

CHAPTER.....

AN ACT relating to applied behavior analysis; requiring the State Plan for Medicaid to include coverage for certain services related to applied behavior analysis; revising the issuance fee for a license as a behavior analyst or an assistant behavior analyst; making appropriations to and authorizing expenditures by the Division of Health Care Financing and Policy of the Department of Health and Human Services; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law requires the Director of the Department of Health and Human Services to develop and administer a State Plan for Medicaid which includes a list of specific medical services required to be provided to Medicaid recipients. (NRS 422.063, 422.270-422.27497) Existing law requires the State Plan for Medicaid to include: (1) rates of reimbursement for services provided by behavior analysts, assistant behavior analysts and registered behavior technicians that are comparable to rates paid by Medicaid programs in other states for such services; and (2) reasonable limits on the number of hours that such providers are authorized to bill for services provided to a recipient of Medicaid in a 24-hour period. (NRS 422.27497) **Section 1** of this bill requires the Director to include in the State Plan coverage for the cost of services provided by behavior analysts, assistant behavior analysts and registered behavior technicians to Medicaid recipients who are less than 27 years of age.

Existing law authorizes the Board of Applied Behavior Analysis to charge a fee of not more than \$25 for the issuance of an initial license as a behavior analyst or assistant behavior analyst. (NRS 641D.380) **Section 2** of this bill increases to \$450 the maximum fee for an initial license that the Board is authorized to charge.

**Section 2.5** of this bill makes an appropriation to, and authorizes expenditure by, the Division of Health Care Financing and Policy of the Department for the administrative and medical service costs of providing Medicaid coverage for certain services provided by behavior analysts, assistant behavior analysts and registered behavior technicians pursuant to **section 1**.

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

---

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

**Section 1.** NRS 422.27497 is hereby amended to read as follows:

422.27497 1. *The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures incurred for services provided by behavior analysts, assistant behavior analysts and registered behavior*



*technicians to recipients of Medicaid who are less than 27 years of age.*

2. The Director shall:

(a) Biennially establish and include in the State Plan for Medicaid rates of reimbursement which are provided on a fee-for-service basis for services provided by behavior analysts, assistant behavior analysts and registered behavior technicians that are comparable to rates of reimbursement paid by Medicaid programs in other states for the services of those providers.

(b) Establish reasonable limits on the number of hours that a behavior analyst, assistant behavior analyst or registered behavior technician is authorized to bill for services provided to a recipient of Medicaid in a 24-hour period.

~~2.3.~~ 3. The Division shall provide training to behavior analysts, assistant behavior analysts and registered behavior technicians who provide services to recipients of Medicaid concerning the limits established pursuant to paragraph (b) of subsection ~~1.~~

~~3.2.~~

4. On or before January 31 of each year, the Division shall:

(a) Compile a report concerning the provision of services to recipients of Medicaid who have been diagnosed with an autism spectrum disorder. The report must include:

(1) The number of recipients of Medicaid who were newly diagnosed with an autism spectrum disorder during the immediately preceding year and the number of those recipients for whom assistance with care management was provided;

(2) The number of recipients of Medicaid diagnosed with an autism spectrum disorder for whom assistance with care management was reimbursed through Medicaid during the immediately preceding year;

(3) The number of recipients of Medicaid for whom the first claim for reimbursement for the services of a registered behavior technician was submitted during the immediately preceding year;

(4) The number of assessments or evaluations by a behavior analyst that were reimbursed through Medicaid during the immediately preceding year;

(5) The total number of claims for applied behavior analysis services provided to recipients of Medicaid made during the immediately preceding year;

(6) For the immediately preceding year, the average times that elapsed between claims for each step of the process that a recipient of Medicaid must undergo to receive treatment from a registered behavior technician, beginning with initial diagnosis with



an autism spectrum disorder and including, without limitation, comprehensive diagnosis with an autism spectrum disorder, evaluation and treatment by a behavior analyst and treatment by a registered behavior technician;

(7) The number of recipients of Medicaid receiving services through Medicaid managed care who were, at the end of the immediately preceding year, on a wait list for applied behavior analysis services;

(8) An assessment of the adequacy of the network of each health maintenance organization or managed care organization that provides services to recipients of Medicaid under the State Plan for Medicaid for applied behavior analysis services, as compared to the applicable standard for network adequacy set forth in the contract between the health maintenance organization or managed care organization and the Division;

(9) The number of behavior analysts and registered behavior technicians who are currently providing services to recipients of Medicaid who receive services through each health maintenance organization or managed care organization described in subparagraph (8); and

(10) The number of behavior analysts and registered behavior technicians who provide services to recipients of Medicaid who do not receive services through managed care.

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the next regular session of the Legislature; and

(2) In even-numbered years, the Joint Interim Standing Committee on Health and Human Services.

~~4.~~ 5. As used in this section:

(a) “Applied behavior analysis services” means the services of a behavior analyst, assistant behavior analyst or registered behavior technician.

(b) “Assistant behavior analyst” has the meaning ascribed to it in NRS 641D.020.

(c) “Behavior analyst” has the meaning ascribed to it in NRS 641D.030.

(d) “Registered behavior technician” has the meaning ascribed to it in NRS 641D.100.

**Sec. 2.** NRS 641D.380 is hereby amended to read as follows:

641D.380 1. The Board shall prescribe, by regulation, fees for any services provided by the Board pursuant to this chapter and the following fees, which must not exceed:



Application for licensure as a behavior analyst or assistant behavior analyst.....	\$100
Issuance of an initial license as a behavior analyst or assistant behavior analyst.....	<del>[25]</del> 450
Biennial renewal or reinstatement of a license as a behavior analyst .....	550
Biennial renewal or reinstatement of a license as an assistant behavioral analyst .....	425
Biennial renewal or reinstatement of a registration as a registered behavior technician.....	100
Placement of a license on inactive status.....	100
Biennial review of a license on inactive status.....	100
Restoration to active status of a license as a behavior analyst on inactive status if the restoration occurs during the first year of the biennium in which the license was issued or renewed .....	300
Restoration to active status of a license as a behavior analyst on inactive status if the restoration occurs during the second year of the biennium in which the license was issued or renewed .....	100
Restoration to active status of a license as an assistant behavior analyst on inactive status if the restoration occurs during the first year of the biennium in which the license was issued or renewed .....	175
Restoration to active status of a license as an assistant behavior analyst on inactive status if the restoration occurs during the second year of the biennium in which the license was issued or renewed .....	40
Reproduction and mailing of material for an application.....	25
A dishonored check.....	35
A change of name on a license or registration.....	25
A duplicate license or registration.....	25
Copies of the provisions of NRS relating to the practice of applied behavior analysis and the rules and regulations adopted by the Board .....	25
Letter of good standing.....	15
Review and approval of a course or program of continuing education .....	25



2. The Board shall ensure, to the extent practicable, that the amount of such fees is sufficient to pay the costs incurred by the Board under the provisions of this chapter, including, without limitation, the compensation of the Board prescribed by NRS 641D.220, and does not exceed the amount necessary to pay those costs.

**Sec. 2.5.** 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 the administrative and medical service costs of providing Medicaid coverage for services provided by behavior analysts, assistant behavior analysts and registered behavior technicians to recipients of Medicaid who are less than 27 years of age the following sums:

For the Fiscal Year 2023-2024 .....	\$118,272
For the Fiscal Year 2024-2025 .....	\$671,531

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 .....	\$351,662
For the Fiscal Year 2024-2025 .....	\$1,610,899

3. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years 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 20, 2024, and September 19, 2025, respectively, 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 20, 2024, and September 19, 2025, respectively.

**Sec. 3.** 1. This section becomes effective upon passage and approval.

2. Section 2.5 of this act becomes effective on July 1, 2023.

3. Sections 1 and 2 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.

