

## DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

## TESTIMONY

**BILL: SENATE BILL 23**

**HEALTH CARE FINANCING & POLICY DIVISION**

**CONTACT: CHARLES DUARTE**

**PHONE: 684-3677**

Good Morning, Chairman Townsend and members of the Commerce and Labor Committee. I am Charles Duarte, Administrator of the State of Nevada Division of Health Care Financing & Policy.

I am here today to provide testimony regarding Senate Bill 23, which provides for independent review of certain final adverse determinations made by health maintenance organizations (HMOs).

The Division provides oversight of the Medicaid Managed Care Contract with HMOs that provide health care services to Medicaid and Nevada Check Up recipients. The Division is responsible for ensuring that enrollees in Nevada Check Up and Medicaid have access to all medically necessary covered services required by federal law.

The Division's position regarding this bill is neutral regarding implications for commercial HMOs. The Division recognizes that Senate Bill 23, as currently written, provides commercially insured HMO participants with specific recourse in the event an adverse determination is received.

The Division is concerned with the proposed application of this bill with respect to the Medicaid and Nevada Check Up programs. We propose that the HMOs

reviewer” and the State Hearing Officer who currently renders Medicaid and Nevada Check Up determinations. There is no provision in this bill to clarify whose finding would prevail in the event the State Hearing Officer and the “independent reviewer” designated by this bill disagreed.

4. Finally the Division opposes any regulation that would allow another entity to determine medical necessity for the Medicaid and Nevada Check Up population. The State’s determination of medical necessity, based upon federal and state mandates, is the sole responsibility and obligation of the Division. Medical necessity determinations also need to be made in the context of the coverage limits in Medicaid and Nevada Check Up.
5. I respectfully propose the following language be added to this bill to eliminate the impact on Nevada Medicaid. Please see amended language to Section 21 or NRS 695C.050 and Section 22 of NRS 695G.090 in bold print.

Thank you for the opportunity to provide testimony regarding Senate Bill 23. I would be pleased to answer any questions the committee may have.