

SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON HEALTH CARE

Nevada Revised Statutes (NRS) 439B.200

This summary presents the recommendations approved by the Legislative Committee on Health Care (LCHC) at its meetings on August 27 and September 24, 2018. The bill draft requests (BDRs) will be forwarded to the Legislative Commission for transmittal to the 80th Session of the Nevada Legislature.

RECOMMENDATIONS FOR LEGISLATION

Children's Health Care

1. Propose legislation to:

- a. Appropriate \$500,000 per annum to the Department of Health and Human Services (DHHS) to provide monthly vouchers in the amount of \$25 to participants in the Women, Infants, and Children program with children up to three years of age to support the purchase of diapers for families with limited financial resources on a first-come, first-served basis;
- b. Appropriate \$250,000 per annum to support stipends, technical assistance, and training to enable child care providers to offer high-quality, nutritious foods and ample opportunities for physical activity, including:
 - i. \$50,000 per annum to the Division of Public and Behavioral Health (DPBH), DHHS, to subgrant to nonprofit organizations that provide training and technical assistance to child care providers on proper nutrition and physical activity; and
 - ii. \$200,000 per annum to the Nevada Silver State Stars Quality Rating and Improvement System (QRIS) to provide grants to QRIS-rated child care providers for facility improvements related to providing high-quality, nutritious food and ample physical activity;
- c. Authorize physicians to issue a standing order for asthma medication, such as albuterol inhalers and/or nebulizers for students with asthma;
- d. Amend [NRS 442.700](#) to reflect current standards of the Council of State and Territorial Epidemiologists to improve data collected when children are tested for lead in order to identify at-risk populations and communities; and
- e. Amend Chapters [287](#), [422](#), [689A](#), [689B](#), [689C](#), [695A](#), [695B](#), [695C](#), and [695G](#) of NRS to require insurance plans in Nevada to cover the cost of hearing aids for children. **(BDR 57-448)**

Data Regarding Providers of Health Care in Nevada

2. Propose legislation to:

- a. Require, as a condition of licensure and relicensure, all providers of health care who are licensed in Nevada to complete a data request developed by the Division of Insurance (DOI), Department of Business and Industry (B&I). The data request shall include the following:
 - i. Name;
 - ii. Mailing address;
 - iii. Email address;
 - iv. Physical practice location(s) and portion of time spent practicing at each location;
 - v. Specialty;
 - vi. Race/ethnicity;
 - vii. Primary languages other than English; and
 - viii. License status.

The DOI may adopt regulations requiring additional areas of data collection, and it must develop and maintain a database to collect required data. Individualized data is confidential. Individualized deidentified data may be provided to governmental entities, and the DOI shall aggregate state-level data by license, which shall be public record; and

- b. Require the commissioner of insurance of the DOI to develop, prescribe for use, and make available a single, standardized form for use by insurers to notify health care providers who apply for, but are not credentialed, on a health insurance network's provider panel. The commissioner shall hold public hearings to seek input regarding the development of the form and must consider this input in developing the form. At a minimum, the form must indicate the reason for which a provider is not credentialed. **(BDR 54–527)**

Funding for Family Planning Services

3. Propose legislation to:

- a. Appropriate \$12 million over the 2019–2021 Biennium to the Account for Family Planning (created by [Senate Bill 122](#) [2017]);

- b. Authorize the use of funds in the Account by local governments to contract with the state for community health nurses and other family planning health care providers in addition to the entities currently eligible for funding pursuant to [NRS 442.725](#); and
- c. Prohibit the administrator from discriminating based on the contraceptive method when awarding grants. **(BDR 40–446)**

Health Insurance

- 4. Propose legislation to:
 - a. Allow flexibility under Nevada law if federal law is amended to allow larger tobacco- or age-rating factors;
 - b. Authorize the commissioner of insurance of the DOI, B&I, to enter into compacts to ensure essential insurance is available to Nevada residents and incorporate language to allow health benefit plans sold in contiguous states to be sold in Nevada when essential insurance is not available or is insufficient in the state;
 - c. Authorize the commissioner of insurance to apply for a state innovation waiver, in accordance with [Section 1332 of the Patient Protection and Affordable Care Act](#);
 - d. Authorize the establishment of a reinsurance or high-risk pool program to mitigate the cost of health benefit plans in the individual market with the intent of helping to stabilize the individual health insurance market;
 - e. Impose restrictions on short-term health insurance policies currently defined within *Nevada Administrative Code* into NRS; and
 - f. Repeal the right to annual enrollment with a 90-day waiting period as provided in [NRS 687B.480](#). **(BDR 57–531)**

The Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired

- 5. Propose legislation to:
 - a. Change the name of the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired to the Nevada Commission for the Deaf and Hard of Hearing;
 - b. Expand the Commission membership from 9 to 11 members;
 - c. Revise the Commission membership such that it includes:
 - i. One member (rather than three) who is a user of telecommunications relay services or the services of persons engaged in the practice of interpreting or the practice of real time captioning;

- ii. One member who is a member of an advocacy organization that has a membership of persons who are deaf, hard of hearing, or speech impaired;
 - iii. One member who is hard of hearing;
 - iv. One member who is an employment specialist; and
 - v. One member who is a parent of a deaf child who is five years of age or younger;
- d. Appropriate \$50,000 from the State General Fund or tobacco settlement funds to the Commission in each fiscal year of the 2019–2021 Biennium for administrative, per diem, and travel costs of the Commission; and
 - e. Amend [NRS 427A.797](#), Telecommunication Devices for the Deaf surcharge funds, to authorize a portion of the money in the account to be used to support a full-time director for the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired. The director’s compensation shall be determined by the Commission. **(BDR 38–449)**

Public Health Funding and Federally Qualified Health Centers

6. Propose legislation to:

- a. Prohibit state funding from being allocated or subgranted to a federally qualified health center (FQHC) with executive staff who have been convicted of a felony or had their health care professional license revoked within the last 12 years;
- b. Appropriate \$5 per capita to build public health infrastructure and capacity that supports foundational public health services in Nevada and:
 - i. Require DHHS to establish a Public Health Improvement Fund whereby:
 - (1) The Fund must be utilized to improve public health and must be allocated based on population to public health agencies operating under [Chapter 439](#) of NRS;
 - (2) The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the state are paid;
 - (3) The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year;
 - (4) All money that is deposited or paid into the Fund is hereby appropriated to be used for any purpose authorized by the Legislature or DPBH for expenditure or allocation in accordance with the provisions of this BDR. Money expended from

the Fund must not be used to supplant existing methods of funding that are available to public agencies; and

- (5) The Legislature may access money in the Fund in extraordinary circumstances and/or times of severe economic duress;
- ii. Require eligible public health agencies to conduct a community needs assessment;
- iii. Establish a process to evaluate the health and health needs of residents and establish a system to rank them for prioritizing funding; and
- iv. Allocate money for direct expenditure by the health agencies operating under Chapter 439 of NRS in accordance with their identified needs and priorities relating to public health. **(BDR 40–529)**

Residential Facilities for Groups, Community-Based Living Arrangements, and Certain Unregulated Residential Facilities

7. Propose legislation to:

- a. Direct DHHS to review unlicensed group housing arrangements that provide assistance, food, shelter, and/or limited supervision to a person with a mental illness, a person with an intellectual or physical disability, or a person who is aged or infirm to determine when such arrangements require regulation. The review must consider:
 - i. The impact of overregulation on housing arrangement options and affordable housing; and
 - ii. Reasonable quality and safety protections to safeguard vulnerable populations; and
- b. Broaden the definition of a referral agency in [NRS 449.0305](#) by expanding the requirement for licensure to include any business that provides referrals to residential facilities for groups and any group housing arrangements that provide assistance, food, shelter, or limited supervision to a person with a mental illness, a person with an intellectual or physical disability, or a person who is aged or infirm. **(BDR 40–526)**

Substance Abuse Prevention and Treatment

8. Propose legislation to:

- a. Clarify certain provisions of [Assembly Bill 474](#) (2017), including requiring that the State Board of Pharmacy and all professional and occupational licensing boards that regulate health care providers who are eligible to prescribe controlled substances must develop and disseminate a clarification or technical assistance advisory bulletin to help clarify the intent of the legislation and which drugs are affected by the legislation. **(BDR 54–447)**

Therapeutic Diets

9. Propose legislation to:
 - a. Amend [NRS 640E.260](#) to authorize a dietician to recommend a therapeutic diet without consulting a patient's physician;
 - b. Require a medical facility, as defined in [NRS 449.0151](#), to follow prescribed therapeutic diets, including the purchase of required food items so that dieticians can prepare a patient's prescribed diet; and
 - c. Require medical facilities to document that prescribed therapeutic diets are being followed and, upon request, make such documentation available to staff of the Bureau of Health Care Quality and Compliance, DPBH, DHHS. **(BDR 40-445)**

RECOMMENDATIONS FOR COMMITTEE ACTION

Access to Care and Public Health

10. **Federally Qualified Health Centers**—Send a letter to the Senate Committee on Finance, the Assembly Committee on Ways and Means, and the director of DHHS:
 - a. Expressing the LCHC's support for FQHCs and maintaining or increasing the \$500,000 per annum appropriation from tobacco settlement revenue to fund a Health Center Incubator Project for expanded access to care, which was made during the 2017 Legislative Session; and
 - b. Encouraging a review of opportunities to partner with FQHCs to leverage state funding to receive matching federal dollars to increase satellite sites, possibly through school-based clinics.
11. **Mobile Dental Van**—Send a letter to the director of DHHS encouraging continued funding to support the Mobile Dental Van Pilot Project in rural Nevada.
12. **Tobacco Policy**—Send letters to the Senate and Assembly Committees on Health and Human Services expressing the LCHC's support for legislation and policies that:
 - a. Implement tougher fee-based tobacco retail licensing requirements;
 - b. Increase funding for tobacco control; and
 - c. Regulate and tax e-cigarettes and other vapor products.

Behavioral Health

13. **Services for Individuals With Mental Illness**—Send a letter to the director of DHHS expressing the LCHC’s commitment to improve services for people with mental health issues and encouraging DPBH to pursue opportunities to:
 - a. Build greater partnerships between local governments and social service programs;
 - b. Coordinate with the National Alliance on Mental Illness Nevada to address concerns about housing and medications;
 - c. Develop standards for adequate living conditions;
 - d. Ensure access to affordable prescription drugs, which work for the individual patient, for mental health conditions;
 - e. Expand access to treatment for the mentally ill and prevent overly restrictive state agency regulations, such as those imposing new or additional preauthorization requirements for Medicaid patients;
 - f. Explore housing options, which utilize currently vacant buildings and facilities;
 - g. Increase compensation to care providers; and
 - h. Provide affordable, safe, and sanitary housing for the mentally ill.
14. **Assistance/Advocate for Individuals With Mental Illness**—Send a letter to the Senate Committee on Finance, the Assembly Committee on Ways and Means, and the director of DHHS, expressing the LCHC’s support for:
 - a. Additional funding for the Office for Consumer Health Assistance, DHHS, to expand its staffing and its education programs for assisting the mentally ill and their families; or
 - b. The establishment of an office of ombudsman or advocate for the mentally ill, possibly independent from DHHS.

Children’s Health

15. **Insurance Coverage for Immigrant Children**—Send a letter to DHHS encouraging the Division of Health Care Financing and Policy to evaluate the cost of adding all immigrant children residing in Nevada to Nevada’s Children’s Health Insurance Program’s (CHIP’s) eligibility policies and to analyze the cost of providing health insurance coverage to all children in Nevada, regardless of immigration status.

16. **Standing Orders for Asthma Medication**—Include a statement in the LCHC’s final report indicating its support for authorizing physicians to issue a standing order for asthma medication, such as albuterol inhalers and/or nebulizers for students with asthma.
17. **Services for Children With Autism**—Send a letter to the Senate and Assembly Committees on Education and the Senate and Assembly Committees on Health and Human Services encouraging them to develop a joint study regarding barriers to, and strategies to best provide, intervention services for children with autism, including the impact of:
 - a. Allowing Medicaid to reimburse for registered behavior technicians (RBTs) in training;
 - b. Changing the compulsory education law to allow children diagnosed with autism to attend school half-day so they can receive intensive 1:1 applied behavioral analysis (ABA) services in their homes during the day;
 - c. Creating a statewide magnet school program to produce RBTs;
 - d. Mandating in-school access to insurance-funded RBTs for eligible children;
 - e. Raising the reimbursement rates for RBTs so employers can raise wages; and
 - f. Requesting a report prior to the 81st Legislative Session that includes information requested in the August 27, 2018, letter from Kelly Venci Gonzalez, Esq., Team Chief, Education Advocacy Program, Children’s Attorneys Project, Legal Aid Center of Southern Nevada, to the LCHC regarding:
 - i. Access to services through Nevada’s Autism Treatment Assistance Program;
 - ii. The number of children enrolled in Medicaid or CHIP who receive ABA services;
 - iii. The number of ABA providers available to this population and how that impacts access to services;
 - iv. Requirements for prior authorization to access ABA; and
 - v. Additional related matters.
18. **Mental Health Services for Children**—Include a statement of support in the LCHC’s final report for expanded access to quality mental health services for children and their families.
19. **Nevada Children’s Behavioral Health Consortium**—Send letters to the governor of the State of Nevada and the director of DHHS expressing the LCHC’s support for recommendations made by the Nevada Children’s Behavioral Health Consortium at the Committee’s July 17, 2018, meeting.

Health Insurance and Medicaid

20. **Medicaid Provider Participation**—Send a letter to the governor of the State of Nevada, the Senate Committee on Finance, the Assembly Committee on Ways and Means, and the director of DHHS, strongly encouraging:
 - a. The development of a “Diversity Plan of Action” to demonstrate Nevada Medicaid’s and contracted managed care organizations’ (MCOs’) strategies for recruiting and retaining providers from underrepresented cultural, ethnic, and religious groups; and
 - b. Increased reimbursement rates for Medicaid to improve provider participation and expand access to services.
21. **Medicaid Reimbursement Rates for Family Planning Providers**—Send a letter to the director of DHHS encouraging the evaluation of Medicaid rules and reimbursement rates to ensure that rates cover the costs of business for family planning providers.
22. **Medicaid Reimbursement for Community Health Centers**—Send a letter to the director of DHHS encouraging Medicaid to allow community health centers to bill Medicaid for services provided by community health workers (promotoras).
23. **Medicaid Prescription Drug Costs**—Include a statement of support in the LCHC’s final report encouraging DHHS to analyze the following issues within Medicaid, including Medicaid MCOs:
 - a. Disconnect between pharmacy reimbursement and overall costs to the Medicaid program (spread pricing);
 - b. Impact of reductions in pharmacy reimbursement on access to care, particularly in rural communities;
 - c. Lack of transparent data on pharmacy services; and
 - d. Potential conflict of interest between a retail pharmacy chain affiliated with a Medicaid pharmacy benefit manager and possible reductions in pharmacy reimbursements.
24. **Medicaid-Like Buy-in Health Insurance Program**—Send letters to the Senate and Assembly Committees on Health and Human Services expressing the LCHC’s support for legislation creating a Medicaid-like buy-in program, such as that considered in [AB 374](#) (2017).
25. **Health Insurance for Individuals With Chronic Conditions**—Send a letter to the Senate Committee on Commerce, Labor and Energy and the Assembly Committee on Commerce and Labor supporting the development of options that enable individuals living with chronic illnesses to access health insurance plans that provide lifesaving treatments they otherwise

may not be able to afford. Such health insurance options would provide that insurers offer the following:

- a. At least one plan with a flat-dollar co-payment and no deductible for prescription medications in each of the four levels of plans and within each service area of the state;
- b. A flat-dollar co-payment that includes all specialty tier medications; and
- c. Co-payment rates that are reasonably graduated and proportionately related in drug formulary tier levels.

Substance Abuse Prevention and Treatment

26. **Prescribing Controlled Substances and [AB 474](#) (2017)**—Send a letter to all professional and occupational licensing boards that regulate health care providers who are eligible to prescribe controlled substances, encouraging them to:
 - a. Host and advertise virtual town hall meetings to allow providers and patients opportunities to share their input and feedback about their experiences with AB 474; and
 - b. Host best practices workshops and offer continuing medical education to providers for attendance. This could be done via conference call, in-person, or webinar.
27. **Detoxification Facilities**—Send a letter to the director of DHHS and the administrator of DPBH expressing the LCHC’s support for providing funding and/or assistance to ensure safe detoxification facilities are available across the state of Nevada.

Unregulated Congregate Care Living Arrangements

28. **Unregulated Congregate Care Living Arrangements**—Send a letter to DHHS encouraging:
 - a. Proactive monitoring of business licenses to find license types or business names that may be operating unlicensed homes; and
 - b. The development of a public education campaign regarding the limits and possible hazards of unregulated and unlicensed group homes.

Victim Services and Support

29. **Victim Services and Support**—Send letters to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing support for funding to maintain the service delivery infrastructure created to provide victim services and resources to assist individuals affected by the October 1, 2017, mass shooting in Las Vegas, Nevada.