

ONE HUNDRED SECOND LEGISLATURE - SECOND SESSION - 2012
COMMITTEE STATEMENT
LB599

Hearing Date: Wednesday March 16, 2011
Committee On: Health and Human Services
Introducer: Campbell
One Liner: Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye:	5	Senators Campbell, Cook, Gloor, Howard, Krist
Nay:	1	Senator Bloomfield
Absent:		
Present Not Voting:	1	Senator Lambert

Proponents:

Senator Kathy Campbell
Caron Gray
Rev. Dr. Chuck Bentjen
Dawn Ballosingh
Andrea Skolkin
Rebecca Rayman

Rev. Howard Dotson

Kathleen Grant
Justin Vossen
Jim Cunningham
Jeanee Weiss
Lazaro Spindola
Erica Birky Rios
Jennifer Carter
Julie Schmidt-Albin
Shirley A. Mora James

Representing:

District #25
Creighton University
Manna and Mercy Center for Faith in Public Life
Nebraska Dietetic Association
OneWorld Community Health Centers, Inc.
East Central District Health Department Good Neighbor
Community Health Center, Columbus, NE
Missouri River Valley Presbytery Social Justice &
Peacemaking Committee
Omaha Together, One Community (OTOC)
March of Dimes, Nebraska Chapter
Nebraska Catholic Conference
Building Bright Futures
Minority Health Advisory Council
Self
Nebraska Appleseed
Nebraska Right-to-Life
Mora James Law

Opponents:

Vivianne Chaumont

Representing:

Nebraska Department of Health and Human Services,
Division of Medicaid and Long-term Care

Neutral:

Representing:

Summary of purpose and/or changes:

LB 599 clarifies that unborn children do not have immigration status and therefore are not within the scope of Nebraska statute section 4-108. Additionally, the bill states that the prenatal care services available pursuant to SCHIP for unborn children, whose eligibility is independent of the mothers' eligibility and immigration status, are not included in the restrictions imposed by Nebraska statute, section 4-108.

LB 599 states that the Legislature finds that SCHIP:

Is meant to assist state efforts to initiate and expand child health assistance to uninsured, low-income children;
Defines "child" as an individual under the age of nineteen years, including any period of time from conception to birth;
Low-income children are eligible independent of the mother's eligibility and immigration status;
Covers prenatal care and pregnancy related services that connect to the health of the unborn child.

The bill, also states that the Legislature finds that prenatal care for children:

Reduces the likelihood of premature delivery or low birth weight which are associated with a wide range of congenital disabilities and infant mortality;
Can detect a great number of serious and even life-threatening disabilities, many of which can now be successfully treated in utero;
Improves health outcomes during infancy and the child's life resulting in healthier infants and better long-term child growth and development; and
Results in ultimate cost savings to the state through reduced expenditures for high cost neonatal and potential long-term medical rehabilitation.

LB 599 directs the creation of a separate program allowed through SCHIP for prenatal care and pregnancy related services connected to the health of the unborn child including:

Professional fees for labor and delivery;
Pharmaceuticals and prescription vitamins;
Outpatient hospital care;
Radiology, ultrasound and other necessary imaging;
Necessary lab testing;
Hospital costs related to labor and delivery;
Services related to conditions that could complicate the pregnancy including treatment of conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child; and
Other pregnancy related service approved by the department.
Service not covered includes dentistry, optometry and other medical issues separate to the mother and unrelated to pregnancy.

The department will submit a state plan amendment or waiver for approval by the federal Centers for Medicare and Medicaid Services pursuant to this bill. Eligibility for this program will be at no greater than 185% income poverty guidelines.

Kathy Campbell, Chairperson