LEGISLATURE OF NEBRASKA

ONE HUNDRED NINTH LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 96

Introduced by Dungan, 26. Read first time January 10, 2025 Committee:

1	A BILL FOR AN ACT relating to the medical assistance program; to amend
2	section 68-911, Revised Statutes Cumulative Supplement, 2024; to
3	require the Department of Health and Human Services to submit
4	applications for certain section 1115 waivers as prescribed; and to
5	repeal the original section.

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

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1	Section 1. Section 68-911, Revised Statutes Cumulative Supplement,
2	2024, is amended to read:
3	68-911 (1) Medical assistance shall include coverage for health care
4	and related services as required under Title XIX of the federal Social
5	Security Act, including, but not limited to:
6	(a) Inpatient and outpatient hospital services;
7	(b) Laboratory and X-ray services;
8	(c) Nursing facility services;
9	(d) Home health services;
10	(e) Nursing services;
11	(f) Clinic services;
12	(g) Physician services;
13	(h) Medical and surgical services of a dentist;
14	(i) Nurse practitioner services;
15	(j) Nurse midwife services;
16	<pre>(k) Pregnancy-related services;</pre>
17	<pre>(1) Medical supplies;</pre>
18	(m) Mental health and substance abuse services;
19	(n) Early and periodic screening and diagnosis and treatment
20	services for children which shall include both physical and behavioral
21	health screening, diagnosis, and treatment services;
22	(o) Rural health clinic services; and
23	(p) Federally qualified health center services.
24	(2) In addition to coverage otherwise required under this section,
25	medical assistance may include coverage for health care and related
26	services as permitted but not required under Title XIX of the federal
27	Social Security Act, including, but not limited to:
28	(a) Prescribed drugs;
29	(b) Intermediate care facilities for persons with developmental
30	disabilities;
31	(c) Home and community-based services for aged persons and persons

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1 with disabilities; 2 (d) Dental services; 3 (e) Rehabilitation services; 4 (f) Personal care services; 5 (g) Durable medical equipment; 6 (h) Medical transportation services; 7 (i) Vision-related services; (j) Speech therapy services; 8 9 (k) Physical therapy services; 10 (1) Chiropractic services;

11 (m) Occupational therapy services;

- 12 (n) Optometric services;
- 13 (0) Podiatric services;
- 14 (p) Hospice services;

15 (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

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when provided by school districts as part of an individualized education 1 2 program or an individualized family service plan: Early and periodic diagnosis, and treatment services for children; medical 3 screening, 4 transportation services; mental health services; nursing services; 5 occupational therapy services; personal care services; physical therapy services; rehabilitation services; speech therapy and other services for 6 individuals with speech, hearing, or language disorders; and vision-7 related services. 8

9 (5)(a) No later than January 1, 2023, the department shall provide 10 coverage for continuous glucose monitors under the medical assistance 11 program for all eligible recipients who have a prescription for such 12 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.

30 (7)(a) No later than October 1, 2025, the department shall submit a
31 medicaid waiver or state plan amendment to the federal Centers for

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Medicare and Medicaid Services to designate two medical respite
 facilities to reimburse for services provided to an individual who is:

3 (i) Homeless; and

4 (ii) An adult in the expansion population.

5 (b) For purposes of this subsection:

6 (i) Adult in the expansion population means an adult (A) described
7 in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January
8 1, 2024, and (B) not otherwise eligible for medicaid as a mandatory
9 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

14 (iv) Medical respite facility means a residential facility that15 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 tocarry 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.

31 (8)(a) No later than January 1, 2025, the department shall provide

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coverage for an electric personal-use breast pump for every pregnant 1 2 woman covered under the medical assistance program, or child covered under the medical assistance program if the pregnant woman is not 3 4 covered, beginning at thirty-six weeks gestation or the child's date of birth, whichever is earlier. The electric personal-use breast pump shall 5 be capable of (i) sufficiently supporting milk supply, (ii) double and 6 single side pumping, and (iii) suction power ranging from zero mmHg to 7 two hundred fifty mmHq. No later than January 1, 2025, the department 8 9 shall provide coverage for a minimum of ten lactation consultation visits for every mother covered under the medical assistance program or child 10 covered under the medical assistance program, if the mother is not 11 covered under such program. 12

(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.

25 (10)(a) No later than July 1, 2025, the department shall submit a
26 section 1115 waiver for a reentry demonstration opportunity to the
27 federal Centers for Medicare and Medicaid Services. The reentry
28 demonstration opportunity waiver shall be designed to assist in
29 successful reentry to society and reduce future justice system
30 involvement for incarcerated populations. Providing individuals leaving
31 correctional facilities the opportunity to receive short-term medicaid

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enrollment assistance and prerelease coverage for certain services will 1 2 facilitate successful transitions. (b) The section 1115 waiver application shall include, but not be 3 limited to, coverage for: 4 (i) Case management services to assess and address physical and 5 behavioral health needs and health-related social needs; 6 7 (ii) Medication-assisted treatment services for all types of substance use disorders as clinically appropriate, including coverage for 8 9 medications in combination with counseling and behavioral therapies; 10 (iii) A thirty-day supply of all prescription medications and overthe-counter drugs, or equivalent, such as long-acting injectibles, as 11 12 clinically appropriate, provided immediately upon an individual's release from a correctional facility, consistent with approved medicaid state 13 plan coverage and policy; 14 15 (iv) Medication administration; (v) Services provided by community health workers; 16 17 (vi) Diagnostic and treatment services, including laboratory and 18 radiology services; (vii) Medical equipment and supplies provided upon release; and 19 (viii) Housing supports, including utility assistance, pre-tenancy 20 and tenancy sustaining services, and medically necessary 21 home 22 modifications. (11)(a) No later than July 1, 2025, the department shall submit an 23 24 1115 demonstration waiver for health-related social needs to the federal Centers for Medicare and Medicaid Services. The health-related social 25 needs demonstration waiver shall help formerly incarcerated individuals 26 27 secure basic needs for a limited time postrelease and assist localities 28 with care-related improvements. Providing localities and individuals with federal funding will facilitate successful transitions, reduce 29 recidivism, and ease the existing financial burden on state and local 30

31 taxpayers.

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1	(b) The section 1115 demonstration waiver for health-related social
2	needs application shall include, but not be limited to, funding coverage
3	<u>for:</u>
4	<u>(i) Rent or temporary housing support for up to six months for</u>
5	individuals experiencing homelessness as a result of transitioning out of
6	<u>correctional facilities;</u>
7	<u>(ii) Food assistance or nutritional support for up to six months;</u>
8	<u>(iii) Correctional facility or social service infrastructure</u>
9	investments in technology, operational practices, workforce development,
10	and marketing outreach and education;
11	<u>(iv) Case management to connect formerly incarcerated individuals</u>
12	with reentry groups and services; and
13	<u>(v) A subsidy, not to exceed one hundred dollars per individual, for</u>
14	the purchase of an Internet-connected device such as a mobile phone or
15	<u>laptop computer.</u>
16	Sec. 2. Original section 68-911, Revised Statutes Cumulative

17 Supplement, 2024, is repealed.