

MOCK-UP

PROPOSED AMENDMENT 3409 TO SENATE BILL NO. 420 FIRST REPRINT

PREPARED FOR SENATOR CANNIZZARO
MAY 18, 2021

PREPARED BY THE LEGAL DIVISION

NOTE: THIS DOCUMENT SHOWS PROPOSED AMENDMENTS IN CONCEPTUAL FORM. THE LANGUAGE AND ITS PLACEMENT IN THE OFFICIAL AMENDMENT MAY DIFFER.

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.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services to administer the Medicaid program, which is a joint program of the state and federal governments to provide health coverage to indigent persons. (NRS 422.270, 439B.120) Existing law also creates the Silver State Health Insurance Exchange to assist natural persons and small businesses in purchasing health coverage. (Chapter 695I of NRS) **Section 10** of this bill requires the Director of the Department, in consultation with the Executive Director of the Exchange and the Commissioner of Insurance, to design, establish and operate a public health benefit plan known as the Public Option. **Section 2** of this bill sets forth the purposes of the Public Option, and **sections 3.5-9** of this bill define terms relevant to the Public Option. **Section 10** requires the Public Option to be available to all natural persons who reside in this State through the Exchange and for direct purchase and authorizes the Director to make the Public Option available to small employers in this State or their employees. **Section 10** requires the Public Option to meet the requirements established by federal and state law for individual health insurance or health insurance for small employers where applicable. **Section 10** also establishes requirements governing the levels of coverage provided by the Public Option and the premiums for the Public Option. **Sections 38 and 41** of this bill remove the requirements relating to premiums on January 1, 2030. **Section 11** of this bill requires the Director, the Commissioner and the Executive Director of the Exchange to apply for certain waivers to obtain federal financial support for the Public Option. **Section 39 of this bill requires the Director, the Commissioner and the Executive Director of the Exchange to contract for the performance of an actuarial study before submitting the initial waiver application.** **Section 12** of this bill requires the Director to use a statewide competitive bidding process to solicit and enter into contracts with health carriers and other qualified persons to administer the Public Option. **Section 12** requires a health carrier that provides health care services to recipients of Medicaid through managed care to

participate in the competitive bidding process. **Section 12** additionally authorizes the Director to directly administer the Public Option if necessary. **Sections 13, 21 and 29** of this bill require providers of health care, including health care facilities, who participate in Medicaid or the Public Employees' Benefits Program or provide care to injured employees under the State's workers' compensation program to enroll in the Public Option as a participating provider of health care. **Section 14** of this bill prescribes requirements governing the establishment of networks and the reimbursement of providers under the Public Option. **Section 15** of this bill establishes the Public Option Trust Fund to hold certain funds for the purpose of implementing the Public Option. **Section 20** of this bill exempts rules and policies governing the Public Option from provisions governing notice-and-comment rulemaking. **Sections 16, 19, 22, 32 and 34-37** of this bill make various changes so that the Public Option is treated similarly to comparable forms of public health insurance.

Section 16.5 of this bill requires the Executive Director of the Exchange to apply to the federal government for a waiver to authorize certain labor, agricultural and horticultural organizations to offer on the Exchange a policy of insurance to meet the unique needs of tradespersons that can serve as an alternative to the continuation of certain group health benefits. **Section 16.5** requires such a policy to be annually certified by the Executive Director in order to be offered on the Exchange. **Sections 16.3 and 16.8** of this bill make conforming changes to reflect the fact that a policy of insurance offered pursuant to **section 16.5** may not meet all requirements: (1) for individual health insurance prescribed by state law; or (2) to be considered a qualified health plan under federal law. **Section 39.5** of this bill requires the Executive Director to apply for the waiver and submit certain recommendations concerning such policies to the Legislature on or before January 1, 2025.

1 **Sections 24-28** of this bill expand coverage under Medicaid in various manners.
2 Specifically, **section 24** of this bill requires the Director of the Department to expand
3 coverage under the State Plan for Medicaid for pregnant women by: (1) providing coverage
4 for pregnant women whose household income is between 165 percent and 200 percent of
5 the federally designated level signifying poverty ~~if money is available~~; (2) providing
6 that pregnant women who are determined by certain entities to qualify for Medicaid are
7 presumptively eligible for Medicaid for a prescribed period of time, without submitting an
8 application for enrollment in Medicaid which includes additional proof of eligibility ~~if~~ **if**
9 **money is available**; and (3) prohibiting the imposition of a requirement that a pregnant
10 woman who is otherwise eligible for Medicaid must reside in the United States for a
11 prescribed period of time before enrolling in Medicaid. **Section 25** of this bill requires
12 Medicaid to cover the services of a community health worker who provides services under
13 the supervision of a physician, physician assistant or advanced practice registered nurse.
14 **Section 26** of this bill requires Medicaid to cover certain costs for doula services provided
15 to Medicaid recipients by a doula who has enrolled with the Division of Health Care
16 Financing and Policy of the Department. **Sections 17 and 33** of this bill require a registered
17 doula to report the suspected abuse, neglect, exploitation, isolation or abandonment of older
18 or vulnerable persons or the suspected abuse or neglect of a child. **Section 27** of this bill
19 requires Medicaid to reimburse services provided to recipients of Medicaid who do not
20 receive services through managed care by an advanced practice registered nurse to the same
21 extent as if those services were provided by a physician ~~if money is available to~~
22 **reimburse those services at those rates. If money is available, section 28** of this bill
23 requires Medicaid to cover breastfeeding supplies, certain prenatal screenings and tests and
24 lactation consultation and support. **Section 18** of this bill makes a conforming change to
25 indicate the proper placement of **sections 24-28** in the Nevada Revised Statutes.

26 Existing law establishes certain requirements that apply if a Medicaid managed care
27 program is established in this State. (NRS 422.273) ~~Section~~ **To the extent that money is**
28 **available, section 30** of this bill requires the Department to: (1) establish such a program to
29 provide health care services to recipients of Medicaid in all geographic areas of this State;
30 and (2) conduct a statewide procurement process to select health maintenance organizations

1 to provide such services. ~~[Section]~~ **To the extent that money is available, section 30**
2 requires the Medicaid managed care program to include a state-directed payment
3 arrangement to require Medicaid managed care organizations to reimburse critical access
4 hospitals and any affiliated federally-qualified health centers or rural health clinics for
5 covered services at a rate that is equal to or greater than the rate those facilities receive for
6 services provided to recipients of Medicaid on a fee-for-service basis. ~~[Section 21 of this~~
7 ~~bill makes a conforming change to reflect that the Department is required by section 30 to~~
8 ~~establish a Medicaid managed care program.]~~

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

9 **Section 1.** Title 57 of NRS is hereby amended by adding thereto a
10 new chapter to consist of the provisions set forth as sections 2 to 15,
11 inclusive, of this act.

12 **Sec. 2.** *It is hereby declared to be the purpose and policy of the*
13 *Legislature in enacting this chapter to:*

14 *1. Leverage the combined purchasing power of the State to lower*
15 *premiums and costs relating to health insurance for residents of this*
16 *State;*

17 *2. Improve access to high-quality, affordable health care for*
18 *residents of this State, including residents of this State who are employed*
19 *by small businesses;*

20 *3. Reduce disparities in access to health care and health outcomes*
21 *and increase access to health care for historically marginalized*
22 *communities; and*

23 *4. Increase competition in the market for individual health*
24 *insurance in this State to improve the availability of coverage for*
25 *residents of rural areas of this State.*

26 **Sec. 3.** *As used in this chapter, unless the context otherwise*
27 *requires, the words and terms defined in sections 3.5 to 9, inclusive, of*
28 *this act have the meanings ascribed to them in those sections.*

29 **Sec. 3.5.** *“Certified community behavioral health clinic” means a*
30 *community behavioral health clinic certified in accordance with section*
31 *223 of the Protecting Access to Medicare Act of 2014, Public Law No.*
32 *113-93.*

33 **Sec. 4.** *“Commissioner” means the Commissioner of Insurance.*

34 **Sec. 5.** *“Director” means the Director of the Department of Health*
35 *and Human Services.*

36 **Sec. 6.** *“Exchange” means the Silver State Health Insurance*
37 *Exchange.*

38 **Sec. 6.5.** *“Federally qualified health center” has the meaning*
39 *ascribed to it in 42 C.F.R. § 405.2401.*

40 **Sec. 7.** *“Provider of health care” has the meaning ascribed to it in*
41 *NRS 695G.070.*

1 **Sec. 8. “Public Option” means the Public Option established**
2 **pursuant to section 10 of this act.**

3 **Sec. 8.5. “Rural health clinic” has the meaning ascribed to it in 42**
4 **C.F.R. § 405.2401.**

5 **Sec. 9. “Trust Fund” means the Public Option Trust Fund created**
6 **by section 15 of this act.**

7 **Sec. 10. 1. The Director, in consultation with the Commissioner**
8 **and the Executive Director of the Exchange, shall design, establish and**
9 **operate a health benefit plan known as the Public Option.**

10 **2. The Director:**

11 **(a) Shall make the Public Option available to all natural persons who**
12 **reside in this State as a policy of individual health insurance through the**
13 **Exchange and for direct purchase. The provisions of chapter 689A of**
14 **NRS and other applicable provisions of title 57 of NRS apply to the**
15 **Public Option when offered as a policy of individual health insurance.**

16 **(b) May make the Public Option available to small employers in this**
17 **State or their employees to the extent authorized by federal law. The**
18 **provisions of chapter 689C of NRS and other applicable provisions of**
19 **title 57 of NRS apply to the Public Option when it is offered as a policy of**
20 **health insurance for small employers.**

21 **(c) Shall comply with all state and federal laws and regulations**
22 **applicable to insurers when carrying out the provisions of sections 2 to**
23 **15, inclusive, of this act, to the extent that such laws and regulations are**
24 **not waived.**

25 **3. The Public Option must:**

26 **(a) Be a qualified health plan, as defined in 42 U.S.C. § 18021; and**

27 **(b) Provide at least levels of coverage consistent with the actuarial**
28 **value of one silver plan and one gold plan.**

29 **4. Except as otherwise provided in this section, the premiums for the**
30 **Public Option:**

31 **(a) Must be at least 5 percent lower than the reference premium for**
32 **that zip code; and**

33 **(b) Must not increase in any year by a percentage greater than the**
34 **increase in the Medicare Economic Index for that year.**

35 **5. The Director, in consultation with the Commissioner and the**
36 **Executive Director of the Exchange, may revise the requirements of**
37 **subsection 4, provided that the average premiums for the Public Option**
38 **must decrease by at least 15 percent over the first 4 years in which the**
39 **Public Option is in operation.**

40 **6. As used in this section:**

41 **(a) “Gold plan” means a qualified health plan that meets the**
42 **requirements established by 42 U.S.C. § 18022 for a gold level plan.**

43 **(b) “Health benefit plan” means a policy, contract, certificate or**
44 **agreement to provide, deliver, arrange for, pay for or reimburse any of**
45 **the costs of health care services.**

1 (c) "Medicare Economic Index" means the Medicare Economic
2 Index, as designated by the Centers for Medicare and Medicaid Services
3 of the United States Department of Health and Human Services
4 pursuant to 42 C.F.R. § 405.504.

5 (d) "Reference premium" means, for any zip code, the lower of:

6 (1) The premium for the second-lowest cost silver level plan
7 available through the Exchange in the zip code during the 2024 plan
8 year, adjusted by the percentage change in the Medicare Economic
9 Index between January 1, 2024, and January 1 of the year to which a
10 premium applies; or

11 (2) The premium for the second-lowest cost silver level plan
12 available through the Exchange in the zip code during the year
13 immediately preceding the year to which a premium applies.

14 (e) "Silver plan" means a qualified health plan that meets the
15 requirements established by 42 U.S.C. § 18022 for a silver level plan.

16 (f) "Small employer" has the meaning ascribed to it in 42 U.S.C. §
17 18024(b)(2).

18 **Sec. 11. 1. The Director, the Commissioner and the Executive**
19 **Director of the Exchange:**

20 (a) Shall collaborate to apply to the Secretary of Health and Human
21 Services for a waiver pursuant to 42 U.S.C. § 18052 to obtain pass-
22 through federal funding to carry out the provisions of sections 2 to 15,
23 inclusive, of this act; and

24 (b) ~~May~~ Except as otherwise provided in subsection 4, may
25 collaboratively apply to the Secretary of Health and Human Services for
26 any other federal waivers or approval necessary to carry out the
27 provisions of sections 2 to 15, inclusive, of this act, including, without
28 limitation, and to the extent necessary, a waiver pursuant to 42 U.S.C. §
29 1315 of Title XIX of the Social Security Act. Such waivers or approval
30 may include, without limitation, any waiver or approval necessary to:

31 (1) Combine risk pools for the Public Option with risk pools
32 established for Medicaid, if the Director can demonstrate that doing so
33 would lower costs, result in savings to the federal and state governments
34 and not increase the costs of private insurance or Medicaid; or

35 (2) Obtain federal financial participation to subsidize the cost of
36 health insurance for residents of this State with low incomes.

37 2. In preparing an application for any waiver described in
38 subsection 1, the Director, the Commissioner and the Executive Director
39 of the Exchange may contract with an independent actuary to assess the
40 impact of the Public Option on the markets for health care and health
41 insurance in this State and health coverage for natural persons, families
42 and small businesses. The actuary must have specialized expertise or
43 experience with state health insurance exchanges, the type of waiver for
44 which the application is being made, measures to contain the costs of
45 providing health coverage, reforming procedures for the purchasing and

1 *delivery of government services and Medicaid managed care programs.*
2 *A contract pursuant to this subsection is exempt from the provisions of*
3 *chapter 333 of NRS.*

4 *3. The Director, the Commissioner and the Executive Director of*
5 *the Exchange shall:*

6 *(a) Cooperate with the Federal Government in obtaining any waiver*
7 *for which he or she applies pursuant to this section.*

8 *(b) Deposit any money received from the Federal Government*
9 *pursuant to such a waiver in the Trust Fund.*

10 *4. The Director, the Commissioner and the Executive Director of*
11 *the Exchange shall not apply under the provisions of section 1 to waive*
12 *any provision of federal law prescribing conditions of eligibility to*
13 *purchase a qualified health plan through the Exchange or receive*
14 *federal advanced premium tax credits pursuant to 42 U.S.C. § 18082 for*
15 *such a purchase.*

16 *5. The Director may:*

17 *(a) Accept gifts, grants and donations to carry out the provisions of*
18 *sections 2 to 15, inclusive, of this act. The Director shall deposit any such*
19 *gifts, grants or donations in the Trust Fund.*

20 *(b) Employ or enter into contracts with actuaries and other*
21 *professionals and may enter into contracts with other state agencies,*
22 *health carriers or other qualified persons and entities as are necessary to*
23 *carry out the provisions of sections 2 to 15, inclusive, of this act. Such*
24 *contracts are exempt from the requirements of chapter 333 of NRS.*

25 **Sec. 12. 1. The Director, in consultation with the Commissioner**
26 **and the Executive Director of the Exchange, shall use a statewide**
27 **competitive bidding process, including, without limitation, a request for**
28 **proposals, to solicit and enter into contracts with health carriers or other**
29 **qualified persons or entities to administer the Public Option. ~~[[The]]~~ If a**
30 **statewide Medicaid managed care program is established pursuant to**
31 **subsection 1 of NRS 422.273, the competitive bidding process must**
32 **coincide with the statewide procurement process for ~~[[the]]~~ that Medicaid**
33 **managed care program**. ~~[[established pursuant to~~
34 ~~NRS 422.273,]]~~

35 **2. Each health carrier that provides health care services through**
36 **managed care to recipients of Medicaid under the State Plan for**
37 **Medicaid or the Children's Health Insurance Program shall, as a**
38 **condition of continued participation in ~~[[the]]~~ any Medicaid managed care**
39 **program established ~~[[pursuant to NRS 422.273,]]~~ in this State,** submit a
40 **good faith proposal in response to a request for proposals issued**
41 **pursuant to subsection 1.**

42 **3. Each proposal submitted pursuant to subsection 2 must**
43 **demonstrate that the applicant is able to meet the requirements of section**
44 **10 of this act.**

1 4. When selecting a health carrier or other qualified person or
2 entity to administer the Public Option, the Director shall prioritize
3 applicants whose proposals:

4 (a) Demonstrate alignment of networks of providers between the
5 Public Option and ~~the~~ Medicaid managed care ~~program established~~
6 ~~pursuant to NRS 422.273,~~ where applicable;

7 (b) Provide for the inclusion of critical access hospitals, rural health
8 clinics, certified community behavioral health clinics and federally-
9 qualified health centers in the networks of providers for the Public
10 Option and Medicaid managed care , where applicable; ~~program~~
11 ~~established pursuant to NRS 422.273;~~

12 (c) Include proposals for strengthening the workforce in this State
13 and particularly in rural areas of this State for providers of primary care,
14 mental health care and treatment for substance use disorders;

15 (d) Use payment models for providers included in the networks of
16 providers for the Public Option that increase value for persons enrolled
17 in the Public Option and the State; and

18 (e) Include proposals to contract with providers of health care in a
19 manner that decreases disparities among different populations in this
20 State with regard to access to health care and health outcomes and
21 supports culturally competent care.

22 5. Notwithstanding the provisions of subsections 1 to 4, inclusive,
23 the Director may directly administer the Public Option if necessary to
24 carry out the provisions of sections 2 to 15, inclusive, of this act.

25 6. The Director shall deposit into the Trust Fund any money
26 received from:

27 (a) A health carrier or other person or entity with which the Director
28 contracts to administer the Public Option pursuant to subsection 1 which
29 relates to duties performed under the contract; or

30 (b) If the Director directly administers the Public Option pursuant to
31 subsection 5, any money received from any person or entity in the course
32 of administering the Public Option.

33 7. As used in this section:

34 (a) "Critical access hospital" means a hospital which has been
35 certified as a critical access hospital by the Secretary of Health and
36 Human Services pursuant to 42 U.S.C. § 1395i-4(e).

37 (b) "Health carrier" means an entity subject to the insurance laws
38 and regulations of this State, or subject to the jurisdiction of the
39 Commissioner, that contracts or offers to contract to provide, deliver,
40 arrange for, pay for or reimburse any of the costs of health care services,
41 including, without limitation, a sickness and accident health insurance
42 company, a health maintenance organization, a nonprofit hospital and
43 health service corporation or any other entity providing a plan of health
44 insurance, health benefits or health care services.

1 **Sec. 13. 1.** *Except as otherwise provided in subsection 2, each*
2 *provider of health care who participates in the Public Employees'*
3 *Benefits Program established pursuant to subsection 1 of NRS 287.043*
4 *or the Medicaid program, or who provides care to an injured employee*
5 *pursuant to the provisions of chapters 616A to 616D, inclusive, or*
6 *chapter 617 of NRS, shall:*

7 *(a) Enroll as a participating provider in at least one network of*
8 *providers established for the Public Option; and*

9 *(b) Accept new patients who are enrolled in the Public Option to the*
10 *same extent as the provider or facility accepts new patients who are not*
11 *enrolled in the Public Option.*

12 **2.** *The Director and the Executive Officer of the Public Employees'*
13 *Benefits Program may waive the requirements of subsection 1 when*
14 *necessary to ensure that recipients of Medicaid and officers, employees*
15 *and retirees of this State who receive benefits under the Public*
16 *Employees' Benefits Program have sufficient access to covered services.*

17 **Sec. 14. 1.** *In establishing networks for the Public Option and*
18 *reimbursing providers of health care that participate in the Public*
19 *Option, the Director shall, to the extent practicable:*

20 *(a) Ensure that care for persons who were previously covered by*
21 *Medicaid or the Children's Health Insurance Program and enroll in the*
22 *Public Option is minimally disrupted;*

23 *(b) Encourage the use of payment models that increase value for*
24 *persons enrolled in the Public Option and the State;*

25 *(c) Improve health outcomes for persons enrolled in the Public*
26 *Option;*

27 *(d) Reward providers of health care and medical facilities for*
28 *delivering high-quality services; and*

29 *(e) Lower the cost of care in both urban and rural areas of this State.*

30 **2.** *Except as otherwise provided in subsections 3 to 6, inclusive,*
31 *reimbursement rates under the Public Option must be, in the aggregate,*
32 *comparable to or better than reimbursement rates available under*
33 *Medicare. For the purposes of this section, the aggregate reimbursement*
34 *rate under Medicare:*

35 *(a) Includes any add-on payments or other subsidies that a provider*
36 *receives under Medicare; and*

37 *(b) Does not include payments under Medicare for a patient*
38 *encounter or a cost-based payment rate under Medicare.*

39 **3.** *If a provider of health care currently receives reimbursement*
40 *under Medicare at rates that are cost-based, the reimbursement rates for*
41 *that provider of health care under the Public Option must be comparable*
42 *to or better than the cost-based reimbursement rates provided for that*
43 *provider of health care by Medicare.*

44 **4.** *The reimbursement rates for a federally-qualified health center*
45 *or a rural health clinic under the Public Option must be comparable to*

1 *or better than the reimbursement rates established for patient encounters*
2 *under the applicable Prospective Payment System established for*
3 *Medicare by the Centers for Medicare and Medicaid Services of the*
4 *United States Department of Health and Human Services.*

5 *5. The reimbursement rates for a certified community behavioral*
6 *health clinic under the Public Option must be comparable to or better*
7 *than the reimbursement rates established for community behavioral*
8 *health clinics under the State Plan for Medicaid.*

9 *6. The requirements of subsections 2 to 5, inclusive, do not apply to*
10 *a payment model described in paragraph (b) of*
11 *subsection 1.*

12 *7. As used in this section, "Medicare" means the program of health*
13 *insurance for aged persons and persons with disabilities established*
14 *pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et*
15 *seq.*

16 **Sec. 15. 1.** *There is hereby created in the State Treasury the*
17 *Public Option Trust Fund as a nonreverting trust fund. The Trust Fund*
18 *must be administered by the State Treasurer.*

19 **2.** *The Trust Fund consists of:*

20 *(a) Any money deposited in the Trust Fund pursuant to sections 11*
21 *and 12 of this act;*

22 *(b) Any money appropriated by the Legislature for the purpose of*
23 *carrying out the provisions of sections 2 to 15, inclusive, of this act; and*

24 *(c) All income and interest earned on the money in the Trust Fund.*

25 **3.** *Any interest earned on money in the Trust Fund, after deducting*
26 *any applicable charges, must be credited to the Trust Fund. Money that*
27 *remains in the Trust Fund at the end of a fiscal year does not revert to*
28 *the State General Fund, and the balance in the Trust Fund must be*
29 *carried forward to the next fiscal year.*

30 **4.** *Except as otherwise provided in subsection 5, the money in the*
31 *Trust Fund must be used to carry out the provisions of sections 2 to 15,*
32 *inclusive, of this act. Such money must not be used to pay administrative*
33 *costs that are not directly related to the operations of the Public Option.*

34 **5.** *If the State Treasurer determines that there is sufficient money in*
35 *the Trust Fund to carry out the provisions of sections 2 to 15, inclusive,*
36 *of this act, for the current fiscal year, the Director may use a portion*
37 *determined by the State Treasurer of any additional money in the Trust*
38 *Fund to increase the affordability of the Public Option.*

39 **Sec. 16.** *NRS 683A.176 is hereby amended to read as follows:*

40 *683A.176 "Third party" means:*

41 *1. An insurer, as that term is defined in NRS 679B.540;*

42 *2. A health benefit plan, as that term is defined in NRS 687B.470, for*
43 *employees which provides a pharmacy benefits plan;*

44 *3. A participating public agency, as that term is defined in NRS*
45 *287.04052, and any other local governmental agency of the State of*

1 Nevada which provides a system of health insurance for the benefit of its
2 officers and employees, and the dependents of officers and employees,
3 pursuant to chapter 287 of NRS; ~~for~~

4 4. *The Public Option established pursuant to section 10 of this act;*
5 *or*

6 5. Any other insurer or organization that provides health coverage or
7 benefits or coverage of prescription drugs as part of workers'
8 compensation insurance in accordance with state or federal law.

9 ↪ The term does not include an insurer that provides coverage under a
10 policy of casualty or property insurance.

11 **Sec. 16.3.** NRS 689A.020 is hereby amended to read as follows:

12 689A.020 Nothing in this chapter applies to or affects:

13 1. Any policy of liability or workers' compensation insurance with or
14 without supplementary expense coverage therein.

15 2. Any group or blanket policy.

16 3. Life insurance, endowment or annuity contracts, or contracts
17 supplemental thereto which contain only such provisions relating to health
18 insurance as to:

19 (a) Provide additional benefits in case of death or dismemberment or
20 loss of sight by accident or accidental means; or

21 (b) Operate to safeguard such contracts against lapse, or to give a
22 special surrender value or special benefit or an annuity if the insured or
23 annuitant becomes totally and permanently disabled, as defined by the
24 contract or supplemental contract.

25 4. Reinsurance, except as otherwise provided in NRS 689A.470 to
26 689A.740, inclusive, and 689C.610 to 689C.940, inclusive, relating to the
27 program of reinsurance.

28 5. *Any policy of insurance offered on the Silver State Health*
29 *Insurance Exchange in accordance with section 16.5 of this act.*

30 **Sec. 16.5.** Chapter 695I of NRS is hereby amended by adding thereto
31 a new section to read as follows:

32 1. *The Executive Director, in collaboration with the Director of the*
33 *Department of Health and Human Services, shall apply to the Secretary*
34 *of Health and Human Services for a waiver pursuant to 42 U.S.C. §*
35 *18052 to authorize an organization described in section 501(c)(5) of the*
36 *Internal Revenue Code that processes health claims in this State to offer*
37 *on the Exchange a policy of insurance to meet the unique needs of*
38 *tradespersons, including, without limitation, persons who work*
39 *temporary or seasonal jobs, that is capable of serving as an alternative to*
40 *the continuation of group health benefits under the Consolidated*
41 *Omnibus Budget Reconciliation Act of 1985.*

42 2. *The application for a waiver submitted pursuant to subsection 1*
43 *must include, without limitation, an application for a waiver of any*
44 *provisions of federal law or regulations that would otherwise require a*
45 *policy described in subsection 1 to meet the requirements of chapter*

1 *689A of NRS in order to be offered on the Exchange or for persons who*
2 *purchase the plan on the Exchange to receive applicable federal*
3 *subsidies.*

4 *3. To be offered on the Exchange, a policy of insurance described in*
5 *subsection 1 must:*

6 *(a) Meet all requirements established by the Federal Act for a*
7 *qualified health plan, to the extent that those requirements do not*
8 *prevent an organization described in section 501(c)(5) of the Internal*
9 *Revenue Code from offering such a policy; and*

10 *(b) Be certified by the Executive Director. Such certification must be*
11 *renewed annually.*

12 *4. The Executive Director shall prescribe:*

13 *(a) Requirements for certification of a policy of insurance pursuant*
14 *to paragraph (b) of subsection 3; and*

15 *(b) Criteria to determine when a person becomes eligible for a policy*
16 *of insurance described in subsection 1. Those criteria must address:*

17 *(1) Persons who recently began employment but have not yet met*
18 *the requirements concerning hours of work necessary to receive*
19 *insurance through their employer; and*

20 *(2) Persons who have recently lost their jobs.*

21 *5. When performing the duties described in subsections 1 and 4, the*
22 *Executive Director shall consult with organizations described in section*
23 *501(c)(5) of the Internal Revenue Code and other interested persons and*
24 *entities concerning the requirements for certification of a policy of*
25 *insurance described in subsection 1 and the criteria described in*
26 *paragraph (b) of subsection 4.*

27 **Sec. 16.8.** NRS 695I.210 is hereby amended to read as follows:

28 695I.210 1. The Exchange shall:

29 (a) Create and administer a health insurance exchange;

30 (b) Facilitate the purchase and sale of qualified health plans consistent
31 with established patterns of care within the State;

32 (c) Provide for the establishment of a program to assist qualified small
33 employers in Nevada in facilitating the enrollment of their employees in
34 qualified health plans offered in the small group market;

35 (d) ~~Make~~ *Except as otherwise authorized by a waiver obtained*
36 *pursuant to section 16.5 of this act, make* only qualified health plans
37 available to qualified individuals and qualified small employers ; ~~on or~~
38 ~~after January 1, 2014;~~ and

39 (e) Unless the Federal Act is repealed or is held to be unconstitutional
40 or otherwise invalid or unlawful, perform all duties that are required of the
41 Exchange to implement the requirements of the Federal Act.

42 2. The Exchange may:

43 (a) Enter into contracts with any person, including, without limitation,
44 a local government, a political subdivision of a local government and a

1 governmental agency, to assist in carrying out the duties and powers of the
2 Exchange or the Board; and

3 (b) Apply for and accept any gift, donation, bequest, grant or other
4 source of money to carry out the duties and powers of the Exchange or the
5 Board.

6 3. The Exchange is subject to the provisions of chapter 333 of NRS.

7 **Sec. 17.** NRS 200.5093 is hereby amended to read as follows:

8 200.5093 1. Any person who is described in subsection 4 and who,
9 in a professional or occupational capacity, knows or has reasonable cause
10 to believe that an older person or vulnerable person has been abused,
11 neglected, exploited, isolated or abandoned shall:

12 (a) Except as otherwise provided in subsection 2, report the abuse,
13 neglect, exploitation, isolation or abandonment of the older person or
14 vulnerable person to:

15 (1) The local office of the Aging and Disability Services Division
16 of the Department of Health and Human Services;

17 (2) A police department or sheriff's office; or

18 (3) A toll-free telephone service designated by the Aging and
19 Disability Services Division of the Department of Health and Human
20 Services; and

21 (b) Make such a report as soon as reasonably practicable but not later
22 than 24 hours after the person knows or has reasonable cause to believe
23 that the older person or vulnerable person has been abused, neglected,
24 exploited, isolated or abandoned.

25 2. If a person who is required to make a report pursuant to subsection
26 1 knows or has reasonable cause to believe that the abuse, neglect,
27 exploitation, isolation or abandonment of the older person or vulnerable
28 person involves an act or omission of the Aging and Disability Services
29 Division, another division of the Department of Health and Human
30 Services or a law enforcement agency, the person shall make the report to
31 an agency other than the one alleged to have committed the act or
32 omission.

33 3. Each agency, after reducing a report to writing, shall forward a
34 copy of the report to the Aging and Disability Services Division of the
35 Department of Health and Human Services and the Unit for the
36 Investigation and Prosecution of Crimes.

37 4. A report must be made pursuant to subsection 1 by the following
38 persons:

39 (a) Every physician, dentist, dental hygienist, chiropractor, optometrist,
40 podiatric physician, medical examiner, resident, intern, professional or
41 practical nurse, physician assistant licensed pursuant to chapter 630 or 633
42 of NRS, perfusionist, psychiatrist, psychologist, marriage and family
43 therapist, clinical professional counselor, clinical alcohol and drug
44 counselor, alcohol and drug counselor, music therapist, athletic trainer,
45 driver of an ambulance, paramedic, licensed dietitian, holder of a license or

1 a limited license issued under the provisions of chapter 653 of NRS or
2 other person providing medical services licensed or certified to practice in
3 this State, who examines, attends or treats an older person or vulnerable
4 person who appears to have been abused, neglected, exploited, isolated or
5 abandoned.

6 (b) Any personnel of a hospital or similar institution engaged in the
7 admission, examination, care or treatment of persons or an administrator,
8 manager or other person in charge of a hospital or similar institution upon
9 notification of the suspected abuse, neglect, exploitation, isolation or
10 abandonment of an older person or vulnerable person by a member of the
11 staff of the hospital.

12 (c) A coroner.

13 (d) Every person who maintains or is employed by an agency to
14 provide personal care services in the home.

15 (e) Every person who maintains or is employed by an agency to
16 provide nursing in the home.

17 (f) Every person who operates, who is employed by or who contracts
18 to provide services for an intermediary service organization as defined in
19 NRS 449.4304.

20 (g) Any employee of the Department of Health and Human Services,
21 except the State Long-Term Care Ombudsman appointed pursuant to NRS
22 427A.125 and any of his or her advocates or volunteers where prohibited
23 from making such a report pursuant to 45 C.F.R. § 1321.11.

24 (h) Any employee of a law enforcement agency or a county's office for
25 protective services or an adult or juvenile probation officer.

26 (i) Any person who maintains or is employed by a facility or
27 establishment that provides care for older persons or vulnerable persons.

28 (j) Any person who maintains, is employed by or serves as a volunteer
29 for an agency or service which advises persons regarding the abuse,
30 neglect, exploitation, isolation or abandonment of an older person or
31 vulnerable person and refers them to persons and agencies where their
32 requests and needs can be met.

33 (k) Every social worker.

34 (l) Any person who owns or is employed by a funeral home or
35 mortuary.

36 (m) Every person who operates or is employed by a peer support
37 recovery organization, as defined in NRS 449.01563.

38 (n) Every person who operates or is employed by a community health
39 worker pool, as defined in NRS 449.0028, or with whom a community
40 health worker pool contracts to provide the services of a community health
41 worker, as defined in NRS 449.0027.

42 *(o) Every person who is enrolled with the Division of Health Care*
43 *Financing and Policy of the Department of Health and Human Services*
44 *to provide doula services to recipients of Medicaid pursuant to section 26*
45 *of this act.*

1 5. A report may be made by any other person.
2 6. If a person who is required to make a report pursuant to subsection
3 1 knows or has reasonable cause to believe that an older person or
4 vulnerable person has died as a result of abuse, neglect, isolation or
5 abandonment, the person shall, as soon as reasonably practicable, report
6 this belief to the appropriate medical examiner or coroner, who shall
7 investigate the cause of death of the older person or vulnerable person and
8 submit to the appropriate local law enforcement agencies, the appropriate
9 prosecuting attorney, the Aging and Disability Services Division of the
10 Department of Health and Human Services and the Unit for the
11 Investigation and Prosecution of Crimes his or her written findings. The
12 written findings must include the information required pursuant to the
13 provisions of NRS 200.5094, when possible.
14 7. A division, office or department which receives a report pursuant
15 to this section shall cause the investigation of the report to commence
16 within 3 working days. A copy of the final report of the investigation
17 conducted by a division, office or department, other than the Aging and
18 Disability Services Division of the Department of Health and Human
19 Services, must be forwarded within 30 days after the completion of the
20 report to the:
21 (a) Aging and Disability Services Division;
22 (b) Repository for Information Concerning Crimes Against Older
23 Persons or Vulnerable Persons created by NRS 179A.450; and
24 (c) Unit for the Investigation and Prosecution of Crimes.
25 8. If the investigation of a report results in the belief that an older
26 person or vulnerable person is abused, neglected, exploited, isolated or
27 abandoned, the Aging and Disability Services Division of the Department
28 of Health and Human Services or the county's office for protective
29 services may provide protective services to the older person or vulnerable
30 person if the older person or vulnerable person is able and willing to accept
31 them.
32 9. A person who knowingly and willfully violates any of the
33 provisions of this section is guilty of a misdemeanor.
34 10. As used in this section, "Unit for the Investigation and
35 Prosecution of Crimes" means the Unit for the Investigation and
36 Prosecution of Crimes Against Older Persons or Vulnerable Persons in the
37 Office of the Attorney General created pursuant to
38 NRS 228.265.
39 **Sec. 18.** NRS 232.320 is hereby amended to read as follows:
40 232.320 1. The Director:
41 (a) Shall appoint, with the consent of the Governor, administrators of
42 the divisions of the Department, who are respectively designated as
43 follows:
44 (1) The Administrator of the Aging and Disability Services
45 Division;

1 (2) The Administrator of the Division of Welfare and Supportive
2 Services;

3 (3) The Administrator of the Division of Child and Family
4 Services;

5 (4) The Administrator of the Division of Health Care Financing and
6 Policy; and

7 (5) The Administrator of the Division of Public and Behavioral
8 Health.

9 (b) Shall administer, through the divisions of the Department, the
10 provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to
11 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310,
12 inclusive, 422.001 to 422.410, inclusive, *and sections 24 to 28, inclusive,*
13 *of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.6201 to
14 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to
15 445A.055, inclusive, and all other provisions of law relating to the
16 functions of the divisions of the Department, but is not responsible for the
17 clinical activities of the Division of Public and Behavioral Health or the
18 professional line activities of the other divisions.

19 (c) Shall administer any state program for persons with developmental
20 disabilities established pursuant to the Developmental Disabilities
21 Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

32 (3) Provide for communication and the coordination of those
33 services among nonprofit organizations, agencies of local government, the
34 State and the Federal Government;

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

37 (5) Set forth sufficient information to assist the Department in
38 providing those services and in the planning and budgeting for the future
39 provision of those services; and

40 (6) Contain any other information necessary for the Department to
41 communicate effectively with the Federal Government concerning
42 demographic trends, formulas for the distribution of federal money and
43 any need for the modification of programs administered by the
44 Department.

1 (e) May, by regulation, require nonprofit organizations and state and
2 local governmental agencies to provide information regarding the
3 programs of those organizations and agencies, excluding detailed
4 information relating to their budgets and payrolls, which the Director
5 deems necessary for the performance of the duties imposed upon him or
6 her pursuant to this section.

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

8 2. Notwithstanding any other provision of law, the Director, or the
9 Director's designee, is responsible for appointing and removing
10 subordinate officers and employees of the Department.

11 **Sec. 19.** NRS 232.459 is hereby amended to read as follows:

12 232.459 1. The Advocate shall:

13 (a) Respond to written and telephonic inquiries received from
14 consumers and injured employees regarding concerns and problems related
15 to health care and workers' compensation;

16 (b) Assist consumers and injured employees in understanding their
17 rights and responsibilities under health care plans, including, without
18 limitation, the Public Employees' Benefits Program ~~and~~ *and the Public*
19 *Option*, and policies of industrial insurance;

20 (c) Identify and investigate complaints of consumers and injured
21 employees regarding their health care plans, including, without limitation,
22 the Public Employees' Benefits Program ~~and~~ *and the Public Option*, and
23 policies of industrial insurance and assist those consumers and injured
24 employees to resolve their complaints, including, without limitation:

25 (1) Referring consumers and injured employees to the appropriate
26 agency, department or other entity that is responsible for addressing the
27 specific complaint of the consumer or injured employee; and

28 (2) Providing counseling and assistance to consumers and injured
29 employees concerning health care plans, including, without limitation, the
30 Public Employees' Benefits Program ~~and~~ *and the Public Option*, and
31 policies of industrial insurance;

32 (d) Provide information to consumers and injured employees
33 concerning health care plans, including, without limitation, the Public
34 Employees' Benefits Program ~~and~~ *and the Public Option*, and policies of
35 industrial insurance in this State;

36 (e) Establish and maintain a system to collect and maintain information
37 pertaining to the written and telephonic inquiries received by the Office for
38 Consumer Health Assistance;

39 (f) Take such actions as are necessary to ensure public awareness of
40 the existence and purpose of the services provided by the Advocate
41 pursuant to this section;

42 (g) In appropriate cases and pursuant to the direction of the Advocate,
43 refer a complaint or the results of an investigation to the Attorney General
44 for further action;

- 1 (h) Provide information to and applications for prescription drug
2 programs for consumers without insurance coverage for prescription drugs
3 or pharmaceutical services;
- 4 (i) Establish and maintain an Internet website which includes:
- 5 (1) Information concerning purchasing prescription drugs from
6 Canadian pharmacies that have been recommended by the State Board of
7 Pharmacy for inclusion on the Internet website pursuant to subsection 4 of
8 NRS 639.2328;
- 9 (2) Links to websites of Canadian pharmacies which have been
10 recommended by the State Board of Pharmacy for inclusion on the Internet
11 website pursuant to subsection 4 of NRS 639.2328; and
- 12 (3) A link to the website established and maintained pursuant to
13 NRS 439A.270 which provides information to the general public
14 concerning the charges imposed and the quality of the services provided by
15 the hospitals and surgical centers for ambulatory patients in this State;
- 16 (j) Assist consumers with accessing a navigator, case manager or
17 facilitator to help the consumer obtain health care services;
- 18 (k) Assist consumers with scheduling an appointment with a provider
19 of health care who is in the network of providers under contract to provide
20 services to participants in the health care plan under which the consumer is
21 covered;
- 22 (l) Assist consumers with filing complaints against health care
23 facilities and health care professionals;
- 24 (m) Assist consumers with filing complaints with the Commissioner of
25 Insurance against issuers of health care plans; and
- 26 (n) On or before January 31 of each year, compile a report of
27 aggregated information submitted to the Office for Consumer Health
28 Assistance pursuant to NRS 687B.675, aggregated for each type of
29 provider of health care for which such information is provided and submit
30 the report to the Director of the Legislative Counsel Bureau for transmittal
31 to:
- 32 (1) In even-numbered years, the Legislative Committee on Health
33 Care; and
- 34 (2) In odd-numbered years, the next regular session of the
35 Legislature.
- 36 2. The Advocate may adopt regulations to carry out the provisions of
37 this section and NRS 232.461 and 232.462.
- 38 3. As used in this section:
- 39 (a) "Health care facility" has the meaning ascribed to it in
40 NRS 162A.740.
- 41 (b) "Navigator, case manager or facilitator" has the meaning ascribed
42 to it in NRS 687B.675.
- 43 (c) *"Public Option" means the Public Option established pursuant to*
44 *section 10 of this act.*

1 **Sec. 20.** NRS 233B.039 is hereby amended to read as follows:
2 233B.039 1. The following agencies are entirely exempted from the
3 requirements of this chapter:
4 (a) The Governor.
5 (b) Except as otherwise provided in NRS 209.221, the Department of
6 Corrections.
7 (c) The Nevada System of Higher Education.
8 (d) The Office of the Military.
9 (e) The Nevada Gaming Control Board.
10 (f) Except as otherwise provided in NRS 368A.140 and 463.765, the
11 Nevada Gaming Commission.
12 (g) Except as otherwise provided in NRS 425.620, the Division of
13 Welfare and Supportive Services of the Department of Health and Human
14 Services.
15 (h) Except as otherwise provided in NRS 422.390, the Division of
16 Health Care Financing and Policy of the Department of Health and Human
17 Services.
18 (i) Except as otherwise provided in NRS 533.365, the Office of the
19 State Engineer.
20 (j) The Division of Industrial Relations of the Department of Business
21 and Industry acting to enforce the provisions of
22 NRS 618.375.
23 (k) The Administrator of the Division of Industrial Relations of the
24 Department of Business and Industry in establishing and adjusting the
25 schedule of fees and charges for accident benefits pursuant to subsection 2
26 of NRS 616C.260.
27 (l) The Board to Review Claims in adopting resolutions to carry out its
28 duties pursuant to NRS 445C.310.
29 (m) The Silver State Health Insurance Exchange.
30 (n) The Cannabis Compliance Board.
31 2. Except as otherwise provided in subsection 5 and NRS 391.323,
32 the Department of Education, the Board of the Public Employees' Benefits
33 Program and the Commission on Professional Standards in Education are
34 subject to the provisions of this chapter for the purpose of adopting
35 regulations but not with respect to any contested case.
36 3. The special provisions of:
37 (a) Chapter 612 of NRS for the adoption of an emergency regulation or
38 the distribution of regulations by and the judicial review of decisions of the
39 Employment Security Division of the Department of Employment,
40 Training and Rehabilitation;
41 (b) Chapters 616A to 617, inclusive, of NRS for the determination of
42 contested claims;
43 (c) Chapter 91 of NRS for the judicial review of decisions of the
44 Administrator of the Securities Division of the Office of the Secretary of
45 State; and

1 (d) NRS 90.800 for the use of summary orders in contested cases,
2 ➔ prevail over the general provisions of this chapter.
3 4. The provisions of NRS 233B.122, 233B.124, 233B.125 and
4 233B.126 do not apply to the Department of Health and Human Services
5 in the adjudication of contested cases involving the issuance of letters of
6 approval for health facilities and agencies.
7 5. The provisions of this chapter do not apply to:
8 (a) Any order for immediate action, including, but not limited to,
9 quarantine and the treatment or cleansing of infected or infested animals,
10 objects or premises, made under the authority of the State Board of
11 Agriculture, the State Board of Health, or any other agency of this State in
12 the discharge of a responsibility for the preservation of human or animal
13 health or for insect or pest control;
14 (b) An extraordinary regulation of the State Board of Pharmacy
15 adopted pursuant to NRS 453.2184;
16 (c) A regulation adopted by the State Board of Education pursuant to
17 NRS 388.255 or 394.1694;
18 (d) The judicial review of decisions of the Public Utilities Commission
19 of Nevada;
20 (e) The adoption, amendment or repeal of policies by the
21 Rehabilitation Division of the Department of Employment, Training and
22 Rehabilitation pursuant to NRS 426.561 or 615.178;
23 (f) The adoption or amendment of a rule or regulation to be included in
24 the State Plan for Services for Victims of Crime by the Department of
25 Health and Human Services pursuant to
26 NRS 217.130;
27 (g) The adoption, amendment or repeal of rules governing the conduct
28 of contests and exhibitions of unarmed combat by the Nevada Athletic
29 Commission pursuant to NRS 467.075; ~~for~~
30 (h) The adoption, amendment or repeal of regulations by the Director
31 of the Department of Health and Human Services pursuant to NRS
32 447.335 to 447.350, inclusive ~~and~~; *or*
33 *(i) The adoption, amendment or repeal of any rule or policy*
34 *governing the Public Option established pursuant to the chapter created*
35 *by sections 2 to 15, inclusive, of this act.*
36 6. The State Board of Parole Commissioners is subject to the
37 provisions of this chapter for the purpose of adopting regulations but not
38 with respect to any contested case.
39 **Sec. 21.** NRS 287.0434 is hereby amended to read as follows:
40 287.0434 The Board may:
41 1. Use its assets only to pay the expenses of health care for its
42 members and covered dependents, to pay its employees' salaries and to
43 pay administrative and other expenses.

1 2. Enter into contracts relating to the administration of the Program,
2 including, without limitation, contracts with licensed administrators and
3 qualified actuaries. Each such contract with a licensed administrator:

4 (a) Must be submitted to the Commissioner of Insurance not less than
5 30 days before the date on which the contract is to become effective for
6 approval as to the licensing and fiscal status of the licensed administrator
7 and status of any legal or administrative actions in this State against the
8 licensed administrator that may impair his or her ability to provide the
9 services in the contract.

10 (b) Does not become effective unless approved by the Commissioner.

11 (c) Shall be deemed to be approved if not disapproved by the
12 Commissioner within 30 days after its submission.

13 3. Enter into contracts with physicians, surgeons, hospitals, health
14 maintenance organizations and rehabilitative facilities for medical, surgical
15 and rehabilitative care and the evaluation, treatment and nursing care of
16 members and covered dependents. The Board shall not enter into a contract
17 pursuant to this subsection unless:

18 (a) Provision is made by the Board to offer all the services specified in
19 the request for proposals, either by a health maintenance organization or
20 through separate action of the Board.

21 (b) The rates set forth in the contract are based on:

22 (1) For active and retired state officers and employees and their
23 dependents, the commingled claims experience of such active and retired
24 officers and employees and their dependents for whom the Program
25 provides primary health insurance coverage in a single risk pool; and

26 (2) For active and retired officers and employees of public agencies
27 enumerated in NRS 287.010 that contract with the Program to obtain group
28 insurance by participation in the Program and their dependents, the
29 commingled claims experience of such active and retired officers and
30 employees and their dependents for whom the Program provides primary
31 health insurance coverage in a single risk pool.

32 *(c) For a contract with a physician, surgeon, hospital or*
33 *rehabilitative facility, the physician, surgeon, hospital or rehabilitative*
34 *facility has also complied with the requirements of section 13 of this act.*

35 4. Enter into contracts for the services of other experts and specialists
36 as required by the Program.

37 5. Charge and collect from an insurer, health maintenance
38 organization, organization for dental care or nonprofit medical service
39 corporation, a fee for the actual expenses incurred by the Board or a
40 participating public agency in administering a plan of insurance offered by
41 that insurer, organization or corporation.

42 6. Charge and collect the amount due from local governments
43 pursuant to paragraph (b) of subsection 4 of NRS 287.023. If the payment
44 of a local government pursuant to that provision is delinquent by more than
45 90 days, the Board shall notify the Executive Director of the Department

1 of Taxation pursuant to
2 NRS 354.671.

3 **Sec. 22.** NRS 333.705 is hereby amended to read as follows:

4 333.705 1. Except as otherwise provided in this section, a using
5 agency shall not enter into a contract with a person to provide services for
6 the using agency if:

7 (a) The person is a current employee of an agency of this State;

8 (b) The person is a former employee of an agency of this State and less
9 than 2 years have expired since the termination of the person's
10 employment with the State; or

11 (c) The person is employed by the Department of Transportation for a
12 transportation project that is entirely funded by federal money and the term
13 of the contract is for more than 4 years,

14 ↪ unless the using agency submits a written disclosure to the State Board
15 of Examiners indicating the services to be provided pursuant to the
16 contract and the person who will be providing those services and, after
17 reviewing the disclosure, the State Board of Examiners approves entering
18 into a contract with the person. The requirements of this subsection apply
19 to any person employed by a business or other entity that enters into a
20 contract to provide services for a using agency if the person will be
21 performing or producing the services for which the business or entity is
22 employed.

23 2. The provisions of paragraph (b) of subsection 1 apply to
24 employment through a temporary employment service. A temporary
25 employment service providing employees for a using agency shall provide
26 the using agency with the names of the employees to be provided to the
27 agency. The State Board of Examiners shall not approve a contract
28 pursuant to paragraph (b) of subsection 1 unless the Board determines that
29 one or more of the following circumstances exist:

30 (a) The person provides services that are not provided by any other
31 employee of the using agency or for which a critical labor shortage exists;
32 or

33 (b) A short-term need or unusual economic circumstance exists for the
34 using agency to contract with the person.

35 3. The approval by the State Board of Examiners to contract with a
36 person pursuant to subsection 1:

37 (a) May occur at the same time and in the same manner as the approval
38 by the State Board of Examiners of a proposed contract pursuant to
39 subsection 7 of NRS 333.700; and

40 (b) Must occur before the date on which the contract becomes binding
41 on the using agency.

42 4. A using agency may contract with a person pursuant to paragraph
43 (a) or (b) of subsection 1 without obtaining the approval of the State Board
44 of Examiners if the term of the contract is for less than 4 months and the
45 head of the using agency determines that an emergency exists which

1 necessitates the contract. If a using agency contracts with a person
2 pursuant to this subsection, the using agency shall submit a copy of the
3 contract and a description of the emergency to the State Board of
4 Examiners, which shall review the contract and the description of the
5 emergency and notify the using agency whether the State Board of
6 Examiners would have approved the contract if it had not been entered into
7 pursuant to this subsection.

8 5. Except as otherwise provided in subsection 9, a using agency shall,
9 not later than 10 days after the end of each fiscal quarter, report to the
10 Interim Finance Committee concerning all contracts to provide services for
11 the using agency that were entered into by the using agency during the
12 fiscal quarter with a person who is a current or former employee of a
13 department, division or other agency of this State.

14 6. Except as otherwise provided in subsection 9, a using agency shall
15 not contract with a temporary employment service unless the contracting
16 process is controlled by rules of open competitive bidding.

17 7. Each board or commission of this State and each institution of the
18 Nevada System of Higher Education that employs a consultant shall, at
19 least once every 6 months, submit to the Interim Finance Committee a
20 report setting forth:

21 (a) The number of consultants employed by the board, commission or
22 institution;

23 (b) The purpose for which the board, commission or institution
24 employs each consultant;

25 (c) The amount of money or other remuneration received by each
26 consultant from the board, commission or institution; and

27 (d) The length of time each consultant has been employed by the
28 board, commission or institution.

29 8. A using agency, board or commission of this State and each
30 institution of the Nevada System of Higher Education:

31 (a) Shall make every effort to limit the number of contracts it enters
32 into with persons to provide services which have a term of more than 2
33 years and which are in the amount of less than \$1,000,000; and

34 (b) Shall not enter into a contract with a person to provide services
35 without ensuring that the person is in active and good standing with the
36 Secretary of State.

37 9. The provisions of subsections 1 to 6, inclusive, do not apply to:

38 (a) The Nevada System of Higher Education or a board or commission
39 of this State.

40 (b) The employment of professional engineers by the Department of
41 Transportation if those engineers are employed for a transportation project
42 that is entirely funded by federal money.

43 (c) Contracts in the amount of \$1,000,000 or more entered into:

44 (1) Pursuant to the State Plan for Medicaid established pursuant to
45 NRS 422.063.

1 (2) For financial services.

2 (3) Pursuant to the Public Employees' Benefits Program.

3 (4) Pursuant to the Public Option established pursuant to section
4 10 of this act.

5 (d) The employment of a person by a business or entity which is a
6 provider of services under the State Plan for Medicaid and which provides
7 such services on a fee-for-service basis or through managed care.

8 (e) The employment of a former employee of an agency of this State
9 who is not receiving retirement benefits under the Public Employees'
10 Retirement System during the duration of the contract.

11 **Sec. 23.** Chapter 422 of NRS is hereby amended by adding thereto
12 the provisions set forth as sections 24 to 28, inclusive, of this act.

13 **Sec. 24. 1.** ~~The~~ To the extent that money is available, the
14 Director shall, to the extent authorized by federal law, include in the
15 State Plan for Medicaid authorization for:

16 (a) *A pregnant woman whose household income is at or below 200*
17 *percent of the federally designated level signifying poverty to enroll in*
18 *Medicaid.*

19 (b) *A pregnant woman who is determined by a qualified provider to*
20 *be presumptively eligible for Medicaid to enroll in Medicaid until the last*
21 *day of the month immediately following the month of enrollment without*
22 *submitting an application for enrollment in Medicaid which includes*
23 *additional proof of eligibility.*

24 2. *Unless otherwise required by federal law, the Director shall not*
25 *include in the State Plan for Medicaid a requirement that a pregnant*
26 *woman who is otherwise eligible for Medicaid must reside in the United*
27 *States for a prescribed period of time before enrolling in Medicaid.*

28 3. *As used in this section, "qualified provider" has the meaning*
29 *ascribed to it in 42 U.S.C. § 1396r-1(b)(2).*

30 **Sec. 25. 1.** *The Director shall include in the State Plan for*
31 *Medicaid a requirement that the State, to the extent authorized by federal*
32 *law, pay the nonfederal share of expenditures incurred for the services of*
33 *a community health worker who provides services under the supervision*
34 *of a physician, physician assistant or advanced practice registered nurse.*

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

37 **Sec. 26. 1.** *The Director shall, to the extent authorized by federal*
38 *law, include in the State Plan for Medicaid a requirement that the State*
39 *pay the nonfederal share of expenditures incurred for doula services*
40 *provided by an enrolled doula.*

41 2. *The Department shall apply to the Secretary of Health and*
42 *Human Services for a waiver granted pursuant to 42 U.S.C. § 1315 or*
43 *apply for an amendment of the State Plan for Medicaid that authorizes*
44 *the Department to receive federal funding to include in the State Plan for*
45 *Medicaid coverage of doula services provided by an enrolled doula. The*

1 Department shall fully cooperate in good faith with the Federal
2 Government during the application process to satisfy the requirements of
3 the Federal Government for obtaining a waiver or amendment pursuant
4 to this section.

5 3. A person who wishes to receive reimbursement through the
6 Medicaid program for doula services provided to a recipient of Medicaid
7 must submit to the Division:

8 (a) An application for enrollment in the form prescribed by the
9 Division; and

10 (b) Proof that he or she possesses the required training and
11 qualifications prescribed by the Division pursuant to subsection 4.

12 4. The Division, in consultation with community-based
13 organizations that provide services to pregnant women in this State, shall
14 prescribe the required training and qualifications for enrollment
15 pursuant to subsection 3 to receive reimbursement through Medicaid for
16 doula services.

17 5. As used in this section:

18 (a) "Doula services" means services to provide education and
19 support relating to childbirth, including, without limitation, emotional
20 and physical support provided during pregnancy, labor, birth and the
21 postpartum period.

22 (b) "Enrolled doula" means a doula who is enrolled with the
23 Division pursuant to this section to receive reimbursement through
24 Medicaid for doula services.

25 **Sec. 27. 1. ~~The~~ To the extent that money is available, the
26 Director shall include in the State Plan for Medicaid a requirement that,
27 except as otherwise provided in subsection 2, the State must provide
28 reimbursement for the services of an advanced practice registered nurse,
29 including, without limitation, a certified nurse-midwife, to the same
30 extent as if the services were provided by a physician.**

31 2. The provisions of subsection 1 do not apply to services provided
32 to a recipient of Medicaid who receives health care services through
33 ~~the~~ a Medicaid managed care program ~~established pursuant to NRS~~
34 ~~422.273.~~

35 3. As used in this section, "certified nurse-midwife" means a person
36 who is:

37 (a) Certified as a nurse-midwife by the American Midwifery
38 Certification Board, or its successor organization; and

39 (b) Licensed as an advanced practice registered nurse pursuant to
40 NRS 632.237.

41 **Sec. 28. 1. To the extent that money is available, the Director**
42 **shall include in the State Plan for Medicaid a requirement that the State**
43 **pay the nonfederal share of expenditures incurred for:**

1 (a) *Supplies for breastfeeding a child until the child's first birthday.*
2 *Such supplies include, without limitation, electric or hospital-grade*
3 *breast pumps that:*

4 (1) *Have been prescribed or ordered by a qualified provider of*
5 *health care; and*

6 (2) *Are medically necessary or are necessary for the mother of the*
7 *child to return to work.*

8 (b) *Such prenatal screenings and tests as are recommended by the*
9 *American College of Obstetricians and Gynecologists, or its successor*
10 *organization.*

11 2. *The Director shall include in the State Plan for Medicaid a*
12 *requirement that, to the extent that money and federal financial*
13 *participation ~~is~~ are available, the State must pay the nonfederal share*
14 *of expenditures incurred for lactation consultation and support.*

15 3. *As used in this section:*

16 (a) *"Medically necessary" has the meaning ascribed to it in NRS*
17 *695G.055.*

18 (b) *"Provider of health care" has the meaning ascribed to it in NRS*
19 *629.031.*

20 **Sec. 29.** NRS 422.2372 is hereby amended to read as follows:

21 422.2372 The Administrator shall:

22 1. Supply the Director with material on which to base proposed
23 legislation.

24 2. Cooperate with the Federal Government and state governments for
25 the more effective attainment of the purposes of this chapter.

26 3. Coordinate the activities of the Division with other agencies, both
27 public and private, with related or similar activities.

28 4. Keep a complete and accurate record of all proceedings, record and
29 file all bonds and contracts, and assume responsibility for the custody and
30 preservation of all papers and documents pertaining to the office of the
31 Administrator.

32 5. Inform the public in regard to the activities and operation of the
33 Division, and provide other information which will acquaint the public
34 with the financing of Medicaid programs.

35 6. Conduct studies into the causes of the social problems with which
36 the Division is concerned.

37 7. Invoke any legal, equitable or special procedures for the
38 enforcement of orders issued by the Administrator or the enforcement of
39 the provisions of this chapter.

40 8. *Exclude from participation in Medicaid any provider of health*
41 *care that fails to comply with the requirements of section 13 of this act.*

42 9. Exercise any other powers that are necessary and proper for the
43 standardization of state work, to expedite business and to promote the
44 efficiency of the service provided by the Division.

1 **Sec. 30.** NRS 422.273 is hereby amended to read as follows:
2 422.273 1. ~~The~~ To the extent that money is available, the
3 Department shall:

4 (a) Establish a Medicaid managed care program to provide health
5 care services to recipients of Medicaid in all geographic areas of this
6 State. The program is not required to provide services to recipients of
7 Medicaid who are aged, blind or disabled pursuant to Title XVI of the
8 Social Security Act, 42 U.S.C. §§ 1381 et seq.

9 (b) Conduct a statewide procurement process to select health
10 maintenance organizations to provide the services described in
11 paragraph (a).

12 2. For any ~~the~~ Medicaid managed care program established in the
13 State of Nevada, ~~pursuant to subsection 1,~~ the Department shall contract
14 only with a health maintenance organization that has:

15 (a) Negotiated in good faith with a federally-qualified health center to
16 provide health care services for the health maintenance organization;

17 (b) Negotiated in good faith with the University Medical Center of
18 Southern Nevada to provide inpatient and ambulatory services to recipients
19 of Medicaid; ~~and~~

20 (c) Negotiated in good faith with the University of Nevada School of
21 Medicine to provide health care services to recipients of Medicaid ~~;~~ and

22 (d) Complied with the provisions of subsection 2 of section 12 of this
23 act.

24 ↪ Nothing in this section shall be construed as exempting a federally-
25 qualified health center, the University Medical Center of Southern Nevada
26 or the University of Nevada School of Medicine from the requirements for
27 contracting with the health maintenance organization.

28 ~~2.~~ 3. During the development and implementation of any ~~the~~
29 Medicaid managed care program, the Department shall cooperate with the
30 University of Nevada School of Medicine by assisting in the provision of
31 an adequate and diverse group of patients upon which the school may base
32 its educational programs.

33 ~~3.~~ 4. The University of Nevada School of Medicine may establish a
34 nonprofit organization to assist in any research necessary for the
35 development of a ~~the~~ Medicaid managed care program, receive and
36 accept gifts, grants and donations to support such a program and assist in
37 establishing educational services about the program for recipients of
38 Medicaid.

39 ~~4.~~ 5. For the purpose of contracting with a ~~the~~ Medicaid managed
40 care program pursuant to this section, a health maintenance organization is
41 exempt from the provisions of
42 NRS 695C.123.

43 ~~5.~~ 6. ~~The~~ To the extent that money is available, a Medicaid
44 managed care program must include, without limitation, a state-directed
45 payment arrangement established in accordance with 42 C.F.R. §

1 *438.6(c) to require a Medicaid managed care organization to reimburse*
2 *a critical access hospital and any federally-qualified health center or*
3 *rural health clinic affiliated with a critical access hospital for covered*
4 *services at a rate that is equal to or greater than the rate received by the*
5 *critical access hospital, federally-qualified health center or rural health*
6 *clinic, as applicable, for services provided to recipients of Medicaid on a*
7 *fee-for-service basis.*

8 7. The provisions of this section apply to any managed care
9 organization, including a health maintenance organization, that provides
10 health care services to recipients of Medicaid under the State Plan for
11 Medicaid or the Children’s Health Insurance Program pursuant to a
12 contract with the Division. Such a managed care organization or health
13 maintenance organization is not required to establish a system for
14 conducting external reviews of adverse determinations in accordance with
15 chapter 695B, 695C or 695G of NRS. This subsection does not exempt
16 such a managed care organization or health maintenance organization for
17 services provided pursuant to any other contract.

18 ~~{6}~~ 8. As used in this section, unless the context otherwise requires:

19 (a) *“Critical access hospital” means a hospital which has been*
20 *certified as a critical access hospital by the Secretary of Health and*
21 *Human Services pursuant to 42 U.S.C. § 1395i-4(e).*

22 (b) “Federally-qualified health center” has the meaning ascribed to it in
23 42 U.S.C. § 1396d(l)(2)(B).

24 ~~{b}~~ (c) “Health maintenance organization” has the meaning ascribed
25 to it in NRS 695C.030.

26 ~~{e}~~ (d) “Managed care organization” has the meaning ascribed to it
27 in NRS 695G.050.

28 (e) *“Rural health clinic” has the meaning ascribed to it in 42 C.F.R.*
29 *§ 405.2401.*

30 **Sec. 31.** ~~{NRS 422.4053 is hereby amended to read as follows:~~

31 ~~422.4053 1. Except as otherwise provided in subsection 2, the~~
32 ~~Department shall directly manage, direct and coordinate all payments and~~
33 ~~rebates for prescription drugs and all other services and payments relating~~
34 ~~to the provision of prescription drugs under the State Plan for Medicaid~~
35 ~~and the Children’s Health Insurance Program.~~

36 ~~2. The Department may enter into a contract with:~~

37 ~~(a) A pharmacy benefit manager for the provision of any services~~
38 ~~described in subsection 1.~~

39 ~~(b) A health maintenance organization pursuant to NRS 422.273 for~~
40 ~~the provision of any of the services described in subsection 1 for recipients~~
41 ~~of Medicaid or recipients of insurance through the Children’s Health~~
42 ~~Insurance Program who receive coverage through [a] *the* Medicaid~~
43 ~~managed care program [.] *established pursuant to NRS 422.273.*~~

44 ~~3. A contract entered into pursuant to subsection 2 must:~~

45 ~~(a) Include the provisions required by NRS 422.4056; and~~

1 ~~=(b) Require the pharmacy benefit manager or health maintenance~~
2 ~~organization, as applicable, to disclose to the Department any information~~
3 ~~relating to the services covered by the contract, including, without~~
4 ~~limitation, information concerning dispensing fees, measures for the~~
5 ~~control of costs, rebates collected and paid and any fees and charges~~
6 ~~imposed by the pharmacy benefit manager or health maintenance~~
7 ~~organization pursuant to the contract.~~

8 ~~=4. In addition to meeting the requirements of subsection 3, a contract~~
9 ~~entered into pursuant to:~~

10 ~~=(a) Paragraph (a) of subsection 2 may require the pharmacy benefit~~
11 ~~manager to provide the entire amount of any rebates received for the~~
12 ~~purchase of prescription drugs, including, without limitation, rebates for~~
13 ~~the purchase of prescription drugs by an entity other than the Department,~~
14 ~~to the Department.~~

15 ~~=(b) Paragraph (b) of subsection 2 must require the health maintenance~~
16 ~~organization to provide to the Department the entire amount of any rebates~~
17 ~~received for the purchase of prescription drugs, including, without~~
18 ~~limitation, rebates for the purchase of prescription drugs by an entity other~~
19 ~~than the Department, less an administrative fee in an amount prescribed by~~
20 ~~the contract. The Department shall adopt policies prescribing the~~
21 ~~maximum amount of such an administrative fee.] (Deleted by~~
22 ~~amendment.)~~

23 **Sec. 32.** NRS 427A.605 is hereby amended to read as follows:

24 427A.605 1. The Director may establish a program to negotiate
25 discounts and rebates for hearing devices and related costs, including,
26 without limitation, ear molds, batteries and FM systems, for children in
27 this State who are deaf or hard of hearing on behalf of entities described in
28 subsection 2 who participate in the program.

29 2. The following persons and entities may participate in a program
30 established pursuant to subsection 1:

31 (a) The Public Employees' Benefits Program;

32 (b) A governing body of a county, school district, municipal
33 corporation, political subdivision, public corporation or other local
34 governmental agency that provides health coverage to employees through
35 a self-insurance reserve fund pursuant to NRS 287.010;

36 (c) An insurer that holds a certificate of authority to transact insurance
37 in this State pursuant to chapter 680A of NRS;

38 (d) An employer or employee organization based in this State that
39 provides health coverage to employees through a self-insurance reserve
40 fund;

41 (e) A governmental agency or nonprofit organization that purchases
42 hearing devices for children in this State who are deaf or hard of hearing;

43 (f) A resident of this State who does not have coverage for hearing
44 devices; ~~and]~~

1 (g) *The Public Option established pursuant to section 10 of this act;*
2 *and*

3 (h) Any other person or entity that provides health coverage or
4 otherwise purchases hearing devices for children in this State who are deaf
5 or hard of hearing.

6 3. A person or entity described in subsection 2 may participate in any
7 program established pursuant to subsection 1 by submitting an application
8 to the Department in the form prescribed by the Department.

9 **Sec. 33.** NRS 432B.220 is hereby amended to read as follows:

10 432B.220 1. Any person who is described in subsection 4 and who,
11 in his or her professional or occupational capacity, knows or has
12 reasonable cause to believe that a child has been abused or neglected shall:

13 (a) Except as otherwise provided in subsection 2, report the abuse or
14 neglect of the child to an agency which provides child welfare services or
15 to a law enforcement agency; and

16 (b) Make such a report as soon as reasonably practicable but not later
17 than 24 hours after the person knows or has reasonable cause to believe
18 that the child has been abused or neglected.

19 2. If a person who is required to make a report pursuant to subsection
20 1 knows or has reasonable cause to believe that the abuse or neglect of the
21 child involves an act or omission of:

22 (a) A person directly responsible or serving as a volunteer for or an
23 employee of a public or private home, institution or facility where the child
24 is receiving child care outside of the home for a portion of the day, the
25 person shall make the report to a law enforcement agency.

26 (b) An agency which provides child welfare services or a law
27 enforcement agency, the person shall make the report to an agency other
28 than the one alleged to have committed the act or omission, and the
29 investigation of the abuse or neglect of the child must be made by an
30 agency other than the one alleged to have committed the act or omission.

31 3. Any person who is described in paragraph (a) of subsection 4 who
32 delivers or provides medical services to a newborn infant and who, in his
33 or her professional or occupational capacity, knows or has reasonable
34 cause to believe that the newborn infant has been affected by a fetal
35 alcohol spectrum disorder or prenatal substance use disorder or has
36 withdrawal symptoms resulting from prenatal substance exposure shall, as
37 soon as reasonably practicable but not later than 24 hours after the person
38 knows or has reasonable cause to believe that the newborn infant is so
39 affected or has such symptoms, notify an agency which provides child
40 welfare services of the condition of the infant and refer each person who is
41 responsible for the welfare of the infant to an agency which provides child
42 welfare services for appropriate counseling, training or other services. A
43 notification and referral to an agency which provides child welfare services
44 pursuant to this subsection shall not be construed to require prosecution for
45 any illegal action.

1 4. A report must be made pursuant to subsection 1 by the following
2 persons:

3 (a) A person providing services licensed or certified in this State
4 pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633,
5 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D,
6 640E, 641, 641A, 641B, 641C or 653 of NRS.

7 (b) Any personnel of a medical facility licensed pursuant to chapter
8 449 of NRS who are engaged in the admission, examination, care or
9 treatment of persons or an administrator, manager or other person in
10 charge of such a medical facility upon notification of suspected abuse or
11 neglect of a child by a member of the staff of the medical facility.

12 (c) A coroner.

13 (d) A member of the clergy, practitioner of Christian Science or
14 religious healer, unless the person has acquired the knowledge of the abuse
15 or neglect from the offender during a confession.

16 (e) A person employed by a public school or private school and any
17 person who serves as a volunteer at such a school.

18 (f) Any person who maintains or is employed by a facility or
19 establishment that provides care for children, children's camp or other
20 public or private facility, institution or agency furnishing care to a child.

21 (g) Any person licensed pursuant to chapter 424 of NRS to conduct a
22 foster home.

23 (h) Any officer or employee of a law enforcement agency or an adult
24 or juvenile probation officer.

25 (i) Except as otherwise provided in NRS 432B.225, an attorney.

26 (j) Any person who maintains, is employed by or serves as a volunteer
27 for an agency or service which advises persons regarding abuse or neglect
28 of a child and refers them to persons and agencies where their requests and
29 needs can be met.

30 (k) Any person who is employed by or serves as a volunteer for a
31 youth shelter. As used in this paragraph, "youth shelter" has the meaning
32 ascribed to it in NRS 244.427.

33 (l) Any adult person who is employed by an entity that provides
34 organized activities for children, including, without limitation, a person
35 who is employed by a school district or public school.

36 *(m) Any person who is enrolled with the Division of Health Care*
37 *Financing and Policy of the Department of Health and Human Services*
38 *to provide doula services to recipients of Medicaid pursuant to section 26*
39 *of this act.*

40 5. A report may be made by any other person.

41 6. If a person who is required to make a report pursuant to subsection
42 1 knows or has reasonable cause to believe that a child has died as a result
43 of abuse or neglect, the person shall, as soon as reasonably practicable,
44 report this belief to an agency which provides child welfare services or a
45 law enforcement agency. If such a report is made to a law enforcement

1 agency, the law enforcement agency shall notify an agency which provides
2 child welfare services and the appropriate medical examiner or coroner of
3 the report. If such a report is made to an agency which provides child
4 welfare services, the agency which provides child welfare services shall
5 notify the appropriate medical examiner or coroner of the report. The
6 medical examiner or coroner who is notified of a report pursuant to this
7 subsection shall investigate the report and submit his or her written
8 findings to the appropriate agency which provides child welfare services,
9 the appropriate district attorney and a law enforcement agency. The written
10 findings must include, if obtainable, the information required pursuant to
11 the provisions of subsection 2 of NRS 432B.230.

12 7. The agency, board, bureau, commission, department, division or
13 political subdivision of the State responsible for the licensure, certification
14 or endorsement of a person who is described in subsection 4 and who is
15 required in his or her professional or occupational capacity to be licensed,
16 certified or endorsed in this State shall, at the time of initial licensure,
17 certification or endorsement:

18 (a) Inform the person, in writing or by electronic communication, of
19 his or her duty as a mandatory reporter pursuant to this section;

20 (b) Obtain a written acknowledgment or electronic record from the
21 person that he or she has been informed of his or her duty pursuant to this
22 section; and

23 (c) Maintain a copy of the written acknowledgment or electronic
24 record for as long as the person is licensed, certified or endorsed in this
25 State.

26 8. The employer of a person who is described in subsection 4 and
27 who is not required in his or her professional or occupational capacity to
28 be licensed, certified or endorsed in this State must, upon initial
29 employment of the person:

30 (a) Inform the person, in writing or by electronic communication, of
31 his or her duty as a mandatory reporter pursuant to this section;

32 (b) Obtain a written acknowledgment or electronic record from the
33 person that he or she has been informed of his or her duty pursuant to this
34 section; and

35 (c) Maintain a copy of the written acknowledgment or electronic
36 record for as long as the person is employed by the employer.

37 9. Before a person may serve as a volunteer at a public school or
38 private school, the school must:

39 (a) Inform the person, in writing or by electronic communication, of
40 his or her duty as a mandatory reporter pursuant to this section and NRS
41 392.303;

42 (b) Obtain a written acknowledgment or electronic record from the
43 person that he or she has been informed of his or her duty pursuant to this
44 section and NRS 392.303; and

1 (c) Maintain a copy of the written acknowledgment or electronic
2 record for as long as the person serves as a volunteer at the school.

3 10. As used in this section:

4 (a) "Private school" has the meaning ascribed to it in
5 NRS 394.103.

6 (b) "Public school" has the meaning ascribed to it in
7 NRS 385.007.

8 **Sec. 34.** NRS 439B.260 is hereby amended to read as follows:

9 439B.260 1. A major hospital shall reduce or discount the total
10 billed charge by at least 30 percent for hospital services provided to an
11 inpatient who:

12 (a) Has no policy of health insurance or other contractual agreement
13 with a third party that provides health coverage for the charge;

14 (b) Is not eligible for coverage by a state or federal program of public
15 assistance that would provide for the payment of the charge; and

16 (c) Makes reasonable arrangements within 30 days after the date that
17 notice was sent pursuant to subsection 2 to pay the hospital bill.

18 2. A major hospital shall include on or with the first statement of the
19 hospital bill provided to the patient after his or her discharge a notice of the
20 reduction or discount available pursuant to this section, including, without
21 limitation, notice of the criteria a patient must satisfy to qualify for a
22 reduction or discount.

23 3. A major hospital or patient who disputes the reasonableness of
24 arrangements made pursuant to paragraph (c) of subsection 1 may submit
25 the dispute to the Bureau for Hospital Patients for resolution as provided in
26 NRS 232.462.

27 4. A major hospital shall reduce or discount the total billed charge of
28 its outpatient pharmacy by at least 30 percent to a patient who is eligible
29 for Medicare.

30 5. As used in this section, "third party" means:

31 (a) An insurer, as that term is defined in NRS 679B.540;

32 (b) A health benefit plan, as that term is defined in NRS 687B.470, for
33 employees which provides coverage for services and care at a hospital;

34 (c) A participating public agency, as that term is defined in NRS
35 287.04052, and any other local governmental agency of the State of
36 Nevada which provides a system of health insurance for the benefit of its
37 officers and employees, and the dependents of officers and employees,
38 pursuant to chapter 287 of NRS; ~~for~~

39 (d) *The Public Option established pursuant to section 10 of this act;*
40 *or*

41 (e) Any other insurer or organization providing health coverage or
42 benefits in accordance with state or federal law.

43 ↪ The term does not include an insurer that provides coverage under a
44 policy of casualty or property insurance.

1 **Sec. 35.** NRS 439B.665 is hereby amended to read as follows:
2 439B.665 1. On or before February 1 of each year, a nonprofit
3 organization that advocates on behalf of patients or funds medical research
4 in this State and has received a payment, donation, subsidy or anything
5 else of value from a manufacturer, third party or pharmacy benefit
6 manager or a trade or advocacy group for manufacturers, third parties or
7 pharmacy benefit managers during the immediately preceding calendar
8 year shall:

9 (a) Compile a report which includes:
10 (1) For each such contribution, the amount of the contribution and
11 the manufacturer, third party or pharmacy benefit manager or group that
12 provided the payment, donation, subsidy or other contribution; and
13 (2) The percentage of the total gross income of the organization
14 during the immediately preceding calendar year attributable to payments,
15 donations, subsidies or other contributions from each manufacturer, third
16 party, pharmacy benefit manager or group; and
17 (b) Except as otherwise provided in this paragraph, post the report on
18 an Internet website that is maintained by the nonprofit organization and
19 accessible to the public. If the nonprofit organization does not maintain an
20 Internet website that is accessible to the public, the nonprofit organization
21 shall submit the report compiled pursuant to paragraph (a) to the
22 Department.

23 2. As used in this section, "third party" means:
24 (a) An insurer, as that term is defined in NRS 679B.540;
25 (b) A health benefit plan, as that term is defined in NRS 687B.470, for
26 employees which provides coverage for prescription drugs;
27 (c) A participating public agency, as that term is defined in NRS
28 287.04052, and any other local governmental agency of the State of
29 Nevada which provides a system of health insurance for the benefit of its
30 officers and employees, and the dependents of officers and employees,
31 pursuant to chapter 287 of NRS; ~~for~~
32 (d) *The Public Option established pursuant to section 10 of this act;*
33 *or*
34 (e) Any other insurer or organization that provides health coverage or
35 benefits in accordance with state or federal law.

36 ↪ The term does not include an insurer that provides coverage under a
37 policy of casualty or property insurance.

38 **Sec. 36.** NRS 439B.736 is hereby amended to read as follows:
39 439B.736 1. "Third party" includes, without limitation:
40 (a) The issuer of a health benefit plan, as defined in NRS 695G.019,
41 which provides coverage for medically necessary emergency services;
42 (b) The Public Employees' Benefits Program established pursuant to
43 subsection 1 of NRS 287.043; ~~and~~
44 (c) *The Public Option established pursuant to section 10 of this act;*
45 *and*

1 (d) Any other entity or organization that elects pursuant to NRS
2 439B.757 for the provisions of NRS 439B.700 to 439B.760, inclusive, to
3 apply to the provision of medically necessary emergency services by out-
4 of-network providers to covered persons.

5 2. The term does not include the State Plan for Medicaid, the
6 Children's Health Insurance Program or a health maintenance
7 organization, as defined in NRS 695C.030, or managed care organization,
8 as defined in NRS 695G.050, when providing health care services through
9 managed care to recipients of Medicaid under the State Plan for Medicaid
10 or insurance pursuant to the Children's Health Insurance Program pursuant
11 to a contract with the Division of Health Care Financing and Policy of the
12 Department.

13 **Sec. 37.** NRS 449A.162 is hereby amended to read as follows:

14 449A.162 1. Except as otherwise provided in subsection 3, if a
15 hospital provides hospital care to a person who has a policy of health
16 insurance issued by a third party that provides health coverage for care
17 provided at that hospital and the hospital has a contractual agreement with
18 the third party, the hospital:

19 (a) Shall proceed with any efforts to collect on any amount owed to the
20 hospital for the hospital care in accordance with the provisions of NRS
21 449A.159.

22 (b) Shall not collect or attempt to collect from the patient or other
23 responsible party more than the sum of the amounts of any deductible,
24 copayment or coinsurance payable by or on behalf of the patient under the
25 policy of health insurance.

26 (c) Shall not collect or attempt to collect that amount from:

27 (1) Any proceeds or potential proceeds of a civil action brought by
28 or on behalf of the patient, including, without limitation, any amount
29 awarded for medical expenses; or

30 (2) An insurer other than an insurer that provides coverage under a
31 policy of health insurance or an insurer that provides coverage for medical
32 payments under a policy of casualty insurance.

33 2. If the hospital collects or receives any payments from an insurer
34 that provides coverage for medical payments under a policy of casualty
35 insurance, the hospital shall, not later than 30 days after a determination is
36 made concerning coverage, return to the patient any amount collected or
37 received that is in excess of the deductible, copayment or coinsurance
38 payable by or on behalf of the patient under the policy of health insurance.

39 3. This section does not apply to:

40 (a) Amounts owed to the hospital which are not covered under the
41 policy of health insurance; or

42 (b) Medicaid, Medicare, the Children's Health Insurance Program or
43 any other public program which may pay all or part of the bill.

1 4. This section does not limit any rights of a patient to contest an
2 attempt to collect an amount owed to a hospital, including, without
3 limitation, contesting a lien obtained by a hospital.

4 5. As used in this section, "third party" means:

5 (a) An insurer, as defined in NRS 679B.540;

6 (b) A health benefit plan, as defined in NRS 687B.470, for employees
7 which provides coverage for services and care at a hospital;

8 (c) A participating public agency, as defined in NRS 287.04052, and
9 any other local governmental agency of the State of Nevada which
10 provides a system of health insurance for the benefit of its officers and
11 employees, and the dependents of officers and employees, pursuant to
12 chapter 287 of NRS; ~~for~~

13 (d) *The Public Option established pursuant to section 10 of this act;*
14 *or*

15 (e) Any other insurer or organization providing health coverage or
16 benefits in accordance with state or federal law.

17 **Sec. 38.** Section 10 of this act is hereby amended to read as follows:

18 Sec. 10. 1. The Director, in consultation with the
19 Commissioner and the Executive Director of the Exchange, shall
20 design, establish and operate a health benefit plan known as the
21 Public Option.

22 2. The Director:

23 (a) Shall make the Public Option available to all natural persons
24 who reside in this State as a policy of individual health insurance
25 through the Exchange and for direct purchase. The provisions of
26 chapter 689A of NRS and other applicable provisions of title 57 of
27 NRS apply to the Public Option when offered as a policy of
28 individual health insurance.

29 (b) May make the Public Option available to small employers in
30 this State or their employees to the extent authorized by federal law.
31 The provisions of chapter 689C of NRS and other applicable
32 provisions of title 57 of NRS apply to the Public Option when it is
33 offered as a policy of health insurance for small employers.

34 (c) Shall comply with all state and federal laws and regulations
35 applicable to insurers when carrying out the provisions of sections 2
36 to 15, inclusive, of this act, to the extent that such laws and
37 regulations are not waived.

38 3. The Public Option must:

39 (a) Be a qualified health plan, as defined in 42 U.S.C. § 18021;
40 and

41 (b) Provide at least levels of coverage consistent with the
42 actuarial value of one silver plan and one gold plan.

43 4. ~~Except as otherwise provided in this section, the premiums~~
44 ~~for the Public Option:~~

1 ~~—(a) Must be at least 5 percent lower than the reference premium~~
2 ~~for that zip code; and~~

3 ~~—(b) Must not increase in any year by a percentage greater than~~
4 ~~the increase in the Medicare Economic Index for that year.~~

5 ~~—5. The Director, in consultation with the Commissioner and the~~
6 ~~Executive Director of the Exchange, may revise the requirements of~~
7 ~~subsection 4, provided that the average premiums for the Public~~
8 ~~Option must decrease by at least 15 percent over the first 4 years in~~
9 ~~which the Public Option is in operation.~~

10 ~~—6.] As used in this section:~~

11 (a) “Gold plan” means a qualified health plan that meets the
12 requirements established by 42 U.S.C. § 18022 for a gold level plan.

13 (b) “Health benefit plan” means a policy, contract, certificate or
14 agreement to provide, deliver, arrange for, pay for or reimburse any
15 of the costs of health care services.

16 (c) “Medicare Economic Index” means the Medicare Economic
17 Index, as designated by the Centers for Medicare and Medicaid
18 Services of the United States Department of Health and Human
19 Services pursuant to 42 C.F.R. § 405.504.

20 (d) “Reference premium” means, for any zip code, the lower of:

21 (1) The premium for the second-lowest cost silver level plan
22 available through the Exchange in the zip code during the 2024 plan
23 year, adjusted by the percentage change in the Medicare Economic
24 Index between January 1, 2024, and January 1 of the year to which a
25 premium applies; or

26 (2) The premium for the second-lowest cost silver level plan
27 available through the Exchange in the zip code during the year
28 immediately preceding the year to which a premium applies.

29 (e) “Silver plan” means a qualified health plan that meets the
30 requirements established by 42 U.S.C. § 18022 for a silver level
31 plan.

32 (f) “Small employer” has the meaning ascribed to it in 42 U.S.C.
33 § 18024(b)(2).

34 **Sec. 39.** 1. The Director of the Department of Health and Human
35 Services, the Commissioner of Insurance and the Executive Director of the
36 Silver State Health Insurance Exchange shall apply for the waiver
37 described in paragraph (a) of subsection 1 of section 11 of this act not later
38 than January 1, 2024. ~~], and]~~

39 2. In preparing the initial application for the waiver described in
40 paragraph (a) of subsection 1 of section 11 of this act, the Director of
41 the Department of Health and Human Services, the Commissioner of
42 Insurance and the Executive Director of the Silver State Health
43 Insurance Exchange shall contract with an independent actuary to
44 conduct an actuarial assessment pursuant to subsection 2 of section 11
45 of this act. The actuarial assessment:

1 (a) Must be completed before the application for the waiver is
2 submitted; and

3 (b) Must include, without limitation, an analysis whether the
4 provisions of subsection 1 of section 13 of this act, as they apply to
5 providers of health care who participate in the Public Employees'
6 Benefits Program established pursuant to subsection 1 of NRS 287.043
7 or provide care to an injured employee pursuant to the provisions of
8 chapters 616A to 616D, inclusive or chapter 617 of NRS, and the
9 amendatory provisions of section 21 of this act are necessary to ensure
10 an adequate network of providers for the Public Option.

11 3. The Director of the Department of Health and Human Services
12 shall make the Public Option available to natural persons who reside in this
13 State in accordance with the provisions of section 10 of this act for the
14 coverage year that begins on January 1, 2026.

15 4. As used in this section, "Public Option" has the meaning
16 ascribed to it in section 8 of this act.

17 **Sec. 39.5.** On or before January 1, 2025, the Executive Director of
18 the Silver State Health Insurance Exchange, in collaboration with the
19 Department of Health and Human Services, shall:

20 1. Apply for the waiver described in subsection 1 of section 16.5 of
21 this act; and

22 2. Submit to the Director of the Legislative Counsel Bureau for
23 transmittal to the 83rd Session of the Legislature a report of
24 recommendations concerning any revisions to Nevada law necessary to:

25 (a) Authorize an organization described in section 501(c)(5) of the
26 Internal Revenue Code to offer a policy of insurance described in
27 subsection 1 of section 16.5 of this act for direct purchase outside the
28 Exchange as a policy of individual health insurance;

29 (b) Align state law concerning individual health insurance with the
30 requirements in the request for the waiver described in subsection 1 of
31 section 16.5 of this act; and

32 (c) Ensure that any state subsidies available to reduce the cost of
33 premiums for individual health insurance are available for a policy of
34 insurance described in subsection 1 of section 16.5 of this act.

35 **Sec. 40.** Notwithstanding the provisions of NRS 218D.430 and
36 218D.435, a committee, other than the Assembly Standing Committee on
37 Ways and Means and the Senate Standing Committee on Finance, may
38 vote on this act before the expiration of the period prescribed for the return
39 of a fiscal note in NRS 218D.475. This section applies retroactively from
40 and after March 22, 2021.

41 **Sec. 41.** 1. This section and sections 16.3, 16.5, 16.8, 39, 39.5 and
42 40 become effective upon passage and approval.

43 2. Sections 1 to 16, inclusive, 17, 19 to 22, inclusive, and 29 to 37,
44 inclusive, of this act become effective:

1 (a) Upon passage and approval for the purposes of procurement and
2 any other preparatory administrative tasks necessary to carry out the
3 provisions of those sections; and

4 (b) On January 1, 2026, for all other purposes.

5 3. Sections 18 ~~1,~~ **and** 23 ~~{and 25}~~ to 28, inclusive, of this act become
6 effective on ~~July 1, 2021,~~

7 ~~4. Section 24 of this act becomes effective on July~~ **January** 1, 2022.

8 ~~5.~~ **4.** Section 38 of this act becomes effective on January 1, 2030.

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