

Amendment No. 901

Assembly Amendment to Assembly Bill No. 237 First Reprint (BDR 38-328)

Proposed by: Assembly Committee on Ways and Means

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

Adoption of this amendment will ADD an appropriation where one does not currently exist in A.B. 237 R1.

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.

DAN/EWR



Date: 6/2/2023

A.B. No. 237—Makes revisions relating to health care. (BDR 38-328)





ASSEMBLY BILL NO. 237—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE  
ON HEALTH AND HUMAN SERVICES)

MARCH 2, 2023

Referred to Committee on Health and Human Services

SUMMARY—Makes ~~revisions~~ an appropriation and authorizes expenditures for certain purposes relating to health care. (BDR ~~(38-328)~~ S-328)

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 health care; requiring the Director of the Department of Health and Human Services to take certain measures to facilitate the provision of health services to pupils who are recipients of Medicaid; requiring a Medicaid managed care program to negotiate in good faith with each school-based health center for the provision of health care services to recipients of Medicaid; requiring a private insurer to provide certain reimbursement for certain services provided by a school health services program; providing for the increase of certain rates of reimbursement under Medicaid;]~~ making an appropriation to and authorizing expenditures by the Division of Health Care Financing and Policy of the Department of Health and Human Services for certain costs relating to Medicaid; and providing other matters properly relating thereto.

[Legislative Counsel's Digest:

1 —Existing law requires the Department of Health and Human Services, through the  
2 Division of Health Care Financing and Policy of the Department, to administer Medicaid.  
3 (NRS 422.2357, 422.270) Section 2 of this bill defines "school-based health center" to mean a  
4 health center located or based on, in or near school grounds, property, buildings or any other  
5 school district facilities for the purpose of rendering care or services to any person. Section  
6 3.5 of this bill requires the Director of the Department to establish a means to facilitate the  
7 sharing of data concerning a child who is a recipient of Medicaid between: (1) educational  
8 agencies; and (2) school-based health centers and other qualified providers of services covered  
9 by Medicaid. Section 3.5 also requires the Director to: (1) take any action necessary to ensure  
10 that local and state educational agencies are able to receive reimbursement for health services  
11 covered by Medicaid when provided on the premises of a school; and (2) establish incentives  
12 for certain providers to enter into an agreement with a school district or charter school or the

Department of Education to provide health services to pupils. Sections 4 and 6 of this bill make conforming changes to indicate the proper placement of sections 2 and 3.5 in the Nevada Revised Statutes.

Existing law requires a health maintenance organization with which the Department of Health and Human Services contracts for the provision of services through a Medicaid managed care program to negotiate in good faith with federally-qualified health centers, the University Medical Center of Southern Nevada and the University of Nevada School of Medicine to provide services to recipients of Medicaid. (NRS 422.273) Section 5 of this bill similarly requires such a health maintenance organization to negotiate in good faith with each school-based health center in this State to provide services to recipients of Medicaid. Section 7.5 of this bill requires the Director to apply for any necessary federal authority to increase by at least 5 percent the rates of reimbursement for services covered by Medicaid when provided on the premises of a school by an employee or independent contractor of: (1) a school district or charter school; or (2) the Department of Education.

Sections 6.1, 6.2-6.6 and 6.8 of this bill require private health insurers to reimburse a school health services program for certain health services provided to an insured who is a pupil enrolled in a public school in this State at certain rates. Sections 6.7 and 6.9 of this bill exclude insurers that provide services to recipients of Medicaid or members of the Public Employees' Benefits Program through managed care from that requirement. Section 6.15 of this bill makes a conforming change to indicate the proper placement of section 6.1 in the Nevada Revised Statutes. Section 6.75 of this bill authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to comply with the requirements of section 6.6 of this bill. The Commissioner would also be authorized to take such action against other health insurers who fail to comply with the requirements of sections 6.1, 6.2-6.5 and 6.8. (NRS 680A.200)

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

Delete existing sections 1 through 7 of this bill and replace with the following new sections 1 and 2:

**Section 1.** 1. There is hereby appropriated from the State General Fund to the Division of Health Care Financing and Policy of the Department of Health and Human Services for costs related to an increase in the average daily reimbursement rate paid under Medicaid to nursing facilities to \$275, effective on January 1, 2024, the following sums:

For the Fiscal Year 2023-2024 ..... \$2,582,157

For the Fiscal Year 2024-2025 ..... \$6,479,422

**2.** Expenditure of the following sums not appropriated from the State General Fund or the State Highway Fund is hereby authorized by the Division of Health Care Financing and Policy of the Department of Health and Human Services for the same purpose as set forth in subsection 1:

For the Fiscal Year 2023-2024 ..... \$8,176,770

For the Fiscal Year 2024-2025 ..... \$19,491,415

**3.** The sums appropriated by subsection 1 are available for both Fiscal Year 2023-2024 and Fiscal Year 2024-2025 and may be transferred from one fiscal year to the other with the approval of the Interim Finance Committee upon the recommendation of the Governor.

**4.** The sums appropriated by subsection 1 are available for either fiscal year. Any remaining balance of those sums must not be committed for expenditure after June 30, 2025, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated

money remaining must not be spent for any purpose after September 19, 2025, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 19, 2025.

*Sec. 2.* This act becomes effective on July 1, 2023.