
Senate Committee on Health and Human Services

This measure may be considered for action during today's work session.

SENATE BILL 419

Makes revisions relating to public health. (BDR 40-748)

Sponsored By: Senate Committee on Health and Human Services
Date Heard: March 28, 2023
Fiscal Notes: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE

Senate Bill 419 makes various provisions relating to public health. Among other items, the bill:

- Requires the Department of Health and Human Services (DHHS) to adopt a framework for the electronic maintenance, transmittal, and exchange of certain health information and, with certain exceptions, requires relevant entities to come into accordance with that framework beginning in July 2024 or July 2025, depending on the type of entity;
- Outlines related provisions concerning grants, waivers, and noncompliance with the framework;
- Expands an existing immunity from liability to apply to any health care provider who transmits, accesses, utilizes, or discloses an apparently genuine electronic health record;
- Establishes within DHHS the Nevada Innovation Hub, headed by a Chief Data Officer, to obtain public health information from pertinent entities and establish a program to collect, analyze, and make available such information;
- Authorizes a person who intends to locate or expand a business in an academic medical district to apply for a partial tax abatement, which must be granted under certain conditions;
- Requires the Director of DHHS to include in the State Plan for Medicaid authorization for any person who otherwise qualifies for Medicaid to enroll in the program, regardless of his or her immigration or citizenship status;
- Creates the Medicaid Outreach Advisory Committee within the Division of Welfare and Supportive Services to advise relevant agencies concerning outreach to—and maximizing enrollment in Medicaid and the Children's Health Insurance Program of—members of marginalized or underserved communities;
- Requires the Joint Interim Standing Committee on Health and Human Services to study, during the 2023–2024 Interim, the feasibility of including the coverage of digital health products in the State Plan for Medicaid; and
- Requires DHHS, during the 2023–2024 Interim, to evaluate its workforce and take any action recommended by the evaluation that does not require legislation, unless the Director of DHHS deems otherwise. A report concerning the evaluation and resulting actions must be submitted to the Legislature.

Amendments:

Senator Doñate proposed an amendment to revise Sections 1, 24, 31, 39, 61, and 62 and to add certain language, as shown in the attached document "Senate Bill 419 Amendments."

Senate Bill 419 Amendments

Section 1

- SB 419 will hereby be amended to remove any licensure revocation penalties, and rather instead, will refer any licensee that fails to comply with interoperability regulations and standards to appropriate regulatory bodies of this State. These compliance requirements can only include:
 - Corrective Action Plans
 - Escalating fees already pre-established by NRS statutes through the appropriate regulatory bodies
- Make Amendments to Section 1
 - Leave Section 1, Subsection 1 and Subsection 2
 - Remove the requirement in Section 1, Subsection 1 for notice and hearing as this responsibility will be transferred to the relevant regulatory bodies
 - Remove Section 9, Section 17, Section 45 (subsection 8 and subsection 11), Section 47, Section 53 and make confirming changes
 - Replace these sections with the authority for the regulatory bodies in those chapters to create appropriate compliance requirements as outlined in Section 6, Subsection 4 in accordance with the provisions of the chapters regulating facilities, providers or insurers, as applicable
- Make conforming changes to individual providers and insurers to be referred to appropriate regulatory bodies and set forth financial penalties under their jurisdictions for compliance requirements on the interoperability standards identified in later sections of the bill.

Section 24, subsection 1

- Require the Joint Interim Committee on Health and Human Services to begin the process to create a natural persons index (citizen or patient), and natural person that is a resident in the state.
- Add a Subsection that requires the Joint Interim Committee to:
 - Review the governance of entities exchanging health information, and the realm of what they are capable of doing, and task Joint interim committee consider regulations to adopt a patient index and consider legislation.
 - Review data registries, streamlining data collection procedures and reducing the burden of reporting mechanisms to better align health providers and public health agencies

Section 31

- Strike Subsection (4)(g) eliminate language about the academic district and replace with the industry of health care in the state.
- Create a new subsection that says the gov office of development must prioritize underserved or rural areas. Or populations with high physician to patient ratios.

Section 39

- Clarify that this bill will require the Director and appropriate staff, through the Division of Health Care Financing and Policy, to:
 - Establish a state-funded coverage program similar to Medicaid for children and young adults up to age 26 who are ineligible for coverage under the State Plan of Medicaid due to the immigration restrictions on federal Medicaid funding under Title XIX of the Social Security Act;

- Seek all federal authority to expand coverage to the extent permissible under the State Plan of Medicaid for individuals residing in Nevada who qualify for the federal Deferred Action for Childhood Arrivals program;
- Seek all necessary federal authority to cover the costs of prenatal care and labor and delivery for unborn children under the State Children’s Health Insurance Program pursuant to 42 CFR 457.10. Upon birth, these children remain eligible for coverage under the State Plan of Medicaid under Title XIX of the Social Security Act; and
- Establish state-funded coverage of postpartum services for women whose child or children received coverage as unborn children under the State Children’s Health Insurance Program pursuant to 42 CFR 457.10 to the extent that such coverage is available to other women in the State Plan for Medicaid.
- The Division shall apply income limits for populations eligible for coverage under Section 39 of the bill that align with the income limits approved for similar populations in the State Plan of Medicaid.
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- Require the Silver State Health Exchange to apply for a Section 1332 Innovation waiver through the Centers for Medicare and Medicaid Services to expand coverage options available through the Silver State Health Exchange, the state’s health insurance marketplace. This amendment will open accessibility to the Silver State Health Exchange to all uninsured Nevadans, regardless of immigration status, to be eligible to receive health and dental coverage, similarly to what was accomplished through Washington Healthplanfinder’s program.

Section 61

- Strike Section 61 in its entirety, including any reporting requirements and the establishment of the Nevada Innovation Hub advisory group.

Section 62, subsection 2

Change the date from July 1, 2024 to July 1, 2025.

Add language

- The federal government and employees thereof, a provider of health coverage for federal employees, a provider of health coverage that is subject to the Employee Retirement Income Security Act of 1974, a self-insurance reserve or trust fund for local government employees established pursuant to NRS 287 or NRS 288, ~~or the administrator of a~~ any Taft-Hartley trust formed pursuant to 29 U.S.C. § 186(c)(5), ~~or~~ and the administrator or third party administrator for any such government, provider, fund or trust are not required to but may transmit and exchange electronic information in accordance with the regulations adopted pursuant to this section.