

LEGISLATURE OF NEBRASKA
ONE HUNDREDTH LEGISLATURE
SECOND SESSION
LEGISLATIVE BILL 1176

Introduced by Dubas, 34; Schimek, 27.

Read first time January 23, 2008

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to the Medical Assistance Act; to amend
2 sections 68-909 and 68-912, Revised Statutes Cumulative
3 Supplement, 2006; to change provisions relating to
4 departmental reports and medicaid benefits; and to repeal
5 the original sections.
6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-909, Revised Statutes Cumulative
2 Supplement, 2006, is amended to read:

3 68-909 (1) All contracts, agreements, rules, and
4 regulations relating to the medical assistance program as entered
5 into or adopted and promulgated by the department prior to July 1,
6 2006, and all provisions of the medicaid state plan and waivers
7 adopted by the department prior to July 1, 2006, shall remain in
8 effect until revised, amended, repealed, or nullified pursuant to
9 law.

10 (2) Prior to the adoption and promulgation of proposed
11 rules and regulations under section 68-912 or relating to the
12 implementation of medicaid state plan amendments or waivers,
13 the department shall provide a report to the Governor, the
14 Legislature, and the Medicaid Reform Council at least sixty
15 days prior to the beginning of a regular legislative session
16 summarizing the purpose and content of such proposed rules and
17 regulations and the projected impact of such proposed rules
18 and regulations on recipients of medical assistance and medical
19 assistance expenditures.

20 (3) The Medicaid Reform Council, no later than thirty
21 days after the date of receipt of any report under subsection
22 (2) of this section, may conduct a public meeting to receive
23 public comment regarding such report. The council shall promptly
24 provide any comments and recommendations regarding such report in
25 writing to the department. Such comments and recommendations shall

1 be advisory only and shall not be binding on the department, but
2 the department shall promptly provide a written response to such
3 comments or recommendations to the council.

4 (4) The department shall monitor and shall periodically,
5 as necessary, but no less than biennially, report to the
6 Governor, the Legislature, and the Medicaid Reform Council on
7 the implementation of rules and regulations, medicaid state plan
8 amendments, and waivers adopted under the Medical Assistance Act
9 and the effect of such rules and regulations, amendments, or
10 waivers on eligible recipients of medical assistance and medical
11 assistance expenditures.

12 Sec. 2. Section 68-912, Revised Statutes Cumulative
13 Supplement, 2006, is amended to read:

14 68-912 (1) The department may establish (a) premiums,
15 copayments, and deductibles for goods and services provided under
16 the medical assistance program, (b) limits on the amount, duration,
17 and scope of goods and services that recipients may receive
18 under the medical assistance program, and (c) requirements for
19 recipients of medical assistance as a necessary condition for the
20 continued receipt of such assistance, including, but not limited
21 to, active participation in care coordination and appropriate
22 disease management programs and activities.

23 (2) In establishing and limiting coverage for services
24 under the medical assistance program, the department shall consider
25 (a) the effect of such coverage and limitations on recipients

1 of medical assistance and medical assistance expenditures, (b)
2 the public policy in section 68-905, (c) the experience and
3 outcomes of other states, (d) the nature and scope of benchmark or
4 benchmark-equivalent health insurance coverage as recognized under
5 federal law, and (e) other relevant factors as determined by the
6 department.

7 (3) Coverage for mandatory and optional services and
8 limitations on covered services as established by the department
9 prior to July 1, 2006, shall remain in effect until revised,
10 amended, repealed, or nullified pursuant to law. Any proposed
11 reduction or expansion of services or limitation of covered
12 services by the department under this section shall be subject
13 to the reporting and review requirements of section 68-909.

14 (4) Except as otherwise provided in this subsection,
15 proposed rules and regulations under this section relating to the
16 establishment of premiums, copayments, or deductibles for eligible
17 recipients or limits on the amount, duration, or scope of covered
18 services for eligible recipients shall not become effective until
19 the conclusion of the earliest regular session of the Legislature
20 in which there has been a reasonable opportunity for legislative
21 consideration of such rules and regulations. This subsection does
22 not apply to rules and regulations that are (a) required by
23 federal or state law, (b) related to a waiver in which recipient
24 participation is voluntary, or (c) proposed due to a loss of
25 federal matching funds relating to a particular covered service

1 or eligibility category. Legislative consideration includes, but
2 is not limited to, the introduction of a legislative bill, a
3 legislative resolution, or an amendment to pending legislation
4 relating to such rules and regulations.

5 (5) For adult recipients of medical assistance, the
6 department may implement, by rule and regulation, a limit of one
7 pair of eyeglasses every two years, a limit of one hearing aid
8 every four years, a one-thousand-dollar annual limit for dental
9 services, an annual limit of twelve chiropractic visits, and an
10 annual limit of sixty outpatient medical rehabilitation visits.
11 For purposes of this section, medical rehabilitation means physical
12 therapy, occupational therapy, and speech therapy.

13 Sec. 3. Original sections 68-909 and 68-912, Revised
14 Statutes Cumulative Supplement, 2006, are repealed.