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LB 589, 1248

format for recodifying and reorganization of our Medicaid statutes. Other additions will be discussed in committee amendments to complete the recodification and further address implementation of the Medicaid Reform Act. The intent of the bill is to transfer state law relating to the Medicaid program to Chapter 68, Article IX of the Nebraska statutes. The bill specifically adopts a new act called the Medicaid Assistance Act and Sections 1 through 11 contain the most substantive changes of the Medicaid program in the bill. Those sections are rewritten in the...well, one moment, please. I'm sorry. Those sections are rewritten in the committee amendments which I'll discuss when I'm recognized to open on those amendments. Sections 12 through 21 make technical changes to the existing Medicaid statutes that have to do with the assignment of rights, Medicaid estate recovery, garnishment, and spousal impoverishment. Sections 20 through 29 make technical changes to existing statutes relating to coordination of benefits. Those provisions were adopted in LB 589 in 2005. Sections 30 through 43 make technical changes to Medicaid False Claims Act and that act was adopted in LB 1084 in 2004. Sections 44 through 80 make harmonizing changes to other Medicaid-related statutes. Section 81 provides for an operative date of July 1, 2006. Section 82 repeals the original sections. Section 83 outright repeals several sections. Section 84 contains an emergency clause. The Medicaid program provides essential healthcare and related services to eligible low-income Nebraska children, pregnant women, and families and aged persons, and persons with disabilities. The rate of growth in Medicaid expenditures has consistently been greater than the rate of growth of our General Fund revenues. We have talked about this before and pointed out that K through 12 and Medicaid will soon, by about 2014, eat up all of the available revenue based on a revenue growth of 6 percent per year, leaving nothing for higher education, for many of the programs that the state now is certainly funding. This trend simply cannot be sustained. In order to assure that Medicaid will be there for future generations of Nebraskans, in order to assure that Medicaid will be there for the present people that are receiving Medicaid, we must act now to initiate reforms that will effectively meet the needs of eligible recipients and also effectively moderate the growth of Medicaid spending. LB 1248 is introduced as a