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and waivers are preserved as they existed on the operative date of the bill prior to the adoption and promulgation of new rules and regulations under Section 12 of the amendment or relating to Medicaid state plan amendments or waivers. The department is required to provide a report of proposed changes to the Health and Human Services Committee and the council summarizing the purpose and content of rules and regulations under their projected effect on Medicaid recipients and Medicaid assistance expenditures. The committee or council, no later than 30 days after receiving such report, may conduct a public hearing, public meeting to receive public comment regarding the report. The committee or the council would then provide any comments and recommendations regarding the report in writing to the department. The comments and recommendations can be advisory only, but the department is required to promptly provide a written response to the committee or council. The committee, by a majority vote of its members and no later than 30 days after the date of receipt of such a report, may request in writing that the department delay the final adoption or implementation of a proposed rule or regulation summarized in a report for a sufficient period of time to permit additional legislative consideration of the proposal. The request is not binding on the department, but the department must promptly provide a written response to the request to the committee. Thank you. The department is required to monitor and no less than annually report to the Governor, the Legislature, the council on the implementation of rules and regulations, amendments and waivers adopted under the Medical Assistance Act and their effect on eligible recipients of medical assistance or medical assistance expenditures. Section 10 relates to payment for medical assistance. It contains technical amendments to the green copy of the bill. Section 11 revises provisions relating to the mandatory and optional services under the Medical Assistance Program. The amendment adds a list of mandatory and optional services that are intended to reflect current federal law and optional services currently being offered under the program. Section 12 changes existing law provisions relating to limits on Medicaid-covered services. The department is required to establish copayments, premiums, and deductibles for Medical Assistance Program and limits on the amount, scope, and duration of Medicaid-covered services and to establish requirements for