

ENGROSSED LEGISLATIVE BILL 22

Introduced by Dungan, 26; Conrad, 46.

A BILL FOR AN ACT relating to public health and welfare; to amend sections 68-911 and 68-996, Revised Statutes Cumulative Supplement, 2024; to adopt the Family Home Visitation Act; to require the Department of Health and Human Services to file a state plan amendment for evidence-based nurse home visiting services as prescribed; to state intent relating to funding; and to repeal the original sections.

Be it enacted by the people of the State of Nebraska,

Section 1. Sections 1 to 9 of this act shall be known and may be cited as the Family Home Visitation Act.

Sec. 2. For purposes of the Family Home Visitation Act:

- (1) Department means the Department of Health and Human Services; and
- (2) Home visitation program means a voluntary program carried out in relevant settings, primarily in the homes of families with one or more children, five years of age or younger, or pregnant persons.

Sec. 3. (1) The department shall only fund a home visitation program that includes periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children.

(2) A home visitation program funded by the State of Nebraska shall provide visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers.

(3) A home visitation program funded by the State of Nebraska shall accomplish one or more of the following:

- (a) Improve maternal, infant, or child health outcomes including reducing preterm births;
- (b) Promote positive parenting practices;
- (c) Build healthy parent and child relationships;
- (d) Enhance social and emotional development;

- (e) Support cognitive development;
- (f) Improve the health and well-being of the family;
- (g) Empower families toward economic self-sufficiency;
- (h) Reduce child maltreatment and injury; and
- (i) Increase school readiness.

Sec. 4. The department shall only fund an evidence-based home visitation program. An evidence-based home visitation program:

- (1) Is founded on a clear, consistent program model;
- (2) Is associated with, or certified by, a national organization, an institution of higher education, or a national or state public health institute;
- (3) Has comprehensive home visitation standards that ensure high quality service delivery and continuous quality improvement;
- (4) Follows a program manual or design that specifies the purpose, outcomes, duration, and frequency of service;
- (5) Employs well-trained and culturally competent staff;
- (6) Provides continual professional development relevant to the specific program model being delivered;
- (7) Demonstrates strong links to other community-based services;
- (8) Operates within an organization that ensures compliance with home visitation standards; and
- (9) Operates with fidelity to the program model.

Sec. 5. Home visitation program funds may be used for workforce purposes and to assist the programs and individuals in receiving and maintaining certification for home visitation providers.

Sec. 6. The Family Home Visitation Act does not apply to a program that provides a single home visit or infrequent home visits.

Sec. 7. Families may decline home visitation program services at any time.

Sec. 8. The department may adopt and promulgate rules and regulations to carry out the Family Home Visitation Act.

Sec. 9. (1) No later than February 15, 2026, and through February 15, 2028, the department shall submit an electronic report to the Clerk of the Legislature. Such report shall be made available on the department's website and shall include the following information, if available:

- (a) The type and location of home visitation programs;
- (b) The goals and achieved outcomes of home visitation programs;
- (c) The number of families served by each home visitation program;
- (d) Demographic data on the families served;
- (e) The total amount of funds expended for home visitation programs;
- (f) Program model descriptions and model-specific outcomes;
- (g) The training and professional credentials required for each program model;
- (h) Eligibility criteria for each program model;
- (i) Target populations for each program model;
- (j) Wait list information, if applicable; and
- (k) Referral sources.

(2) The department shall only include outcomes from federally funded or state-funded home visitation programs.

Sec. 10. Section 68-911, Revised Statutes Cumulative Supplement, 2024, 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;
- (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;
- (o) Rural health clinic services; and
- (p) Federally qualified health center 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)(a) No later than January 1, 2023, the department shall provide coverage for continuous glucose monitors under the medical assistance program for all eligible recipients who have a prescription for such device.

(b) Effective August 1, 2024, eligible recipients shall include all individuals who meet local coverage determinations, as defined in section 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act

existed on January 1, 2024, and shall include individuals with gestational diabetes.

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

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

(7)(a) No later than October 1, 2025, the department shall submit a medicaid waiver or state plan amendment to the federal Centers for Medicare and Medicaid Services to designate two medical respite facilities to reimburse for services provided to an individual who is:

- (i) Homeless; and
- (ii) An adult in the expansion population.

(b) For purposes of this subsection:

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

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

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

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

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

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

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

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

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

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

(9)(a) No later than January 1, 2024, the department shall provide

coverage, and reimbursement to providers, for all necessary translation and interpretation services for eligible recipients utilizing a medical assistance program service. The department shall take all actions necessary to maximize federal funding to carry out this subsection.

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

(10)(a) No later than October 1, 2025, the department shall seek approval for federal matching funds from the federal Centers for Medicare and Medicaid Services through a state plan amendment to implement targeted case management for evidence-based nurse home visiting services. These services shall consist of visits to a home by a nurse and be available to postpartum mothers and children six months of age or younger enrolled in medicaid.

(b) It is the intent of the Legislature to use the Medicaid Managed Care Excess Profit Fund established in section 68-996, and not to use the General Fund, to fund the services described in subdivision (a) of this subsection.

Sec. 11. Section 68-996, Revised Statutes Cumulative Supplement, 2024, is amended to read:

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

(2) The fund shall first be used to offset any losses under subdivision (2) of section 68-995 and then to provide for (a) services addressing the health needs of adults and children under the Medical Assistance Act, including filling service gaps, (b) system improvements, (c) evidence-based early intervention home visitation programs, (d) medical respite services, (e) translation and interpretation services, (f) coverage for continuous glucose monitors as described in section 68-911, (g) other services sustaining access to care, (h) the Nebraska Prenatal Plus Program, (i) grants pursuant to the Intergenerational Care Facility Incentive Grant Program, and (j) evidence-based nurse home visiting services as determined by the Legislature. The fund shall

only be used for the purposes described in this section.

(3) Any money in the 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. Beginning October 1, 2024, any investment earnings from investment of money in the fund shall be credited to the General Fund.

Sec. 12. Original sections 68-911 and 68-996, Revised Statutes Cumulative Supplement, 2024, are repealed.

PRESIDENT OF THE LEGISLATURE

THIS IS TO CERTIFY that the within LB 22 was passed by the One Hundred Ninth Legislature of Nebraska at its First Session on the day of 20.....

CLERK OF THE LEGISLATURE

Approved:

..... 20....., o'clockM.

GOVERNOR