

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1222

Introduced by Prokop, 27; Bostar, 29.

Read first time January 21, 2026

Committee: Banking, Commerce and Insurance

1 A BILL FOR AN ACT relating to public health and welfare; to require
2 insurance coverage of acquired brain injury services as prescribed;
3 to define terms; to require an expedited appeal process; to provide
4 duties for the Department of Insurance; and to require insurance and
5 medicaid coverage for diagnostic testing and treatments or
6 medications prescribed to slow the progression of Alzheimer's
7 disease and related dementia.

8 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** (1) No later than January 1, 2027, and notwithstanding
2 section 44-3,131, (a) an individual or group sickness and accident
3 insurance policy or subscriber contract delivered, issued for delivery,
4 or renewed in this state and a hospital, medical, or surgical expense-
5 incurred policy, except a policy that provides coverage for a specified
6 disease or other limited-benefit coverage, and (b) a self-funded employee
7 benefit plan to the extent not preempted by federal law shall provide
8 coverage for medically necessary treatment related to, or as a result of,
9 an acquired brain injury.

10 (2) Such coverage shall not include a lifetime limitation or annual
11 limitation which is inconsistent with generally accepted standards of
12 medical necessity or established clinical guidelines for brain injury
13 rehabilitation. A limitation on inpatient rehabilitation services shall
14 be separate from, and shall not be included in, a limitation on post-
15 acute rehabilitation including outpatient day treatment, residential
16 rehabilitation, or community reintegration. A limitation shall be
17 separately stated by the insurer. The benefits in this section shall not
18 be subject to a greater deductible, coinsurance, copayment, or out-of-
19 pocket limit than any other benefit provided by the insurer under a
20 comprehensive health insurance policy.

21 **Sec. 2.** For purposes of sections 1 to 3 of this act:

22 (1) Acquired brain injury means an injury to the brain which occurs
23 after birth and can be caused by an infectious disease, a metabolic
24 disorder, an endocrine disorder, diminished oxygen, a brain tumor, a
25 toxin, a disease that affects the blood supply to the brain, a stroke, or
26 a traumatic brain injury;

27 (2) Adverse determination means a determination by a clinical peer
28 reviewer, based on the clinical information provided, that an admission,
29 extension of stay, or another covered acquired brain injury service is
30 not medically necessary;

31 (3) Cognitive communication therapy means treatment that addresses

1 an individual's communication problems that have an underlying cause in
2 one or more cognitive deficits rather than a deficit in primary language
3 or speech;

4 (4) Cognitive rehabilitation therapy means a process of re-learning
5 cognitive skills essential for daily living through coordinated,
6 specialized, integrated therapeutic treatments that are provided in
7 dynamic settings designed for efficient and effective re-learning
8 following damage to brain cells or brain chemistry due to brain injury;

9 (5) Community reintegration services means services that provide
10 incremental guided real-world therapeutic training to develop skills
11 essential for an individual to participate in life, re-enter employment,
12 attend school and engage in other productive activity, safely live
13 independently, and participate in the community while avoiding re-
14 hospitalization and long-term support needs;

15 (6) Functional rehabilitation therapy means a structured approach
16 that emphasizes learning by doing, and focuses re-learning a specific
17 task in a prescribed format with maximum opportunity for repeated correct
18 practice. Compensatory strategies are developed for each skill that is
19 persistently impaired and each individual is trained on daily
20 implementation. To ensure acquisition and use, focus is set on re-
21 learning those skills essential for safe daily living in home and
22 community-based settings;

23 (7) Insurer has the same meaning as defined in section 44-103;

24 (8) Medical necessity or medically necessary treatment means
25 services that are consistent with generally accepted principles of
26 professional medical practice and includes, but is not limited to, (a)
27 cognitive rehabilitation therapy; (b) cognitive communication therapy;
28 (c) neurocognitive therapy and rehabilitation; (d) neurobehavioral,
29 neurophysiological, and neuropsychological therapy and testing; (e)
30 neurofeedback therapy; (f) functional rehabilitation therapy; (g)
31 community reintegration services; (h) post-acute residential treatment

1 services; (i) inpatient services; (j) outpatient and day treatment
2 services; and (k) home and community-based treatment;

3 (9) Neurobehavioral therapy means a set of medical and therapeutic
4 assessment and treatments focused on behavioral impairments associated
5 with brain disease or injury and the amelioration of such impairments
6 through the development of pro-social behavior;

7 (10) Neurocognitive therapy means treatment of a disorder in which
8 the primary clinical deficit is in cognitive function that has not been
9 present since birth and is a decline from a previously attained level of
10 function;

11 (11) Neurofeedback therapy means a direct training of brain function
12 to enhance self-regulatory capacity or an individual's ability to exert
13 control over behavior, thoughts, and feelings. It is a form of
14 biofeedback whereby a patient can learn to control brain activity that is
15 measured and recorded by an electroencephalogram;

16 (12) Neuropsychological testing means the administration of a
17 comprehensive battery of tests to evaluate neurocognitive, behavioral,
18 and emotional strengths and weaknesses and their relationship to abnormal
19 central nervous system functioning; and

20 (13) Post-acute residential treatment means integrated medical and
21 therapeutic services, treatment, education, and skills-training provided
22 in a home and community-based setting. Such treatment is designed to
23 create the maximum opportunity for correct practice of the skill in the
24 context of use to develop new neural pathways to enable the individual to
25 avoid re-hospitalization and long-term care.

26 **Sec. 3.** (1) The Department of Insurance shall adopt and promulgate
27 rules and regulations to implement sections 1 to 3 of this act and shall
28 create a process to permit an expedited appeal of an adverse
29 determination by an insurer for acquired brain injury services covered
30 under section 1 of this act. An expedited appeal shall be resolved within
31 five business days of the date such appeal is filed with the department.

1 Coverage for ongoing rehabilitation shall continue until such appeal is
2 resolved if the treating clinician determines that the interruption of
3 rehabilitation would risk regression.

4 (2) The department shall monitor compliance with sections 1 to 3 of
5 this act and shall publish an annual report on its website that
6 summarizes coverage determinations, coverage denials, and appeals related
7 to the denial of coverage for acquired brain injury services required by
8 section 1 of this act.

9 **Sec. 4.** No later than January 1, 2028, and notwithstanding section
10 44-3,131, (a) any individual or group sickness and accident insurance
11 policy or subscriber contract delivered, issued for delivery, or renewed
12 in this state and any hospital, medical, or surgical expense-incurred
13 policy, except for policies that provide coverage for a specified disease
14 or other limited-benefit coverage, and (b) any self-funded employee
15 benefit plan to the extent not preempted by federal law shall provide
16 coverage for all medically necessary diagnostic testing and treatment or
17 medication approved by the federal Food and Drug Administration
18 prescribed to slow the progression of Alzheimer's disease or another
19 related dementia. Coverage of the treatment and medication described in
20 this section shall not be subject to step-therapy.

21 **Sec. 5.** No later than January 1, 2028, the medical assistance
22 program shall provide coverage for all medically necessary diagnostic
23 testing and treatment or medication approved by the federal Food and Drug
24 Administration prescribed to slow the progression of Alzheimer's disease
25 or another related dementia. Coverage of the treatment and medication
26 described in this section shall not be subject to step-therapy.