

ONE HUNDRED FIRST LEGISLATURE - FIRST SESSION - 2009
COMMITTEE STATEMENT
LB342

Hearing Date: Wednesday February 25, 2009
Committee On: Health and Human Services
Introducer: Gay
One Liner: Provide duties for the Department of Health and Human Services relating to payment for pediatric feeding disorder treatment

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye: 7 Senators Campbell, Gay, Gloor, Howard, Pankonin, Stuthman, Wallman
Nay:
Absent:
Present Not Voting:

Proponents:

Senator Gay
Brian Fahey
Cathleen Piazza
Jodee Leach
Sonya Ferris
Salma Bidasee

Representing:

Introducer
Nebraskans for a Healthy Future
Self
Nebraskans for a Health Future
Self
Nebraskans for a Healthy Future

Opponents:

Vivianne Chaumont

Representing:

Department of Health and Human Services

Neutral:

Representing:

Summary of purpose and/or changes:

LB 342 requires the Department of Health and Human Services (department), on or before July 1, 2009, to submit an application to the federal Centers for Medicare and Medicaid Services to amend the state Medicaid plan or seek a Medicaid waiver "to allow for medicaid payments for treatment of pediatric feeding disorders through behavioral or psychological means prior to any attempt by a physician to utilize invasive surgical techniques to address pediatric feeding disorders." The bill defines "invasive surgical technique" to include, among other things, "the creation of an incision in the abdomen into the stomach intended for use for long-term enteral nutrition of a child below the age of twelve years."

The bill terminates on January 1, 2011 and contains an emergency clause.

Explanation of amendments:

The committee amendment (AM 741) strikes sections 2, 3, and 5. The amendment adds legislative findings. The amendment requires the department, no later than January 1, 2010, to apply to the federal Centers for Medicare and Medicaid Services for a state plan amendment or waiver to permit the payment of medical assistance for the interdisciplinary treatment of pediatric feeding disorders.

The amendment provides legislative intent that such interdisciplinary treatment be provided "after the use, pursuant to

a physician's order, of a nasogastric technique for the treatment of such disorders but prior to the use of more invasive surgical techniques unless, in the opinion of the child's attending physician, emergent circumstances require the use of more invasive surgical techniques to preserve the life of the child and (b) only when interdisciplinary treatment can be provided in a clinically effective and more cost-effective manner as compared to the use of more invasive surgical techniques."

The amendment defines interdisciplinary treatment as "the collaboration of medicine, psychology, nutrition science, speech therapy, occupational therapy, social work, and other appropriate medical and behavioral disciplines in an integrated program of applied behavior analysis that is goal-oriented, data-driven, and scientifically based, in which sessions are conducted to test the effects of specific treatments on food acceptance, food refusal, and inappropriate mealtime behaviors."

Tim Gay, Chairperson