

LEGISLATURE OF NEBRASKA
ONE HUNDRED FIFTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 787

Introduced by Krist, 10.

Read first time January 04, 2018

Committee:

- 1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
- 2 sections 68-907 and 68-915, Revised Statutes Cumulative Supplement,
- 3 2016; to define a term; to change provisions relating to income
- 4 determination; to harmonize provisions; and to repeal the original
- 5 sections.
- 6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-907, Revised Statutes Cumulative Supplement,
2 2016, is amended to read:

3 68-907 For purposes of the Medical Assistance Act:

4 (1) Committee means the Health and Human Services Committee of the
5 Legislature;

6 (2) Department means the Department of Health and Human Services;

7 (3) Medicaid Reform Plan means the Medicaid Reform Plan submitted on
8 December 1, 2005, pursuant to the Medicaid Reform Act enacted pursuant to
9 Laws 2005, LB 709;

10 (4) Medicaid state plan means the comprehensive written document,
11 developed and amended by the department and approved by the federal
12 Centers for Medicare and Medicaid Services, which describes the nature
13 and scope of the medical assistance program and provides assurances that
14 the department will administer the program in compliance with federal
15 requirements;

16 (5) Patrimony means any funds held on behalf of, but not available
17 for expenditure by, a member of a religious order who has taken a
18 lifetime vow of poverty;

19 (6) Provider means a person providing health care or related
20 services under the medical assistance program;

21 (7) ~~(6)~~ School-based health center means a health center that:

22 (a) Is located in or is adjacent to a school facility;

23 (b) Is organized through school, school district, learning
24 community, community, and provider relationships;

25 (c) Is administered by a sponsoring facility;

26 (d) Provides school-based health services onsite during school hours
27 to children and adolescents by health care professionals in accordance
28 with state and local laws, rules, and regulations, established standards,
29 and community practice;

30 (e) Does not perform abortion services or refer or counsel for
31 abortion services and does not dispense, prescribe, or counsel for

1 contraceptive drugs or devices; and

2 (f) Does not serve as a child's or an adolescent's medical or dental
3 home but augments and supports services provided by the medical or dental
4 home;

5 ~~(8)~~ ~~(7)~~ School-based health services may include any combination of
6 the following as determined in partnership with a sponsoring facility,
7 the school district, and the community:

8 (a) Medical health;

9 (b) Behavioral and mental health;

10 (c) Preventive health; and

11 (d) Oral health;

12 ~~(9)~~ ~~(8)~~ Sponsoring facility means:

13 (a) A hospital;

14 (b) A public health department as defined in section 71-1626;

15 (c) A federally qualified health center as defined in section
16 1905(1)(2)(B) of the federal Social Security Act, 42 U.S.C. 1396d(1)(2)
17 (B), as such act and section existed on January 1, 2010;

18 (d) A nonprofit health care entity whose mission is to provide
19 access to comprehensive primary health care services;

20 (e) A school or school district; or

21 (f) A program administered by the Indian Health Service or the
22 federal Bureau of Indian Affairs or operated by an Indian tribe or tribal
23 organization under the federal Indian Self-Determination and Education
24 Assistance Act, or an urban Indian program under Title V of the federal
25 Indian Health Care Improvement Act, as such acts existed on January 1,
26 2010; and

27 ~~(10)~~ ~~(9)~~ Waiver means the waiver of applicability to the state of
28 one or more provisions of federal law relating to the medical assistance
29 program based on an application by the department and approval of such
30 application by the federal Centers for Medicare and Medicaid Services.

31 Sec. 2. Section 68-915, Revised Statutes Cumulative Supplement,

1 2016, is amended to read:

2 68-915 The following persons shall be eligible for medical
3 assistance:

4 (1) Dependent children as defined in section 43-504;

5 (2) Aged, blind, and disabled persons as defined in sections 68-1002
6 to 68-1005;

7 (3) Children under nineteen years of age who are eligible under
8 section 1905(a)(i) of the federal Social Security Act;

9 (4) Persons who are presumptively eligible as allowed under sections
10 1920 and 1920B of the federal Social Security Act;

11 (5) Children under nineteen years of age with a family income equal
12 to or less than two hundred percent of the Office of Management and
13 Budget income poverty guideline, as allowed under Title XIX and Title XXI
14 of the federal Social Security Act, without regard to resources, and
15 pregnant women with a family income equal to or less than one hundred
16 eighty-five percent of the Office of Management and Budget income poverty
17 guideline, as allowed under Title XIX and Title XXI of the federal Social
18 Security Act, without regard to resources. Children described in this
19 subdivision and subdivision (6) of this section shall remain eligible for
20 six consecutive months from the date of initial eligibility prior to
21 redetermination of eligibility. The department may review eligibility
22 monthly thereafter pursuant to rules and regulations adopted and
23 promulgated by the department. The department may determine upon such
24 review that a child is ineligible for medical assistance if such child no
25 longer meets eligibility standards established by the department;

26 (6) For purposes of Title XIX of the federal Social Security Act as
27 provided in subdivision (5) of this section, children with a family
28 income as follows:

29 (a) Equal to or less than one hundred fifty percent of the Office of
30 Management and Budget income poverty guideline with eligible children one
31 year of age or younger;

1 (b) Equal to or less than one hundred thirty-three percent of the
2 Office of Management and Budget income poverty guideline with eligible
3 children over one year of age and under six years of age; or

4 (c) Equal to or less than one hundred percent of the Office of
5 Management and Budget income poverty guideline with eligible children six
6 years of age or older and less than nineteen years of age;

7 (7) Persons who are medically needy caretaker relatives as allowed
8 under 42 U.S.C. 1396d(a)(ii);

9 (8) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii), disabled persons
10 as defined in section 68-1005 with a family income of less than two
11 hundred fifty percent of the Office of Management and Budget income
12 poverty guideline and who, but for earnings in excess of the limit
13 established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be
14 receiving federal Supplemental Security Income. The department shall
15 apply for a waiver to disregard any unearned income that is contingent
16 upon a trial work period in applying the Supplemental Security Income
17 standard. Such disabled persons shall be subject to payment of premiums
18 as a percentage of family income beginning at not less than two hundred
19 percent of the Office of Management and Budget income poverty guideline.
20 Such premiums shall be graduated based on family income and shall not be
21 less than two percent or more than ten percent of family income;

22 (9) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii), persons who:

23 (a) Have been screened for breast and cervical cancer under the
24 Centers for Disease Control and Prevention breast and cervical cancer
25 early detection program established under Title XV of the federal Public
26 Health Service Act, 42 U.S.C. 300k et seq., in accordance with the
27 requirements of section 1504 of such act, 42 U.S.C. 300n, and who need
28 treatment for breast or cervical cancer, including precancerous and
29 cancerous conditions of the breast or cervix;

30 (b) Are not otherwise covered under creditable coverage as defined
31 in section 2701(c) of the federal Public Health Service Act, 42 U.S.C.

1 300gg(c);

2 (c) Have not attained sixty-five years of age; and

3 (d) Are not eligible for medical assistance under any mandatory
4 categorically needy eligibility group; and

5 (10) Persons eligible for services described in subsection (3) of
6 section 68-972.

7 Except as provided in section 68-972, eligibility shall be
8 determined under this section using an income budgetary methodology that
9 determines children's eligibility at no greater than two hundred percent
10 of the Office of Management and Budget income poverty guideline and adult
11 eligibility using adult income standards no greater than the applicable
12 categorical eligibility standards established pursuant to state or
13 federal law.

14 The department shall determine eligibility under this section
15 pursuant to such income budgetary methodology and subdivision (1)(q) of
16 section 68-1713. Notwithstanding any other provision of law, the
17 department shall consider patrimony as unavailable to an individual in
18 the determination of the individual's income for purposes of eligibility
19 for the medical assistance program.

20 Sec. 3. Original sections 68-907 and 68-915, Revised Statutes
21 Cumulative Supplement, 2016, are repealed.