

ASSEMBLY BILL NO. 100—ASSEMBLYWOMAN BROWN-MAY

PREFILED FEBRUARY 1, 2023

Referred to Committee on Health and Human Services

SUMMARY—Provides for various programs and studies relating to caregivers. (BDR S-562)

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 caregivers; requiring the Department of Health and Human Services to develop and implement a pilot program to administer certain assessments to family caregivers; directing the Department to conduct certain studies relating to caregivers; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes various programs to provide services to aging persons and persons with disabilities. (Chapter 427A of NRS) **Section 1** of this bill requires the Department of Health and Human Services, during the 2023-2024 interim, to: (1) develop evidence-based and culturally sensitive assessments to be administered to family caregivers for persons with disabilities or health conditions; and (2) implement a pilot program to administer those assessments to family caregivers. **Section 1** requires those assessments to measure certain factors related to the capabilities, needs and quality of life of such family caregivers. **Section 1** requires the Department to annually report on the progress and results of the pilot program to certain entities that provide or oversee services for persons with disabilities in this State and publish the report on an Internet website maintained by the Department.

Existing law authorizes a patient, the representative of a patient or the parent or guardian of a patient to designate a caregiver for the patient before the patient is discharged from a hospital. (NRS 449A.315) Existing law requires a hospital to attempt to: (1) notify a caregiver before the patient is discharged or transferred from a hospital; (2) provide the caregiver with a copy of the discharge plan for the patient; and (3) consult with the caregiver concerning the aftercare set forth in such a discharge plan. (NRS 449A.321, 449A.324) **Section 2** of this bill requires the Department to conduct two separate studies relating to caregivers during the 2023-2024 interim. Specifically, **section 2** directs the Department to study: (1) the feasibility, costs and benefits of requiring hospitals to assess the capacity of such caregivers; and (2) the potential to obtain reimbursement from insurers under a



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certain medical billing code for assessing the knowledge and needs of various types of caregivers, social supports for such caregivers, the willingness of such caregivers to undertake caregiving tasks and the ability of such caregivers to provide care.

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

Section 1. 1. The Department of Health and Human Services shall, during the 2023-2024 interim:

(a) Develop evidence-based and culturally sensitive assessments to be administered to family caregivers by hospitals, managed care organizations that provide services to recipients of Medicaid, other providers of publicly funded services for older persons and persons with disabilities and providers of health care. Such assessments must:

(1) Determine the willingness and ability of a family caregiver to provide long-term services and supports to a person with a disability or health condition and the needs of such family caregivers;

(2) Measure the extent, quality, value and effect of social determinants of health, specific risk factors related to stress and depression and environmental and cultural barriers on family caregivers; and

(3) Measure the efficacy of referrals linking family caregivers to local community resources.

(b) Establish a process for gathering data collected through the assessments developed pursuant to paragraph (a).

(c) Develop and implement a pilot program to administer the assessments developed pursuant to paragraph (a) and collect data from the assessments using the process established pursuant to paragraph (b), emphasizing the collection of data necessary to:

(1) Identify unmet demand for community resources to assist caregivers; and

(2) Develop resources to meet that demand.

(d) Except to the extent that doing so would conflict with contractual obligations existing on July 1, 2023, require any person or entity who directly or indirectly receives money from the Department or any Division thereof to provide services for older persons or persons with disabilities or health care services to participate in the pilot program developed pursuant to paragraph (c).

2. On or before June 30, 2024, and June 30, 2025, the Department of Health and Human Services shall:

(a) Compile a report concerning the progress and results of the activities conducted pursuant to subsection 1. The report must include, without limitation, data concerning the factors assessed



pursuant to subparagraphs (1), (2) and (3) of paragraph (a) of subsection 1.

(b) Publish the report on an Internet website maintained by the Department.

(c) Submit the report to:

(1) The Nevada Lifespan Respite Care Coalition;

(2) The Nevada Commission on Aging created by NRS 427A.032;

(3) The statewide independent living council established in this State pursuant to 29 U.S.C. § 796d; and

(4) The Nevada Commission on Services for Persons with Disabilities created by NRS 427A.1211.

3. As used in this section:

(a) "Family caregiver" means a member of the family of a person with a disability or a health condition who provides regular care for that person on a full-time or part-time basis.

(b) "Hospital" has the meaning ascribed to it in NRS 449.012.

(c) "Managed care organization" has the meaning ascribed to it in NRS 695G.050.

(d) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 2. 1. The Department of Health and Human Services shall, during the 2023-2024 interim:

(a) Conduct a study which includes, without limitation, the collection of data from hospitals, concerning the feasibility, costs and benefits of including in the process established by NRS 449A.300 to 449A.330, inclusive, a requirement that, upon discharge of a patient from a hospital, the hospital administer an assessment of the capacity of each caregiver designated pursuant to NRS 449A.315 to provide all necessary aftercare, including, without limitation, any activities of daily living and instrumental activities of daily living.

(b) Conduct a study which includes, without limitation, the collection of data from hospitals, other medical facilities and providers of health care, concerning the potential to obtain reimbursement under code 99483 in *Current Procedural Terminology* published by the American Medical Association from public and private insurers for the cost of assessments to identify the knowledge and needs of caregivers, social supports for caregivers, the willingness of caregivers to undertake caregiving tasks and the ability to of the caregivers to provide care. As used in this paragraph, "caregiver" includes, without limitation:

(1) Family caregivers; and

(2) Caregivers designated pursuant to NRS 449A.315.



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1 2. On or before February 1, 2025, the Department of Health
2 and Human Services shall compile a report concerning the results of
3 each study conducted pursuant to subsection 1 and post the report on
4 an Internet website maintained by the Department.

5 3. As used in this section:

6 (a) “Family caregiver” means a member of the family of a
7 person with a disability or a health condition who provides regular
8 care for that person on a full-time or part-time basis.

9 (b) “Hospital” has the meaning ascribed to it in NRS 449.012.

10 (c) “Medical facility” has the meaning ascribed to it in
11 NRS 449.0151.

12 (d) “Provider of health care” has the meaning ascribed to it in
13 NRS 629.031.

14 **Sec. 3.** This act becomes effective on July 1, 2023.

