

Senate Bill No. 459—Committee on Human  
Resources and Facilities

CHAPTER.....

AN ACT relating to the Fund for a Healthy Nevada; revising the amount of the limit on the income of a senior citizen to qualify for a subsidy for the provision of prescription drugs and pharmaceutical services from money in the Fund for a Healthy Nevada; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** NRS 439.665 is hereby amended to read as follows:

439.665 1. The Department ~~{shall}~~ *may* enter into contracts with private insurers who transact health insurance in this state to arrange for the availability, at a reasonable cost, of policies of health insurance that provide coverage to senior citizens for prescription drugs and pharmaceutical services.

2. Within the limits of the money available for this purpose in the Fund for a Healthy Nevada, a senior citizen who is not eligible for Medicaid and who ~~{purchases}~~ *is eligible for* a policy of health insurance that is made available pursuant to subsection 1 is entitled to an annual grant from the ~~{Trust}~~ Fund to subsidize the cost of that insurance, including premiums and deductibles, if he has been domiciled in this state for at least 1 year immediately preceding the date of his application and :

(a) *If the senior citizen is single*, his ~~{household}~~ income is not over \$21,500 ~~{}~~; or

(b) *If the senior citizen is married*, his household income is not over \$28,660.

*The monetary amounts set forth in this subsection must be adjusted for each fiscal year by adding to each amount the product of the amount shown multiplied by the percentage increase in the Consumer Price Index from December 2002 to the December preceding the fiscal year for which the adjustment is calculated.*

3. The subsidy granted pursuant to this section must not exceed the annual cost of insurance that provides coverage for prescription drugs and pharmaceutical services, including premiums and deductibles.

4. A policy of health insurance that is made available pursuant to subsection 1 must provide for:

(a) A copayment of not more than \$10 per prescription drug or pharmaceutical service that is generic as set forth in the formulary of the insurer; and

(b) A copayment of not more than \$25 per prescription drug or pharmaceutical service that is preferred as set forth in the formulary of the insurer.

5. The Department may waive the eligibility requirement set forth in subsection 2 regarding household income upon written request of the applicant ~~{if the circumstances of the applicant's household have changed as a result of:}~~ *or enrollee based on one or more of the following circumstances:*

(a) Illness;

(b) Disability; or

(c) Extreme financial hardship , ~~{based on a significant reduction of income,}~~ when considering the ~~{applicant's}~~ current financial circumstances ~~{}~~ *of the applicant or enrollee.*

An applicant *or enrollee* who requests such a waiver shall include with that request all medical and financial documents that support his request.

6. If the Federal Government provides any coverage of prescription drugs and pharmaceutical services for senior citizens who are eligible for a subsidy pursuant to subsections 1 to 5, inclusive, the Department may, upon approval of the Legislature, or the Interim Finance Committee if the Legislature is not in session, change any program established pursuant to NRS 439.635 to 439.690, inclusive, and otherwise provide assistance with prescription drugs and pharmaceutical services for senior citizens within the limits of the money available for this purpose in the Fund for a Healthy Nevada.

7. The provisions of subsections 1 to 5, inclusive, do not apply if the Department provides assistance with prescription drugs and pharmaceutical services for senior citizens pursuant to subsection 6.

**Sec. 2.** This act becomes effective on July 1, 2003.