Services Program Aid	\$ 810,000	\$ 311,180	\$ 498,820
Prog 348 Tobacco Use Cessation Coverage	\$ 450,000	\$ -	\$ 450,000
Prog 424 Developmental Disability Aid	\$ 5,000,000	\$ 5,000,000	\$ -
Prog 502 Community Health Centers Uninsured	\$ 750,000	\$ 750,000	\$ -
Prog 502 Local Public Health Departments	\$ 5,605,000	\$ 5,600,425	\$ 4,575
Prog 502 Minority Public Health Services	\$ 2,875,000	\$ 2,346,041	\$ 528,959
Prog 514 Brain Injury Trust Fund	\$ 500,000	\$ 500,000	\$ -
Prog 514 Nebraska Cancer Network	\$ 500,000	\$ 500,000	\$ -
Prog 514 Pediatric Cancer	\$ 2,700,000	\$ -	\$ 2,700,000
Prog 514 Perinatal Quality Improvement Collaborative	\$ 130,000	\$ 85,101	\$ 44,899
Prog 514 Poison Control Center	\$ 200,000	\$ 200,000	\$ -
Prog 621 Stem Cell Research Program	\$ 450,000	\$ 436,517	\$ 13,483
Prog 623 Biomedical Research	\$ 15,000,000	\$ 13,101,625	\$ 1,898,375
Agency 03 Legislative Council	\$ 75,000	\$ 75,000	\$ -
Agency 11 Attorney General	\$ 595,807	\$ 595,807	\$ -
Agency 16 DOR Tobacco Settlement Agreement Administration	\$ 329,808	\$ 278,776	\$ 51,032
Agency 70 Foster Care Review Office	\$ 200,784	\$ 165,915	\$ 34,869
	\$ 56,429,576	\$ 48,213,337	\$ 8,216,239

Associated Outcomes for DHHS Programs

Prog 030 Tobacco Prevention & Control

Funding is used for tobacco prevention, reducing exposure to secondhand smoke, addressing tobacco-related health disparities, and helping people quit tobacco. Program areas include the Nebraska Tobacco Quitline, an educational media component, as well as program surveillance and evaluation, youth prevention efforts, and sub-grants to nine areas for tobacco prevention and control work. In FY25, 1,379 individuals registered with the Nebraska Tobacco Quitline with 2,679 coaching sessions provided by the Quitline.

Prog 033 Administration

Community Health Operations

Please see Prog 502 Local Public Health Departments for outcome details.

Lifespan Respite Services Program

Please see Prog 347 Lifespan Respite Services Program Aid for outcome details.

Minority Health Satellite Offices

Please see Prog 502 Minority Public Health Services for outcome details.

Parkinson's Disease Registry

DHHS Office of Health Statistics uses these funds, in addition to other supplemental dollars, to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease (PD) in Nebraska. Since the inception of the Registry, 18,284 cases have been reported. When this funding or supplemental funding is available, these funds are also applied to process and complete data requests, collaborate with facilities and providers to report this data to the state Registry for Parkinson's Disease research.

- Design of a Parkinson's Registry Electronic data platform is complete. The Registry team is working closely with state providers and facilities to report cases electronically.
- Collaboration continues to establish standard data requirements for PD with the Centers for Disease Control and Prevention (CDC), the Council of State Territorial Epidemiologists (CSTE), other States, and the Michael J. Fox Foundation.
- The Registry team works closely with the PD Advisory team to limit reporting to only the most critical data elements and remove any duplicative language or problematic data elements to ease the reporting burden.

Registry data is available for well water and occupational correlation studies. The Registry data can also be linked to other DHHS databases such as cancer and traumatic brain injury, the state death file, and hospital discharge data for research.

Prog 038 Behavioral Health Aid

Community-Based Mental Health Services & Emergency Protective Custody Mental Health Care

The DHHS Division of Behavioral Health (DBH) uses HCCF funds to reimburse behavioral health providers for community-based treatment and emergency protective custody services. DBH and the Regional Behavioral Health Authorities (RBHAs) contract with service providers to distribute these funds. The funds expended, number of individuals served, and number of units delivered are outlined below, broken down by funding for emergency protective custody (EPC), mental health (MH), and substance use disorder (SUD):

Services	EPC	MH	SUD	Grand Total	No. of Units	No. of Consumers
24-Hour Crisis Line - MH- Adult - Emergency		\$ 45,643		\$ 45,643	3,825	157
Acute Inpatient Hospitalization - MH- Adult - Inpatient	\$ 883,349	\$ 11,008		\$ 894,357	1,155	141
Assertive Community Treatment - MH- Adult - Non Residential		\$ 38,242		\$ 38,242	15,505	86
Assessment - MH- Adult - Non Residential		\$ 81,127		\$ 81,127	1,121	659
Assessment - SUD- Adult - Non Residential			\$ 211,471	\$ 211,471	2,233	748
Client Assistance Program - MH- Adult - Non Residential		\$ 8,123		\$ 8,123	509	86
Community Support - MH- Adult - Non Residential		\$ 70,443		\$ 70,443	7,242	617
Community Support - SUD- Adult - Non Residential			\$ 6,182	\$ 6,182	1,038	188
Crisis Response - MH- Adult - Emergency		\$ 513,221		\$ 513,221	24,768	400
Crisis Stabilization - MH- Adult - Emergency		\$ 68,463		\$ 68,463	137	13
Crisis Stabilization - SUD- Adult - Emergency			\$ 9,419	\$ 9,419	1,927	27
Crisis Stabilization-5 - MH- Adult - Emergency	\$ 25,000	\$ 256,023		\$ 281,023	3,690	24
Crisis Stabilization-5 - SUD- Adult - Emergency			\$ 275,541	\$ 275,541	1,267	13
Day Rehabilitation - MH- Adult - Non Residential		\$ 15,000		\$ 15,000	3,401	248
Day Support - MH- Adult - Non Residential		\$ 430,213		\$ 430,213	27,786	188
Dual Disorder Residential - MH- Adult - Residential		\$ 29,428		\$ 29,428	577	16
Emergency Community Support - MH- Adult - Emergency		\$ 833,971		\$ 833,971	89,333	484
Emergency Protective Custody - MH- Adult - Inpatient	\$ 512,053	\$ 836		\$ 512,888	677	129
Hospital Diversion < 24 hrs. - MH- Adult - Non Residential		\$ 192,943		\$ 192,943	4,368	42
Hospital Diversion > 24 hrs. - MH- Adult - Non Residential		\$ 201,622		\$ 201,622	667	16
Inpatient Post Commitment Treatment Days - MH- Adult - Inpatient		\$ 40,472		\$ 40,472	459	21
Intensive Community Services - MH- Adult - Non Residential		\$ 361,447		\$ 361,447	1,271	92
Intensive Outpatient / Adult - SUD- Adult - Non Residential			\$ 233,857	\$ 233,857	14,904	299
Medication Management - MH- Adult - Non Residential		\$ 179,264		\$ 179,264	11,470	950
Mental Health Respite - MH- Adult - Emergency		\$ 530,391		\$ 530,391	9,511	65
Mental Health Respite - SUD- Adult - Emergency			\$ 354,112	\$ 354,112	2,189	15
Outpatient Psychotherapy - MH- Adult - Non Residential		\$ 713,260		\$ 713,260	16,949	1,784
Outpatient Psychotherapy - SUD- Adult - Non Residential			\$ 259,206	\$ 259,206	9,580	1,217
Recovery Support - MH- Adult - Non Residential		\$ 252,502		\$ 252,502	55,192	254
Recovery Support - SUD- Adult - Non Residential			\$ 52,308	\$ 52,308	6,840	112
Secure Residential - MH- Adult - Residential		\$ 26,731		\$ 26,731	886	51
Short Term Residential - SUD- Adult - Residential			\$ 30,163	\$ 30,163	7,783	233
SOAR - MH- Adult - Non Residential		\$ 55,074		\$ 55,074	5,821	156
SOAR - SUD- Adult - Non Residential			\$ 21,838	\$ 21,838	1,594	24
Supported Employment - MH- Adult - Non Residential		\$ 19,525		\$ 19,525	1,251	121
Therapeutic Community - SUD- Adult - Residential			\$ 70,933	\$ 70,933	1,877	15
Grand Total	\$ 1,420,402	\$ 4,974,970	\$ 1,525,030	\$ 7,920,402	338,803	9,691
Unspent		\$ 79,598				

Prog 250 Mental Health Services for Juvenile Offenders

The DHHS Office of Juvenile Services uses HCCF funds to support clinical program staff at all three of the Youth Rehabilitation and Treatment Centers (YRTCs). According to facility data, 76% of youth admitted to the YRTC-Kearney and 73% of the youth at YRTC-Hastings had substance use issues warranting treatment.

Outcomes for the YRTC clinical programs include:

- An average of 89 youth received mental health therapy services each month.
- Eight youth transitioned to the YRTC-Lincoln for specialized stabilization and treatment of disruptive behavior or acute mental health needs.
- All youth at YRTC-Hastings and YRTC-Lincoln had substance abuse assessments upon intake.
- An average of 56 youth were provided with substance abuse treatment services each month.
- An average of 17 male youth were provided psychiatric telehealth services by Boys Town National Research Hospital each month.
- All youth at YRTC-Hastings participated in weekly psycho/educational recovery groups related to substance use issues.
- Mental health medication management was provided by an APRN and a licensed psychiatrist for an average of 63 youths each month.
- Case managers and unit managers at all YRTCs made 11,463 contacts with parents and 9,565 contacts with Children and Family Services Specialists and Probation Officers.

Prog 344 Children's Health Insurance

The objectives of the Children's Health Insurance Program (CHIP) are to provide access to medical care for uninsured, low-income children. The program aims to reimburse providers and managed care organizations (MCOs) for medical assistance effectively addressing the health care and related needs of eligible recipients towards the best outcomes in a fiscally responsible manner. During FY25, Nebraska Medicaid provided Medicaid coverage to an average of 37,106 CHIP recipients monthly.

Prog 347 Lifespan Respite Services Program

The Lifespan Respite Services Program provides funding for eligible unpaid primary family caregivers, hereinafter "caregivers", to purchase respite services. The program is authorized by Neb. Rev. Stat. §§ 68-150 through 68-1528. The Lifespan Respite Services Program is a service designed to give caregivers a break from the demands of providing ongoing care for recipients with special needs unable to care for themselves. The Lifespan Respite Program provides funding for eligible unpaid caregivers to purchase respite services. The program continues to focus efforts to increase utilization of the respite subsidy and continue to meet the needs of Nebraskans throughout their lifespan.

The Lifespan Respite program will only provide respite services for eligible clients when they are ineligible for Medicaid services or other government programs that provide respite.

In FY25, 77% of the total cases reviewed by the program for respite services involved individuals under the age of 19 years. There were 463 total cases in FY25. This increased from 440 in State Fiscal Year (FY24). At the end of FY25, there were 203 open active cases of individuals utilizing respite services. This is a decrease compared to the number of open cases at the end of FY24, which was 233.

Living Arrangement	Number of Clients
Adult Living with Child	*
Adult Living Alone	*
Adult Living with Relative	55
Adult Living with Spouse	*
Adult Living with Unrelated Adult	*
Child Living with Adoptive Parent(s)	13
Child Living with Bio Parent(s)	319
Child Living with Grandparent(s)	10
Child Living with a Kinship Caregiver	*
Child Living with a Relative	*
Child Living with Unrelated Adult	*
Elderly Living Alone	*
Elderly Living with Relative	16
Elderly Living with Spouse	23
Not Disclosed on the Initial Application	9

* All values between 1-5 are masked to protect privacy.

The program provides \$125 per month per eligible participant for the purchase of respite services. Additionally, the program participant or their caregiver may submit an Exceptional Circumstance or Exceptional Need Application to request an additional monthly subsidy utilizing exceptional circumstance funding (crisis respite). The maximum exceptional circumstance funding per client is \$1,000 per 12-month eligibility period. With the provision of respite funding, the basic intent is to:

- Prevent or postpone out-of-home placement or care at public expense.
- Reduce family and caregiver stress.
- Enhance the family and the caregiver's coping abilities.
- Strengthen the family and the caregiver's ability to meet the demands of caring for family members; and
- Reduce the risk of abuse or neglect of children, the elderly, and other vulnerable individuals.

The Lifespan Respite Services program utilized \$326,831 to support eligible cases. Client needs have increased, leading to more exceptional circumstances applications. In FY25, \$129,418 was spent on exceptional circumstances. This amount represents a significant increase from FY24, when \$74,510 was used to address the exceptional needs of respite recipients and their families.

Prog 424 Developmental Disability Aid

DHHS utilizes this funding to provide developmental disability services to participants. These services include a range of residential, day service, and vocational supports which are utilized along with Medicaid to support individuals in their homes and community and avoid institutionalization.

In FY25, the Department supported 20 participants on Developmental Disability Aid. This funding is specifically used for those individuals for who do not meet Intermediate Care Facility for persons with Intellectual & Developmental Disabilities Level of Care criteria for an 1915(c) HCBS waiver or for individuals which were determined not eligible for services under Nebraska Revised Statute § 83-1205 but for which the Division of Developmental Disabilities was ordered to provide services under the Developmental Disabilities Court-Ordered Custody Act (Neb. Rev. Stat. §§ 71-1101 through 71-1134).

Prog 502 Public Health Aid

Community Health Centers Uninsured

Funds are used to help provide health care services to the uninsured as Community Health Centers serve all people regardless of ability to pay. During calendar year 2024, federal data shows 39,795 people without insurance were served by the seven Community Health Centers. This data is only reported by the federal government on a calendar year basis.

Local Public Health Departments

The Department provides technical assistance to all 19 Local Health Departments (LHDs) to help improve essential services for Nebraskans. The funding for technical assistance for 18 of the 19 LHDs comes from the HCCF. The LHD in Congressional District 2 has a different funding source. The essential services funded by the HCCF for the 18 LHDs include:

1. Assess and monitor population health status, factors influencing health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors influencing it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws impacting health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system enabling equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

Minority Public Health Services

Similar to technical assistance funding, 18 LHDs were provided funding through the HCCF for the Minority Health Initiative (MHI) program for FY25. The goals of the MHI initiative were to assess, co-plan, and implement programs and services with and for minority communities to improve health outcomes during FY25. Through partnerships with 18 LHDs, they utilized MHI funding to develop and implement programming protecting and supporting the health and well-being of all Nebraskans through home visiting programs, car seat safety training, primary care linkages, and diabetes and obesity prevention programs.

Prog 514 State Health Aid

Brain Injury Trust Fund

The Brain Injury Assistance Program is administered through a contract with the University of Nebraska Medical Center and aids individuals with a brain injury by paying for contracts with outside sources specializing in brain injury. The outside sources operate, at a minimum, statewide to work to secure and develop community-based services; provide support groups and access to pertinent information, medical resources, and service referrals for individuals with a brain injury; and educate professionals who work with individuals with a brain injury. The program allowed more than 492 people with a brain injury to receive resource facilitation services, which resulted in more than 1,700 resources provided to clients and referrals to 268 different organizations across Nebraska.

Nebraska Cancer Network

The Department contracted with the University of Nebraska Medical Center to distribute funds to a nonprofit organization located in Nebraska which provides cancer screenings, prevention, support, and education for all ninety-three counties in the state.

Perinatal Quality Improvement Collaborative

Funding is used to support the improvement of the delivery of and access to evidence-based healthcare for all Nebraska mothers and newborns. The funding supports work and partnerships with the Nebraska Maternal Mortality Review Committee to implement recommendations across health facilities statewide. The funding also supports the implementation of quality improvement projects designed to improve and support maternal health, including, but not limited to, reducing substance use disorder among expecting mothers; supporting perinatal mental health; prematurity prevention; prevention, testing, and treatment of congenital syphilis; and facilitating severe maternal morbidity review in Nebraska to identify opportunities to prevent morbidities, including cardiovascular morbidities.

Poison Control Center

This funding is a sub-award administered by University of Nebraska Medical Center to provide 24-hour telephone access to the Nebraska Regional Poison Center. In FY25, the Nebraska Regional Poison Center received 14,283 calls. Management of these cases required making and receiving 26,699 follow-up calls, for a total of 40,982 calls.

Prog 621 Stem Cell Research Program

Five research grants were awarded. Three grants were awarded to the University of Nebraska Medical Center: one for \$105,000 and two for \$95,547.50. Two grants were awarded to the University of Nebraska-Lincoln: one for \$100,405 and one for \$40,000. The remaining \$13,500 will be used to support the administrative costs of the program.

Consistent with Neb. Rev. Stat. § 71-7606(3), no funds appropriated or distributed under the Nebraska Health Care Funding Act are used for “abortion, abortion counseling, referral for abortion, or research or activity of any kind involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells or for the purpose of obtaining other funding for such use.” The Request for Applications (RFA) document notifies prospective applicants about a funding opportunity includes language outlining the prohibition of awarding grant funds for research using human embryonic stem cells, and subsequent signed agreements reference both the statutory language in the Health Care Funding Act and the RFA.

Projects for FY25 included:

- Lindsey Crawford, PhD (University of Nebraska-Lincoln): Adenoviruses Sculpt Stem Cell Immune Development: received \$100,405 for one year
- Chi Zhang, PhD (University of Nebraska-Lincoln): Developing mathematical and computational models for induced stem cell reprogramming: received \$40,000 for one year
- Sandipan Brahma, PhD (University of Nebraska Medical Center): Chromatin Remodeling in an Embryonic Origin Cancer: received \$105,000 for one year
- Bin Duan, PhD (University of Nebraska Medical Center): Porous Nerve Grafts with iPSC-SCs for Nerve Repair: received \$95,547.50 for one year
- David Oupicky, PhD (University of Nebraska Medical Center): Gene Editing for Lung Repair: received \$95,547.50 for one year

Prog 623 Biomedical Research

A contract and sub-award for biomedical research were awarded to the Board of Regents on behalf of the University of Nebraska Medical Center for \$11,031,739 and to the Creighton University, Father Flanagan's Boys Home, Boys Town National Research Hospital, and the Creighton University – Boys Town Healthcare Foundation in the amount of \$3,968,261. One million dollars per year, reallocated from the cigarette tax revenue, will also be allocated to these entities specifically for biomedical research. Research activities include research related to deafness and communication disorders, drug abuse and addiction research programs, and biomedical research programs.