EXEMPT

(Reprinted with amendments adopted on June 1, 2019)

FIRST REPRINT **S.B. 344**

SENATE BILL NO. 344–SENATORS SCHEIBLE, SPEARMAN, PARKS; AND D. HARRIS

MARCH 18, 2019

Referred to Committee on Health and Human Services

SUMMARY—Revises requirements relating to Medicaid. (BDR 38-743)

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

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

AN ACT relating to Medicaid; revising the manner in which certain providers of health care are reimbursed for contraceptive devices and supplies provided to recipients of Medicaid; prohibiting Medicaid from requiring a recipient of Medicaid to pay any type of copayment except in certain circumstances; requiring Medicaid to include coverage for the services of a community health worker under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes the Account for Family Planning to award grants of money to local governmental entities and nonprofit organizations to provide certain family planning services to persons who would otherwise have difficulty obtaining such services. (NRS 442.725) **Section 2** of this bill requires the State Plan for Medicaid to authorize a provider of family planning services to use sources of money other than reimbursements under Medicaid to pay for contraceptive devices and supplies provided to a patient during a visit to the provider for which the provider receives reimbursement under Medicaid.

Section 3 of this bill prohibits the recipients of Medicaid from being required to share any portion of the cost for covered goods or services except in certain limited circumstances. **Section 4** of this bill requires Medicaid to provide coverage for the services of a community health worker who provides services under the supervision of a physician, physician assistant or advanced practice registered nurse. **Section 8** of this bill requires the Division of Health Care Financing and Policy of the Department of Health and Human Services to submit a report to the Interim Finance Committee concerning the fiscal effect of providing such coverage. **Sections 5-7** of this bill make conforming changes.

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, 3 and 4 of this act.

Sec. 2. ***1. The Director shall include in the State Plan for Medicaid authorization for a provider of family planning services, including, without limitation, a federally-qualified health center, to use sources of money other than reimbursement under Medicaid to pay for contraceptive devices and supplies provided to a recipient of Medicaid during a visit to the provider for which such reimbursement is provided.***

2. As used in this section, "federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

Sec. 3. ***Except as otherwise provided in NRS 422.27243 or as required by federal law, a recipient of Medicaid, including, without limitation, a recipient who receives coverage through a Medicaid managed care program, must not be required to pay a copayment, coinsurance, deductible, premium or any other amount to share the cost for covered goods or services.***

Sec. 4. ***1. The Director shall include in the State Plan for Medicaid a requirement that, to the extent authorized by federal law, the State shall pay the nonfederal share of expenditures for the services of a community health worker who provides services under the supervision of a physician, physician assistant or advanced practice registered nurse.***

2. As used in this section, "community health worker" has the meaning ascribed to it in NRS 449.0027.

Sec. 5. NRS 422.27172 is hereby amended to read as follows:

422.27172 1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures incurred for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration;

(c) Insertion or removal of a device for contraception;

(d) Education and counseling relating to the initiation of the use of contraceptives and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. ~~[Except as otherwise provided in subsections 4 and 5, to]~~ ***To*** obtain any benefit provided in the Plan pursuant to subsection 1, a person enrolled in Medicaid must not be ~~[required to:~~

~~(a) Pay a higher deductible, any copayment or coinsurance; or~~

~~(b) Be]~~ subject to a longer waiting period or any other condition.

3. The Director shall ensure that the provisions of this section are carried out in a manner which complies with the requirements established by the Drug Use Review Board and set forth in the list of preferred prescription drugs established by the Department pursuant to NRS 422.4025.

4. ~~[The Plan may require a person enrolled in Medicaid to pay a higher deductible, copayment or coinsurance for a drug for contraception if the person refuses to accept a therapeutic equivalent of the contraceptive drug.~~

~~5. For each method of contraception which is approved by the Food and Drug Administration, the Plan must include at least one contraceptive drug or device for which no deductible, copayment or coinsurance may be charged to the person enrolled in Medicaid, but the Plan may charge a deductible, copayment or coinsurance for any other contraceptive drug or device that provides the same method of contraception.~~

~~6.]~~ As used in this section:

(a) "Drug Use Review Board" has the meaning ascribed to it in NRS 422.402.

(b) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 6. NRS 422.27174 is hereby amended to read as follows:

422.27174 1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures incurred for:

(a) Counseling and support for breastfeeding;

(b) Screening and counseling for interpersonal and domestic violence;

(c) Counseling for sexually transmitted diseases;

(d) Screening for blood pressure abnormalities and diabetes, including gestational diabetes;

(e) An annual screening for cervical cancer;

(f) Screening for depression;

(g) Screening and counseling for the human immunodeficiency virus;

(h) Smoking cessation programs;

(i) All vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or its successor organization; and

(j) Such well-woman preventative visits as recommended by the Health Resources and Services Administration.

2. To obtain any benefit provided in the Plan pursuant to subsection 1, a recipient of Medicaid must not be ~~[required to:~~

~~(a) Pay a higher deductible, any copayment or coinsurance; or~~

~~(b) Be]~~ subject to a longer waiting period or any other condition.

Sec. 7. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

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

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

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

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

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

(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, 3, and 4 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. 8. On or before October 1, 2020, the Division of Health Care Financing and Policy of the Department of Health and Human Services shall submit to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee a report concerning the fiscal effect of providing the coverage required by section 4 of this act, including, without limitation, any costs or savings realized by the Medicaid program as a result of providing such coverage.

Sec. 9. This act becomes effective on July 1, 2019.

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