

LEGISLATURE OF NEBRASKA
ONE HUNDRED EIGHTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 333

Introduced by Conrad, 46; Cavanaugh, M., 6; Hunt, 8.

Read first time January 11, 2023

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
- 2 section 68-911, Revised Statutes Cumulative Supplement, 2022; to
- 3 require a state plan amendment for coverage of family planning
- 4 services; and to repeal the original section.
- 5 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-911, Revised Statutes Cumulative Supplement,
2 2022, is 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 (j) Nurse midwife services;
- 16 (k) Pregnancy-related services;
- 17 (l) 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

1 with disabilities;

2 (d) Dental services;

3 (e) Rehabilitation services;

4 (f) Personal care services;

5 (g) Durable medical equipment;

6 (h) Medical transportation services;

7 (i) Vision-related services;

8 (j) Speech therapy services;

9 (k) Physical therapy services;

10 (l) Chiropractic services;

11 (m) Occupational therapy services;

12 (n) Optometric services;

13 (o) Podiatric services;

14 (p) Hospice services;

15 (q) Mental health and substance abuse services;

16 (r) Hearing screening services for newborn and infant children; and

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

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

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

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

13 (6) No later than October 1, 2023, the department shall submit a
14 state plan amendment to the federal Centers for Medicare and Medicaid
15 Services for the purpose of providing medical assistance for family
16 planning services for persons whose income is at or below the income
17 eligibility level set by the state as of January 1, 2023, for coverage
18 for pregnant women, as permitted under the federal Social Security Act,
19 as amended, 42 U.S.C. 1396a(a)(10)(A)(ii)(XXI), as such act and section
20 existed on January 1, 2023.

21 (7) For purposes of this section:

22 (a) Family planning services shall be consistent with 42 U.S.C.
23 1396a(a)(10)(G)(XVI) and includes coverage, without imposition of
24 utilization controls, of: All United States Food and Drug Administration-
25 approved family planning methods, including the insertion, provision, or
26 removal of a drug or device; screening and treatment for preinvasive
27 cervical and breast cancers, including cancer prevention vaccinations;
28 interpersonal violence screening and prevention; and followup family
29 planning appointments and counseling; and

30 (b) Family planning services includes the following related
31 services: Medical diagnosis and treatment services provided in a family

1 planning setting as part of, or as a followup to, a family planning
2 visit, including, but not limited to, treatment of medical conditions
3 routinely diagnosed during a family planning visit, such as treatment for
4 a urinary tract infection or sexually transmitted infection; preventive
5 services routinely provided during a family planning visit, such as the
6 human papillomavirus vaccine; treatment of a major medical complication
7 resulting from a family planning visit; and the insertion of a long-
8 acting reversible contraceptive immediately postdelivery as part of a
9 family planning visit.

10 (8) No state funds shall be utilized to pay for elective abortion
11 services.

12 Sec. 2. Original section 68-911, Revised Statutes Cumulative
13 Supplement, 2022, is repealed.