

**FISCAL NOTE**  
LEGISLATIVE FISCAL ANALYST ESTIMATE

**ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)**

EXPENDITURES	GENERAL	CASH	FEDERAL	REVOLVING	TOTAL
FY2025-2026	0	0	0	0	0
FY2026-2027	730,882	0	1,257,218	0	1,988,100
FY2027-2028	974,509	0	1,676,291	0	2,650,800
FY2028-2029	2,400,722	0	4,130,078	0	6,530,800
REVENUE	GENERAL	CASH	FEDERAL	REVOLVING	TOTAL
FY2025-2026	0	0	0	0	0
FY2026-2027	0	0	0	0	0
FY2027-2028	0	0	0	0	0
FY2028-2029	0	0	0	0	0

**Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.**

This bill modifies the Prenatal Plus Program, extending coverage for 60 days postpartum, specifying a minimum of two breastfeeding support sessions must be provided, and removes the termination date of June 30, 2028.

The Department of Health and Human Services indicates the expansion of the program would necessitate additional funds. Two additional months of services at an estimated cost of \$150 per month for an average of 8,836 individuals results in total annual cost of \$2,650,800 to expand the program which DHHS would implement in October 1, 2026, resulting in 75% of costs in FY26.

The bill also removes the sunset of the bill. The program is currently scheduled to terminate at the conclusion of FY28. The current appropriation for a full year of the program as currently administered is \$3,880,000 in aid. This bill would necessitate a total of \$6,530,800 total funds (\$3,880,000 to continue the program as is and \$2,650,800 to expand it as outlined in the bill) in FY29 onward. DHHS utilizes a blended fund mix of 63.24% federal funds which incorporates various federal match percentages based on eligibility category.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE				
LB:	773	AM:	AGENCY/POLT. SUB: Nebraska Department of Health & Human Services	
REVIEWED BY:	Ann Linneman		DATE:	2-3-2026
COMMENTS: Concur with the Nebraska Department of Health and Human Services' assessment of fiscal impact.				

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) John Meals

Date Prepared 2-3-2026

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	<u><b>FY 2026-2027</b></u>		<u><b>FY 2027-2028</b></u>
	EXPENDITURES	REVENUE	EXPENDITURES
GENERAL FUNDS	\$730,882		\$974,509
CASH FUNDS			
FEDERAL FUNDS	\$1,257,218		\$1,676,291
OTHER FUNDS			
<b>TOTAL FUNDS</b>	<b>\$1,988,100</b>		<b>\$2,650,800</b>

Return by date specified 72 hours prior to public hearing, whichever is earlier.

**Explanation of Estimate:**

LB773 modifies the Pre-natal Plus Program (PPP) to extend coverage up to 60 days post-partum and increases the number of breastfeeding support sessions to two. This bill also removes the program sunset and extends the reporting end date to 2034.

Extending the postpartum eligibility period to 60 days would provide additional coverage for services such as Nutrition counseling, Psychosocial counseling and support, General client education and health promotion, Breastfeeding support, and Targeted care management. Several of these services overlap with benefits already available to Medicaid-eligible mothers and newborns during the postpartum period, creating potential duplication.

Under current Medicaid benefits, Medicaid-eligible newborns may receive up to five 90-minute lactation consultations, and eligible mothers may receive psychosocial counseling through behavioral health benefits for up to 12 months postpartum, as medically necessary. The 60-day postpartum extension under PPP would allow access to targeted case management, patient education and health promotion, and nutrition counseling. While the bill does not increase service limits, it extends the period in which services may be used. Mothers eligible for up to six nutrition counseling sessions would have an additional 60 days to utilize the remaining visits. Targeted case management, billed monthly, would result in up to two additional months of care coordination and education.

Based on data from the department for state fiscal year 2025, the estimated number of patients impacted by this bill in Medicaid and CHIP is 8,836. In addition to the current services already provided by Medicaid. LB773 would cover two additional months of case management and could experience additional utilization for other services in the extended coverage period, with an estimated monthly cost of \$150 per individual. The total annual cost of these added services is \$2,650,800. Assuming an Oct 1, 2026, implementation date, a blended federal rate of 63.24% for SFY 27 and SFY 28 was applied based on the mix of eligibility groups for the underlying services, as determined by the client's eligibility (Expansion, CHIP, Regular Medicaid, etc).

**MAJOR OBJECTS OF EXPENDITURE**

PERSONAL SERVICES:

POSITION TITLE	NUMBER OF POSITIONS		2026-2027	2027-2028
	26-27	27-28	EXPENDITURES	EXPENDITURES

Travel.....		
Capital Outlay.....		
Aid.....	\$1,988,100	\$2,650,800
Capital Improvements.....		
<b>TOTAL.....</b>	<b>\$1,988,100</b>	<b>\$2,650,800</b>