

AMENDMENTS TO LB1215

(Amendments to Standing Committee amendments, AM2549)

Introduced by Day, 49.

1 1. Insert the following new section:

2 Sec. 12. Section 68-911, Revised Statutes Supplement, 2023, is
3 amended to read:

4 68-911 (1) Medical assistance shall include coverage for health care
5 and related services as required under Title XIX of the federal Social
6 Security Act, including, but not limited to:

7 (a) Inpatient and outpatient hospital services;

8 (b) Laboratory and X-ray services;

9 (c) Nursing facility services;

10 (d) Home health services;

11 (e) Nursing services;

12 (f) Clinic services;

13 (g) Physician services;

14 (h) Medical and surgical services of a dentist;

15 (i) Nurse practitioner services;

16 (j) Nurse midwife services;

17 (k) Pregnancy-related services;

18 (l) Medical supplies;

19 (m) Mental health and substance abuse services;

20 (n) Early and periodic screening and diagnosis and treatment
21 services for children which shall include both physical and behavioral
22 health screening, diagnosis, and treatment services;

23 (o) Rural health clinic services; and

24 (p) Federally qualified health center services.

25 (2) In addition to coverage otherwise required under this section,
26 medical assistance may include coverage for health care and related

1 services as permitted but not required under Title XIX of the federal
2 Social Security Act, including, but not limited to:

- 3 (a) Prescribed drugs;
- 4 (b) Intermediate care facilities for persons with developmental
5 disabilities;
- 6 (c) Home and community-based services for aged persons and persons
7 with disabilities;
- 8 (d) Dental services;
- 9 (e) Rehabilitation services;
- 10 (f) Personal care services;
- 11 (g) Durable medical equipment;
- 12 (h) Medical transportation services;
- 13 (i) Vision-related services;
- 14 (j) Speech therapy services;
- 15 (k) Physical therapy services;
- 16 (l) Chiropractic services;
- 17 (m) Occupational therapy services;
- 18 (n) Optometric services;
- 19 (o) Podiatric services;
- 20 (p) Hospice services;
- 21 (q) Mental health and substance abuse services;
- 22 (r) Hearing screening services for newborn and infant children; and
- 23 (s) Administrative expenses related to administrative activities,
24 including outreach services, provided by school districts and educational
25 service units to students who are eligible or potentially eligible for
26 medical assistance.

27 (3) No later than July 1, 2009, the department shall submit a state
28 plan amendment or waiver to the federal Centers for Medicare and Medicaid
29 Services to provide coverage under the medical assistance program for
30 community-based secure residential and subacute behavioral health
31 services for all eligible recipients, without regard to whether the

1 recipient has been ordered by a mental health board under the Nebraska
2 Mental Health Commitment Act to receive such services.

3 (4) On or before October 1, 2014, the department, after consultation
4 with the State Department of Education, shall submit a state plan
5 amendment to the federal Centers for Medicare and Medicaid Services, as
6 necessary, to provide that the following are direct reimbursable services
7 when provided by school districts as part of an individualized education
8 program or an individualized family service plan: Early and periodic
9 screening, diagnosis, and treatment services for children; medical
10 transportation services; mental health services; nursing services;
11 occupational therapy services; personal care services; physical therapy
12 services; rehabilitation services; speech therapy and other services for
13 individuals with speech, hearing, or language disorders; and vision-
14 related services.

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

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

25 (7)(a) No later than January 1, 2025, the department shall provide
26 coverage for an electric personal-use breast pump for every pregnant
27 woman covered under the medical assistance program, or child covered
28 under the medical assistance program if the pregnant woman is not
29 covered, beginning at thirty-six weeks gestation or the child's date of
30 birth, whichever is earlier. The electric personal-use breast pump shall
31 be capable of (i) sufficiently supporting milk supply, (ii) double and

1 single side pumping, and (iii) suction power ranging from zero mmHg to
2 two hundred fifty mmHg. No later than January 1, 2025, the department
3 shall provide coverage for a minimum of ten lactation consultation visits
4 for every mother covered under the medical assistance program or child
5 covered under the medical assistance program, if the mother is not
6 covered under such program.

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

11 2. Renumber the remaining sections and correct internal references
12 accordingly.

13 3. Correct the operative date and the repealer so that the section
14 added by this amendment becomes operative three calendar months after the
15 adjournment of this legislative session.