

LEGISLATURE OF NEBRASKA  
ONE HUNDRED NINTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 22**

FINAL READING

Introduced by Dungan, 26; Conrad, 46.

Read first time January 09, 2025

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend  
2 sections 68-911 and 68-996, Revised Statutes Cumulative Supplement,  
3 2024; to adopt the Family Home Visitation Act; to require the  
4 Department of Health and Human Services to file a state plan  
5 amendment for evidence-based nurse home visiting services as  
6 prescribed; to state intent relating to funding; and to repeal the  
7 original sections.  
8 Be it enacted by the people of the State of Nebraska,

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

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

4           (1) Department means the Department of Health and Human Services;  
5 and

6           (2) Home visitation program means a voluntary program carried out in  
7 relevant settings, primarily in the homes of families with one or more  
8 children, five years of age or younger, or pregnant persons.

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

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

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

17           (a) Improve maternal, infant, or child health outcomes including  
18 reducing preterm births;

19           (b) Promote positive parenting practices;

20           (c) Build healthy parent and child relationships;

21           (d) Enhance social and emotional development;

22           (e) Support cognitive development;

23           (f) Improve the health and well-being of the family;

24           (g) Empower families toward economic self-sufficiency;

25           (h) Reduce child maltreatment and injury; and

26           (i) Increase school readiness.

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

29           (1) Is founded on a clear, consistent program model;

30           (2) Is associated with, or certified by, a national organization, an  
31 institution of higher education, or a national or state public health

1 institute;

2 (3) Has comprehensive home visitation standards that ensure high  
3 quality service delivery and continuous quality improvement;

4 (4) Follows a program manual or design that specifies the purpose,  
5 outcomes, duration, and frequency of service;

6 (5) Employs well-trained and culturally competent staff;

7 (6) Provides continual professional development relevant to the  
8 specific program model being delivered;

9 (7) Demonstrates strong links to other community-based services;

10 (8) Operates within an organization that ensures compliance with  
11 home visitation standards; and

12 (9) Operates with fidelity to the program model.

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

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

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

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

22 **Sec. 9.** (1) No later than February 15, 2026, and through February  
23 15, 2028, the department shall submit an electronic report to the Clerk  
24 of the Legislature. Such report shall be made available on the  
25 department's website and shall include the following information, if  
26 available:

27 (a) The type and location of home visitation programs;

28 (b) The goals and achieved outcomes of home visitation programs;

29 (c) The number of families served by each home visitation program;

30 (d) Demographic data on the families served;

31 (e) The total amount of funds expended for home visitation programs;

- 1        (f) Program model descriptions and model-specific outcomes;
- 2        (g) The training and professional credentials required for each
- 3 program model;
- 4        (h) Eligibility criteria for each program model;
- 5        (i) Target populations for each program model;
- 6        (j) Wait list information, if applicable; and
- 7        (k) Referral sources.
- 8        (2) The department shall only include outcomes from federally funded
- 9 or state-funded home visitation programs.

10        **Sec. 10.** Section 68-911, Revised Statutes Cumulative Supplement,  
11 2024, is amended to read:

12        68-911 (1) Medical assistance shall include coverage for health care  
13 and related services as required under Title XIX of the federal Social  
14 Security Act, including, but not limited to:

- 15        (a) Inpatient and outpatient hospital services;
- 16        (b) Laboratory and X-ray services;
- 17        (c) Nursing facility services;
- 18        (d) Home health services;
- 19        (e) Nursing services;
- 20        (f) Clinic services;
- 21        (g) Physician services;
- 22        (h) Medical and surgical services of a dentist;
- 23        (i) Nurse practitioner services;
- 24        (j) Nurse midwife services;
- 25        (k) Pregnancy-related services;
- 26        (l) Medical supplies;
- 27        (m) Mental health and substance abuse services;
- 28        (n) Early and periodic screening and diagnosis and treatment
- 29 services for children which shall include both physical and behavioral
- 30 health screening, diagnosis, and treatment services;
- 31        (o) Rural health clinic services; and

1 (p) Federally qualified health center services.

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

6 (a) Prescribed drugs;

7 (b) Intermediate care facilities for persons with developmental  
8 disabilities;

9 (c) Home and community-based services for aged persons and persons  
10 with disabilities;

11 (d) Dental services;

12 (e) Rehabilitation services;

13 (f) Personal care services;

14 (g) Durable medical equipment;

15 (h) Medical transportation services;

16 (i) Vision-related services;

17 (j) Speech therapy services;

18 (k) Physical therapy services;

19 (l) Chiropractic services;

20 (m) Occupational therapy services;

21 (n) Optometric services;

22 (o) Podiatric services;

23 (p) Hospice services;

24 (q) Mental health and substance abuse services;

25 (r) Hearing screening services for newborn and infant children; and

26 (s) Administrative expenses related to administrative activities,  
27 including outreach services, provided by school districts and educational  
28 service units to students who are eligible or potentially eligible for  
29 medical assistance.

30 (3) No later than July 1, 2009, the department shall submit a state  
31 plan amendment or waiver to the federal Centers for Medicare and Medicaid

1 Services to provide coverage under the medical assistance program for  
2 community-based secure residential and subacute behavioral health  
3 services for all eligible recipients, without regard to whether the  
4 recipient has been ordered by a mental health board under the Nebraska  
5 Mental Health Commitment Act to receive such services.

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

18 (5)(a) No later than January 1, 2023, the department shall provide  
19 coverage for continuous glucose monitors under the medical assistance  
20 program for all eligible recipients who have a prescription for such  
21 device.

22 (b) Effective August 1, 2024, eligible recipients shall include all  
23 individuals who meet local coverage determinations, as defined in section  
24 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act  
25 existed on January 1, 2024, and shall include individuals with  
26 gestational diabetes.

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

1 Managed Care Excess Profit Fund.

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

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

12 (i) Homeless; and

13 (ii) An adult in the expansion population.

14 (b) For purposes of this subsection:

15 (i) Adult in the expansion population means an adult (A) described  
16 in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January  
17 1, 2024, and (B) not otherwise eligible for medicaid as a mandatory  
18 categorically needy individual;

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

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

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

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

29 (d) Once such waiver or state plan amendment is approved, the  
30 department shall submit a report to the Health and Human Services  
31 Committee of the Legislature on or before November 30 each year, which

1 provides the (i) number of homeless individuals served at each facility,  
2 (ii) cost of the program, and (iii) amount of reduction in health care  
3 costs due to the program's implementation.

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

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

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

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

26 (9)(a) No later than January 1, 2024, the department shall provide  
27 coverage, and reimbursement to providers, for all necessary translation  
28 and interpretation services for eligible recipients utilizing a medical  
29 assistance program service. The department shall take all actions  
30 necessary to maximize federal funding to carry out this subsection.

31 (b) The services described in subdivision (9)(a) of this section



1 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
2 described in section 68-996.

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

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

14 **Sec. 11.** Section 68-996, Revised Statutes Cumulative Supplement,  
15 2024, is amended to read:

16 68-996 (1) The Medicaid Managed Care Excess Profit Fund is created.  
17 The fund shall contain money returned to the State Treasurer pursuant to  
18 subdivision (3) of section 68-995.

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

1           (3) Any money in the fund available for investment shall be invested  
2 by the state investment officer pursuant to the Nebraska Capital  
3 Expansion Act and the Nebraska State Funds Investment Act. Beginning  
4 October 1, 2024, any investment earnings from investment of money in the  
5 fund shall be credited to the General Fund.

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