

AMENDMENTS TO LB 556

Introduced by Health and Human Services

1           1. Strike the original sections and insert the following  
2 new sections:

3           Section 1. (1) The Department of Health and Human  
4 Services shall adopt and promulgate rules and regulations providing  
5 for telehealth services for children's behavioral health. Such  
6 rules and regulations relate specifically to children's behavioral  
7 health and are in addition to the Nebraska Telehealth Act.

8           For purposes of sections 1 to 4 of this act, child means  
9 a person under nineteen years of age.

10          (2) The rules and regulations required pursuant to  
11 subsection (1) of this section shall include, but not be limited  
12 to:

13          (a) An appropriately trained staff member or employee  
14 familiar with the child's treatment plan or familiar with the child  
15 shall be immediately available in person to the child receiving  
16 a telehealth behavioral health service in order to attend to any  
17 urgent situation or emergency that may occur during provision of  
18 such service. This requirement may be waived by the child's parent  
19 or legal guardian; and

20          (b) Services provided by means of telecommunications  
21 technology, other than telehealth behavioral health services  
22 received by a child, are not covered if the child has access to  
23 a comparable service within thirty miles of his or her place of

1 residence.

2           Sec. 2. It is the intent of the Legislature that  
3 behavioral health screenings be offered by physicians at the  
4 time of childhood physicals. The physician shall explain that such  
5 screening is optional. The results of behavioral health screenings  
6 and any related documents shall not be included in the child's  
7 school record and shall not be provided to the child's school or  
8 to any other person or entity without the express consent of the  
9 child's parent or legal guardian.

10           Sec. 3. The Behavioral Health Education Center created  
11 pursuant to section 71-830 shall provide education and training  
12 for educators on children's behavioral health in the areas of the  
13 state served by the Behavioral Health Screening and Referral Pilot  
14 Program created pursuant to section 4 of this act.

15           Sec. 4. (1) The University of Nebraska Medical Center  
16 shall create the Behavioral Health Screening and Referral Pilot  
17 Program. The pilot program shall utilize a strategy of screening  
18 and behavioral health intervention. It is the intent of the  
19 Legislature that the pilot program demonstrate a method of  
20 addressing the unmet emotional or behavioral health needs of  
21 children that can be replicated statewide. Under the pilot program,  
22 behavioral health screening will be offered: (a) In primary care  
23 providers' offices during examinations under the early and periodic  
24 screening, diagnosis, and treatment services program pursuant to 42  
25 U.S.C. 1396d(r), as such section existed on January 1, 2013; or  
26 (b) upon request from parents or legal guardians who have concerns  
27 about a child's behavioral health.

1           (2) Three clinics shall be selected to serve as sites  
2 for the pilot program, including at least one rural and one  
3 urban clinic. Selected clinics shall have child psychologists  
4 integrated in the pediatric practice of the clinics. Parents or  
5 legal guardians of children participating in the pilot program  
6 shall be offered routine mental and behavioral health screening for  
7 their child during required physical examinations or at the request  
8 of a parent or legal guardian. Behavioral health screening shall be  
9 administered by clinic staff and interpreted by the psychiatrist,  
10 psychiatric nurse practitioner, psychologist, or licensed mental  
11 health practitioner and the child's primary care physician.

12           (3) Children identified through such screenings as being  
13 at risk may be referred for further evaluation and diagnosis as  
14 indicated. If intervention is required, the primary care medical  
15 team, including the psychologist and the primary care physician,  
16 shall develop a treatment plan collaboratively with the parent  
17 or legal guardian and any other individuals identified by the  
18 parent or legal guardian. If appropriate, the child shall receive  
19 behavioral therapy, medication, or combination therapy within the  
20 primary care practice setting.

21           (4) Consultation via telephone or telehealth with  
22 faculty and staff of the departments of Child and Adolescent  
23 Psychiatry, Psychiatric Nursing, and Developmental Pediatrics, and  
24 the Munroe-Meyer Institute Psychology Department, of the University  
25 of Nebraska Medical Center shall be available to the primary  
26 care practice and the children as needed to manage the care of  
27 children with mental or behavioral health issues that require more

1 specialized care than can be provided by the primary care practice.

2 (5) Data on the pilot program shall be collected and  
3 evaluated by the Interdisciplinary Center for Program Evaluation at  
4 the Munroe-Meyer Institute of the University of Nebraska Medical  
5 Center. Evaluation of the pilot program shall include, but not be  
6 limited to:

7 (a) The number of referrals for behavioral health  
8 screening under the pilot program;

9 (b) Whether each referral is initiated by a parent, a  
10 school, or a physician;

11 (c) The number of children and adolescents recommended  
12 for further psychological assessment after screening for a possible  
13 behavioral health disorder;

14 (d) The number and type of further psychological  
15 assessments of children and adolescents recommended and conducted;

16 (e) The number and type of behavioral health disorders  
17 in children and adolescents diagnosed as a result of a further  
18 psychological assessment following a behavioral health screening  
19 under the pilot program;

20 (f) The number and types of referrals of children and  
21 adolescents for behavioral health treatment from primary care  
22 medical practitioners;

23 (g) The number of children and adolescents successfully  
24 treated for a behavioral health disorder based upon patient  
25 reports, parent ratings, and academic records;

26 (h) The number and type of referrals of children and  
27 adolescents to psychiatric backup services at the University of

1 Nebraska Medical Center;

2 (i) The number of children and adolescents diagnosed  
3 with a behavioral health disorder who are successfully managed or  
4 treated through psychiatric backup services from the University of  
5 Nebraska Medical Center;

6 (j) The number and types of medications, consultations,  
7 or prescriptions ordered by psychiatric nurse practitioners for  
8 children and adolescents;

9 (k) The number of referrals of children and adolescents  
10 for severe behavioral health disorders and consultations to  
11 child psychiatrists, developmental pediatricians, or psychologists  
12 specializing in treatment of adolescents;

13 (l) The number of children and adolescents referred  
14 to psychiatric hospitals or emergency departments of acute-care  
15 hospitals for treatment for dangerous or suicidal behavior;

16 (m) The number of children and adolescents prescribed  
17 psychotropic medications and the types of such psychotropic  
18 medications; and

19 (n) Data collection on program costs and financial impact  
20 as related to capacity for replication in other primary care  
21 practices. Primary program costs include physician and psychologist  
22 time for conducting screenings, family interviews, further testing,  
23 and specialist consulting costs relating to consulting services by  
24 psychiatric nurses, developmental pediatricians, and psychologists.  
25 Treatment or medications paid by private insurance, the medical  
26 assistance program, or the State Children's Health Insurance  
27 Program shall not be included in program costs pursuant to this

1 subdivision.

2 (6) This section terminates two years after the effective  
3 date of this act.

4 Sec. 5. Section 68-911, Reissue Revised Statutes of  
5 Nebraska, is amended to read:

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

9 (a) Inpatient and outpatient hospital services;

10 (b) Laboratory and X-ray services;

11 (c) Nursing facility services;

12 (d) Home health services;

13 (e) Nursing services;

14 (f) Clinic services;

15 (g) Physician services;

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

17 (i) Nurse practitioner services;

18 (j) Nurse midwife services;

19 (k) Pregnancy-related services;

20 (l) Medical supplies; and

21 (m) Mental health and substance abuse services; and

22 ~~(m)~~ (n) Early and periodic screening and diagnosis and  
23 treatment services for children which shall include both physical  
24 and behavioral health screening, diagnosis, and treatment services.

25 (2) In addition to coverage otherwise required under this  
26 section, medical assistance may include coverage for health care  
27 and related services as permitted but not required under Title XIX

1 of the federal Social Security Act, including, but not limited to:

2 (a) Prescribed drugs;

3 (b) Intermediate care facilities for the mentally  
4 retarded;

5 (c) Home and community-based services for aged persons  
6 and persons with disabilities;

7 (d) Dental services;

8 (e) Rehabilitation services;

9 (f) Personal care services;

10 (g) Durable medical equipment;

11 (h) Medical transportation services;

12 (i) Vision-related services;

13 (j) Speech therapy services;

14 (k) Physical therapy services;

15 (l) Chiropractic services;

16 (m) Occupational therapy services;

17 (n) Optometric services;

18 (o) Podiatric services;

19 (p) Hospice services;

20 (q) Mental health and substance abuse services;

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

23 (s) Administrative expenses related to administrative  
24 activities, including outreach services, provided by school  
25 districts and educational service units to students who are  
26 eligible or potentially eligible for medical assistance.

27 (3) No later than July 1, 2009, the department

1 shall submit a state plan amendment or waiver to the federal  
2 Centers for Medicare and Medicaid Services to provide coverage  
3 under the medical assistance program for community-based secure  
4 residential and subacute behavioral health services for all  
5 eligible recipients, without regard to whether the recipient has  
6 been ordered by a mental health board under the Nebraska Mental  
7 Health Commitment Act to receive such services.

8           Sec. 6. Section 71-8506, Reissue Revised Statutes of  
9 Nebraska, is amended to read:

10           71-8506 (1) ~~On or after July 1, 2000, in-person~~ In-person  
11 contact between a health care practitioner and a patient shall  
12 not be required under the medical assistance program established  
13 pursuant to the Medical Assistance Act and Title XXI of the federal  
14 Social Security Act, as amended, for health care services delivered  
15 through telehealth that are otherwise eligible for reimbursement  
16 under such program and federal act. Such services shall be subject  
17 to reimbursement policies developed pursuant to such program and  
18 federal act. This section also applies to managed care plans which  
19 contract with the department pursuant to the Medical Assistance Act  
20 only to the extent that:

21           (a) Health care services delivered through telehealth  
22 are covered by and reimbursed under the medicaid fee-for-service  
23 program; and

24           (b) Managed care contracts with managed care plans are  
25 amended to add coverage of health care services delivered through  
26 telehealth and any appropriate capitation rate adjustments are  
27 incorporated.



1           (2) The reimbursement rate for a telehealth consultation  
2 shall, as a minimum, be set at the same rate as the medical  
3 assistance program rate for a comparable in-person consultation.

4           (3) The department shall establish rates for transmission  
5 cost reimbursement for telehealth consultations, considering, to  
6 the extent applicable, reductions in travel costs by health care  
7 practitioners and patients to deliver or to access health care  
8 services and such other factors as the department deems relevant.  
9 Such rates shall include reimbursement for all two-way, real-time,  
10 interactive communications between the patient and the physician  
11 or health care practitioner at the distant site which comply with  
12 the federal Health Insurance Portability and Accountability Act  
13 of 1996 and rules and regulations adopted thereunder and with  
14 regulations relating to encryption adopted by the federal Centers  
15 for Medicare and Medicaid Services and which satisfy federal  
16 requirements relating to efficiency, economy, and quality of care.

17           Sec. 7. Original sections 68-911 and 71-8506, Reissue  
18 Revised Statutes of Nebraska, are repealed.