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Medicaid recipients, such as participation in care coordination or appropriate disease management activities. In establishing, prioritizing, and limiting coverage for services under the Medical Assistance Program, the department is required to consider: one, the effect of such coverage or limitations on recipients of medical assistance and medical assistance expenditures; two, the public policy in Section 5 of the amendment; three, the experiences and outcomes of other states; four, the nature and scope of benchmark or benchmark-equivalent health insurance coverage as recognized under federal law; and five, other relevant factors as determined by the department. The existing coverages for mandatory and eligible services are preserved. Any proposed reduction or expansion of services or limitations of covered services by the department is subject to review and reporting requirements of Section 9 of the amendment. Section 13 inserts and modifies provisions of current law that require public awareness activities relating to Medicaid's children health insurance program. Section 14 contains provisions of Section 11 of LB 1248, as introduced, relating to application for medical assistance with technical revisions. And Section 15 contains provisions of Section 10 of LB 1248, as introduced, relating to eligibility for medical insurance. No changes are made in the eligibility. Section 48 is a new section that establishes the Medicaid Reform Council. These provisions are basically modeled after the Medicaid Reform Advisory Council created in LB 709 last year. The council would consist of ten persons appointed by the Chairperson of the Health Committee, in consultation with the Governor and the Director of Health and Human Services Finance and Support. The council must include at least one representative from each of the following: healthcare providers; recipients of Medicaid; medical assistants and advocates for such recipients; business representative; insurers; and elected officials. The chairperson of the committee will appoint the chairperson of the council. Members of the council may be reimbursed for their actual and necessary expenses. Duties for the council are provided and the council terminates on June 30 of 2010. Section 49 provides legislative intent to implement program reforms such as those contained in the Medicaid Reform Plan, including, but not limited to, an incremental expansion of home- and community-based services for aged persons and persons with