

LEGISLATURE OF NEBRASKA
ONE HUNDRED THIRD LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 577

Introduced by Campbell, 25; Ashford, 20; Chambers, 11; Conrad, 46;
Cook, 13; Crawford, 45; Howard, 9; Kolowski, 31;
Krist, 10; McGill, 26; Mello, 5; Nordquist, 7.

Read first time January 23, 2013

Committee:

A BILL

1 FOR AN ACT relating to the Medical Assistance Act; to amend sections
2 68-906 and 68-915, Revised Statutes Cumulative
3 Supplement, 2012; to change provisions relating to the
4 medical assistance program; to harmonize provisions; and
5 to repeal the original sections.
6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-906, Revised Statutes Cumulative
2 Supplement, 2012, is amended to read:

3 68-906 For purposes of paying medical assistance under
4 the Medical Assistance Act and sections 68-1002 and 68-1006, the
5 State of Nebraska accepts and assents to all applicable provisions of
6 Title XIX and Title XXI of the federal Social Security Act. Any
7 reference in the Medical Assistance Act to the federal Social
8 Security Act or other acts or sections of federal law shall be to
9 such federal acts or sections as they existed on January 1, ~~2010-~~
10 2013.

11 Sec. 2. Section 68-915, Revised Statutes Cumulative
12 Supplement, 2012, is amended to read:

13 68-915 The following persons shall be eligible for
14 medical assistance:

15 (1) Dependent children as defined in section 43-504;

16 (2) Aged, blind, and disabled persons as defined in
17 sections 68-1002 to 68-1005;

18 (3) Children under nineteen years of age who are eligible
19 under section 1905(a)(i) of the federal Social Security Act;

20 (4) Persons who are presumptively eligible as allowed
21 under sections 1920 and 1920B of the federal Social Security Act;

22 (5) Children under nineteen years of age with a family
23 income equal to or less than two hundred percent of the Office of
24 Management and Budget income poverty guideline, as allowed under
25 Title XIX and Title XXI of the federal Social Security Act, without

1 regard to resources, and pregnant women with a family income equal to
2 or less than one hundred eighty-five percent of the Office of
3 Management and Budget income poverty guideline, as allowed under
4 Title XIX and Title XXI of the federal Social Security Act, without
5 regard to resources. Children described in this subdivision and
6 subdivision (6) of this section shall remain eligible for six
7 consecutive months from the date of initial eligibility prior to
8 redetermination of eligibility. The department may review eligibility
9 monthly thereafter pursuant to rules and regulations adopted and
10 promulgated by the department. The department may determine upon such
11 review that a child is ineligible for medical assistance if such
12 child no longer meets eligibility standards established by the
13 department;

14 (6) For purposes of Title XIX of the federal Social
15 Security Act as provided in subdivision (5) of this section, children
16 with a family income as follows:

17 (a) Equal to or less than one hundred fifty percent of
18 the Office of Management and Budget income poverty guideline with
19 eligible children one year of age or younger;

20 (b) Equal to or less than one hundred thirty-three
21 percent of the Office of Management and Budget income poverty
22 guideline with eligible children over one year of age and under six
23 years of age; or

24 (c) Equal to or less than one hundred percent of the
25 Office of Management and Budget income poverty guideline with

1 eligible children six years of age or older and less than nineteen
2 years of age;

3 (7) Persons who are medically needy caretaker relatives
4 as allowed under 42 U.S.C. 1396d(a)(ii);

5 (8) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii),
6 disabled persons as defined in section 68-1005 with a family income
7 of less than two hundred fifty percent of the Office of Management
8 and Budget income poverty guideline and who, but for earnings in
9 excess of the limit established under 42 U.S.C. 1396d(q)(2)(B), would
10 be considered to be receiving federal Supplemental Security Income.
11 The department shall apply for a waiver to disregard any unearned
12 income that is contingent upon a trial work period in applying the
13 Supplemental Security Income standard. Such disabled persons shall be
14 subject to payment of premiums as a percentage of family income
15 beginning at not less than two hundred percent of the Office of
16 Management and Budget income poverty guideline. Such premiums shall
17 be graduated based on family income and shall not be less than two
18 percent or more than ten percent of family income;

19 (9) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii),
20 persons who:

21 (a) Have been screened for breast and cervical cancer
22 under the Centers for Disease Control and Prevention breast and
23 cervical cancer early detection program established under Title XV of
24 the federal Public Health Service Act, 42 U.S.C. 300k et seq., in
25 accordance with the requirements of section 1504 of such act, 42

1 U.S.C. 300n, and who need treatment for breast or cervical cancer,
2 including precancerous and cancerous conditions of the breast or
3 cervix;

4 (b) Are not otherwise covered under creditable coverage
5 as defined in section 2701(c) of the federal Public Health Service
6 Act, 42 U.S.C. 300gg(c);

7 (c) Have not attained sixty-five years of age; and

8 (d) Are not eligible for medical assistance under any
9 mandatory categorically needy eligibility group; ~~and~~

10 (10) Persons eligible for services described in
11 subsection (3) of section 68-972; and -

12 (11) Persons described under section 1902(a)(10)(A)(i)
13 (VIII) of the federal Social Security Act, as amended, 42 U.S.C.
14 1396a(a)(10)(A)(i)(VIII), subject to the following:

15 (a) The state plan amendment for the new medicaid adult
16 group pursuant to this subdivision shall request as the alternative
17 benefit plan a benchmark benefit package as defined in section
18 1937(b)(1)(D) of the federal Social Security Act, as amended, 42
19 U.S.C. 1396u-7(b)(1)(D) for Secretary-approved coverage of health
20 benefits coverage that the United States Secretary of Health and
21 Human Services determines, upon application by the state, provides
22 appropriate coverage for the population proposed to be provided
23 coverage;

24 (b) Such state plan amendment for the alternative benefit
25 plan shall include full medicaid benefit coverage, including

1 mandatory and optional coverage, under section 68-911 for health care
2 and related services in the amount, duration, and scope in effect on
3 January 1, 2013;

4 (c) Such state plan amendment for the alternative benefit
5 plan shall also include additional benefits required by the federal
6 Patient Protection and Affordable Care Act if they are not included
7 in full medicaid coverage under section 68-911, including:

8 (i) Nonemergency transportation, early and periodic
9 screening, diagnostic, and treatment program services for individuals
10 under twenty-one years of age, pursuant to 42 U.S.C. 1396d(r), and
11 family planning services; and

12 (ii) Essential health benefits, including habilitative
13 services which means services designed to assist a person in
14 acquiring, retaining, and improving the self-help, socialization, and
15 adaptive skills necessary for daily living;

16 (d) The federal Paul Wellstone and Pete Domenici Mental
17 Health Parity Act of 2008, 42 U.S.C. 300gg-26, shall apply to the
18 alternative benefit plan; and

19 (e) If the United States Secretary of Health and Human
20 Services does not approve the state plan amendment application for
21 full medicaid coverage as the alternative benefit plan for the new
22 medicaid adult group pursuant to this subdivision (11), the state may
23 provide an alternate benchmark benefit package pursuant to section
24 1937(b)(1) of the federal Social Security Act, as amended, 42 U.S.C.
25 1396u-7(b)(1), which alternative benefit package shall include the

1 benefits described in subdivision (11)(c) and (d) of this section.

2 It is the intent of the Legislature that the state plan
3 amendment for the new medicaid adult group secretary-approved plan or
4 new medicaid adult group alternative benefit plan under this
5 subdivision (11) qualify the State of Nebraska for the increased
6 federal medical assistance percentage under section 1905(y)(1) of the
7 federal Social Security Act, as amended, 42 U.S.C. 1396d(y)(1).

8 Except as provided in section 68-972, eligibility shall
9 be determined under this section using an income budgetary
10 methodology that determines children's eligibility at no greater than
11 two hundred percent of the Office of Management and Budget income
12 poverty guideline and adult eligibility using adult income standards
13 no greater than the applicable categorical eligibility standards
14 established pursuant to state or federal law. The department shall
15 determine eligibility under this section pursuant to such income
16 budgetary methodology and subdivision (1)(q) of section 68-1713.

17 Sec. 3. Original sections 68-906 and 68-915, Revised
18 Statutes Cumulative Supplement, 2012, are repealed.