

AMENDMENTS TO LB365

Introduced by Quick, 35.

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

3 **Section 1.** Section 68-911, Revised Statutes Supplement, 2025, is
4 amended to read:

5 68-911 (1) Medical assistance shall include coverage for health care
6 and related services as required under Title XIX of the federal Social
7 Security Act, including, but not limited to:

8 (a) Inpatient and outpatient hospital services;

9 (b) Laboratory and X-ray services;

10 (c) Nursing facility services;

11 (d) Home health services;

12 (e) Nursing services;

13 (f) Clinic services;

14 (g) Physician services;

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

16 (i) Nurse practitioner services;

17 (j) Nurse midwife services;

18 (k) Pregnancy-related services;

19 (l) Medical supplies;

20 (m) Mental health and substance abuse services;

21 (n) Early and periodic screening and diagnosis and treatment
22 services for children which shall include both physical and behavioral
23 health screening, diagnosis, and treatment services;

24 (o) Rural health clinic services; and

25 (p) Federally qualified health center services.

26 (2) In addition to coverage otherwise required under this section,
27 medical assistance may include coverage for health care and related

1 services as permitted but not required under Title XIX of the federal
2 Social Security Act, including, but not limited to:

3 (a) Prescribed drugs;

4 (b) Intermediate care facilities for persons with developmental
5 disabilities;

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

8 (d) Dental services;

9 (e) Rehabilitation services;

10 (f) Personal care services;

11 (g) Durable medical equipment;

12 (h) Medical transportation services;

13 (i) Vision-related services;

14 (j) Speech therapy services;

15 (k) Physical therapy services;

16 (l) Chiropractic services;

17 (m) Occupational therapy services;

18 (n) Optometric services;

19 (o) Podiatric services;

20 (p) Hospice services;

21 (q) Mental health and substance abuse services;

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

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

27 (3) No later than July 1, 2009, the department shall submit a state
28 plan amendment or waiver to the federal Centers for Medicare and Medicaid
29 Services to provide coverage under the medical assistance program for
30 community-based secure residential and subacute behavioral health
31 services for all eligible recipients, without regard to whether the

1 recipient has been ordered by a mental health board under the Nebraska
2 Mental Health Commitment Act to receive such services.

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

15 (5)(a) No later than January 1, 2023, the department shall provide
16 coverage for continuous glucose monitors under the medical assistance
17 program for all eligible recipients who have a prescription for such
18 device.

19 (b) Effective August 1, 2024, eligible recipients shall include all
20 individuals who meet local coverage determinations, as defined in section
21 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act
22 existed on January 1, 2024, and shall include individuals with
23 gestational diabetes.

24 (c) It is the intent of the Legislature that no more than six
25 hundred thousand dollars be appropriated annually from the Medicaid
26 Managed Care Excess Profit Fund, as described in section 68-996, for the
27 purpose of implementing subdivision (5)(b) of this section. Any amount in
28 excess of six hundred thousand dollars shall be funded by the Medicaid
29 Managed Care Excess Profit Fund.

30 (6) On or before October 1, 2023, the department shall seek federal
31 approval for federal matching funds from the federal Centers for Medicare

1 and Medicaid Services through a state plan amendment or waiver to extend
2 postpartum coverage for beneficiaries from sixty days to at least six
3 months. Nothing in this subsection shall preclude the department from
4 submitting a state plan amendment for twelve months.

5 (7)(a) No later than October 1, 2025, the department shall submit a
6 medicaid waiver or state plan amendment to the federal Centers for
7 Medicare and Medicaid Services to designate two medical respite
8 facilities to reimburse for services provided to an individual who is:

9 (i) Homeless; and

10 (ii) An adult in the expansion population.

11 (b) For purposes of this subsection:

12 (i) Adult in the expansion population means an adult (A) described
13 in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January
14 1, 2024, and (B) not otherwise eligible for medicaid as a mandatory
15 categorically needy individual;

16 (ii) Homeless has the same meaning as provided in 42 U.S.C. 11302 as
17 such section existed on January 1, 2024;

18 (iii) Medical respite care means short-term housing with supportive
19 medical services; and

20 (iv) Medical respite facility means a residential facility that
21 provides medical respite care to homeless individuals.

22 (c) The department shall choose two medical respite facilities, one
23 in a city of the metropolitan class and one in a city of the primary
24 class, best able to serve homeless individuals who are adults in the
25 expansion population.

26 (d) Once such waiver or state plan amendment is approved, the
27 department shall submit a report to the Health and Human Services
28 Committee of the Legislature on or before November 30 each year, which
29 provides the (i) number of homeless individuals served at each facility,
30 (ii) cost of the program, and (iii) amount of reduction in health care
31 costs due to the program's implementation.

1 (e) The department may adopt and promulgate rules and regulations to
2 carry out this subsection.

3 (f) The services described in subdivision (7)(a) of this section
4 shall be funded by the Medicaid Managed Care Excess Profit Fund as
5 described in section 68-996.

6 (8)(a) No later than January 1, 2025, the department shall provide
7 coverage for an electric personal-use breast pump for every pregnant
8 woman covered under the medical assistance program, or child covered
9 under the medical assistance program if the pregnant woman is not
10 covered, beginning at thirty-six weeks gestation or the child's date of
11 birth, whichever is earlier. The electric personal-use breast pump shall
12 be capable of (i) sufficiently supporting milk supply, (ii) double and
13 single side pumping, and (iii) suction power ranging from zero mmHg to
14 two hundred fifty mmHg. No later than January 1, 2025, the department
15 shall provide coverage for a minimum of ten lactation consultation visits
16 for every mother covered under the medical assistance program or child
17 covered under the medical assistance program, if the mother is not
18 covered under such program.

19 (b) It is the intent of the Legislature that the appropriation for
20 lactation consultation visits shall be equal to an amount that is a one
21 hundred forty-five percent rate increase over the current lactation
22 consultation rate paid by the department.

23 (9)(a) No later than January 1, 2024, the department shall provide
24 coverage, and reimbursement to providers, for all necessary translation
25 and interpretation services for eligible recipients utilizing a medical
26 assistance program service. The department shall take all actions
27 necessary to maximize federal funding to carry out this subsection.

28 (b) The services described in subdivision (9)(a) of this section
29 shall be funded by the Medicaid Managed Care Excess Profit Fund as
30 described in section 68-996.

31 (10)(a) No later than October 1, 2025, the department shall seek

1 approval for federal matching funds from the federal Centers for Medicare
2 and Medicaid Services through a state plan amendment to implement
3 targeted case management for evidence-based nurse home visiting services.
4 These services shall consist of visits to a home by a nurse and be
5 available to postpartum mothers and children six months of age or younger
6 enrolled in medicaid.

7 (b) It is the intent of the Legislature to use the Medicaid Managed
8 Care Excess Profit Fund established in section 68-996, and not to use the
9 General Fund, to fund the services described in subdivision (a) of this
10 subsection.

11 (11) No later than January 1, 2026, the department shall provide
12 coverage for psychology services provided by advanced level practitioners
13 who have completed advanced training requirements for a doctoral
14 internship in an accredited training program or a postdoctoral fellowship
15 and who are under current supervision by a licensed psychologist.

16 (12) No later than January 1, 2027, the department shall provide
17 coverage and reimbursement for self-measure blood pressure monitoring
18 services for pregnant and postpartum women eligible under the medical
19 assistance program. Such services shall include (a) education and
20 training on the setup and use of a home blood pressure monitoring device,
21 (b) separate self-measurement blood pressure readings, (c) daily
22 collection, and (d) transmission of data by the patient or caregiver to
23 report blood pressure readings to allow a health care provider to review
24 such readings and create or modify a treatment plan.

25 **Sec. 2.** Original section 68-911, Revised Statutes Supplement, 2025,
26 is repealed.