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February 5, 2026

To: Chairperson Hardin, and members of the Health and Human Services Committee  
From: Anahí Salazar, Voices for Children in Nebraska

**RE: Support for LB 929, Provide requirements for the Department of Health and Human Services relating to deductions and cost sharing for Medicaid enrollees**

Families across the United States are finding it increasingly difficult to make ends meet. Cost sharing for Medicaid enrollees is harmful because it places additional financial strain on Nebraskans with little to no economic cushion, where even small out-of-pocket costs can create significant barriers to care. Voices for Children in Nebraska supports LB 929 because it protects low-income families by prohibiting DHHS from imposing Medicaid copays beyond what federal law requires and by requiring copays for Medicaid expansion enrollees to be set at the lowest level possible following the enactment of H.R. 1.

Medicaid provides health coverage for children 18 and younger in low-income families, pregnant people with low incomes, parents with very low incomes, individuals with disabilities, and low-income seniors. Research shows that Medicaid is vital for individuals and families; it covers lifesaving care, reduces mortality, can help establish healthy habits, and can lead to higher lifetime earnings. Unfortunately, with the passage of HR1, now three in ten young adults ages 18-24 are vulnerable to losing their Medicaid coverage.<sup>1</sup> For individuals and families living on tight budgets, even small copays can determine whether someone seeks care or goes without it. Copays discourage needed medical care and medications, putting people's health and safety at risk.

Premiums and cost sharing for low-income populations reduce coverage, worsen access to care, and increase financial strain. When people delay care or skip prescriptions due to cost, manageable conditions like diabetes, asthma, or high blood pressure can quickly worsen. This often results in more emergency room visits and hospitalizations, outcomes that are harder on patients and more costly for the health care system. Adults covered under Medicaid expansion who are older or managing multiple chronic conditions may face significantly higher cost sharing burdens than the average enrollee<sup>2</sup>. Medicaid enrollees are also more likely to live with disabilities, chronic illnesses, or mental health conditions. As a result, copays fall hardest on those who need care most and have the least ability to pay, deepening inequities rather than addressing them.

At its core, Medicaid exists because the people it serves cannot afford health care without it. Assigning additional copayments, even small ones, creates barriers that undermine the very purpose of the program and too often backfire both medically and economically by delaying care and increasing long-term costs. Nebraska should not move in a direction that makes it harder for families to stay healthy and financially stable.

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<sup>1</sup> [Medicaid Cuts in the One Big Beautiful Bill Act Leave 3 in 10 Young Adults Vulnerable to Losing Health Care Access | Urban Institute, 2025](#)

<sup>2</sup> [Cost Sharing Requirements Could Have Implications for Medicaid Expansion Enrollees With Higher Health Care Needs | KFF, 2025](#)

We thank Senator Fredrickson for introducing this important legislation and the Committee for your time and thoughtful consideration, and we respectfully urge you to advance LB 929.