

AMENDMENTS TO LB944

(Amendments to Standing Committee amendments, AM1699)

Introduced by Schumacher, 22.

1 1. Insert the following new section:

2 Section 1. Section 68-911, Revised Statutes Cumulative Supplement,
3 2016, is 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; and
- 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 (2) In addition to coverage otherwise required under this section,
24 medical assistance may include coverage for health care and related
25 services as permitted but not required under Title XIX of the federal
26 Social Security Act, including, but not limited to:

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

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

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

13 (5) No later than September 1, 2018, 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 family's earned income is at or below
17 one hundred eighty-five percent of the federal poverty level as permitted
18 under section 1902(a)(10)(A)(ii)(XXI) of 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, 2018.

21 (6) For purposes of this section, family planning services shall be
22 consistent with 42 U.S.C. 1396a(a)(10)(G)(XVI) and includes coverage,
23 without imposition of utilization controls, of: All United States Food
24 and Drug Administration-approved family planning methods, including the
25 drug or device, insertion or provision, and removal; screening and
26 treatment for cervical and breast cancers, including cancer prevention
27 vaccinations; interpersonal violence screening and prevention; and
28 follow-up family planning appointments and counseling. To the extent
29 permitted by federal law without jeopardizing federal funding, family
30 planning services also includes, but is not limited to, training in the
31 responsibilities of parenthood and education in the financial, career,

1 and generational implications of pregnancy and child rearing.

2 (7) No state funds shall be utilized to pay for elective abortion
3 services.

4 2. Renumber the remaining sections and correct the repealer and
5 internal references accordingly.