

**NEBRASKA HEALTH CARE CASH FUND AND  
RELATED FUNDS**

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## A Report on the Nebraska Health Care Cash Fund and the Related Medicaid Intergovernmental Trust Fund and the Tobacco Settlement Trust Fund

### **Purpose**

This report provides an overview of the Nebraska Health Care Cash Fund and related funds, the Nebraska Tobacco Settlement Trust Fund and the Nebraska Medicaid Intergovernmental Transfer Trust Fund.

### **The Health Care Cash Fund**

The Nebraska Health Care Cash Fund receives funds from three sources -- the Nebraska Tobacco Settlement Trust Fund, the Nebraska Intergovernmental Transfer Trust Fund and cigarette taxes. These funds will be described later in this report.

LB 692 passed in the 2001 Legislative Session provided the current policy framework for the use of the Nebraska Health Care Cash Fund and established the tobacco settlement and intergovernmental transfer funds as the two sources of revenue for the fund. The intent of LB 692 was to use the funds for health-related purposes.

Section 71-7606 states the purpose of the Nebraska Health Care Cash Fund:

- (1) The purpose of the Nebraska Health Care Funding Act is to provide for the use of dedicated revenue for health-care-related expenditures.
- (2) Any funds appropriated or distributed under the act shall not be considered ongoing entitlements or obligations on the part of the State of Nebraska and shall not be used to replace existing funding for existing programs.
- (3) No funds appropriated or distributed under the act shall be used for abortion, abortion counseling, referral for abortion, or research or activity of any kind involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells or for the purpose of obtaining other funding for such use.
- (4) The Department of Health and Human Services shall report annually to the Legislature and the Governor regarding the use of funds appropriated under the act and the outcomes achieved from such use.

The state investment officer is charged with the responsibility of deciding the amounts to be transferred from each fund, equal to the amount specified in statute. The provision that the transfer amounts be equal was eliminated in LB 331 in the 2017 Session. Every even-numbered year, the State Investment Officer is also charged with reporting to the Legislature information on the sustainability of the fund

The Legislature establishes in statute the amount in total to be transferred into the Nebraska Health Care Cash Fund annually. The amount transferred is based on statutory requirements and the appropriations set by the Legislature. In FY 22, the transfer amount is \$66.2million; it will drop to \$51.0 million thereafter.

LB 969 passed in the 2012 Session harmonized the handling of the funds in the Tobacco Settlement Fund, Medicaid Intergovernmental Fund and the Health Care Cash Fund. Prior to the passage of LB 969,

the Tobacco Settlement Fund, Medicaid Intergovernmental Transfer Fund and Health Care Cash Fund were handled in different and disjointed ways; some through transfers into cash funds and others through appropriations. The different way in which funding was accessed led to confusion when discussing the funds with policymakers. With the passage of LB 969, the transfers to separate funds were eliminated and all distributions are handled through appropriations from the Health Care Cash Fund.

A new source of revenue was enacted in 2015. A portion of the cigarette tax that was earmarked for the Nebraska Public Safety System was partially redirected to the Health Care Cash Fund when those funds were no longer needed for the system. The allocation to the Health Care Cash Fund is \$1,250,000. Of that amount, one million dollars a year was permanently added to the biomedical research funding; \$200,000 permanently added for public health regions and in FY 2016, a one-time amount of \$50,000 was provided to the University of Nebraska Medical Center for public health workforce training.

## **Related Funds**

Although the tobacco settlement and intergovernmental funds are called trust funds in statute, they are not trust funds. Trust funds are assets held in trust and their use is governed by the conditions of the trust. Neither the tobacco settlement nor the intergovernmental transfer fund is governed by the conditions of a trust. Use of the funds is strictly the prerogative of the Legislature.

## **Nebraska Tobacco Settlement Trust Fund**

In 1998, Nebraska along with more than 40 other states and territories entered into a settlement agreement with tobacco manufacturers. The basis of the settlement was reimbursement to the states for additional Medicaid costs the states incurred treating smoking-related illnesses and diseases.

The terms and conditions of the settlement are contained in the Master Settlement Agreement. This agreement contains a schedule of payments the participating manufacturers are required to make to each of the states in perpetuity. Payments are adjusted based on an annual inflation and volume adjustment. Those payments are deposited in this Nebraska Tobacco Settlement Trust Fund. The annual revenue from the settlement since inception averaged \$36 million a year over 25 years.

The state must meet certain conditions of compliance contained in the Master Settlement Agreement. The Attorney General is responsible for ensuring compliance. The Department of Revenue assists with the compliance activity. Once the state receives the funds, there are no restrictions on the use of the funds.

All states are required to enforce provisions of the settlement relating to Non-Participating Manufacturers (NPM). Failure to comply with this provision can result in the loss of up to the entire MSA payment for any given year when a state has been determined to have not met the enforcement requirements.

The revenue from the settlement since the inception ranged from a low of \$30.0 million in FY 2002 to a high of \$56.0 million in FY 2013. The average is \$37.8 million. In the last five years the settlement payments ranged from \$38.0 million to \$43.7 million. The balance in the fund as of June 30, 2022, is \$584.5 million.

## **Nebraska Medicaid Intergovernmental Transfer Trust Fund**

Until 2005, the federal government allowed states to establish disproportionate share pools for publicly owned nursing facilities. Payments to the facilities in the pool were allowed to be reimbursed up to the aggregate amount allowed under the Medicare upper payment limit. Since Nebraska reimbursed the facilities at a rate lower than aggregate amount allowed under the upper limit, a process was established to return the excess payments to the state. The State General Fund was reimbursed in full. Each participating facility received \$10,000 to cover administrative costs and for an incentive to participate in the intergovernmental transfer process.

The excess federal funds were placed in the Nebraska Medicaid Intergovernmental Trust Fund. Since this loophole allowed states to receive more federal Medicaid funds than the states' respective match rates, the federal government phased out the process that enabled states to take advantage of this loophole. Since the loophole was closed in 2005, the only revenue source for this fund is investment earnings.

LB 331 in the 2017 Session directed the State Investment Officer to direct the transfer funds from the Medicaid Intergovernmental Trust Fund first until the fund was depleted. This was done, since the fund's original source of revenue was eliminated and the only additional revenue was from investment income. The fund was cleared out with the exception of a small amount of residual investment income.

The balance in the fund as of June 30, 2022 was \$42.

## **Combined Balances**

The revenues, earnings, transfers and fiscal year-end balances for the combined funds since inception are shown in the table on the next page:

| Combined Funds    | FY      | Deposits   | Earnings     | Transfers    | Expenses  | Ending Balance | Change       |
|-------------------|---------|------------|--------------|--------------|-----------|----------------|--------------|
| Beginning Balance | FY 1998 | 27,261,416 | 134,932      | -            | -         | 27,396,348     |              |
| 50,101            | FY 1999 | 55,185,489 | 1,261,218    | (66,364,205) | -         | 17,478,850     | (9,917,498)  |
| 50,000            | FY2000  | 96,650,344 | 3,386,244    | (3,418,190)  | -         | 114,097,248    | 96,618,398   |
| 41,741,904        | FY2001  | 67,675,769 | 4,899,341    | (4,118,235)  | -         | 182,554,123    | 68,456,875   |
| 72,393,672        | FY2002  | 91,547,546 | (13,783,454) | (50,000,000) | (41,166)  | 210,277,049    | 27,722,926   |
| 91,159,960        | FY 2003 | 43,158,793 | (1,436,957)  | (22,000,000) | (72,923)  | 229,925,962    | 19,648,913   |
| 111,308,871       | FY 2004 | 87,306,237 | 34,784,129   | (52,652,500) | (183,652) | 300,223,617    | 70,297,655   |
| 140,586,792       | FY2005  | 76,075,681 | (1,000,646)  | (58,352,500) | (207,899) | 341,349,011    | 41,125,394   |
| 164,716,503       | FY2006  | 56,812,200 | 34,970,685   | (52,000,000) | (225,204) | 382,906,693    | 41,557,682   |
| 188,438,435       | FY2007  | 51,247,733 | 63,548,406   | (52,000,000) | (338,155) | 445,345,679    | 62,438,986   |
| 227,122,177       | FY2008  | 51,175,277 | (22,731,127) | (55,250,000) | (307,065) | 418,232,761    | (27,112,918) |
| 230,897,533       | FY2009  | 44,992,102 | (75,178,454) | (57,400,000) | (358,126) | 336,988,287    | (81,244,474) |
| 215,339,014       | FY2010  | 38,997,011 | 41,714,866   | (53,333,277) | (317,358) | 365,049,526    | 28,061,239   |
| 246,684,014       | FY2011  | 36,939,241 | 66,656,619   | (56,095,512) | (348,495) | 411,201,431    | 46,151,905   |
| 289,510,658       | FY2012  | 37,664,587 | (17,927,089) | (59,100,000) | (373,009) | 371,465,870    | (39,735,561) |
| 273,688,613       | FY2013  | 56,093,823 | 55,624,368   | (56,280,948) | (414,229) | 426,758,885    | 55,293,015   |
| 326,105,729       | FY2014  | 37,449,237 | 50,889,270   | (56,958,081) | (465,597) | 457,673,712    | 30,914,827   |
| 357,551,991       | FY2015  | 37,119,646 | 26,302,972   | (59,498,760) | (377,883) | 461,219,689    | 3,545,977    |
| 367,440,490       | FY2016  | 36,737,587 | 742,883      | (58,232,193) | (364,541) | 440,103,696    | (21,115,993) |
| 356,859,227       | FY2017  | 37,741,463 | 49,052,363   | (57,849,846) | (480,003) | 468,567,672    | 28,463,976   |
| 385,007,498       | FY2018  | 41,017,448 | 36,223,684   | (67,661,381) | (326,965) | 477,820,459    | 9,252,787    |
| 451,866,358       | FY 2019 | 39,834,822 | 29,293,542   | (70,660,050) | (416,337) | 475,872,436    | (1,948,023)  |
| 475,872,436       | FY 2020 | 38,060,542 | (7,114,865)  | (56,771,230) | (440,022) | 449,606,861    | (26,265,575) |
| 449,606,861       | FY 2021 | 42,662,740 | 116,774,408  | (60,959,530) | (405,479) | 547,679,000    | 98,072,139   |
| 547,679,000       | FY 2022 | 43,772,689 | 43,055,998   | (49,443,265) | (517,210) | 584,547,212    | 36,868,212   |

## Sustainability Projections

The state investment officer is required to report to the Legislature on or before October 1 of every even-numbered year on the sustainability of such transfers. The latest report by the Investment Council is attached to this report or can be accessed on the Clerk of the Legislature's website at:

[https://www.nebraskalegislature.gov/FloorDocs/107/PDF/Agencies/Investment\\_Council/139\\_20220826-102055.pdf](https://www.nebraskalegislature.gov/FloorDocs/107/PDF/Agencies/Investment_Council/139_20220826-102055.pdf)

Over the years, the Investment Council's reports to the Legislature have shown the sustainability of the fund to be at-risk at the appropriated expenditure levels. One measure introduced to curtail expanded use of the Health Care Cash Fund was in LB 969 which passed in the 2012 Session. It stated Legislative intent that no new programs be funded through the Health Care Cash Fund until all programs with an appropriation in FY 13 are restored to those funding levels. All programs reduced in FY 2013 currently either equal or exceed the FY 2013 appropriations.

To shore up the sustainability of the cash fund, the Legislature in the 2021 Session permanently moved \$10 million in base funding for behavioral health to the General Fund. This action along with other factors changed the sustainability outlook of the fund from being at risk to sustainable. The required report by the state investment officer states that the fund at the current transfer amount of \$51 million is sustainable.

## Programs Funded Through the Health Care Cash Fund

The programs funded by the Health Care Cash Funds in FY 2022 through the appropriations in FY 2025 are shown in the table below:

| Health Care Cash Fund Final Appropriations |         |   |            |            | Est           |
|--|---------|---|------------|------------|---------------|
| Prog                                       | Program |   | FY 2022    | FY 2023    | FY 24 & FY 25 |
| 3  | 122     | Legislative Council                             | 75,000     | 75,000     | 75,000        |
| 11   | 507     | Attorney General Tobacco Settlement Enforcement | 595,807    | 595,807    | 595,807       |
| 16   | 102     | Revenue Auditor/Tobacco Settlement Enforcement  | 323,055    | 329,808    | 329,808       |
| 16   | 164     | Gamblers Assistance                             | 250,000    | 250,000    | 250,000       |
| 25   | 30      | Tobacco Prevention and Control                  | 2,570,000  | 2,570,000  | 2,570,000     |
| 25   | 33      | Public Health Staff                             | 100,000    | 100,000    | 100,000       |
| 25   | 33      | Minority Health Staff                           | 220,000    | 220,000    | 220,000       |
| 25   | 33      | Medicaid Smoking Cessation Operations           | 6,000      | 6,000      | 6,000         |
| 25   | 33      | Respite Care Regions Staff and Operating        | 404,643    | 404,643    | 404,643       |
| 25   | 33      | EMS Technicians Regulation                      | 13,688     | 13,688     | 13,688        |
| 25   | 33      | Parkinson's Disease Registry                    | 26,000     | 26,000     | 26,000        |
| 25   | 33      | Olmsted Plan                                    | 36,459     | -          | -             |
| 25   | 38      | MH/SA Regions Service Capacity                  | 6,500,000  | 6,500,000  | 6,500,000     |
| 25   | 38      | Emergency Protective Service Funding            | 1,500,000  | 1,500,000  | 1,500,000     |
| 25   | 250     | Mental Health Service Capacity                  | 1,000,000  | 1,000,000  | 1,000,000     |
| 25   | 344     | Children's Health Insurance Aid                 | 6,835,700  | 6,835,700  | 6,835,700     |
| 25   | 347     | Respite Care Aid                                | 810,000    | 810,000    | 810,000       |
| 25   | 348     | Medicaid Smoking Cessation                      | 450,000    | 450,000    | 450,000       |
| 25   | 424     | Developmental Disability Aid                    | 5,000,000  | 5,000,000  | 5,000,000     |
| 25   | 502     | Public Health                                   | 5,605,000  | 5,605,000  | 5,605,000     |
| 25   | 502     | Minority Health                                 | 2,875,000  | 2,875,000  | 2,875,000     |
| 25   | 502     | FQHC patient counts                             | 750,000    | 750,000    | 750,000       |
| 25   | 514     | Poison Control Center                           | 200,000    | 200,000    | 200,000       |
| 25   | 514     | Brain Injury Trust                              | 500,000    | 500,000    | 500,000       |
| 25   | 514     | Perinatal Quality Improvement                   |            | 130,000    | 130,000       |
| 25   | 621     | Stem Cell Research                              | 450,000    | 450,000    | 450,000       |
| 25   | 623     | Biomedical Research                             | 15,000,000 | 15,000,000 | 15,000,000    |
| 50   |         | Pancreatic Research                             |            | 15,000,000 |               |
| 70   | 353     | Children's Commission                           | 185,337    | 189,345    | 189,345       |
|  |         | Total appropriation                             | 52,281,689 | 67,385,991 | 52,385,991    |

The following describes the programs funded by the Health Care Cash Fund by programmatic area:

**Legislative Council:** This funding is provided for ongoing health-related research and public policy development conducted by the Health and Human Services Committee. Such funds may be used for, but shall not be limited to, hiring temporary legal research assistance, consulting and research contracts. (Agency 3, Program 122) \$75,000

**Attorney General:** The Attorney General is responsible for enforcement of the provision of the Master Settlement Agreement. These funds are used to ensure compliance. (Agency 12, Program 507) \$595,807

**Revenue Auditor:** Similar to the funding provided to the Attorney General, the revenue auditor ensures compliance with the Master Settlement Agreement. (Agency 16, Program 102) \$516,482

**Gamblers' Assistance:** LB 332 (2005) provided \$250,000 of funding beginning in 2005-06 for the compulsive gambler's assistance program. The intent was to use another funding source to continue this level of support. A constitutional amendment to use lottery funds for this purpose was defeated. The Legislature continued to fund the program with the Health Care Cash Fund. The program was moved to the Department of Revenue in 2013. (Agency 16, Program 164) \$250,000

**Tobacco Prevention and Control:** The funding is used for a comprehensive statewide tobacco-related public health program which includes, but is not limited to (1) community programs to reduce tobacco use, (2) chronic disease programs, (3) school programs, (4) statewide programs, (5) enforcement, (6) counter marketing, (7) cessation programs, (8) surveillance and evaluation and (9) administration. A one-time increase of \$500,000 was provided in FY 18 (Agency 25, Program 30) \$2,570,000

**Respite Care:** Aid to the six regional services area is provided for coordination of respite services and direct funding of services as well. Of the \$1,214,643 in total funds, \$404,643 is provided to the regional service areas for personnel and \$810,000 for aid. (Agency 25, Programs 033 and 347) \$1,214,643

**EMS Technicians:** LB 1033 passed in 2002, authorized emergency medical technicians-intermediate, emergency medical technicians and-paramedics to perform out-of-hospital procedures in a health clinic or hospital when supervised by a registered nurse, physician or physician assistant. An additional part-time investigator was funded from the Health Care Cash Fund to handle additional investigations. (Agency 25, Program 33) \$13,688

**Parkinson's Disease Registry:** The registry is the only statewide Parkinson's registry in the country. Originally funded with general funds, state law was changed in 2001 prohibiting general fund support and authorizing cash funds to pay for the registry. A grant from the Michael J. Fox Foundation and another source covered the cost of operations until it was exhausted. In 2009, an appropriation from the Health Care Cash Fund was provided to cover the operating costs. (Agency 25, Program 33) \$26,000

**Behavioral Health Provider Rates:** Behavioral health provider rates were increased in Medicaid, the regions, juvenile justice and child welfare in FY 2002 and FY 2003 using the Health Care Cash Fund. Since that time, no additional increase has been provided from the HCCF. The original amounts were part of the base funding for each of these programs. Those costs were transferred to the General Fund beginning in FY 2022. (Agency 25, Programs 38, 348, and 354) \$0

**Mental Health and Substance Abuse Treatment Service Capacity:** This funding was provided to increase service capacity by the mental health and substance abuse regions and in the juvenile justice area. One million a year is earmarked for juvenile justice and \$6.5 million for the regions. It is now part of the base for both programs. (Agency 25, Programs 38 and 250) \$7,500,000

**Emergency Protective Custody:** Funding is provided to the mental health regions for emergency protective custody services. It is part of the base funding for the regions. (Agency 25, Program 38) \$1,500,000

**Public Health:** Funding is distributed on a formula basis to the 18 local public health departments to provide core public health functions include assessment and policy development, prevention of illness and disease, and assurance of services including public health nursing, health education, and environmental health services. The distribution formula is as follows:

- a) \$100,000 for three-county departments with a total population of 30,000 to 50,000
- b) 125,000 to single-county departments or multiple-county departments with three or more counties departments with a total population of more than 50,000 up to 100,000
- c) \$150,000 to departments with a total population of more than 100,000.
- d) Any funding not distributed under the formula shall be equally distributed among all departments receiving funding under the above formula distribution.

Funding cannot be used to replace existing county funding.

There is \$100,000 for staff and operating expenses. The appropriation increased by \$200,000 for state aid from the cigarette tax revenue. (Agency 25, Program 33 and 502) \$5,705,000

**Minority Health:** Minority health funding is for initiatives that target, but is not limited to, infant mortality, cardiovascular disease, obesity, diabetes and asthma. It is distributed in the following manner:

- a) \$1,526,000 is for counties in the first and third congressional districts with a minority population equal to or exceeding 5%
- b) \$1,349,000 is divided equally among federally qualified health centers (FQHCs in the Second Congressional District.
- c) \$220,000 is also provided for minority health satellite offices in the second and third congressional districts.

(Agency 25, Program 33 and 502) \$3,095,000

**Federally Qualified Health Centers:** This funding is for the seven community health centers funded through Federal Program 330, Public Law 104-299, the federal Health Centers Consolidation Act of 1996. Each center is to receive an amount to be distributed proportionally based on the previous fiscal year's number of uninsured clients as reported on the Uniform Data System Report provided to the United States Department of Health and Human Services Bureau of Primary Health Care. (Agency 258, Program 502) \$750,000

**Children's Health Insurance Program (CHIP):** The state match for CHIP was initially funded with \$25 million from the Health Care Cash Fund. As the initial \$25 million was exhausted, the Legislature in FY 04 provided \$1.3 million from the HCCF to bring the total to \$5 million. In subsequent years the appropriation was increased to \$6,835,700 and is part of the base. Increases in the appropriations above this amount in the state's share of the program are picked up by the General Fund. (Agency 25, Program 344) \$6,835,700

**Medicaid Smoking Cessation:** LB 959 passed in 2008, appropriated funds to the Medicaid Program for a state plan amendment to include smoking cessation as a Medicaid-covered service. Although the bill



saved general fund dollars beginning in 2010, the initial funding needed to provide the services was paid from the Health Care Cash Fund and is now part of the base. (Agency 25, Program 348) \$450,000

**Developmentally Disabled Services:** LB 692, passed in 2001, added \$3 million in 2001-02 and \$5 million in 2002-03 to develop services for persons on the waiting list, who had been waiting the longest for services. The \$5 million is part of the on-going base for the program. (Agency 25, Program 424) \$5,000,000

**Stem Cell Research:** LB 606 passed in 2008, created the Stem Cell Research Act. Grants are awarded to Nebraska institutions or researchers for the purpose of conducting non-embryonic stem cell research. Originally the funding was \$500,000. This was reduced in 2010 to \$450,000. (Agency 25, Program 621) \$450,000

**Biomedical Research:** The University of Nebraska, Creighton Medical Center and Boys Town Research Hospital are eligible for this funding. Twenty-four percent of the appropriated funds are distributed annually to the University of Nebraska and sixteen percent to Creighton and Boys Town combined. When the original legislation was passed creating the Health Care Cash Fund, only the University of Nebraska Medical Center and the University of Nebraska at Lincoln were conducting biomedical research. More recently the University of Nebraska at Omaha is also conducting qualifying research. Sixty percent is distributed to the eligible institutions based on the percentage of all funds expended by such institutions from the National Institutes of Health of the United States Department of Health and Human Services in the prior year as contained in a certified report of such excluding any such funds expended for research involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells. At least \$700,000 of such appropriated funds shall be used annually for research to improve racial and ethnic minority health. In 2015, the amount increased by \$1 million from the cigarette tax. (Agency 25, Program 623) \$15,000,000

**Poison Control Center:** The funding from the Health Care Cash Fund provides \$200,000 for the Poison Control Center at the University of Nebraska Medical Center. Until 2003, Children's Hospital covered the costs of operating the center. After they decided they could no longer support it, the operations were moved to UNMC. Initially, funding was provided from federal bioterrorism grants, Creighton Medical Center and UNMC. When the bioterrorism funding decreased and Creighton withdrew support, attempts were made to secure funding from other hospitals and insurance companies. However, the other entities declined to contribute. UNMC requested funding from the state so the poison control center could continue to operate. The services are provided to individuals, medical professionals and hospitals free of charge and are documented to save health care dollars through avoidance of emergency room visits and getting the appropriate treatment to patients who are poisoned. (Agency 51, Program 781) \$200,000

**Foster Care Review Office:** Funding was provided to continue the Nebraska Children's Commission (Agency 70, Program 353) \$189,345

**Brain Injury Trust Fund:** \$500,000 in funding was provided beginning in FY 2020-21 and annually thereafter to be used to pay for contracts with entities that specialize in the area of brain injury for assistance to individuals with a brain injury (Agency 25, Program 514) \$500,000

**Pancreatic Cancer Research** one-time transfer of up to \$15 million to the University of Nebraska Medical Center for pancreatic cancer research. The transfer is contingent on match of up to \$15 million from private or other sources. (Agency 50) \$15,000,000

**Perinatal Quality Improvement Program** An additional \$130,000 in state funding to supplement the \$70,000 in general funds was provided for increased funding for the Nebraska Perinatal Quality Improvement Collaborative. The program works to improve the delivery of and access to evidence-based health care for all Nebraska mothers and babies to improve birth outcomes, prevent maternal and infant deaths, reduce the impact of premature births, and ensure healthy moms and babies across the state. (Agency 25, Program 514) \$130,000

## **Expired Time-Limited Programs**

**211 Information:** Time-limited funding of \$300,000 for two years is provided for the statewide 211 System for FY 2020 and FY 2021 only. (Agency 14, Program 64) \$300,000

**Olmstead Plan:** LB 570 established a process for the state to come into compliance with the U. S. Supreme Court Olmstead decision. The unused balance in the appropriation to the Legislative Council was lapsed in FY 19 to cover the costs in FY 20 and FY 21. The A-Bill stated legislative intent to fund one additional year with \$36,459 from the HCCF in FY 2022. (Agency 25, Program 33). \$43,570

**Autism Treatment:** One million dollars a year for five years was to be used for intensive behavioral services under Medicaid for children with autism. The transfer of up to \$1 million a year for five years was contingent upon the receipt of no less than one dollar of private funds for every two dollars from the Health Care Cash Fund. The organization that had intended to contribute private matching dollars informed the state that no matching funds will be donated. No funding for this purpose was used and was lapsed. (Agency 25, Program 348)

**Medical Cannabidiol Pilot Study:** LB 390 passed in the 2016 Session requires the University of Nebraska Medical Center to study the efficacy of cannabidiol to treat patients with intractable seizures and treatment resistant seizures. The funding of \$250,000 a year was for four years, FY 16 to FY 19. (Agency 51, Program 751)

**Public Health Workforce Training:** This was one-time funding of \$50,000 in FY 17 was provided to the College of Public Health at the University of Nebraska Medical Center for workforce training. It was added from the cigarette tax revenue. (Agency 51, Program 751)

**Aged and Disabled Resource Centers (ADRCs):** Two-years of funding was provided for the ADRCs in FY 18 and FY 19. (Agency 25, Program 33 and 571)

**Nursing Facility Inspector:** Two-years of funding was provided in FY 18 and FY 19 for an additional nursing home inspector due to the requirements in LB 439. (Agency 25, Program 33)

**General Fund Transfers:** In FY 18 and FY 19, \$10 million was transferred each year from the Health Care Cash Fund to the State General Fund to assist with balancing the budget.

## **Conclusion**

In conclusion, as noted earlier in this report, the recent report by the State Investment Officer states the fund is sustainable at the current appropriation amount of \$51 million. To continue the fund into perpetuity, the Legislature will need to continue to monitor the revenues, expenditures and balances and establish priorities if needed to address the sustainability. Diligence continues to be required to ensure the fund remains viable in the future.