LEGISLATURE OF NEBRASKA ONE HUNDRED EIGHTH LEGISLATURE SECOND SESSION

LEGISLATIVE BILL 1007

Introduced by Walz, 15; Conrad, 46. Read first time January 05, 2024 Committee:

- A BILL FOR AN ACT relating to public assistance; to amend section 68-911,
 Revised Statutes Supplement, 2023; to require medicaid eligibility
 for aged, blind, and disabled recipients eligible for the federal
 Supplemental Security Income Program; and to repeal the original
 section.
- 6 Be it enacted by the people of the State of Nebraska,

1	Section 1. Section 68-911, Revised Statutes Supplement, 2023, is
2	amended to read:
3	68-911 (1) Medical assistance shall include coverage for health care
4	and related services as required under Title XIX of the federal Social
5	Security Act, including, but not limited to:
6	(a) Inpatient and outpatient hospital services;
7	(b) Laboratory and X-ray services;
8	(c) Nursing facility services;
9	(d) Home health services;
10	(e) Nursing services;
11	(f) Clinic services;
12	(g) Physician services;
13	(h) Medical and surgical services of a dentist;
14	(i) Nurse practitioner services;
15	<pre>(j) Nurse midwife services;</pre>
16	<pre>(k) Pregnancy-related services;</pre>
17	(1) Medical supplies;
18	(m) Mental health and substance abuse services;
19	(n) Early and periodic screening and diagnosis and treatment
20	services for children which shall include both physical and behavioral
21	health screening, diagnosis, and treatment services;
22	(o) Rural health clinic services; and
23	(p) Federally qualified health center services.
24	(2) In addition to coverage otherwise required under this section,
25	medical assistance may include coverage for health care and related
26	services as permitted but not required under Title XIX of the federal
27	Social Security Act, including, but not limited to:
28	(a) Prescribed drugs;
29	(b) Intermediate care facilities for persons with developmental
30	disabilities;

31 (c) Home and community-based services for aged persons and persons

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1 with disabilities; 2 (d) Dental services; 3 (e) Rehabilitation services; 4 (f) Personal care services; (g) Durable medical equipment; 5 6 (h) Medical transportation services; 7 (i) Vision-related services; (j) Speech therapy services; 8 9 (k) Physical therapy services; 10 (1) Chiropractic services; (m) Occupational therapy services; 11 12 (n) Optometric services; (o) Podiatric services; 13 (p) Hospice services; 14 (q) Mental health and substance abuse services; 15 (r) Hearing screening services for newborn and infant children; and 16

(s) Administrative expenses related to administrative activities, including outreach services, provided by school districts and educational service units to students who are eligible or potentially eligible for medical assistance.

(3) No later than July 1, 2009, the department shall submit a state plan amendment or waiver to the federal Centers for Medicare and Medicaid Services to provide coverage under the medical assistance program for community-based secure residential and subacute behavioral health services for all eligible recipients, without regard to whether the recipient has been ordered by a mental health board under the Nebraska Mental Health Commitment Act to receive such services.

(4) On or before October 1, 2014, the department, after consultation
with the State Department of Education, shall submit a state plan
amendment to the federal Centers for Medicare and Medicaid Services, as
necessary, to provide that the following are direct reimbursable services

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1 when provided by school districts as part of an individualized education 2 program or an individualized family service plan: Early and periodic 3 diagnosis, and treatment services for children; screening, medical 4 transportation services; mental health services; nursing services; 5 occupational therapy services; personal care services; physical therapy services; rehabilitation services; speech therapy and other services for 6 individuals with speech, hearing, or language disorders; and vision-7 8 related services.

9 (5) No later than January 1, 2023, the department shall provide 10 coverage for continuous glucose monitors under the medical assistance 11 program for all eligible recipients who have a prescription for such 12 device.

(6) On or before October 1, 2023, the department shall seek federal approval for federal matching funds from the federal Centers for Medicare and Medicaid Services through a state plan amendment or waiver to extend postpartum coverage for beneficiaries from sixty days to at least six months. Nothing in this subsection shall preclude the department from submitting a state plan amendment for twelve months.

19 <u>(7) No later than October 1, 2024, the department shall submit a</u> 20 state plan amendment to the federal Centers for Medicare and Medicaid 21 Services to authorize medicaid eligibility pursuant to section 1634 of 22 the federal Social Security Act for aged, blind, and disabled program 23 recipients who are eligible for the federal Supplemental Security Income 24 Program.

Sec. 2. Original section 68-911, Revised Statutes Supplement, 2023,
is repealed.

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