

ONE HUNDRED THIRD LEGISLATURE - FIRST SESSION - 2013
COMMITTEE STATEMENT
LB518

Hearing Date: Thursday March 21, 2013
Committee On: Health and Human Services
Introducer: Janssen
One Liner: Change certain eligibility provisions of the medical assistance program

Roll Call Vote - Final Committee Action:
Indefinitely postponed

Vote Results:

Aye:	6	Senators Campbell, Cook, Crawford, Gloor, Howard, Krist
Nay:		
Absent:		
Present Not Voting:	1	Senator Watermeier

Proponents:

Senator Charlie Janssen
Vivianne Chaumont
Marty Brown
Susan Gumm

Representing:

District #15
DHHS Division of Medicaid and Long-term Care
Nebraska Taxpayers for Freedom
Self

Opponents:

Shirl A. Mora James

Yazmin Gamez
Toni Leija-Wilson

Jim Cunningham
Kristine McVea

Lazaro Spindola
James Goddard
Julie Schmit-Albin
Aubrey Mancuso
Bruce Rieker
Brad Meurrens

Representing:

Nebraska Hispanic Bar Association and Some Independents
Nebraska Dream Alliance
Nebraska Hispanic Bar Association and Some Independents
Nebraska Catholic Conference
OneWorld Community Health, Health Center Assn of Nebraska, NE Medical Assn
Latino American Commission
Nebraska Appleseed
Nebraska Right to Life
Voices for Children in Nebraska
Nebraska Hospital Association
Disability Rights Nebraska

Neutral:

Representing:

Summary of purpose and/or changes:

LB 518 eliminates the findings listed in Neb. Rev. Stat 4-110 which state: "The Legislature finds that unborn children do not have immigration status and therefore are not within the scope of section 4-108. Prenatal care services available pursuant to sections 68-915 and 68-972 to unborn children, whose eligibility is independent on the mother's eligibility status, shall not be deemed to be tied to the immigration status of the mother and therefore are not included in the restrictions imposed by section 4-108."

Additionally, LB 518 eliminates a provision in Neb. Rev. Stat. 68-1005, which states, "persons eligible for services described in subsection (3) of section 68-972." Neb. Rev. Stat. 68-972 states:

"(1) The Legislature finds that: (a) Title XXI of the federal Social Security Act, as amended, and the rules and regulations promulgated pursuant thereto, authorize the State Children's Health Insurance Program to assist state efforts to initiate and expand provisions of child health assistance to uninsured, low-income children;(b) As defined in Title XXI of the federal Social Security Act, as amended, and the rules and regulations promulgated pursuant thereto, child means an individual under the age of nineteen years, including any period of time from conception to birth, up to age nineteen years;(c) Pursuant to Title XXI of the federal Social Security Act, as amended, and the rules and regulations promulgated pursuant thereto, eligibility can only be conferred to a targeted low-income child, including an unborn child, under a separate child health program;(d) Under Title XXI of the federal Social Security Act, as amended, and the rules and regulations promulgated pursuant thereto, child health assistance is available to benefit unborn children independent of the mother's eligibility and immigration status;(e) Under Title XXI of the federal Social Security Act, as amended, and the rules and regulations promulgated pursuant thereto, child health assistance expressly includes prenatal care that connects to the health of the unborn child;(f) Prenatal care has been clearly shown to reduce the likelihood of premature delivery or low birth weight, both of which are associated with a wide range of congenital disabilities as well as infant mortality, and such care can detect a great number of serious and even life-threatening disabilities, many of which can now be successfully treated in utero;(g) Ensuring prenatal care for more children will significantly help reduce infant mortality and morbidity rates and will spare many infants from the burden of congenital disabilities and reduce the cost of treating those congenital disabilities after birth;(h) It is well established that access to prenatal care can improve health outcomes during infancy as well as over a child's life. Since healthy babies and children require less medical care than babies and children with health problems, provision of prenatal care will result in lower medical expenditures for the affected children in the long run; and(i) Adopting federal law to provide for medical services related to unborn children before birth will result in healthier infants, better long-term child growth and development, and ultimate cost savings to the state through reduced expenditures for high cost neonatal and potential long-term medical rehabilitation.

(2) Such coverage shall be implemented through the creation of a separate program as allowed under Title XXI of the federal Social Security Act, as amended, and 42 C.F.R. 457.10, solely for the unborn children of mothers who are ineligible for coverage under Title XIX of the federal Social Security Act. All other aspects of the medical assistance program relating to the State Children's Health Insurance Program remain a medicaid expansion program as defined in 42C.F.R. 457.10.

(3) The benefits provided pursuant to this subsection, unless the recipient qualifies for coverage under Title XIX of the federal Social Security Act, as amended, shall be prenatal care and pregnancy-related services connected to the health of the unborn child, including: (a) Professional fees for labor and delivery, including live birth, fetal death, miscarriage, and ectopic pregnancy; (b) pharmaceuticals and prescription vitamins; (c) outpatient hospital care; (d) radiology, ultrasound, and other necessary imaging; (e) necessary laboratory testing; (f) hospital costs related to labor and delivery; (g) services related to conditions that could complicate the pregnancy, including those for diagnosis or treatment of illness or medical conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child; and (h) other pregnancy-related services approved by the department. Services not covered under this subsection include medical issues separate to the mother and unrelated to pregnancy.

(4) The department shall receive the state and federal funds appropriated or provided for benefits provided pursuant to this section. Within thirty days after July 19, 2012, the department shall submit a state plan amendment or waiver for approval by the federal Centers for Medicare and Medicaid Services to provide coverage under the medical assistance program to persons eligible under this section.(5) Eligibility shall be determined under this section using an income budgetary methodology that determines children's eligibility at no greater than one hundred eighty-five percent of the Office of Management and Budget income poverty guideline."

LB 518 would eliminate the services outlined in (3) above.

Kathy Campbell, Chairperson