

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1144

Introduced by Hardin, 48.

Read first time January 20, 2026

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
- 2 sections 68-927 and 68-928, Reissue Revised Statutes of Nebraska; to
- 3 redefine a term; to provide requirements for entities issuing health
- 4 plans; to harmonize provisions; and to repeal the original sections.
- 5 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 68-927, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 68-927 For purposes of sections 68-926 to 68-933:

4 (1) Coordinate benefits means:

5 (a) Provide to the department information regarding the licensed
6 insurer's or self-funded insurer's existing coverage for an individual
7 who is eligible for a state benefit program; and

8 (b) Meet payment obligations;

9 (2) Coverage information means health information possessed by a
10 licensed insurer or self-funded insurer that is limited to the following
11 information about an individual:

12 (a) Eligibility for coverage under a health plan;

13 (b) Coverage of health care under the health plan; or

14 (c) Benefits and payments associated with the health plan;

15 (3) Health plan means any policy of insurance issued by a licensed
16 insurer or any employee benefit plan offered by a self-funded insurer
17 that provides for payment to, or on behalf of, an individual as a result
18 of an illness, disability, or injury or change in a health condition and
19 includes a service benefit plan, managed care organization, pharmacy
20 benefit manager, or another party that is legally responsible by law,
21 contract, or agreement for payment of a claim for a health care item or
22 service;

23 (4) Individual means a person covered by a state benefit program,
24 including the medical assistance program, or a person applying for such
25 coverage;

26 (5) Licensed insurer means any insurer, except a self-funded
27 insurer, including a fraternal benefit society, producer, or other person
28 licensed or required to be licensed, authorized or required to be
29 authorized, or registered or required to be registered pursuant to the
30 insurance laws of the state; and

31 (6) Self-funded insurer means any employer or union who or which

1 provides a self-funded employee benefit plan.

2 **Sec. 2.** Section 68-928, Reissue Revised Statutes of Nebraska, is
3 amended to read:

4 68-928 (1) Except as provided in subsection (2) of this section, at
5 the request of the department, a licensed insurer or a self-funded
6 insurer shall provide coverage information to the department without an
7 individual's authorization for purposes of:

8 (a) Determining an individual's eligibility for state benefit
9 programs, including the medical assistance program; or

10 (b) Coordinating benefits with state benefit programs.

11 Such information shall be provided within thirty days after the date
12 of request unless good cause is shown. Requests for coverage information
13 shall specify individual recipients for whom information is being
14 requested.

15 (2)(a) Coverage information requested pursuant to subsection (1) of
16 this section regarding a limited benefit policy shall be limited to
17 whether a specified individual has coverage and, if so, a description of
18 that coverage, and such information shall be used solely for the purposes
19 of subdivision (1)(a) of this section.

20 (b) For purposes of this section, limited benefit policy means a
21 policy of insurance issued by a licensed insurer that consists only of
22 one or more, or any combination of the following:

23 (i) Coverage only for accident or disability income insurance, or
24 any combination thereof;

25 (ii) Coverage for specified disease or illness; or

26 (iii) Hospital indemnity or other fixed indemnity insurance.

27 (3) An entity that issues a health plan shall:

28 (a) Respond to a request by the department regarding a claim for
29 payment for a health care item or service submitted not later than three
30 years after the date of the provision of such health care item or
31 service; and

1 (b) Not deny a claim submitted by the department solely on the basis
2 of the date of submission, the type or format of the claim form, or a
3 failure to present proper documentation at the point-of-sale, if (i) the
4 claim is submitted by the department within the three-year period
5 beginning on the date that the health care item or service was provided,
6 and (ii) an action by the department to enforce its rights with respect
7 to such claim is commenced within six years after the date of the claim's
8 submission. Such information shall be provided to the department within
9 thirty days after the date of its request unless good cause is shown. A
10 request for coverage information shall specify the individual for whom
11 information is being requested.

12 **Sec. 3.** Original sections 68-927 and 68-928, Reissue Revised
13 Statutes of Nebraska, are repealed.