## ASSEMBLY BILL NO. 524—COMMITTEE ON HEALTH AND HUMAN SERVICES

## (ON BEHALF OF THE DEPARTMENT OF HUMAN RESOURCES, DIRECTOR'S OFFICE)

## MARCH 29, 2005

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes concerning Fund for a Healthy Nevada and provision of prescription drugs and pharmaceutical services by this State. (BDR 40-169)

FISCAL NOTE: Effect on Local Government: No. Effect on the State: No.

EXPLANATION - Matter in bolded italics is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to public health; increasing the portion of the money in the Fund for a Healthy Nevada that may be used to pay certain administrative costs incurred by the Department of Human Resources; revising provisions concerning the program to provide prescription drugs and pharmaceutical services to certain senior citizens; requiring the Department to coordinate the provision of prescription drugs and pharmaceutical services by state programs that provide pharmaceutical or medical assistance and certain Medicare pharmaceutical benefits; 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 439.620 is hereby amended to read as follows: 439.620 1. The Fund for a Healthy Nevada is hereby created in the State Treasury. The State Treasurer shall deposit in the Fund:



- (a) Fifty percent of all money received by this State pursuant to any settlement entered into by the State of Nevada and a manufacturer of tobacco products; and
- (b) Fifty percent of all money recovered by this State from a judgment in a civil action against a manufacturer of tobacco products.
- 2. The State Treasurer shall administer the Fund. As administrator of the Fund, the State Treasurer:
  - (a) Shall maintain the financial records of the Fund;

- (b) Shall invest the money in the Fund as the money in other state funds is invested;
  - (c) Shall manage any account associated with the Fund;
  - (d) Shall maintain any instruments that evidence investments made with the money in the Fund;
  - (e) May contract with vendors for any good or service that is necessary to carry out the provisions of this section; and
  - (f) May perform any other duties necessary to administer the Fund.
  - 3. The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the State are paid.
  - 4. Upon receiving a request from the State Treasurer or the Department for an allocation for administrative expenses from the Fund pursuant to this section, the Task Force for the Fund for a Healthy Nevada shall consider the request within 45 days after receipt of the request. If the Task Force approves the amount requested for allocation, the Task Force shall notify the State Treasurer of the allocation. If the Task Force does not approve the requested allocation within 45 days after receipt of the request, the State Treasurer or the Department, as applicable, may submit its request for allocation to the Interim Finance Committee. Except as otherwise limited by this subsection, the Interim Finance Committee may allocate all or part of the money so requested. The annual allocation for administrative expenses from the Fund, whether allocated by the Task Force or the Interim Finance Committee must not exceed:
- (a) Not more than 2 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the State Treasurer to administer the Fund; and
- (b) Not more than [3] 5 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the Department, including, without limitation, the Aging Services Division of the Department, to carry out its duties set forth in NRS 439.625 to 439.690, inclusive.



- For the purposes of this subsection, the amount of money available for allocation to pay for the administrative costs must be calculated at the beginning of each fiscal year based on the total amount of money anticipated by the State Treasurer to be deposited in the Fund during that fiscal year.
- 5. The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year.
- 6. All money that is deposited or paid into the Fund is hereby appropriated to the Department and, except as otherwise provided in paragraphs (c), (d) and (h) of subsection 1 of NRS 439.630, may only be expended pursuant to an allocation made by the Task Force for the Fund for a Healthy Nevada. Money expended from the Fund for a Healthy Nevada must not be used to supplant existing methods of funding that are available to public agencies.
- **Sec. 2.** NRS 439.630 is hereby amended to read as follows: 439.630 1. The Task Force for the Fund for a Healthy Nevada shall:
- (a) Conduct public hearings to accept public testimony from a wide variety of sources and perspectives regarding existing or proposed programs that:
  - (1) Promote public health;

- (2) Improve health services for children, senior citizens and persons with disabilities;
  - (3) Reduce or prevent the use of tobacco;
- (4) Reduce or prevent the abuse of and addiction to alcohol and drugs; and
  - (5) Offer other general or specific information on health care in this State.
  - (b) Establish a process to evaluate the health and health needs of the residents of this State and a system to rank the health problems of the residents of this State, including, without limitation, the specific health problems that are endemic to urban and rural communities.
  - (c) Reserve not more than 30 percent of all revenues deposited in the Fund for a Healthy Nevada each year for direct expenditure by the Department to pay for prescription drugs and pharmaceutical services for senior citizens pursuant to NRS 439.635 to 439.690, inclusive, and to fund in whole or in part any program established pursuant to NRS 422.274 or 422.2745. From the money reserved to the Department pursuant to this paragraph, the Department may subsidize [all] any portion of the cost of [policies of health insurance that provide coverage to senior citizens for] providing prescription drugs and pharmaceutical services to senior citizens pursuant to NRS 439.635 to 439.690, inclusive, and fund in whole or in part any program established pursuant to NRS 422.274 or



422.2745. The Department shall consider recommendations from the Task Force for the Fund for a Healthy Nevada in carrying out the provisions of NRS 439.635 to 439.690, inclusive, and administering any program established pursuant to NRS 422.274 or 422.2745. The Department shall submit a quarterly report to the Governor, the Task Force for the Fund for a Healthy Nevada and the Interim Finance Committee regarding the general manner in which expenditures have been made pursuant to this paragraph and the status of the program.

- (d) Reserve not more than 30 percent of all revenues deposited in the Fund for a Healthy Nevada each year for allocation by the Aging Services Division of the Department in the form of grants for existing or new programs that assist senior citizens with independent living, including, without limitation, programs that provide:
  - (1) Respite care or relief of family caretakers;

- (2) Transportation to new or existing services to assist senior citizens in living independently; and
- (3) Care in the home which allows senior citizens to remain at home instead of in institutional care.
- → The Aging Services Division of the Department shall consider recommendations from the Task Force for the Fund for a Healthy Nevada concerning the independent living needs of senior citizens.
- (e) Allocate, by contract or grant, for expenditure not more than 20 percent of all revenues deposited in the Fund for a Healthy Nevada each year for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.
- (f) Allocate, by contract or grant, for expenditure not more than 10 percent of all revenues deposited in the Fund for a Healthy Nevada each year for programs that improve health services for children.
- (g) Allocate, by contract or grant, for expenditure not more than 7.5 percent of all revenues deposited in the Fund for a Healthy Nevada each year for programs that improve the health and well-being of persons with disabilities. In making allocations pursuant to this paragraph, the Task Force shall, to the extent practicable, allocate the money evenly among the following three types of programs:
- (1) Programs that provide respite for persons caring for persons with disabilities;
- (2) Programs that provide positive behavioral supports to persons with disabilities; and
- (3) Programs that assist persons with disabilities to live safely and independently in their communities outside of an institutional setting.



(h) Reserve not more than 2.5 percent of all revenues deposited in the Fund for a Healthy Nevada each year for direct expenditure by the Department to fund in whole or in part any program established pursuant to NRS 422.2745. The Department shall consider recommendations from the Task Force for the Fund for a Healthy Nevada in administering any program established pursuant to NRS 422.2745.

5 6

7

8

10

11 12

13

14

15

16

17

18

19 20

21

22

23

24 25

26

27

28

29

30

31

32

33

34

36 37

38

39 40

41

42

- (i) Maximize expenditures through local, federal and private matching contributions.
- (j) Ensure that any money expended from the Fund for a Healthy Nevada will not be used to supplant existing methods of funding that are available to public agencies.
- (k) Develop policies and procedures for the administration and distribution of contracts, grants and other expenditures to state political subdivisions of this State. agencies. nonprofit organizations, universities and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administrative expenses or other indirect costs. The procedures must require at least one competitive round of requests for proposals per biennium.
- (1) To make the allocations required by paragraphs (e), (f) and (g):
  - (1) Prioritize and quantify the needs for these programs;
  - (2) Develop, solicit and accept applications for allocations;
- (3) Conduct annual evaluations of programs to which allocations have been awarded; and
- (4) Submit annual reports concerning the programs to the Governor and the Interim Finance Committee.
- (m) Transmit a report of all findings, recommendations and expenditures to the Governor and each regular session of the Legislature.
- The Task Force may take such other actions as are necessary to carry out its duties.
- The Department shall take all actions necessary to ensure 35 that all allocations for expenditures made by the Task Force are carried out as directed by the Task Force.
  - To make the allocations required by paragraph (d) of subsection 1, the Aging Services Division of the Department shall:
  - (a) Prioritize and quantify the needs of senior citizens for these programs;
    - (b) Develop, solicit and accept grant applications for allocations;
  - (c) As appropriate, expand or augment existing state programs for senior citizens upon approval of the Interim Finance Committee;
    - (d) Award grants or other allocations;



(e) Conduct annual evaluations of programs to which grants or other allocations have been awarded; and

- (f) Submit annual reports concerning the grant program to the Governor and the Interim Finance Committee.
- 5. The Aging Services Division of the Department shall submit each proposed grant which would be used to expand or augment an existing state program to the Interim Finance Committee for approval before the grant is awarded. The request for approval must include a description of the proposed use of the money and the person or entity that would be authorized to expend the money. The Aging Services Division of the Department shall not expend or transfer any money allocated to the Aging Services Division pursuant to this section to subsidize any portion of the cost of [policies of health insurance that provide coverage to senior citizens for] providing prescription drugs and pharmaceutical services to senior citizens pursuant to NRS 439.635 to 439.690, inclusive, or to pay for any program established pursuant to NRS 422.274 or 422.2745.
- 6. The Department, on behalf of the Task Force, shall submit each allocation proposed pursuant to paragraph (e), (f) or (g) of subsection 1 which would be used to expand or augment an existing state program to the Interim Finance Committee for approval before the contract or grant is awarded. The request for approval must include a description of the proposed use of the money and the person or entity that would be authorized to expend the money.
  - **Sec. 3.** NRS 439.660 is hereby amended to read as follows:
- 439.660 The Department of Human Resources shall, in cooperation with [the Department of Taxation and] the various counties in this State:
- 1. Combine all possible administrative procedures required for determining those persons who are eligible for assistance pursuant to NRS 427A.450 to 427A.600, inclusive, and 439.635 to 439.690, inclusive;
- 2. Coordinate the collection of information required to carry out those provisions in a manner that requires persons requesting assistance to furnish information in as few reports as possible; and
- 3. Design forms that may be used jointly by the Department of Human Resources [, the Department of Taxation] and the various counties in this State to carry out the provisions of NRS 427A.450 to 427A.600, inclusive, and 439.635 to 439.690, inclusive.
  - **Sec. 4.** NRS 439.665 is hereby amended to read as follows: 439.665

    1. The Department may [enter]:
- (a) Enter into contracts with private insurers who transact health insurance in this State to [arrange] subsidize the cost of prescription drugs and pharmaceutical services for senior citizens by arranging



for the availability, at a reasonable cost, of policies of health insurance that provide coverage to senior citizens for prescription drugs and pharmaceutical services [...]; or

(b) Subsidize the cost of prescription drugs and pharmaceutical services for senior citizens in any other manner.

- 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 is eligible for a **[policy of health insurance]** subsidy for the cost of prescription drugs and pharmaceutical services that is made available pursuant to subsection 1 is entitled to an annual grant from the Fund to subsidize the cost of **[that insurance, including premiums and deductibles,]** prescription drugs and pharmaceutical services, 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 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.] provided to the senior citizen.
- 4. A [policy of health insurance] *subsidy* 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 : or as set forth by the Department; 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 ... or as set forth by the Department.
- 5. The Department may waive the eligibility requirement set forth in subsection 2 regarding household income upon written request of the applicant or enrollee based on one or more of the following circumstances:
  - (a) Illness;

- (b) Disability; or
- (c) Extreme financial hardship, when considering the 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. 5.** NRS 439.670 is hereby amended to read as follows:
- 439.670 1. A senior citizen who wishes to receive a subsidy pursuant to NRS 439.665 must file a request therefor with the Department.
- 2. The request must be made under oath and filed in such form and content, and accompanied by such proof, as the Department may prescribe.
- 3. The Department shall, within 45 days after receiving a request for a subsidy, examine the request and grant or deny it.
- 4. The Department shall determine which senior citizens are eligible to receive a subsidy pursuant to NRS 439.665 and , if the Department has entered into a contract pursuant to NRS 439.665 to provide the subsidy, pay the subsidy directly to [an insurer] the person or entity with whom the Department has entered into [a contract pursuant to NRS 439.665.] the contract.
  - **Sec. 6.** NRS 218.6827 is hereby amended to read as follows:
- 218.6827 1. Except as otherwise provided in subsections 2 and 3, the Interim Finance Committee may exercise the powers conferred upon it by law only when the Legislature is not in regular or special session.
- 2. During a regular session, the Interim Finance Committee may also perform the duties imposed on it by subsection 5 of NRS 284.115, subsection 2 of NRS 321.335, NRS 322.007, subsection 2 of NRS 323.020, NRS 323.050, subsection 1 of NRS 323.100, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, and 353.335, paragraph (b) of subsection 4 of NRS 407.0762, *and section 7 of this act, and* NRS 428.375, 439.620 and 439.630, subsection 1 of NRS 422.2745 and NRS 445B.830 and 538.650. In performing those duties, the Senate Standing Committee on Finance and the



Assembly Standing Committee on Ways and Means may meet separately and transmit the results of their respective votes to the Chairman of the Interim Finance Committee to determine the action of the Interim Finance Committee as a whole.

- 3. During a regular or special session, the Interim Finance Committee may exercise the powers and duties conferred upon it pursuant to the provisions of NRS 353.2705 to 353.2771, inclusive.
- 4. If the Interim Finance Committee determines that a fundamental review of the base budget of a state agency is necessary, it shall, by resolution, notify the Legislative Commission of that finding for assignment of the review to a legislative committee for the fundamental review of the base budgets of state agencies established pursuant to NRS 218.5382.
- **Sec. 7.** Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:
  - 1. The Department shall:

- (a) Coordinate each state program that provides pharmaceutical or medical assistance to persons in this State with the Medicare Part D benefit so that each Medicare beneficiary who is eligible for or enrolled in such a state program maintains his present coverage for prescription drugs and pharmaceutical services to the extent allowed by federal law; and
- (b) Coordinate each state program that provides pharmaceutical or medical assistance to persons in this State with the Medicare Part D benefit in a manner that:
- (1) Maximizes coverage for prescription drugs and pharmaceutical services for persons in this State;
- 28 (2) Minimizes disruptions in the enrollment of persons in 29 this State in state and federal programs that provide coverage for 30 prescription drugs and pharmaceutical services;
  - (3) Minimizes disruptions in the eligibility of persons in this State for state and federal programs that provide coverage for prescription drugs and pharmaceutical services;
- (4) Minimizes out-of-pocket expenses for prescription drugs
   and pharmaceutical services for Medicare beneficiaries in this
   State; and
  - (5) Maximizes federal funding for coverage of prescription drugs and pharmaceutical services for persons in this State.
  - 2. The Department shall submit a plan for coordinating the state programs with the Medicare Part D benefit as required by subsection 1 to the Interim Finance Committee for approval before the Department coordinates those programs and benefits.
  - 3. The Department may adopt such regulations as may be required to carry out the provisions of this section.



Sec. 8. NRS 422.240 is hereby amended to read as follows:
422.240 1. Money to carry out the provisions of NRS
422.001 to 422.410, inclusive, *and section 7 of this act*, and
422.580, including, without limitation, any federal money allotted to
the State of Nevada pursuant to the program to provide Temporary
Assistance for Needy Families and the Program for Child Care and
Development, must, except as otherwise provided in NRS 422.3755
to 422.379, inclusive, and 439.630, be provided by appropriation by
the Legislature from the State General Fund.

10

11

12

13

14

15

2. Disbursements for the purposes of NRS 422.001 to 422.410, inclusive, *and section 7 of this act*, and 422.580 must, except as otherwise provided in NRS 422.3755 to 422.379, inclusive, and 439.630, be made upon claims duly filed and allowed in the same manner as other money in the State Treasury is disbursed.

**Sec. 9.** This act becomes effective upon passage and approval.



