

LEGISLATIVE BILL 365

Approved by the Governor April 14, 2026

Introduced by Quick, 35.

A BILL FOR AN ACT relating to the Medical Assistance Act; to amend section 68-911, Revised Statutes Supplement, 2025; to require the Department of Health and Human Services to provide coverage and reimbursement for self-measure blood pressure monitoring services as prescribed; and to repeal the original section.

Be it enacted by the people of the State of Nebraska,

Section 1. Section 68-911, Revised Statutes Supplement, 2025, is amended to read:

68-911 (1) Medical assistance shall include coverage for health care and related services as required under Title XIX of the federal Social Security Act, including, but not limited to:

- (a) Inpatient and outpatient hospital services;
- (b) Laboratory and X-ray services;
- (c) Nursing facility services;
- (d) Home health services;
- (e) Nursing services;
- (f) Clinic services;
- (g) Physician services;
- (h) Medical and surgical services of a dentist;
- (i) Nurse practitioner services;
- (j) Nurse midwife services;
- (k) Pregnancy-related services;
- (l) Medical supplies;
- (m) Mental health and substance abuse services;
- (n) Early and periodic screening and diagnosis and treatment services for children which shall include both physical and behavioral health screening, diagnosis, and treatment services;
- (o) Rural health clinic services; and
- (p) Federally qualified health center services.

(2) In addition to coverage otherwise required under this section, medical assistance may include coverage for health care and related services as permitted but not required under Title XIX of the federal Social Security Act, including, but not limited to:

- (a) Prescribed drugs;
- (b) Intermediate care facilities for persons with developmental disabilities;
- (c) Home and community-based services for aged persons and persons with disabilities;
- (d) Dental services;
- (e) Rehabilitation services;
- (f) Personal care services;
- (g) Durable medical equipment;
- (h) Medical transportation services;
- (i) Vision-related services;
- (j) Speech therapy services;
- (k) Physical therapy services;
- (l) Chiropractic services;
- (m) Occupational therapy services;
- (n) Optometric services;
- (o) Podiatric services;
- (p) Hospice services;
- (q) Mental health and substance abuse services;
- (r) Hearing screening services for newborn and infant children; and
- (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 when provided by school districts as part of an individualized education program or an individualized family service plan: Early and periodic screening, diagnosis, and treatment services for children; medical transportation services; mental health services; nursing services; occupational therapy services; personal care services;

physical therapy services; rehabilitation services; speech therapy and other services for individuals with speech, hearing, or language disorders; and vision-related services.

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

(b) Effective August 1, 2024, eligible recipients shall include all individuals who meet local coverage determinations, as defined in section 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act existed on January 1, 2024, and shall include individuals with gestational diabetes.

(c) It is the intent of the Legislature that no more than six hundred thousand dollars be appropriated annually from the Medicaid Managed Care Excess Profit Fund, as described in section 68-996, for the purpose of implementing subdivision (5)(b) of this section. Any amount in excess of six hundred thousand dollars shall be funded by the Medicaid Managed Care Excess Profit Fund.

(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.

(7)(a) No later than October 1, 2025, the department shall submit a Medicaid waiver or state plan amendment to the federal Centers for Medicare and Medicaid Services to designate two medical respite facilities to reimburse for services provided to an individual who is:

- (i) Homeless; and
- (ii) An adult in the expansion population.

(b) For purposes of this subsection:

(i) Adult in the expansion population means an adult (A) described in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January 1, 2024, and (B) not otherwise eligible for Medicaid as a mandatory categorically needy individual;

(ii) Homeless has the same meaning as provided in 42 U.S.C. 11302 as such section existed on January 1, 2024;

(iii) Medical respite care means short-term housing with supportive medical services; and

(iv) Medical respite facility means a residential facility that provides medical respite care to homeless individuals.

(c) The department shall choose two medical respite facilities, one in a city of the metropolitan class and one in a city of the primary class, best able to serve homeless individuals who are adults in the expansion population.

(d) Once such waiver or state plan amendment is approved, the department shall submit a report to the Health and Human Services Committee of the Legislature on or before November 30 each year, which provides the (i) number of homeless individuals served at each facility, (ii) cost of the program, and (iii) amount of reduction in health care costs due to the program's implementation.

(e) The department may adopt and promulgate rules and regulations to carry out this subsection.

(f) The services described in subdivision (7)(a) of this section shall be funded by the Medicaid Managed Care Excess Profit Fund as described in section 68-996.

(8)(a) No later than January 1, 2025, the department shall provide coverage for an electric personal-use breast pump for every pregnant woman covered under the medical assistance program, or child covered under the medical assistance program if the pregnant woman is not covered, beginning at thirty-six weeks gestation or the child's date of birth, whichever is earlier. The electric personal-use breast pump shall be capable of (i) sufficiently supporting milk supply, (ii) double and single side pumping, and (iii) suction power ranging from zero mmHg to two hundred fifty mmHg. No later than January 1, 2025, the department shall provide coverage for a minimum of ten lactation consultation visits for every mother covered under the medical assistance program or child covered under the medical assistance program, if the mother is not covered under such program.

(b) It is the intent of the Legislature that the appropriation for lactation consultation visits shall be equal to an amount that is a one hundred forty-five percent rate increase over the current lactation consultation rate paid by the department.

(9)(a) No later than January 1, 2024, the department shall provide coverage, and reimbursement to providers, for all necessary translation and interpretation services for eligible recipients utilizing a medical assistance program service. The department shall take all actions necessary to maximize federal funding to carry out this subsection.

(b) The services described in subdivision (9)(a) of this section shall be funded by the Medicaid Managed Care Excess Profit Fund as described in section 68-996.

(10)(a) No later than October 1, 2025, the department shall seek approval for federal matching funds from the federal Centers for Medicare and Medicaid Services through a state plan amendment to implement targeted case management for evidence-based nurse home visiting services. These services shall consist of visits to a home by a nurse and be available to postpartum mothers and

children six months of age or younger enrolled in medicaid.

(b) It is the intent of the Legislature to use the Medicaid Managed Care Excess Profit Fund established in section 68-996, and not to use the General Fund, to fund the services described in subdivision (a) of this subsection.

(11) No later than January 1, 2026, the department shall provide coverage for psychology services provided by advanced level practitioners who have completed advanced training requirements for a doctoral internship in an accredited training program or a postdoctoral fellowship and who are under current supervision by a licensed psychologist.

(12) No later than January 1, 2027, the department shall provide coverage and reimbursement for self-measure blood pressure monitoring services for pregnant and postpartum women eligible under the medical assistance program. Such services shall include (a) education and training on the setup and use of a home blood pressure monitoring device, (b) separate self-measurement blood pressure readings, (c) daily collection, and (d) transmission of data by the patient or caregiver to report blood pressure readings to allow a health care provider to review such readings and create or modify a treatment plan.

Sec. 2. Original section 68-911, Revised Statutes Supplement, 2025, is repealed.