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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.



* S B 3 4 4 R 1 *

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

1 **Section 1.** Chapter 422 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2, 3 and 4 of this act.

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

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

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

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

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

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

27 422.27172 1. The Director shall include in the State Plan for
28 Medicaid a requirement that the State pay the nonfederal share of
29 expenditures incurred for:

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

- 32 (1) Lawfully prescribed or ordered;
33 (2) Approved by the Food and Drug Administration; and
34 (3) Dispensed in accordance with NRS 639.28075;

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

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

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

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



1 (f) Voluntary sterilization for women.

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

5 ~~(a) Pay a higher deductible, any copayment or coinsurance; or~~
6 ~~(b) Be~~ subject to a longer waiting period or any other condition.

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

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

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

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

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

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

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

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

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

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

36 422.27174 1. The Director shall include in the State Plan for
37 Medicaid a requirement that the State pay the nonfederal share of
38 expenditures incurred for:

39 (a) Counseling and support for breastfeeding;

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

42 (c) Counseling for sexually transmitted diseases;

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

45 (e) An annual screening for cervical cancer;



- 1 (f) Screening for depression;
- 2 (g) Screening and counseling for the human immunodeficiency
- 3 virus;
- 4 (h) Smoking cessation programs;
- 5 (i) All vaccinations recommended by the Advisory Committee
- 6 on Immunization Practices of the Centers for Disease Control and
- 7 Prevention of the United States Department of Health and Human
- 8 Services or its successor organization; and
- 9 (j) Such well-woman preventative visits as recommended by the
- 10 Health Resources and Services Administration.

11 2. To obtain any benefit provided in the Plan pursuant to

12 subsection 1, a recipient of Medicaid must not be ~~required to:~~

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

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

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

16 232.320 1. The Director:

17 (a) Shall appoint, with the consent of the Governor,

18 administrators of the divisions of the Department, who are

19 respectively designated as follows:

20 (1) The Administrator of the Aging and Disability Services

21 Division;

22 (2) The Administrator of the Division of Welfare and

23 Supportive Services;

24 (3) The Administrator of the Division of Child and Family

25 Services;

26 (4) The Administrator of the Division of Health Care

27 Financing and Policy; and

28 (5) The Administrator of the Division of Public and

29 Behavioral Health.

30 (b) Shall administer, through the divisions of the Department,

31 the provisions of chapters 63, 424, 425, 427A, 432A to 442,

32 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS

33 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*

34 *sections 2, 3, and 4 of this act*, 422.580, 432.010 to 432.133,

35 inclusive, 432B.621 to 432B.626, inclusive, 444.002 to 444.430,

36 inclusive, and 445A.010 to 445A.055, inclusive, and all other

37 provisions of law relating to the functions of the divisions of the

38 Department, but is not responsible for the clinical activities of the

39 Division of Public and Behavioral Health or the professional line

40 activities of the other divisions.

41 (c) Shall administer any state program for persons with

42 developmental disabilities established pursuant to the

43 Developmental Disabilities Assistance and Bill of Rights Act of

44 2000, 42 U.S.C. §§ 15001 et seq.



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

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

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

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

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

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

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

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

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

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

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



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

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