

AMENDMENTS TO LB929

Introduced by Health and Human Services.

1           1. Strike the original sections and insert the following new  
2 sections:

3           **Section 1.** Section 68-912, Revised Statutes Supplement, 2025, is  
4 amended to read:

5           68-912 (1) The department may establish (a) premiums, copayments,  
6 and deductibles for goods and services provided under the medical  
7 assistance program, (b) limits on the amount, duration, and scope of  
8 goods and services that recipients may receive under the medical  
9 assistance program subject to subsection (5) of this section, and (c)  
10 requirements for recipients of medical assistance as a necessary  
11 condition for the continued receipt of such assistance, including, but  
12 not limited to, active participation in care coordination and appropriate  
13 disease management programs and activities.

14           (2) In establishing and limiting coverage for services under the  
15 medical assistance program, the department shall consider (a) the effect  
16 of such coverage and limitations on recipients of medical assistance and  
17 medical assistance expenditures, (b) the public policy in section 68-905,  
18 (c) the experience and outcomes of other states, (d) the nature and scope  
19 of benchmark or benchmark-equivalent health insurance coverage as  
20 recognized under federal law, and (e) other relevant factors as  
21 determined by the department.

22           (3) Coverage for mandatory and optional services and limitations on  
23 covered services as established by the department prior to July 1, 2006,  
24 shall remain in effect until revised, amended, repealed, or nullified  
25 pursuant to law. Any proposed reduction or expansion of services or  
26 limitation of covered services by the department under this section shall  
27 be subject to the review requirements of section 68-909.

1 (4) Except as otherwise provided in this subsection, proposed rules  
2 and regulations under this section relating to the establishment of  
3 premiums, copayments, or deductibles for eligible recipients or limits on  
4 the amount, duration, or scope of covered services for eligible  
5 recipients shall not become effective until the conclusion of the  
6 earliest regular session of the Legislature in which there has been a  
7 reasonable opportunity for legislative consideration of such rules and  
8 regulations. This subsection does not apply to rules and regulations that  
9 are (a) required by federal or state law, (b) related to a waiver in  
10 which recipient participation is voluntary, or (c) proposed due to a loss  
11 of federal matching funds relating to a particular covered service or  
12 eligibility category. Legislative consideration includes, but is not  
13 limited to, the introduction of a legislative bill, a legislative  
14 resolution, or an amendment to pending legislation relating to such rules  
15 and regulations.

16 (5) Any limitation on the amount, duration, or scope of goods and  
17 services that recipients may receive under the medical assistance program  
18 shall give full and deliberate consideration to the role of home health  
19 services from private duty nurses in meeting the needs of a disabled  
20 family member or disabled person.

21 (6) The department shall permit a managed care organization under  
22 the medical assistance program to pay the deductible, cost sharing, or  
23 similar charges on behalf of medicaid enrollees as allowed under federal  
24 law.

25 **Sec. 2.** Original section 68-912, Revised Statutes Supplement, 2025,  
26 is repealed.