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necessary condition for their continued receipt of such assistance including, but not limited to, active participation in care coordination and appropriate disease management programs and activities. What the amendment does is to say that the department shall not necessarily make all these changes, but may make these changes. It changes the "shall" to "may," on the theory that changes may not be appropriate in all of these different areas and on the theory that, even within a particular area or a particular category, one type of particular change may not be desirable. So it changes the "shall" to "may." But, Senator Jensen, so that I'm on the same page with you in terms of how all this works, and so I can properly describe my amendments in context, let me ask you a few questions if I may.

SENATOR CUDABACK: Senator Jensen, would you respond to a question of Senator Beutler?

SENATOR JENSEN: Yes, I will.

SENATOR BEUTLER: We're going to be talking today about Medical Assistance Program. Medical Assistance Program, as it's now redefined in this statute, means the entire Medicaid program, right?

SENATOR JENSEN: Yes.

SENATOR BEUTLER: Okay. So when we talk about the department establishing premiums, copayments, and deductibles for goods and services provided under the Medical Assistance Program, we're giving them authority in the whole broad array of Medicaid to establish premiums, copayments, and deductibles, for example. Would that be accurate?

SENATOR JENSEN: That is accurate.

SENATOR BEUTLER: Okay. Now within the Medical Assistance Program or related to the Medical Assistance Program there is something called the Medicaid state plan. And the Medicaid state plan means the comprehensive written document developed and amended by the department and approved by the federal Centers of Medicaid (sic) and Medicaid Services which describes