

**Amendment No. 614**

Senate Amendment to Senate Bill No. 509 First Reprint (BDR 38-980)

**Proposed by:** Senator Kieckhefer

**Amends:** Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of S.B. 509 R1 (§ 6).

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/> _____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/> _____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/> _____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/> _____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/> _____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/> _____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of *green bold underlining* is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) *orange double underlining* is deleted language in the original bill proposed to be retained in this amendment.

EWR/JWP



Date: 4/24/2017

S.B. No. 509—Authorizes the imposition of an assessment on certain providers of health care. (BDR 38-980)





SENATE BILL NO. 509—COMMITTEE ON  
HEALTH AND HUMAN SERVICES(ON BEHALF OF THE OFFICE OF FINANCE  
IN THE OFFICE OF THE GOVERNOR)

MARCH 27, 2017

Referred to Committee on Health and Human Services

SUMMARY—Authorizes the imposition of an assessment on the operators of certain ~~providers of health care~~ agencies and facilities. (BDR 38-980)

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

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to Medicaid; authorizing the Division of Health Care Financing and Policy of the Department of Health and Human Services to impose an assessment on the operators of agencies to provide personal care services in the home and the operators of certain ~~providers of health care~~ medical facilities; prescribing the authorized uses of the revenue generated by such an assessment; authorizing the Division to impose an administrative penalty against ~~the provider of health care who~~ an operator of an agency to provide personal care services in the home or an operator of a medical facility who does not pay an assessment in a timely manner; authorizing the Division to take certain measures to collect an unpaid assessment or administrative penalty; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the Department of Health and Human Services to administer the Medicaid program and to adopt a State Plan for Medicaid. (NRS 232.320, 422.063, 422.270) **Section 6** of this bill authorizes the Division of Health Care Financing and Policy of the Department to impose an assessment on each ~~provider of health care~~ operator of an agency to provide personal care services in the home and each operator of a medical facility that is required to obtain a given type of license, ~~for certificate~~. **Section 7** of this bill authorizes the Division to expend the revenue generated from the assessment to: (1) provide increased payments to ~~providers of health care~~ operators of agencies to provide personal care in the home and operators of medical facilities for services rendered to recipients of Medicaid; and (2) administer provisions relating to the assessment. **Section 8** of this bill authorizes the Division to impose an administrative penalty against ~~the provider of health care who~~ an operator of an agency to provide personal care services in the home or an operator of a medical facility who fails to pay an assessment in a timely manner. **Section 8** also authorizes the Division, after notifying the ~~provider of health care~~ operator, to deduct the amount of

an unpaid assessment or administrative penalty from future payments owed to the ~~provider of health care~~ operator under the State Plan For Medicaid. Finally, **section 8** authorizes the Division to negotiate a payment plan with ~~to a provider of health care~~ an operator of an agency to provide personal care services in the home or an operator of a medical facility before making such deductions.

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

**Section 1.** Chapter 422 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this act.

**Sec. 2.** *As used in sections 2 to 8, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3, ~~4~~ and to 5, inclusive, of this act have the meanings ascribed to them in those sections.*

**Sec. 3.** *“Account” means the Account to Improve Health Care Quality and Access created by section 7 of this act.*

**Sec. 3.3.** *“Agency to provide personal care services in the home” has the meaning ascribed to it in NRS 449.0021.*

**Sec. 3.7.** *“Medical facility” has the meaning ascribed to it in NRS 449.0151.*

**Sec. 3.8.** *“Operator” means the operator of an agency to provide personal care services in the home or the operator of a medical facility.*

**Sec. 4.** ~~“Provider.” “Operator group” means all providers of health care operators who are required to obtain a given type of license for certificate pursuant to title 54 of NRS or chapter 449 of NRS ~~449.030 to 449.2428~~, inclusive.~~

**Sec. 5.** ~~“Provider of health care” has the meaning ascribed to it in NRS 629.031 and includes, without limitation, a medical facility as defined in NRS 449.0151. (Deleted by amendment.)~~

**Sec. 6.** *1. Except as otherwise provided in this section, after polling the ~~providers of health care~~ operators in ~~a provider~~ an operator group and receiving an affirmative vote from at least 67 percent of the ~~providers~~ operators in that ~~provider~~ operator group, the Division may impose by regulation, against each ~~provider of health care~~ operator in the ~~provider~~ operator group, an assessment in an amount equal to a percentage of the net revenue generated by the ~~provider of health care~~ agency to provide personal care services in the home or medical facility, as applicable, from providing care in this State during a calendar or fiscal year. The Division shall adopt:*

*(a) Regulations prescribing the percentage that must be used to calculate the amount of the assessment, the date on which the assessment is due and the manner in which the assessment must be paid; and*

*(b) Any other regulations necessary or convenient to carry out the provisions of this section.*

*2. The revenue from an assessment imposed pursuant to subsection 1 must be deposited in the Account.*

*3. An assessment imposed pursuant to subsection 1 must comply with the provisions of 42 C.F.R. § 433.68. An assessment must not be imposed pursuant to subsection 1 if federal law or regulations prohibit using the revenue generated by the assessment for the purposes prescribed in section 7 of this act. If new federal law or regulations imposing such a prohibition are enacted or adopted, as applicable:*

1 (a) An assessment must not be collected after the effective date of the law or  
2 regulations; and

3 (b) Any money collected during the calendar or fiscal year, as applicable, in  
4 which the federal law or regulations become effective must be returned to the  
5 ~~providers of health care~~ operators from whom it was collected.

6 4. ~~A provider of health care~~ An operator shall submit to the Division any  
7 information requested by the Division for the purposes of carrying out the  
8 provisions of this section.

9 Sec. 7. 1. The Account to Improve Health Care Quality and Access is  
10 hereby created in the State General Fund. The Division shall administer the  
11 Account. The revenue from assessments and penalties imposed on the ~~providers~~  
12 ~~of health care~~ operators in each ~~provider~~ operator group must be accounted for  
13 separately in the Account.

14 2. The interest and income on the money in the Account, after deducting  
15 any applicable charges, must be credited to the Account.

16 3. The money in the Account must be expended to:

17 (a) Provide supplemental payments or enhanced rates of reimbursement to  
18 ~~providers of health care~~ operators in the ~~provider~~ operator group upon whom  
19 an assessment was imposed pursuant to an upper payment limit program  
20 established under the provisions of 42 C.F.R. § 447.272 or 447.321;

21 (b) Provide supplemental payments to ~~providers of health care~~ operators in  
22 the ~~provider~~ operator group upon whom an assessment was imposed who  
23 provide care to recipients of Medicaid in addition to the reimbursements those  
24 ~~providers of health care~~ operators would otherwise receive for providing such  
25 care; and

26 (c) Administer the provisions of sections 2 to 8, inclusive, of this act.

27 4. Any money remaining in the Account at the end of a fiscal year does not  
28 revert to the State General Fund, and the balance of the Account must be carried  
29 forward to the next fiscal year.

30 Sec. 8. 1. The Division shall adopt regulations that establish  
31 administrative penalties for failure to timely pay an assessment imposed pursuant  
32 to section 6 of this act. Any money collected from such a penalty must be  
33 deposited in the Account.

34 2. If ~~a provider of health care~~ an operator fails to remit to the Division  
35 any penalty imposed pursuant to this section or any assessment imposed pursuant  
36 to section 6 of this act within 30 days after the date on which the penalty or  
37 assessment is due, the Division may deduct the amount of the assessment or  
38 penalty, as applicable, from future payments owed to the ~~provider of health care~~  
39 operator under the State Plan for Medicaid. Before doing so, the Division:

40 (a) Shall notify the ~~provider of health care~~ operator of the intended  
41 deduction; and

42 (b) May negotiate a payment plan with the ~~provider of health care~~  
43 operator.

44 Sec. 9. NRS 232.320 is hereby amended to read as follows:

45 232.320 1. The Director:

46 (a) Shall appoint, with the consent of the Governor, administrators of the  
47 divisions of the Department, who are respectively designated as follows:

48 (1) The Administrator of the Aging and Disability Services Division;

49 (2) The Administrator of the Division of Welfare and Supportive Services;

50 (3) The Administrator of the Division of Child and Family Services;

51 (4) The Administrator of the Division of Health Care Financing and  
52 Policy; and

53 (5) The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and sections 2 to 8, inclusive, of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department, other than the State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

**Sec. 10.** This act becomes effective upon passage and approval.