

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 812

Introduced by Bostar, 29.

Read first time January 07, 2026

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
2 section 68-908, Revised Statutes Cumulative Supplement, 2024; to
3 provide requirements for the Department of Health and Human Services
4 relating to eligibility redeterminations and community engagement;
5 to repeal the original section; and to declare an emergency.
6 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 68-908, Revised Statutes Cumulative Supplement,
2 2024, is amended to read:

3 68-908 (1) The department shall administer the medical assistance
4 program.

5 (2) The department may (a) enter into contracts and interagency
6 agreements, (b) adopt and promulgate rules and regulations, (c) adopt fee
7 schedules, (d) apply for and implement waivers and managed care plans for
8 services for eligible recipients, including services under the Nebraska
9 Behavioral Health Services Act, and (e) perform such other activities as
10 necessary and appropriate to carry out its duties under the Medical
11 Assistance Act. A covered item or service as described in section 68-911
12 that is furnished through a school-based health center, furnished by a
13 provider, and furnished under a managed care plan pursuant to a waiver
14 does not require prior consultation or referral by a patient's primary
15 care physician to be covered. Any federally qualified health center
16 providing services as a sponsoring facility of a school-based health
17 center shall be reimbursed for such services provided at a school-based
18 health center at the federally qualified health center reimbursement
19 rate.

20 (3) The department shall maintain the confidentiality of information
21 regarding applicants for or recipients of medical assistance and such
22 information shall only be used for purposes related to administration of
23 the medical assistance program and the provision of such assistance or as
24 otherwise permitted by federal law.

25 (4) The department shall prepare an annual summary and analysis of
26 the medical assistance program for legislative and public review. The
27 department shall submit a report of such summary and analysis to the
28 Governor and the Legislature electronically no later than December 1 of
29 each year. The annual summary shall include, but not be limited to:

30 (a) The number and percentage of applications approved and denied;
31 (b) The number of eligibility determinations, including the number

1 and percentage of those individuals remaining enrolled, terminations, and
2 other determinations;

3 (c) The number of case closures in the medical assistance program
4 and the Children's Health Insurance Program and the specific reason for
5 the closure broken down by (i) eligibility category, including program
6 type, (ii) local public health district or other geographic area, and
7 (iii) race or ethnicity, if available;

8 (d) The number of medical assistance program and Children's Health
9 Insurance Program enrollees broken down by (i) eligibility category,
10 including program type, (ii) local public health district or other
11 geographic area, and (iii) race or ethnicity, if available;

12 (e) The number and percentage of redeterminations or renewals
13 processed ex parte, broken down by (i) eligibility category, including
14 program type and (ii) race or ethnicity, if available;

15 (f) The average number of days required to process applications for
16 the medical assistance program and Children's Health Insurance Program,
17 separating the data by applicants with modified adjusted gross income and
18 nonmodified adjusted gross income eligibility;

19 (g) The rate of re-enrollment within ninety days of termination and
20 within twelve months of termination, broken down by (i) eligibility
21 category, including program type, (ii) local public health district or
22 other geographic area, and (iii) race or ethnicity, if available;

23 (h) The average client call duration;

24 (i) The client call abandonment rate;

25 (j) The number of requests for a fair hearing separated by (i)
26 eligibility category and program type, (ii) outcome, and (iii) amount of
27 time until final disposition; and

28 (k) A link to the medical assistance program fair hearing decisions
29 that have been redacted to protect private and health information, which
30 shall be posted on the department's website.

31 (5)(a) The department shall redetermine eligibility for the medical

1 assistance program no more frequently than required by 42 U.S.C. 1396a(e)
2 (14)(L), as such section existed on January 1, 2026.

3 (b) The department shall implement community engagement requirements
4 for the medical assistance program only as required by 42 U.S.C.
5 1396a(xx), as such section existed on January 1, 2026, and the department
6 shall:

7 (i) Implement community engagement requirements no earlier than the
8 date required by 42 U.S.C. 1396a(xx), as such section existed on January
9 1, 2026, or by the federal Centers for Medicare and Medicaid Services,
10 whichever is later;

11 (ii) Require no more than one month of compliance with, or exemption
12 from, the community engagement requirements for (A) applicants for
13 medical assistance; and (B) enrollees since the most recent application
14 or renewal; and

15 (iii) Verify community engagement requirement compliance or
16 exemption status only at redetermination of eligibility and not more
17 frequently than once every six months.

18 **Sec. 2.** Original section 68-908, Revised Statutes Cumulative
19 Supplement, 2024, is repealed.

20 **Sec. 3.** Since an emergency exists, this act takes effect when
21 passed and approved according to law.