Legislative Committee on Health Care

Legislative Counsel Bureau

Bulletin No. 99-12

January 1999

LEGISLATIVE COMMITTEE ON HEALTH CARE

BULLETIN NO. 99-12

JANUARY 1999

TABLE OF CONTENTS

SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON HEALTH CARE
(*NEVADA REVISED STATUTES* 439B.200)
ADOPTED AT MEETINGS OF THE COMMITTEE
ON AUGUST 3, 1998, AND NOVEMBER 30, 1998

Long-term Care Issues

1. **Provide, by statute, that the Welfare Division, Nevada's Department of Human Resources, conduct a study of the feasibility of developing a certified nursing assistant training program for recipients of the division's Temporary Assistance for Needy Families program. The study, in cooperation with the Nevada Health Care Association, should: (a) assess the number of certified nursing assistant slots needed in Nevada and whether former and current recipients of welfare cash assistance have the skills to appropriately meet the certified nursing assistant need for nursing homes; (b) identify the necessity of child care for these certified nursing assistant trainees; (c) identify methods to encourage nursing homes to provide child care for such personnel; and (d) include an assessment of other personnel needs of nursing homes that might be filled by appropriately trained former and current recipients of welfare cash assistance. The results of this study should be reported to the Legislative Committee on Health Care, which may review findings of the study and report its recommendation regarding such findings to the Interim Finance Committee. (BDR S-491)**

2. **Provide, by statute, that the Department of Human Resources conduct a study of nursing facility staffing and reimbursement in relation to the federal "Resource Utilization Groups III" system and its effect on long-term care facilities that are impacted by this system. The results of the study should be reported to the Legislative Committee on Health Care, which may review the findings of the study and report its recommendation regarding such findings to the Interim Finance Committee. (BDR S-486)**

3. **Include a statement in the final report of the committee that encourages the Division of Health Care Financing and Policy, Department of Human Resources, to index, on a yearly basis, its health care facility provider reimbursement rates, and to make its annual budget estimates in accordance with the health care component of the consumer price index.**

4. **Include a statement in the final report of the committee to encourage the Division of Health Care Financing and Policy, Department of Human Resources, to review the allowable billing period for Medicaid providers to submit claims to determine whether the current billing period has an adverse effect on long-term care facilities. This review**

may include establishing a billing review system that prevents the division from immediately rejecting claims for minor or trivial omissions or errors made by long-term care providers in their federally required "3049 Authorization to Bill" forms. Further, the long-term care industry should document any problems in this area to determine the extent of denied claims.

5. Provide, by concurrent resolution, that the Legislative Commission conduct an interim study to assess two items related to long-term care: (a) the feasibility of developing a demonstration waiver of certain federal requirements (similar to the Medicaid waiver in the State of Minnesota); and (b) to assess alternatives to long-term care. The waiver study should assess a system that combines and integrates Medicare acute care benefits with Medicaid's long-term care coverage, and it should analyze methods to minimize the need for the frail elderly to impoverish themselves as a condition of eligibility for long-term care benefits. The study of alternatives to long-term care should, among other things: (a) identify the alternatives to long-term care for individuals needing such care; (b) analyze the cost of each type of care; (c) discuss the advantages and disadvantages to the quality of life for patients in each type of facility; (d) identify the personnel requirements in each type of facility; and (e) determine feasible methods to fund care for individuals in each type of facility. (BDR R-482)

6. Adopt a resolution, include a statement in the final report of the committee, and send a letter to the Department of Human Resources encouraging the department to develop a "continuous quality improvement" approach to measure the well-being of long-term care patients, and to measure satisfaction with their care in nursing home facilities. The results of the assessment should be reported to the Legislative Committee on Health Care, which may review the findings and report its recommendation regarding such findings to the Interim Finance Committee. (BDR R-483)

7. Adopt a resolution encouraging the Bureau of Licensure and Certification, Health Division, Nevada's Department of Human Resources, to publish, at least annually, nursing facility survey results in a format that allows members of the general public to determine the quality of care that a facility provides to its patients. (BDR R-487)

8. Include a statement in the final report of the committee expressing the support of the committee that the Bureau of Licensure and Certification, Health Division, Department of Human Resources, give preference in hiring of nursing facility surveyors to those that have professional long-term care giver experience. The bureau should be encouraged to establish this hiring practice for all nursing facility surveyors hired after July 1, 1999.

9. Amend *Nevada Revised Statutes* (NRS) 449.0105, and NRS 449.249 through NRS 449.2496, inclusive, to delete the requirement that a home for individual residential care be permitted to register, and instead require that such a home be licensed as a medical or other related facility pursuant to this chapter. (BDR 40-485)

Long-term Care Insurance

10. Make an appropriation to the Committee on Benefits, Risk Management Division, Department of Administration, to purchase long-term care insurance coverage for current and retired Stateemployees. Such coverage should include the following benefits:

- Adult day care;
- Alzheimer's disease and other organic brain disorders;
- Bed holds for individuals in nursing homes (subject to limitation);
- Care advisor coordination (subject to limitation);
- Consumer choice of waiting periods;
- Daily benefit amounts and policy maximums that are flexible;
- Durable medical equipment (subject to limitation);
- Home and community-based care that includes all levels of care;
- Hospice care (subject to limitation);
- Hospitalization not required to access benefits;
- Inflation protection;
- Informal care (subject to limitation);
- No waiting periods or exclusions for preexisting conditions;
- Nursing home coverage that includes all levels of care;
- Policies that are guaranteed renewable for life;
- Premiums that are waived under certain circumstances; and
- Respite care (subject to limitation).

For active employees, the plan will: (a) meet expenses up to $100 per day for nursing home, assisted living, or home care with no policy lifetime maximum and an elimination period of 90 days; (b) be guaranteed issue at standard rates for employees under age 65; and (c) be issued subject to underwriting approval at the appropriate rate class (preferred standard or two substandard classes) for employees 65 years of age and older. For retired employees between the ages of 65 and 85, the plan will: (a) meet expenses incurred for nursing home or assisted living for up to $100 per day; (b) meet expenses incurred for home care, up to $60 per day; (c) have a policy lifetime maximum benefit of $109,500 with an elimination period of 90 days; and (d) be issued subject to underwriting approval at the appropriate rate class (preferred standard or two substandard classes) for retired employees 65 years of age and older or affiliated persons.

Such coverage shall qualify as a long-term care insurance product that enables a consumer to benefit from the tax implications contained in the Health Insurance Portability and Accountability Act of 1996 (*Public Law* 104-191). This will be a one-time appropriation after which time the Committee on Benefits must establish the level of participation required by active and retired state employees, and employees of participating public agencies. (BDR 23-1131)

Hospice and Pain Management Issues

11. Include a statement in the final report of the committee that encourages: (a) health care provider training programs in Nevada to add pain management courses to their curricula; (b) physicians to routinely record pain intensity levels on patients' vital sign charts, when feasible; (c) physicians and other health care providers to make more frequent and earlier referrals to hospice care; (d) the Bureau of Licensure and Certification, Health Division, Department of Human Resources, to eliminate impediments that inhibit the ability of organizations it regulates to deliver high quality hospice care in the home, and in home-like settings; and (e) a society that views death as part of life by educating the public about end-of-life decisions and creating a stronger awareness that all Nevadans have certain rights provided by law.

Physical Fitness Training Program for Senior Citizens

12. Include a statement in the final report of the committee that encourages certain entities to promote the benefits of a physical fitness training program for senior citizens. The recommendation asks that members and licensees of the following organizations be made aware of this program with the assistance of the American Association of Retired Persons: (a) the Aging Services Division, Department of Human Resources; (b) the Health Division, Department of Human Resources; (c) the University and Community College System of Nevada; (d) the State Board of Medical Examiners; (e) the State Board of Nursing; (f) the State Board of Physical Therapy Examiners; (g) the Great Basin Primary Care Association; (h) the Nevada Association of Health Plans; (i) the Nevada Association of Hospitals and Health Systems; (j) the Nevada Health Care Association; (k) the Nevada Nurses Association; (l) the Nevada Rural Hospital Association; (m) the Nevada State Medical Association; and (n) the public.

Federal Health Care and Social Program Issues

13. Include a statement in the final report of the committee and send a letter to Nevada's Congressional Delegation asking these members to introduce and/or support federal legislation to expedite eligibility determinations for individuals who apply to federally-sponsored social welfare programs such as Medicare, Supplemental Security Income, and Social Security Disability Income. This action is needed to alleviate the

financial, medical, and mental health burden on individuals who are waiting for benefits from these programs.

14. Include a statement in the final report of the committee and send a letter to Nevada's Congressional Delegation urging these members to introduce and/or support federal legislation that requires manufacturers of prescription drugs and pharmacists to label products, "STEROID," that contain any steroid ingredients. Also, the statement and letter should urge the Board of Medical Examiners and the State Board of Pharmacy to promote public awareness of the adverse effects of steroids in prescription medications. This campaign should emphasize that physicians and pharmacists adhere to manufacturer's recommendations for precautions and testing with regard to individual products.

15. Include a statement in the final report of the committee and send a letter urging Nevada's Congressional Delegation to encourage the administrator of the Health Care Financing Administration, United States Department of Health and Human Services, to expedite the adoption of regulations relating to Medicare and the coverage of diabetes.

Medicaid and Children's Health Insurance Program Issues

Eligibility Determination and Outreach Activities

16. Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, develop a single application to determine eligibility for the Medicaid and Nevada Check-Up programs. Additionally, the division should permit a worker who makes determinations for Medicaid eligibility to determine a person's eligibility for the Nevada Check-Up program. This legislation should be effective as of July 1, 1999. (BDR 38-498)

17. Provide, by statute, that the Department of Human Resources be prohibited from requiring that the personal assets of a person applying to the Child Health Assurance Program (CHAP), Nevada Medicaid, be used to determine such person's eligibility for the program. (BDR 38-489)

18. Adopt a resolution directing the Department of Human Resources to comply with the Omnibus Budget Reconciliation Act of 1990, Section 1902(a)(55) of the Social Security Act, *Public Law* 101-508. Such compliance should include: (a) placing Medicaid eligibility workers at all federally qualified health centers and disproportionate share hospitals in the State; or (b) ensuring that appropriate staff at federally qualified health centers and disproportionate share hospitals are trained to perform Medicaid intake and that the health center or hospital is compensated by the department for the

amount of time its staff spends conducting eligibility intake activities for the Medicaid program. (BDR R-1132)

19. Adopt a resolution directing the Department of Human Resources to contract with community-based organizations and essential community providers, as determined by the Department of Human Resources, for certain eligibility and outreach services in Nevada Check-Up, the children's health insurance program in the State. Criteria that is developed for the contractors should take into account: (a) the historical relationships that have been established with low-income families by these community-based organizations and essential community providers; (b) the strengths of the particular organizations or providers; and (c) the client demographics that determine whether outreach activities are appropriate in a particular area. Such contracts may be used for: (a) hiring full-time or part-time eligibility and outreach intake staff to work with families who potentially may be eligible for Nevada Check-Up, the children's health insurance program in the State; (b) funding to permit the agency to hire and train indigenous outreach workers who are paid by the hour to conduct specifically targeted outreach efforts in communities; (c) an administrative fee of $25 for each child who is successfully enrolled in Nevada Check-Up paid to essential community providers; and (d) an administrative fee of $25 for each child who is successfully enrolled in Nevada Check-Up paid to an agency, to use at its discretion, and to train volunteers to conduct limited outreach activities at locations the organizations or providers have designated that permit access to low-income families. (BDR R-1133)

20. Include a statement in the final report of the committee expressing the support of the committee to the Division of Health Care Financing and Policy, Department of Human Resources, to permit automatic enrollment in Nevada Check-Up, if the family applies to the program and pays the necessary fees, for all children who are eligible for the Women, Infants and Children program, within the restrictions of relevant federal guidelines.

21. Include a statement in the final report of the committee and send a letter expressing the support of the committee that the Division of Health Care Financing and Policy, Department of Human Resources, adopt automatic assignment procedures for individuals who do not select a Medicaid managed care plan. The procedure should take into account the health care providers that have traditionally served such individuals.

22. Adopt a resolution that directs the Department of Human Resources to access the maximum amount of one-time funding at the enhanced federal financial participation rate of 90 percent, which is available to the state to complement the federal Temporary Assistance for Needy Families (TANF) program. The funding should take the form of grants to community-based organizations. Such organizations will be required to submit plans designating their outreach strategies for

persons who are no longer receiving TANF cash assistance and others who potentially may be eligible to enable them to maintain Medicaid coverage for themselves and their children. (BDR R-1134)

23. Include a statement in the final report of the committee that expresses the support of the committee for the Department of Human Resources to access the maximum amount of funding available to the state through the federal Temporary Assistance for Needy Families program to conduct its enrollment and outreach efforts for the Nevada Check-Up program, the children's health insurance program in the State, if such funding becomes available from the Federal Government.

24. Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, facilitate the enrollment of Native American children in Nevada Check-Up by using tribal or other organizations that work collaboratively with Nevada tribes. Upon the qualification of eligible children, such children should be enrolled immediately, and Indian Health Service and tribal health clinics should be included in the provider networks that deliver services to these children. Further, amend Chapter 233A of NRS to create a Nevada Check-Up Indian Advisory Council as a subcommittee of the Nevada Indian Commission. The subcommittee will make recommendations to the commission, and the commission is required to take action on such recommendations by either approving or disapproving them. Upon approval of the recommendations, the commission shall advise the division of its concerns and offer solutions to resolve such issues related to Nevada Check-Up. The Advisory Council will consist of three members who are appointed by the commission. The appointed members need not be members of the commission. Members who serve on the Advisory Council serve without compensation, and the council should meet at least one time each year. (BDR 38-495)

Study Items

25. Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, conduct a study of the advantages, disadvantages, cost, personnel, and financial arrangements that are needed for the state to adopt the federal option in Title XIX of the Social Security Act, which grants Medicaid coverage to individuals who are considered "medically needy" pursuant to the federal definition of this term. Among other things, the study will assess an incremental approach to this program by targeting persons who are disabled and who must wait for two years before they are eligible for Medicare coverage. The results of this study should be reported to the Legislative Committee on Health Care, which may review the study and report its recommendation regarding the study findings to the Interim Finance Committee. (BDR S-488)

26. Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, conduct a study of the advantages, disadvantages, cost, and personnel needed to adopt the federal option in Title XIX of the Social Security Act, which grants presumptive eligibility to pregnant women and children. The study will assess the feasibility of presumptive eligibility determinations in both Medicaid and Nevada Check-Up. The results of this study should be reported to the Legislative Committee on Health Care, which may review the study and report its recommendation regarding the study findings to the Interim Finance Committee. (BDR S-490)

27. Provide, by concurrent resolution, that the Legislative Commission conduct an interim study of Medicaid managed care, including participants in the Child Health Assurance Program. The study must include an assessment of the impact upon recipients of the program for Temporary Assistance for Needy Families. Also, the study will address, among other things: (a) the quality of health care provided to participants; (b) whether participants are able to access specialist providers and, if so, if patients are seen in a timely fashion; (c) whether participants are required to visit health care providers that are located in their immediate geographic areas; (d) whether participants are able to receive prescription medications in a timely fashion; (e) whether participant complaints are resolved, and in what fashion they are resolved; (f) whether the Division of Health Care Financing and Policy, Department of Human Resources, conducts a timely analysis of its utilization data, including whether essential community providers are harmed by the shift to managed care; and (g) any other criteria that will enable the Legislature to determine whether the managed care program is appropriately serving participants and is permitting the state to adequately control the Medicaid budget. Finally, as part of the study, the interim committee must define "essential community provider." (BDR R-493)

28. Appropriate funds to the Legislative Committee on Health Care for a consultant to conduct a feasibility study to determine whether Nevada's Department of Human Resources could implement a cost-efficient evaluation of the quality of care it delivers to Medicaid recipients who are not in a managed care program. The study will: (a) assess methods to produce regular evaluations of quality assurance; (b) consider available evaluation tools in both the public and private sectors to assess the satisfaction of services delivered in Medicaid to persons who are aged and/or disabled; (c) consider existing data requirements of health care providers, licensed health care facilities, and managed care organizations in the current delivery system; and (d) make recommendations that will improve the ability of the department to conduct regular evaluations. The consultant shall report his progress in both a verbal and written report at each meeting of the Legislative Committee on Health Care, and he shall complete his findings by June 1, 2000. (BDR S-1126)

Quality Assurance Issues

29. Include a statement in the final report of the committee expressing that the committee supports implementing the Quality Assurance Measures for Children with Special Health Care Needs of the federal Maternal and Child Health Bureau in the Medicaid and Nevada Check-Up managed care programs, which are administered by the Division of Health Care Financing and Policy, Department of Human Resources.

30. Include a statement in the final report of the committee and send a letter to the chairmen of the Senate Committee on Finance and Assembly Committee on Ways and Means of the 1999 Legislature urging their support of the efforts of the Division of Health Care Financing and Policy, Department of Human Resources, for a sufficient number of technical consultants (or agency staff), and adequate computer hardware and software systems that will enable the division to perform timely analysis of encounter data for its managed care programs. Analysis of encounter data will enable the division to determine whether its health care programs are being utilized in an efficient and effective manner.

Program Coordination

31. Include a statement in the final report of the committee expressing that the committee supports coordinating program resources in the Department of Human Resources for children with chronic and disabling conditions. Such coordination would be helpful for children who have a need for program services that are beyond those offered in the Nevada Check-Up program, which is administered by the Division of Health Care Financing and Policy, Department of Human Resources.

Personal Care Services

32. Adopt a resolution that directs Nevada's Department of Human Resources to fully utilize personal care services for persons who receive Medicaid services, including the disabled. The resolution will: (a) stress the importance of providing services to a person in his home and in the community; (b) direct the department to develop a "client driven" approach to care for individuals who are disabled and using Medicaid services; (c) strongly encourage the department to promote personal care services for individuals as an alternative to hospitals and nursing homes, whenever feasible; (d) direct the department to develop solutions for the industrial insurance problem for individuals who act as personal care attendants; (e) encourage the department to develop contract penalties for individuals and agencies that provide personal care attendant services and who fail to uphold the terms of their contracts; (f) direct the department to equalize the care and payment rates provided by personal care attendants and other noncertified or nonlicensed personnel with that of certified nursing assistants, including homemakers, to encourage private sector provision of such home delivered

services; (g) encourage the department to decrease its reliance on providing state supported staff to provide any type of home delivered service for individuals in the State; (h) direct the department to use the criteria established in *Nevada Revised Statutes* 629.091 to recognize when a person is capable of providing personal assistant services and prohibit the department from establishing more stringent qualifications for a person to perform such services; and (i) direct the department to submit a budget to the following session of the Nevada Legislature that supports personal care services. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999. (BDR R-1125)

Increasing Access to Medicaid Waiver Services

33. Adopt a resolution that directs Nevada's Department of Human Resources to increase access to and flexibility in its Medicaid waiver programs. The department should: (a) take efforts to eliminate waiting lists in waiver programs; (b) streamline the process of determining eligibility for waiver services; and (c) conduct regular evaluations to assess the satisfaction of clients who apply to waiver programs and who receive waiver services. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999. (BDR R-1127)

Changing the Eligibility Level of Medicaid to 250 Percent of the Federal Poverty Level

34. Adopt a resolution that directs the Department of Human Resources to adopt the option in the Balanced Budget Act of 1997 to increase the income eligibility level for certain Medicaid applicants to 250 percent of the federal poverty level. (BDR 38-1128)

Alternative Living Arrangements

35. Adopt a resolution that directs the Department of Human Resources to permit an individual who is eligible for Medicaid and Medicaid waiver services to be placed in an assisted living facility when circumstances warrant such a placement. Further, the department must develop regulations, if feasible, to allow a facility that is not currently regulated in the state to participate as a Medicaid provider within the parameters of available options to do so as developed by the Health Care Financing Administration, United States Department of Health and Human Services. (BDR R-1137)

Establishing a Medicaid "Buy-in" Program

36. Adopt a resolution directing the Department of Human Resources to establish a Medicaid buy-in program in Nevada for individuals who currently meet the eligibility requirements of Medicaid and who become employed while receiving Medicaid benefits.

The buy-in program must: (a) use a sliding-fee scale to determine the premium payment for each person who chooses to pay into the program; and (b) be cost neutral to the Medicaid budget. (BDR 38-1129)

"Aging in Place" Issue

37. Adopt a resolution directing Nevada's Department of Human Resources to conduct a comprehensive evaluation of programs to promote aging in place for persons who are aged or disabled in Nevada. The evaluation must: (a) analyze the model that is the Program for All Inclusive Care of the Elderly and establish a system that incorporates its principles for care of the elderly in the state. This recommendation does not require the department to pursue the model demonstration program administered by the Health Care Financing Administration; (b) consider methods for the department to equalize the payment structure for home health services between the Medicaid and Medicare programs to decrease any disincentive to provide home health services to the Medicaid population; and (c) consider the implications of including medical social work as a Medicaid benefit. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999. (BDR R-1130)

General Health Related Issues

38. Provide an appropriation to the University of Nevada School of Medicine to establish a multidisciplinary diabetes care program for children and adolescents in Nevada who have Type I and Type II diabetes. The program must be established in partnership with Sunrise Medical Center and the University Medical Center of Southern Nevada. The program must include direct funding for two pediatric endocrinologists, two diabetologists, one nurse who is certified in diabetes education, a dietician, and a social worker. Funding for the program will come from the State General Fund for the first two years after which time the program must be funded entirely from donations and grants. The program will be authorized to submit bills for its expenses to health insurance plans for care provided to patients that have such insurance. (BDR S-487)

39. Provide, within statute, that the Division of Insurance, Department of Business and Industry, establish a managed care ombudsman program for participants in health insurance plans in Nevada. The ombudsman shall be independent of managed care organizations or insurers that are licensed in Nevada. The proposal will require the commissioner to establish the office of the health care ombudsman by contract with any nonprofit organization. The office will be administered by the state health care ombudsman, who must be an individual with expertise and experience in the fields of health care and advocacy.

a. The health care ombudsman office must: (1) assist health insurance consumers with health insurance plan selection by providing information, referral, and assistance to individuals about means of obtaining health insurance coverage and services; (2) assist health insurance consumers to understand their rights and responsibilities under health insurance plans; (3) provide information to the public, agencies, legislators, and others regarding problems and concerns of health insurance consumers and make recommendations for resolving those problems and concerns; (4) identify, investigate, and resolve complaints on behalf of individual health insurance consumers and assist those consumers with the filing and pursuit of complaints and appeals; (5) analyze and monitor the development and implementation of federal, state, and local laws, regulations, and policies relating to health insurance consumers, and recommend changes it deems necessary; (6) facilitate public comment on laws, regulations, and policies, including policies and actions of health insurers; (7) promote the development of citizen and consumer organizations; (8) ensure that health insurance consumers have timely access to the services provided by the office; and (9) submit to the Legislature and to the Governor on or before January 1 of each year a report on the activities, performance, and fiscal accounts of the office during the preceding year.

b. The state health care ombudsman may: (1) hire or contract with persons to fulfill the purposes of this chapter; and (2) review the health insurance records of a consumer who has provided written consent. Based on the written consent of the consumer, the consumer's guardian or legal representative, a health insurer should be required to: (1) provide the state ombudsman access to records relating to that consumer; (2) pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer, or group of consumers; (3) delegate to employees and contractors of the ombudsman any part of the state ombudsman's authority; (4) adopt policies and procedures necessary to carry out the provisions of this chapter; and (5) take any other actions necessary to fulfill the purposes of this chapter.

c. All state agencies will be required to comply with reasonable requests from the state ombudsman for information and assistance. The Division may adopt rules necessary to assure the cooperation of state agencies under this section.

d. In the absence of written consent by a complainant or an individual utilizing the services of the office, or his or her guardian or legal representative, or by court order, the state ombudsman, its employees, and contractors must not disclose the identity of the complainant or individual.

e. The state ombudsman, its employees, and contractors may not have any conflict of interest relating to the performance of their responsibilities under this chapter. For purposes of this section, a conflict of interest exists whenever the

state ombudsman, its employees, contractors, or a person affiliated with the state ombudsman, its employees, and contractors: (1) have direct involvement in the licensing, certification, or accreditation of a health care facility, health insurer, or a health care provider; (2) have a direct ownership interest or investment interest in a health care facility, health insurer, or a health care provider; (3) are employed by, or participating in the management of a health care facility, health insurer, or a health care provider; or (4) receive or have the right to receive directly or indirectly, remuneration under a compensation arrangement with a health care facility, health insurer, or health care provider.

f. The state ombudsman will be able to speak on behalf of the interests of health care and health insurance consumers, and to carry out all duties prescribed in this chapter without being subject to any disciplinary or retaliatory action. Nothing in this section shall limit the authority of the commissioner to enforce the terms of the contract.

Health care ombudsman implementation report. The administrator and the health care ombudsman shall report to the Interim Finance Committee and the Legislative Committee on Health Care on or before September 15, 1999, and periodically thereafter at the request of either committee. The report must provide the committee with an update on the status of implementation of the health care ombudsman program together with a description of the manner in which the health care ombudsman is, and should be in the future, coordinating his or her activities with existing ombudsman programs such as the Division of Aging, Department of Human Resources. (BDR 18-492)

40. Provide, within statute, for the establishment of a Division of Minority Health within Nevada's Department of Human Resources. The mission of the division will be to: (a) assume a leadership role in working or contracting with federal and state agencies, the state's university and community college system, private interest groups, local communities, private foundations, and other states' organizations of minority health to develop minority health initiatives, including bilingual communications; and (b) maximize the use of existing resources without duplicating existing efforts.

The duties of the division will be to: (a) provide a central information and referral source and serve as the primary state resource in coordinating, planning, and advocating access to minority health care services in Nevada; (b) coordinate conferences and other training opportunities to increase skills among state agencies and government staff in management and in the appreciation of cultural diversity; (c) pursue and administer grant funds for innovative projects for communities, groups, and individuals; (d) provide recommendations and training in improving minority recruitment in state agencies; (e) publicize minority health issues through the use of the media; (f) network with existing minority organizations; (g) solicit, receive, and spend

grants, gifts, and donations from public and private sources; and (h) contract with public and private entities in the performance of its responsibilities.

The division will be funded from "stimulus funds" of state agencies with which the organization has established relationships and unobligated and unexpended federal funds and state appropriations. "Stimulus funds" would be derived from 2 percent of the funding used by state agencies that provide health and social services to minorities. "Stimulus funds" may appear in one of four forms: (a) appropriated federal funds that are spent at the discretion of the division, or are spent on specific activities within the scope of a project of the state agency receiving the federal dollars, which are passed through to the division (e.g., Centers for Disease Control funds for the prevention of Human Immunodeficiency Virus [HIV] would be targeted to the division's efforts to address HIV primary and secondary prevention in minorities); (b) state of the art equipment and supplies assigned from the purchasing pools of other agencies to the division, subject to the same provisions as item one; (c) full-time equivalencies from respective agencies (in full or part); and (d) State General Fund dollars appropriated directly to the division, or moved to the division from another state agency receiving these funds.

After the first two years of operation, the appropriate minimum level of ongoing support from the State General Fund for the division must be determined, and patterns of revenue/grant dollar sharing between the division and other agencies must be established. Moreover, mechanisms to assume unobligated and unexpended federal funds and state appropriations from partner agencies must be firmly in place.

Further, the division will submit a biennial report, not later than March 1 of each odd-numbered year, to the Legislature regarding its activities, findings, and recommendations related to minority health issues.

Executive Director: Appointment; qualifications; classification; restrictions on other employment. The division will have an executive director, who will be appointed by the Governor. The qualified person must have successful experience in the administration and promotion of a program comparable to that provided by this proposal. The executive director of the division is in the unclassified service of the state. Except as otherwise provided in the *Nevada Revised Statutes*, the executive director of the division shall devote his entire time to the duties of his office and shall not follow any other gainful employment or occupation.

Executive Director: Duties. The executive director of the division will: (a) be jointly responsible to the Governor and the Legislature; (b) direct and supervise all the technical and administrative activities of the division; (c) attend all advisory committee meetings and act as secretary, keeping minutes of the proceedings; (d) report to the Governor and Legislature all matters concerning the administration of the office;

(e) request the advice of the advisory committee regarding matters of policy, but be responsible, unless otherwise provided by law, for the conduct of the administrative functions of the division; (f) compile, with the approval of the advisory committee for submission to the Governor and Legislature, a biennial report regarding the work of the division and such other matters as he may consider desirable; (g) serve as contracting officer to receive funds from the Federal Government or other sources for such studies, grant and funding initiatives, and community-based program activities as the division deems necessary; (h) attend all meetings of any special study committee appointed by the Governor or conceived by the Legislature pursuant to this act and act as secretary, keeping minutes of the proceedings; and (i) perform any lawful act which he considers necessary or desirable to carry out the purposes and provisions of this chapter.

Executive Director: Appointment of staff. The executive director of the division may appoint such professional, technical, clerical, and operational staff as the execution of his duties and the operation of the division may require. At minimum, the division must be comprised of a professional staff liaison, a budget analyst, and a management assistant. The "professional staff liaison" shall be responsible to maintain active communication between the division and members of the minority communities, state and local government programs serving these communities, and community-based nonprofit providers of services to minorities. The "budget analyst" must be able to interact with other state agency personnel to develop financial and program resources for the division, monitor grants and contracts with local agencies and organizations, and, as directed by the executive director, monitor and manage the fiscal matters of the division, including the managing and processing of service and travel reimbursements to members of the advisory committee. The "management assistant" will be the office manager of the division, and must conduct all business to maintain the efficient operation of the division's clerical and support duties, including the hiring of appropriate support staff to meet division needs, as well as the orderly interaction of the division with the public, other state and local agencies, the Office of the Governor, and the Legislature.

The oversight committee shall be comprised of a minimum of 15 members to be appointed by the Governor to renewable two-year terms. The chairman of the committee must be elected by the members at its first meeting of each new year. Four members each of the committee shall be comprised of persons who are representatives of the following groups: African American, Asian/Pacific Islander, Hispanic, Native American, and Philippine. The members shall represent a geographic cross-section of these groups in Nevada. One member shall be appointed by the Nevada State Senate and the Nevada State Assembly, respectively. One member shall be appointed by the Governor. The duties of the committee will be to: (a) advise, generally, and assist the organization on achieving its mission; (b) promote health and the prevention of disease among members of minority groups; (c) review special initiative funding provided by the organization to community-based public and private

programs serving the health and disease prevention needs of minorities; (d) consolidate policy development and public initiative activities; and (e) approve all public reports developed by the division for distribution to the Federal Government, the Governor, or the Legislature.

Salary and expenses of advisory committee members; payment of claims. **Advisory committee members who are not in the regular employ of the state are entitled to receive a salary of not more than $80, as fixed by the commission, for each day spent on the work of the advisory committee. Advisory committee members who are in the regular employ of the state shall serve without additional salary. While engaged in the business of the advisory committee, each member and employee of the division is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. Claims for payment of all expenses incurred by the advisory committee, including the salaries and expenses of its members, must be made on vouchers and paid as other claims against the state are paid.**

Powers of advisory committee. **The advisory committee may develop subcommittees of the advisory committee and its membership may include noncommittee members whenever necessary or appropriate to assist and advise the advisory committee in the performance of its duties and responsibilities under this act. (BDR 18-494)**

REPORT OF THE NEVADA LEGISLATURE'S COMMITTEE ON HEALTH CARE TO THE MEMBERS OF THE 70TH SESSION OF THE NEVADA LEGISLATURE

I. INTRODUCTION

The Legislative Committee on Health Care was created in 1987 to deal with escalating health care costs. Since that time, the committee has addressed a variety of issues including health care cost containment, access to health care for the uninsured, Medicaid, managed care, the rural service delivery system, and other health related issues.

During the 1997-1999 Interim, the committee held 12 regular meetings and 5 subcommittee meetings between October 1997 and November 1998 in Carson City and Las Vegas, Nevada. An integral task of the committee during this period was to commission an update of a 1992 study of persons who were not covered by health insurance. In addition, at two work sessions of the committee, the members adopted 40 recommendations. Twenty-six of them are bill draft requests covering issues such as long-term care, hospice and pain management, a physical fitness training program for senior citizens, federal health care and social programs, Medicaid, a children's health insurance program, an insurance ombudsman, and the establishment of a division of minority health.

Legislative members of the committee during the 1997-1999 interim included:

Senator Raymond D. Rawson, Chairman
Assemblywoman Vivian L. Freeman, Vice Chairman
Senator Bernice Mathews
Senator Maurice E. Washington
Assemblywoman Barbara E. Buckley
Assemblyman Jack D. Close, Sr.

Legislative Counsel Bureau staff services were provided by:

H. Pepper Sturm, Chief Principal Research Analyst
Marla McDade Williams, Senior Research Analyst
Risa L. Lang, Principal Deputy Legislative Counsel
Leslie Hamner, Senior Deputy Legislative Counsel
Ricka Benum, Senior Research Secretary
Roxanne Duer, Senior Research Secretary
Jo Greenslate, Research Secretary

II. REVIEW OF COMMITTEE FUNCTIONS

In addition to the statutory requirements in *Nevada Revised Statutes* (NRS) 439B.220 through 439B.240, the 1997 Legislature adopted two measures directing the committee to study certain issues. Assembly Concurrent Resolution (A.C.R.) No. 28 (File 151, *Statutes of Nevada 1997*) directed the committee to study the long-term health care needs of the residents of the State of Nevada and to study the availability of insurance for health care. The other mandate for the committee is found in Sections 84 through 86 of Senate Bill (S.B.) 427 (Chapter 550, *Statutes of Nevada 1997*). The committee was charged with monitoring the organizational development of the Division of Health Care Financing and Policy (DHCFP) of the Department of Human Resources (DHR). In addition, the bill directs the committee to conduct a study to evaluate expanding access to health care in Nevada.

Further, by statute, certain entities are required to submit reports to the committee. They are:

- Quarterly reports from the Office for Hospital Patients as required by NRS 232.543(2)(e). These reports present information about the number of complaints received on hospital bills, the number and type of disputes heard and arbitrated, as well as the outcome of arbitration.

- An annual report of the activities and recommendations of the Advisory Committee on Traumatic Brain Injuries as required by NRS 426A.060. This report provides information on the programs for traumatic brain injury patients and statistics from the head trauma registry.

- A biennial report from the DHR regarding any laws or regulations that add to the cost of health care in the state as required by NRS 426A.060(7)(b).

III. STUDY OF UNINSURED PERSONS IN NEVADA

In 1992, a study titled *Report of Technical Advisory Committee to Study of Persons Not Covered by Health Insurance* (Legislative Counsel Bureau Bulletin No. 93-22) was published. At that time, the study was directed by statute (Chapter 648, *Statutes of Nevada 1991*), and nonlegislative members were appointed to oversee it. During the current interim period, the committee determined a need to update the initial study, and based on the 1992 model, 28 nonlegislative members were appointed to serve on the full health care committee. (See Appendix B for a list of these members.)

The updated study of uninsured persons in Nevada was conducted by the Center for Business and Economic Research (CBER), University of Nevada, Las Vegas, which was the entity that performed the initial study. With the assistance and guidance of R. Keith Schwer, Ph.D., Executive Director of the CBER, eight members of the expanded committee held one meeting to define the requirements for the updated study. These members, as well as other committee

members, worked with Dr. Schwer through the course of the year to refine the study parameters and the final report. Further, ongoing status reports were made by representatives of the CBER. Although the CBER will issue a final report that includes its findings, the Legislative Counsel Bureau (LCB) retains the data rights. As data needs are presented, and if the raw data was collected, LCB staff will be able to answer questions that were not included in the final written report of the CBER.

The 1997-1998 study was a comprehensive analysis of health insurance availability in Nevada. Funding for this undertaking was provided through Section 87 of S.B. 427. The final report of the CBER, as well as the mail and telephone questionnaire and data tables, will be included as appendices in LCB Bulletin No. 99-20, *Report of Health Insurance Coverage of Nevadans, 1997.* The survey and study did not result in any legislative recommendations due to time considerations for the 1999 Legislature; however, the information contained in the bulletin will be useful for policymakers in their legislative deliberations.

IV. DISCUSSION OF TESTIMONY AND RECOMMENDATIONS

Two key issues drove the work of the committee during this interim period: (1) the requirement to study the long-term health care needs of Nevada residents; and (2) the federal Children's Health Insurance Program (CHIP). This report will discuss these issues as well as others that were addressed by committee members including hospice care and pain management, the provision of health care for persons who are disabled or elderly, the Medicaid program, a health insurance ombudsman, and a division of minority health.

A. LONG-TERM CARE ISSUES

One portion of A.C.R. 28 directed the health care committee to study the long-term health care needs of the residents of the State of Nevada. This section discusses issues that were presented to the committee regarding long-term care in the State.

1. Long-term Care Costs

According to the administrator of the DHCFP, DHR, approximately two-thirds of nursing home costs in Nevada are paid for by the Medicaid program, which is a program funded by both federal and state dollars. The federal Medicare program pays for approximately 10 percent of these nursing home costs in the form of "transitional care." This payment includes the first 20 days of a nursing home stay and the following 100 days of a person's care, which is subject to a copayment of $85 per day by the resident. This testimony concluded that 15 percent of long-term care payments in the state are made on a self-pay basis.

The following table illustrates the average nursing home costs in Nevada and in the United States.

AVERAGE NURSING HOME COSTS PER DAY

Category	Low	High
Nevada	$83.33	$100.00
National Average	$109.00	$141.57
Source: NYLIFE Administration Corporation, Austin, Texas.		

Further, according to the data supplied by NYLIFE Administration Corporation, Austin, Texas:

- Of the 40 states that provided a low range for their cost data, 10 other states have lower costs than Nevada (29 states have higher low range costs).

- Of the 22 states that reported high range data, only one state (Arkansas) has lower nursing home costs than Nevada. In this category, Nevada shares a high range cost of $100 with three other states (North Dakota, South Dakota, and Tennessee).

Due to the cost of long-term care to the state's Medicaid program as well as to consumers, members of the committee discussed alternatives to this form of care, including relying on home health care and establishing a reimbursement system for other forms of care such as assisted living facilities. The following section describes issues relevant to the alternatives for long-term care in Nevada.

2. Home Health Care Industry

Testimony from the home health care industry suggested that Congressional changes in 1997 resulted in substantial revision in the payment rate structure for home health care agencies. These changes may have an impact on the care these agencies will be able to provide to consumers.

As background for this issue, data presented to the health care committee indicates that there are between 105 and 110 home health care agencies in Nevada. Further, members of the committee and presenters to the committee concurred that home health care services provide consumers with low-cost care. In addition, home care for people may result in faster recovery from their health-related problems.

Industry representatives asserted further that these Congressional changes will result in cost shifting in all sectors of the economy. The initial shift will occur to the states from the Federal Government and ultimately may result in an impact to the consumer in the form of higher insurance premiums and possibly higher taxes. The home health care industry relies on the federal

Medicare program for reimbursement; however, benefits have been reduced in addition to rates of payment. Consequently, clients and their families will be faced with increased out-of-pocket expenses for services that home health care agencies previously provided to them. Individuals needing home health care may be forced to turn to long-term, institutional care where the Medicaid program will pay for their care.

Testimony indicated that a person is eligible for long-term care from Medicaid only if his income is at or below 100 percent of the federal poverty level; however, if the person is in an institution that qualifies for Medicaid reimbursement, his income may be up to 300 percent of the federal poverty level. This system of eligibility has created incentives for people to "spend-down" their income to become eligible for services of the Medicaid program, which results in Congress being forced to develop solutions to these problems because they increase the expense of government programs.

Therefore, members of the committee ask members of the 70th Session of the Nevada Legislature to:

- **Provide, by concurrent resolution, that the Legislative Commission conduct an interim study to assess two items related to long-term care: (a) the feasibility of developing a demonstration waiver of certain federal requirements (similar to the Medicaid waiver in the State of Minnesota); and (b) to assess alternatives to long-term care. The waiver study should assess a system that combines and integrates Medicare acute care benefits with Medicaid's long-term care coverage, and it should analyze methods to minimize the need for the frail elderly to impoverish themselves as a condition of eligibility for long-term care benefits. The study of alternatives to long-term care should, among other things: (a) identify the alternatives to long-term care for individuals needing such care; (b) analyze the cost of each type of care; (c) discuss the advantages and disadvantages to the quality of life for patients in each type of facility; (d) identify the personnel requirements in each type of facility; and (e) determine feasible methods to fund care for individuals in each type of facility.** (BDR R-482)

And,

- **Adopt a resolution directing Nevada's Department of Human Resources to conduct a comprehensive evaluation of programs to promote aging in place for persons who are aged or disabled in Nevada. The evaluation must: (a) analyze the model that is the Program for All-Inclusive Care of the Elderly and establish a system that incorporates its principles for care of the elderly in the state. This recommendation does not require the department to pursue the model demonstration program administered by the Health Care Financing Administration; (b) consider methods for the department to equalize the payment structure for home health services between the Medicaid and Medicare programs to decrease any disincentive to provide home health services to the Medicaid population; and (c) consider the implications of including medical social work**

as a Medicaid benefit. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999. (BDR R-1130)

Additional recommendations addressing other topics that affect persons who are aged or disabled are included in the section of this report that discusses Medicaid.

3. Nursing Home Staffing, Training, and Quality of Care

In addition to developing solutions for problems facing the home health care industry, Nevada is confronted with a need to develop solutions for problems affecting the state's nursing home facilities. It appears that nursing homes in Nevada may have shortages in their lower level health care providers, which is aggravated by a reimbursement system that may create incentives for low wages. Further, in some circumstances nursing homes may not be compensated for the care they provide, and they struggle with a public perception that their facilities may provide inadequate care to consumers.

In response to testimony from people who represent the nursing home industry, members of the committee suggest that the 1999 Legislature:

- **Provide, by statute, that the Division of Health Care Financing and Policy, DHR, conduct a study of nursing facility staffing and reimbursement in relation to the federal "Resource Utilization Groups III" system and its effect on long-term care facilities that are impacted by this system. The results of the study should be reported to the Legislative Committee on Health Care, which may review the findings of the study and report its recommendation regarding such findings to the Interim Finance Committee.** (BDR S-486)

And,

- **Adopt a resolution encouraging the Division of Health Care Financing and Policy, DHR, to develop a "continuous quality improvement" approach to measure the well-being of long-term care patients, and to measure satisfaction with their care in nursing home facilities. The results of the assessment of the division should be reported to the Legislative Committee on Health Care, which may review the findings and report its recommendation regarding such findings to the Interim Finance Committee.** (BDR R-483)

In addition, the chairman of the committee was directed to send a letter to the division that expresses the intent of committee members in this regard.

Additionally, members recommend that the 1999 Legislature:

- **Adopt a resolution encouraging the Bureau of Licensure and Certification, Health Division, DHR, to publish, at least annually, nursing facility survey results in a format that allows members of the general public to determine the quality of care that a facility provides to its patients.** (BDR R-487)

Finally, although no recommendations for legislation resulted from the following items, representatives of the nursing home industry asserted that these issues are important in keeping down long-term care costs in the state and in ensuring high quality nursing home care.

Therefore, members of the health care committee encourage the administrator of the DHCFP, DHR, to:

- **Index, on a yearly basis, its health care facility provider reimbursement rates, and to make its annual budget estimates in accordance with the health care component of the consumer price index.**

And,

- **Review the allowable billing period for Medicaid providers to submit claims to determine whether the current billing period has an adverse effect on long-term care facilities. This review may include establishing a billing review system that prevents the division from immediately rejecting claims for minor or trivial omissions or errors made by long-term care providers in their federally required "3049 Authorization to Bill" forms. Further, the long-term care industry should document any problems in this area to determine the extent of denied claims.**

Finally, members express their support to:

- **The Bureau of Licensure and Certification, Health Division, DHR, to give preference in hiring of nursing facility surveyors to those that have professional long-term care giver experience. The bureau should be encouraged to establish this hiring practice for all nursing facility surveyors hired after July 1, 1999.**

4. Health Care Provider Issues Related to the Long-term Care Industry

This section of the report describes testimony members heard concerning certain health care provider training and future availability of such providers in the state as they may affect long-term care issues. This discussion included geriatric training for medical students and training of nurses to meet long-term care needs for the home health and nursing home industries.

Representatives of the University of Nevada School of Medicine (UNSOM) stated that the medical school has increased its training in geriatrics for its medical students. Further, a student in the school is required to spend time with a home health nurse to gain an understanding of the home care delivery system and of the needs of homebound elderly persons who may be located in isolated rural areas.

In terms of the availability and training of nurses, the executive director of the State Board of Nursing noted that there are six nursing schools that produce registered nurses and licensed practical nurses in Nevada. Approximately 238 nursing students were graduated from these programs by the end of calendar year 1997. In addition to these programs, there are two master's degree level family nurse practitioner programs, which are taught at the two universities in the state.

Further, there are 25 approved training sites for nursing assistants in the state that consist of a minimum of 75 hours of training and are offered by community colleges and in nursing home facilities. The number of nursing assistants that were produced in Nevada during Federal Fiscal Year 1997 is 795, and 245 nursing assistants were endorsed to Nevada from other states. These persons, known as "certified nurse assistants" or CNAs, provide the majority of care to residents of nursing homes in Nevada.

This testimony concluded with a summary of a Harvard University study that showed there is a potential for a nursing shortage in a 15- to 20-year period. This potential shortage will occur as a result of a large number of nurses who will retire at or around the same period of time.

It appears that nurses impact the Medicaid and Medicare system because, due to their training, they require higher levels of compensation than less skilled health care providers. Members of the committee dealt at length with methods by which to reduce the overall cost of an individual's care while ensuring that the person is given competent care.

As a result of this testimony, members of the committee ask members of the 1999 Legislature to:

- **Provide, by statute, that the Welfare Division, DHR, conduct a study of the feasibility of developing a certified nursing assistant (CNA) training program for recipients of the division's Temporary Assistance for Needy Families (TANF) program. The study, in cooperation with the Nevada Health Care Association, should assess the number of CNA slots needed in Nevada and whether TANF recipients have the skills to appropriately meet the CNA need for nursing homes. Further, the study should identify the necessity of child care for these CNA trainees, and it should identify methods to encourage nursing homes to provide child care for such personnel. Finally, the study should include an assessment of other personnel needs of nursing homes that might be filled by appropriately trained TANF recipients. The results of this study should be reported to the Legislative Committee on Health Care, which may review the findings**

of the study and report its recommendation regarding such findings to the Interim Finance Committee. (BDR S-491)

5. Other Care Facility Issue

Another issue that is related to facilities that provide care for people who are unable to afford standardized housing and who may have a minor level of dependence is "homes for individual residential care." These homes register with the Bureau of Licensure and Certification, Health Division, DHR, but the bureau does not have the authority to certify, license, or otherwise "approve" the homes as being adequate to meet a person's needs.

Therefore, the committee recommends that the 1999 Legislature:

- **Amend *Nevada Revised Statutes* (NRS) 449.0105, and NRS 449.249 through NRS 449.2496, inclusive, to delete the requirement that a home for individual residential care be permitted to register, and instead require that such a home be licensed as a medical or other related facility pursuant to this chapter.** (BDR 40-485)

6. Long-term Care Insurance

The final issue affecting long-term care in the state concerns the availability of long-term care insurance. This section provides background information about long-term care insurance and its benefits for the citizens and the state.

Testimony indicated that a person who has long-term care insurance is able to mitigate some of his expenses that are associated with meeting his long-term care needs. In particular, in Nevada, a growing number of senior citizens will be faced with the difficult decision of depleting their life savings and other assets so that they can access Medicaid coverage for their long-term care needs. Further, as was discussed earlier in this report, a considerable portion of the State's Medicaid budget is attributed to long-term care.

Members heard testimony that an individual facing the issue of financing a nursing home stay or needing health care in his home faces a number of toilsome decisions: (1) paying for expensive coverage by using up his life savings; (2) depleting assets he accumulated over a lifetime in order to qualify for Medicaid; or (3) divorcing one's spouse and "giving" him or her all of the assets to qualify for Medicaid and retain some semblance of his or her former life. Testimony further indicated that three out of five people, at some point in their lives, will need nursing or home health care services. According to representatives of NYLIFE Administration Corporation, although long-term care is primarily considered an issue for the elderly, 40 percent of the people who are accessing long-term care facilities are under 65 years of age.

Although long-term care policies are available through insurance companies, they are often expensive because people may not purchase such insurance until they are older when they are more

likely to need this type of coverage. At this point, the premiums for such policies increase due to underwriting standards and other insurance rating factors. In an attempt to assist in holding down the costs of long-term care insurance, discussions before the committee pertained to providing such insurance for public employees given that there are approximately 80,000 employees and 14,000 retirees in Nevada. If a decision is made to include this benefit as part of the overall employee compensation package, a significant part of the population in the state would be insured.

The executive director of the Retired Public Employees of Nevada (RPEN) explained to the committee that the concept of long-term care insurance was discussed before the committees that address health care and other issues during the 1997 Legislative Session because long-term care treatment is a significant issue for retirees. The executive director proposes reviewing the prospect of creating large self-insured groups rather than individual coverage in an effort to keep premiums at a minimum. Using California as an example, testimony indicated that the group members who elected the option of long-term care has grown from 15,000 members to 70,000, which had a dramatic impact on lowering the premiums those individuals paid. Further, approximately 15 states are expanding long-term care options for many of the reasons discussed before the committee.

Based on the testimony, members recommend that the 1999 Legislature:

- **Make an appropriation to the Committee on Benefits, Risk Management Division, Department of Administration, to purchase long-term care insurance coverage for current and retired state employees. Such coverage should include the following benefits:**

  - **Adult day care;**
  - **Alzheimer's disease and other organic brain disorders;**
  - **Bed holds for individuals in nursing homes (subject to limitation);**
  - **Care advisor coordination (subject to limitation);**
  - **Consumer choice of waiting periods;**
  - **Daily benefit amounts and policy maximums that are flexible;**
  - **Durable medical equipment (subject to limitation);**
  - **Home and community-based care that includes all levels of care;**
  - **Hospice care (subject to limitation);**
  - **Hospitalization not required to access benefits;**
  - **Inflation protection;**
  - **Informal care (subject to limitation);**
  - **No waiting periods or exclusions for preexisting conditions;**
  - **Nursing home coverage that includes all levels of care;**
  - **Policies that are guaranteed renewable for life;**
  - **Premiums that are waived under certain circumstances; and**
  - **Respite care (subject to limitation).**

For active employees, the plan will: (a) meet expenses up to $100 per day for nursing home, assisted living, or home care with no policy lifetime maximum and an elimination period of 90 days; (b) be guaranteed issue at standard rates for employees under age 65; and (c) be issued subject to underwriting approval at the appropriate rate class (preferred standard or two substandard classes) for employees 65 years of age and older. For retired employees between the ages of 65 and 85, the plan will: (a) meet expenses incurred for nursing home or assisted living for up to $100 per day; (b) meet expenses incurred for home care, up to $60 per day; (c) have a policy lifetime maximum benefit of $109,500 with an elimination period of 90 days; and (d) be issued subject to underwriting approval at the appropriate rate class (preferred standard or two substandard classes) for retired employees 65 years of age and older or affiliated persons.

Such coverage shall qualify as a long-term care insurance product that enables a consumer to benefit from the tax implications contained in the Health Insurance Portability and Accountability Act of 1996 (*Public Law* 104-191). This will be a one-time appropriation after which time the Committee on Benefits must establish the level of participation required by active and retired state employees, and employees of participating public agencies. (BDR 23-1131)

B. HOSPICE AND PAIN MANAGEMENT ISSUES

This section discusses issues affecting end-of-life care as provided through hospice facilities. Representatives of this industry asserted that current practices of pain management may not be used by medical practitioners for persons who are in the end stages of terminal illnesses.

Understanding that these issues are important to the state's citizens, members of the committee encourage:

- **(1) Health care provider training programs in Nevada to add pain management courses to their curricula; (2) physicians to routinely record pain intensity levels on patients' vital sign charts, when feasible; (3) physicians and other health care providers to make more frequent and earlier referrals to hospice care; (4) the Bureau of Licensure and Certification, Health Division, DHR, to eliminate impediments that inhibit the ability of organizations it regulates to deliver high quality hospice care in the home, and in home-like settings; and (5) a society that views death as part of life by educating the public about end-of-life decisions and creating a stronger awareness that all Nevadans have certain rights provided by law.**

C. PHYSICAL FITNESS TRAINING PROGRAM FOR SENIOR CITIZENS

The final issue concerning the overall health and well-being of senior citizens in Nevada relates to physical fitness training. According to a local coordinator for the American Association of

Retired Persons (AARP), resistance training for older adults benefits their health by preventing loss of bone density and muscle tissue. Further, combining aerobic exercise such as walking with weight training reduces the rate of illness in older persons, saves health care dollars, and decreases the likelihood of such persons requiring long-term nursing home care.

As a result of this testimony, the committee encourages the following entities to promote the benefits of a physical fitness training program for senior citizens. Further, members and licensees of these organizations should be made aware of this program with the assistance of the AARP:

- **(1) the Aging Services Division, DHR; (2) the Health Division, DHR; (3) the University and Community College System of Nevada; (4) the State Board of Medical Examiners; (5) the State Board of Nursing; (6) the State Board of Physical Therapy Examiners; (7) the Great Basin Primary Care Association; (8) the Nevada Association of Health Plans; (9) the Nevada Association of Hospitals and Health Systems; (10) the Nevada Health Care Association; (11) the Nevada Nurses Association; (12) the Nevada Rural Hospital Association; (13) the Nevada State Medical Association; and (14) the public.**

D. FEDERAL HEALTH CARE AND SOCIAL PROGRAM ISSUES

A number of recommendations were made by committee members to address federal health care and social program issues. State legislators are often called upon to resolve issues for the State's citizens when these individuals find themselves needing assistance from the multitude of federal social welfare programs.

1. Eligibility Determinations

To ease the burden on people who must negotiate complex eligibility determination systems or who must appeal adverse decisions that were made by program personnel, members of the committee directed the chairman to:

- **Send a letter to Nevada's Congressional Delegation asking these members to introduce and/or support federal legislation to expedite eligibility determinations for individuals who apply to federally-sponsored social welfare programs such as Medicare, Supplemental Security Income, and Social Security Disability Income. This action is needed to alleviate the financial, medical, and mental health burden on individuals who are waiting for benefits from these programs.**

2. Steroid Labeling

The committee received testimony from a representative of the Steroid Warning Network, which is located in Las Vegas, that steroids in prescription medications may cause permanent, life-threatening conditions for people. Further, consumers may be unaware of the potential side effects of steroids in eye drops, facial creams, injections, nasal sprays, skin ointments or other

types of drugs, and physicians and pharmacists may not inform the consumer of the potential for adverse reactions to these medications. Steroid-induced diseases may include arthritis, coronary artery disease, hypertension, myopathy (muscle disease or weakness), open-angled glaucoma, osteoporosis, premature menopause, secondary diabetes mellitus, or skin atrophy.

Based on this discussion, the committee recommended that the chairman:

- **Send a letter to Nevada's Congressional Delegation urging these members to introduce and/or support federal legislation that requires manufacturers of prescription drugs and pharmacists to label products, "STEROID," that contain any steroid ingredients. Also, a separate letter should be sent to the president and executive director of the Board of Medical Examiners and the State Board of Pharmacy urging them to promote public awareness of the adverse effects of steroids in prescription medications. This campaign should emphasize that physicians and pharmacists adhere to manufacturer's recommendations for precautions and testing with regard to individual products.**

E. MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM ISSUES

This section addresses a variety of issues affecting the Medicaid program as well as the state's CHIP. Further, because these issues are intertwined with each other, as well as the state's mandatory Medicaid managed care program, a number of recommendations that are included in this section may affect multiple programs.

1. Children's Health Insurance Program

At the first meeting of the committee, U.S. Senator Richard H. Bryan presented information describing the August 1997 enactment of the Balanced Budget Act, which created $24 billion in new federal funding for children's health care over the next five years. This funding is made possible by an increase in the tobacco excise tax to include a 10-cent per pack increase during the years 2000 and 2001, and a 15-cent per pack increase in the year 2002 and thereafter.

Senator Bryan explained that the federal CHIP will provide the nation and Nevada with the opportunity to address the increasing number of children who have no health care coverage. Approximately 10.3 million children nationally were uninsured during 1996, which was the highest level ever reported. Further, Nevada will receive approximately $149 million over a five-year period if the state maximizes the full Congressional allocation.

Senator Bryan noted that the U.S. Congress has included provisions in the program to try to eliminate the possibility of the states using the money for other purposes. The funding must be used for families with incomes below 200 percent of the poverty level (below an annual income of $32,100 for a family of four). He explained that states will have the following three options to provide health care services to children through the federal funding allotment:

- Expand Medicaid coverage under enhanced Medicaid matching rates;

- Create or expand separate children's health insurance programs; or

- Use a combination of the two options listed above.

In Nevada, the state will implement the CHIP with a program titled "Nevada Check-Up," which will be administered by the DHCFP, DHR. In Clark and Washoe Counties, this program will use the networks of health maintenance organizations that choose to provide services. In other areas of the State, health care practitioners who provide services in Medicaid also will be eligible to provide health care to persons eligible for Nevada Check-Up. The program will charge premiums that are based on a sliding fee scale to eligible Nevada families, and it will mirror the health care benefits package of the Medicaid program.

This topic received extensive deliberation before the committee, and the following recommendations were made to increase the coordination between the state's existing Medicaid program and to provide additional guidance to staff of the DHR in the administration of Nevada Check-Up.

The committee recommends that the 1999 Legislature:

- **Provide, within statute, that the Division of Health Care Financing and Policy, DHR, develop a single application to determine eligibility for the Medicaid and Nevada Check-Up programs. Additionally, the division should permit a worker who makes determinations for Medicaid eligibility to determine a person's eligibility for the Nevada Check-Up program. This legislation should be effective as of July 1, 1999.** (BDR 38-498)

- **Provide, by statute, that the Department of Human Resources be prohibited from requiring that the personal assets of a person applying to the Child Health Assurance Program (CHAP), Nevada Medicaid, be used to determine such person's eligibility for the program.** (BDR 38-489)

- **Adopt a resolution directing the Department of Human Resources to contract with community-based organizations and essential community providers, as determined by the Department of Human Resources, for certain eligibility and outreach services in Nevada Check-Up, the children's health insurance program in the State. Criteria that is developed for the contractors should take into account: (a) the historical relationships that have been established with low-income families by these community-based organizations and essential community providers; (b) the strengths of the particular organizations or providers; and (c) the client demographics that determine whether outreach activities are appropriate in a particular area. Such contracts may be used for: (a) hiring full-time or part-time eligibility and outreach intake staff to work with**

families who potentially may be eligible for Nevada Check-Up, the children's health insurance program in the State; (b) funding to permit the agency to hire and train indigenous outreach workers who are paid by the hour to conduct specifically targeted outreach efforts in communities; (c) an administrative fee of $25 for each child who is successfully enrolled in Nevada Check-Up paid to essential community providers; and (d) an administrative fee of $25 for each child who is successfully enrolled in Nevada Check-Up paid to an agency, to use at its discretion, and to train volunteers to conduct limited outreach activities at locations the organizations or providers have designated that permit access to low-income families. (BDR R-1133)

- Adopt a resolution that directs the Department of Human Resources to access the maximum amount of one-time funding at the enhanced federal financial participation rate of 90 percent, which is available to the state to complement the federal Temporary Assistance for Needy Families program. The funding should take the form of grants to community-based organizations. Such organizations will be required to submit plans designating their outreach strategies for persons who are no longer receiving Temporary Assistance for Needy Families cash assistance and others who potentially may be eligible to enable them to maintain Medicaid coverage for themselves and their children. (BDR R-1134)

- Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, facilitate the enrollment of Native American children in Nevada Check-Up by using tribal or other organizations that work collaboratively with Nevada tribes. Upon the qualification of eligible children, such children should be enrolled immediately, and Indian Health Service and tribal health clinics should be included in the provider networks that deliver services to these children. Further, amend Chapter 233A of NRS to create a Nevada Check-Up Indian Advisory Council as a subcommittee of the Nevada Indian Commission. The subcommittee will make recommendations to the commission, and the commission is required to take action on such recommendations by either approving or disapproving them. Upon approval of the recommendations, the commission shall advise the division of its concerns and offer solutions to resolve such issues related to Nevada Check-Up. The Advisory Council will consist of three members who are appointed by the commission. The appointed members need not be members of the commission. Members who serve on the Advisory Council serve without compensation, and the council should meet at least one time each year. (BDR 38-495)

Further, committee members:

- Express their support to the Division of Health Care Financing and Policy, Department of Human Resources, to permit automatic enrollment in Nevada Check-Up, if the family applies to the program and pays the necessary fees, for all children who are

eligible for the Women, Infants and Children program, within the restrictions of relevant federal guidelines.

- **Express their support for the Department of Human Resources to coordinate program resources in the department for children with chronic and disabling conditions. Such coordination would be helpful for children who have a need for program services that are beyond those offered in the Nevada Check-Up program, which is administered by the Division of Health Care Financing and Policy, DHR.**

And,

- **Express their support for the Department of Human Resources to access the maximum amount of funding available to the state through the federal Temporary Assistance for Needy Families program to conduct its enrollment and outreach efforts for Nevada Check-Up, the children's health insurance program in the state, if such funding becomes available from the Federal Government.**

- **Express their support for the Department of Human Resources to implement the Quality Assurance Measures for Children with Special Health Care Needs of the federal Maternal and Child Health Bureau in the Medicaid and Nevada Check-Up managed care programs, which are administered by the Division of Health Care Financing and Policy, DHR.**

2. Medicaid Issues

The state's Medicaid program continually receives attention from advocates, citizens, and legislators. This interim period was no exception. Some of the major issues affecting this program included the implementation of a mandatory managed care program for Medicaid participants, the need for comprehensive evaluation and quality assurance in the program, the desire to expand services to persons in Nevada who qualify for Medicaid health care benefits but who have not applied to the program, expanding eligibility for persons who are aged or disabled, and protecting the viability of "essential community providers" in managed care environments.

a. *Eligibility Concerns and Outstationing of Medicaid Workers*

This section discusses concerns by community health clinics regarding Medicaid eligibility determinations and outstationing Medicaid workers at such facilities. The information used for this section was derived from written comments that were submitted to supplement this recommendation.

The members of the Great Basin Primary Care Association include federally qualified health centers (FQHCs) and community and tribal health clinics. According to the executive director of the association, of the four FQHCs in the state (with sites in Amargosa Valley, Austin, Beatty,

Carson City, Eureka, Gerlach, Jackpot, Las Vegas, and Reno), only one health center has an outstationed Medicaid eligibility worker.

Although the need for workers varies at the different sites, all sites have some need. Therefore, the executive director asserts that these clinics should have formal arrangements, agreements, or contracts with the state Medicaid agency, which is the DHCFP, DHR. Two possible outcomes would be satisfactory for this proposal: (1) train clinic employees to perform Medicaid eligibility intake for processing, approval, and enrollment of Medicaid recipients; or (2) place, on a regular basis, DHCFP employees in the clinic settings to perform these determinations.

Further, the executive director asserted that personnel at Health Access Washoe County in Reno worked with the Welfare Division, DHR (whose staff conduct Medicaid eligibility enrollment determinations), in preparation for a Medicaid worker to be placed there. The clinic provided the required computer and other supplies and was told that a half-time Medicaid eligibility worker would be placed in the clinic by mid-February 1998. As of December 8, 1998, a Medicaid eligibility worker has not been placed at this health center.

The Jackpot site is in desperate need of on-site assistance for Medicaid eligibility intake training and eligibility determinations. Located approximately 90 minutes from Elko, potential Medicaid beneficiaries must arrange transportation to and from Elko (with Jackpot and Elko in different time zones) to seek enrollment. This is a barrier to access and violates the spirit of federal Medicaid law.

In addition, it appears that:

- Outstationed eligibility workers are needed on a full-time basis in Las Vegas, and with increased caseloads, may be needed in Reno as well.

- Carson City's growing caseload requires examination and determination of its need for a half-to full-time Medicaid eligibility worker on site.

- At a minimum, each clinic would benefit by having trained staff whose time is spent assisting clients in completing Medicaid applications and forwarding those applications to the state agency responsible for eligibility determinations. Further, according to the executive director, the clinic should be compensated by the Medicaid program for this required activity.

Although Nevada's disproportionate share hospitals already have Medicaid eligibility workers on site, they are included in this recommendation due to their inclusion in the law governing this issue.

Summarizing this topic, although the Welfare Division has indicated a willingness to work with this health care association in adhering to federal law, the executive director alleges that it has sent

inconsistent messages to provider clinics. Further, the division has placed the "onus on the clinics to 'prove' they have a need" for eligibility workers, and finally, the executive director asserts that "this should be more of a cooperative endeavor."

Therefore, based on these issues, members of the committee ask the 1999 Legislature to:

- **Adopt a resolution directing the Department of Human Resources to comply with the Omnibus Budget Reconciliation Act of 1990, Section 1902(a)(55) of the Social Security Act, *Public Law* 101-508. Such compliance should include: (1) placing Medicaid eligibility workers at all federally qualified health centers and disproportionate share hospitals in the State; or (2) ensuring that appropriate staff at federally qualified health centers and disproportionate share hospitals are trained to perform Medicaid intake and that the health center or hospital is compensated by the department for the amount of time its staff spends conducting eligibility intake activities for the Medicaid program.** (BDR R-1132)

Two issues that continually receive attention before the health care committee and sessions of the Legislature include the "medically needy" program and "presumptive eligibility." Members recommended studies to assess these issues.

b. *Medically Needy*

The committee received a written recommendation to adopt a "medically needy" program in Nevada. This option is one method by which to offer Medicaid services, the other being "categorically needy," which is how Nevada's program is administered. Given the expense of adopting a medically needy level of eligibility, a suggestion was made to look at an incremental approach to this program. Discussion indicated that if the expense of this program was the primary concern of the Legislature, the state should look at other methods to achieve the goals of this program, which are to expand Medicaid eligibility to people who are not eligible for the program in one of the categories that are currently available. For example, the state might begin by covering the disabled during their two-year waiting period for Medicare.

Upon this suggestion, the administrator of the State's Medicaid program asserted federal rules might prohibit this approach unless a "waiver" was approved by the Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services (DHHS).

Based on these concerns, the committee recommends that the 1999 Legislature:

- **Provide, by statute, that the Division of Health Care Financing and Policy, DHR, conduct a study of the advantages, disadvantages, cost, personnel, and financial arrangements that are needed for the state to adopt the federal option in Title XIX of the Social Security Act providing Medicaid coverage to individuals who are considered "medically needy" pursuant to the federal definition of this term. Among other things,**

the study should assess an incremental approach to this program by targeting persons who are disabled and who must wait for two years before they are eligible for Medicare coverage. The results of this study should be reported to the Legislative Committee on Health Care, which may review the study and report its recommendation regarding the study findings to the Interim Finance Committee. (BDR S-488)

c. *Presumptive Eligibility*

"Presumptive eligibility" is a process by which an individual is deemed eligible for Medicaid benefits based on an initial screening by the health care provider at the time that individual requires service. The following section describes this concept and discusses issues that are relevant to it.

A Medicaid program that uses a presumptive eligibility process faces the following issues:

- Individuals can be determined to be eligible for services received up to three months prior to their enrollment application for Medicaid;

- Eligibility granted in this manner protects health care providers and offers assurance that they will receive payment for their services;

- Significant program costs and changes are involved for a presumptive eligibility system; and

- For a number of years, presumptive eligibility has been available under Medicaid only for pregnant women. In 1997, the regulations were broadened to also include children covered by Medicaid.

Members of the committee sought to establish a presumptive eligibility determination in the Nevada Check-Up program as well as in the Medicaid program; however, testimony indicated that this may not be possible for the Nevada Check-Up program.

Based on the preceding testimony, the committee suggests that the 1999 Legislature:

- **Provide, by statute, that the Division of Health Care Financing and Policy, Department of Human Resources, conduct a study of the advantages, disadvantages, cost, and personnel needed to adopt the federal option in Title XIX of the Social Security Act, which grants presumptive eligibility to pregnant women and children. The study will assess the feasibility of presumptive eligibility determinations in both Medicaid and Nevada Check-Up. The results of this study should be reported to the Legislative Committee on Health Care, which may review the study and report its recommendation regarding the study findings to the Interim Finance Committee.** (BDR S-490)

3. Issues Affecting Persons Who Are Aged or Disabled

The chairman appointed a Subcommittee of the Legislative Committee on Health Care to Address Medicaid and Other Issues for Persons Who Are Aged or Disabled. This subcommittee was instrumental in the committee adopting recommendations concerning personal care services, Medicaid waiver services, changing eligibility levels in Medicaid, and encouraging alternative living arrangements in Medicaid programs.

a. *Personal Care Services*

Members of the subcommittee heard testimony that, in the past, the Nevada Legislature has recognized the need to promote services that lead to self-sufficiency for its aged and disabled residents. This philosophy is evidenced by the approval, in 1993, of Senate Concurrent Resolution No. 17 (File No. 160, *Statutes of Nevada 1993*), which created the Interim Legislative Task Force on Personal Assistant Services.

Further, numerous consumers testified to the subcommittee that:

- The cost to maintain personal care services, on a limited income, is prohibitive for some persons who would prefer to live at home rather than in a nursing home facility or other group care facility;

- Such services provide a higher quality of life for them, increase their independence, and allow them to be contributing members of society; and

- Although personal assistance services are a Medicaid benefit, they have difficulty getting these services paid through the Medicaid program at a level that will adequately allow these consumers to maintain an independent standard of living at home.

Further, consumers allege that staff, rules, and policies of the Medicaid agency are not supportive of individuals who express a desire to use personal care services, or staff does not inform Medicaid recipients of their ability to use personal care services in lieu of being placed or maintained in a long-term care facility. In addition, a number of problems exist in the current program that act as barriers to usage of the program, including:

- Low reimbursement rates to personal care attendants;

- High rates for personal care attendants to purchase workers' compensation insurance;

- An inadequate backup system in the event an attendant is unable to attend work on a given day;

- A high turnover rate of attendants; and

- Little, if any, support by the State of Nevada to recruit and retain attendants for persons who are disabled.

As residents of the state continue to pursue more flexibility in personal care assistant (PCA) programs, the HCFA is revising its approach to the issue as well. Documents submitted to the subcommittee indicate that the HCFA has recognized the compelling need to reduce institutional bias in Medicaid long-term care spending and service delivery. It has established a work group with the goal of promoting home and community-based care, with a particular emphasis on consumer-directed services. Further, clarification is forthcoming from the HCFA to the states to define personal care services in terms of "Activities of Daily Living" and "Instrumental Activities of Daily Living." This clarification and subsequent attention to the issue will grant states the authority to provide personal care services that go beyond physical tasks to include assistance with cognitive tasks as well as services to prevent an individual from harming himself. Finally, the HCFA will provide payment for housekeeping, chore, and domestic services performed under the personal care state plan option when those services are incidental to the provision of personal care services.

Supplementing the developments at the HCFA, the National Conference of State Legislatures (NCSL) reports that states, given the high cost of long-term care, are increasingly searching for ways to forestall the need for institutional care of the elderly. In 1996, the state Medicaid program paid for 62 percent of long-term care in inpatient facilities and spent $62.5 million on over 900,000 days of nursing home care, with 82 percent of these costs attributable to the aged, and 17 percent of these costs attributed to persons who are disabled.

Finally, although members of the committee support the efforts of advocates and consumers to increase access to PCA services, discrepancies exist between state-employed persons, certified nursing assistants, and personal care attendants who provide certain home-based services in terms of wages paid, duties, and responsibilities of each, and certification and training of these providers. Testimony received by the committee indicated that the private sector may be willing to meet the needs of persons who are disabled by establishing agencies to provide personal care services if they are allowed to compete on an equal basis with other entities, including the State of Nevada.

Consequently, the committee recommends that the 1999 Nevada Legislature:

- **Adopt a resolution that directs Nevada's Department of Human Resources to fully utilize personal care services for persons who receive Medicaid services, including the disabled. The resolution will: (1) stress the importance of providing services to a person in his home and in the community; (2) direct the department to develop a "client driven" approach to care for individuals who are disabled and using Medicaid services; (3) strongly encourage the department to promote personal care services for individuals as an alternative to hospitals and nursing homes, whenever feasible; (4) direct the department to develop solutions for the industrial insurance problem for**

individuals who act as personal care attendants; (5) encourage the department to develop contract penalties for individuals and agencies that provide personal care attendant services and who fail to uphold the terms of their contracts; (6) direct the department to equalize the care and payment rates provided by personal care attendants and other noncertified or nonlicensed personnel with that of certified nursing assistants, including homemakers, to encourage private sector provision of such home delivered services; (7) encourage the department to decrease its reliance on providing state-supported staff to provide any type of home delivered service for individuals in the State; (8) direct the department to use the criteria established in *Nevada Revised Statutes* 629.091 to recognize when a person is capable of providing personal assistant services and prohibit the department from establishing more stringent qualifications for a person to perform such services; and (9) direct the department to submit a budget to the following session of the Nevada Legislature that supports personal care services. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999. (BDR R-1125)

b. *Medicaid Waiver Services*

This section describes deliberations and testimony concerning Medicaid waiver services. It concludes with recommendations that were adopted by members of the committee.

According to the NCSL in its publication, the *Medicaid Survival Kit* (1996), in addition to the normal mandatory and optional services covered by Medicaid:

> . . . states may receive permission from the secretary of the [U.S.] Department of Health and Human Services to cover nonmedical services under Medicaid home- and community-based care waivers, also known as 1915(c) waivers. Among the social and support services that may be covered under a waiver are the following: case management; homemaker services; home health aid services; personal care; adult day health; habilitation services; respite care; home modifications; nonmedical transportation; nutrition counseling; and congregate or home-delivered meals. (Pages 4-9 through 4-12.)

Further, in 1995, 19 percent of Medicaid long-term care expenditures paid for these services. The NCSL reports that Nevada spent 59.4 percent of its Medicaid long-term care dollars on skilled nursing, intermediate care facilities, and other such facilities; 16.6 percent on intermediate care facilities for the mentally retarded; 13.9 percent on mental health; and 10.1 percent on home health.

The National Association of State Medicaid Directors in a July (year is not available) issue of *W-Memo* reports that waivers are:

> . . . tools used by states to obtain Federal Medicaid matching funds to provide long-term care to patients in settings other than institutions. Waivers must be approved by the Health Care Financing Administration and are good for three years, after which they may be renewed every five years.

Four separate home- and community-based waivers operate in Nevada. They each have the same general purpose of allowing for a greater degree of independence for individuals who might otherwise be in nursing facilities. These waivers are:

- One for the physically disabled to allow these individuals to live in the community;
- Another for the elderly, which is similar to the one for the disabled;
- A third for the elderly and disabled both to live in group care homes as an alternative to nursing facilities; and
- One specifically for individuals who would otherwise be in an intermediate care facility for the mentally retarded (ICFMR).

The waiver for the elderly is referred to as the Community Home-Based Initiatives Program (CHIP), and it is operated through the Aging Services Division, DHR, which provides homemaker and related services to individuals who would otherwise be at risk of being in a nursing facility. According to information provided by the DHCFP, DHR, in a November 21, 1997, memorandum, in Nevada in calendar year 1997, the waiver for the physically disabled cost Nevada Medicaid $107,927; the waiver for the elderly to reside in their own homes cost the program $5,042,555 in Fiscal Year 1998; the group care waiver, $384,440 for the 1998 Fiscal Year; and the waiver for persons with mental retardation, $9,491,499.

Additional testimony on this issue from the administrator of the DHCFP, DHR, asserts that there is a dichotomy in federal law and the state approach. The concept of waivers is that they will always be at least cost-neutral, or save money on the basis that the state would otherwise have to make payments to nursing facilities for the full cost of a person's care. However, most individuals that apply for waiver services would rather remain independent and not live in a nursing facility even though they are eligible for nursing home care and Medicaid benefits as a result of being in an institution. The administrator advised that the waivers enable some people to delay going into nursing facilities, and a few actually are taken out of nursing facilities and put onto waivers.

Documentation from the DHCFP, DHR, indicated that, as of September 2, 1998, there were 107 individuals on the waiver for persons with physical disabilities; an additional 162 have expressed an interest in being on the waiver. Of those 162, a determination has not been made

as to their eligibility for the waiver. Further, history has shown once slots open, approximately one in three individuals waiting for waivers is determined to be eligible. Testimony indicated that over the last year, 15 individuals have come off the waiting list and gone onto the waiver program. The actual waiting time is approximately one and one-half to two years. Due to the long waiting period, some people choose to go into a nursing facility, which causes them a loss of independence that is difficult for them to regain.

Further, the CHIP waiver for the elderly had approximately 745 individuals on the program with a waiting list of approximately 700. Due to the rapid growth in southern Nevada and a lack of proportionate growth in the number of case managers, there is a six-month waiting period to obtain waiver services versus a two- to three-month waiting period for the remainder of the state. The administrator advised that the issue of providing more case managers has been addressed through the budget.

For both the physically disabled and the CHIP waiver, testimony illustrated that there is a cost savings to the extent that a person is prevented from moving into a nursing home facility. Therefore, the administrator of the DHCFP, DHR, asserted that one goal of the division is to spend additional money up-front to enhance its independent living operations to save money in the future.

In terms of the other waivers:

- There were 55 individuals currently receiving services from the group care waiver, with no waiting list; and

- There were 694 individuals on the waiver program for persons with mental retardation (MR) and related conditions with a waiting list of approximately 130 people. (It appears that this waiting list is budget-driven through the Mental Hygiene and Mental Retardation Division, DHR.)

Testimony illustrated that approximately 1,500 individuals were covered under all the state's waivers. The greatest need for addressing the waiting lists is in the area of people with physical disabilities, which is a major focus of the budget proposed by the DHCFP, DHR.

Finally, testimony indicated that, in general, the services provided by the waiver programs are fairly standard, including personal care services and case management. The CHIP program includes certain related services such as day care, homemaker, some respite, and chore services. A personal emergency response system is common for all the programs. In the area of MR and related conditions, the DHCFP has been more expansive in allowing for alternative supported living arrangements. The MR waiver also includes additional state plan services such as dental care, however the Medicaid State Plan for adults only covers dental services on an emergency basis; preventative dental care is not covered. The DHCFP administrator stated that an expanded dental program would enable mentally retarded persons to live more independently once they leave

an ICFMR. Further, dental services would benefit the elderly and disabled as well, but these services would not afford them greater independence.

Concluding testimony on this issue, the DHCFP administrator stated that as waivers are expanded, there will be greater demand for homemakers, personal care assistants, and so forth, to provide these services. In efforts by the division to increase salaries for these service providers, staff will need to monitor the cost of providing services that enable individuals to live independently to ensure it does not exceed the costs of institutional care.

Supplementing the testimony of the administrator of the DHCFP, the administrator of the Aging Services Division, DHR, proposed, as a solution to the problem of too few case managers to process waiver applications, the addition of "program assistants." Testimony indicated that currently, each case manager in the Aging Services Division is assigned 44 cases. This is an increase of four cases per manager from the last biennium. In the opinion of the administrator, the division can increase that number to 50 cases per case manager with program assistants to handle the paperwork.

Based on this testimony, members of the committee ask the Legislature to:

- **Adopt a resolution that directs Nevada's Department of Human Resources to increase access to and flexibility in its Medicaid waiver programs. The department should: (1) take efforts to eliminate waiting lists in waiver programs; (2) streamline the process of determining eligibility for waiver services; and (3) conduct regular evaluations to assess the satisfaction of clients who apply to waiver programs and who receive waiver services. The department shall report its progress quarterly in a written report to the chairman of the Legislative Committee on Health Care beginning September 1, 1999.** (BDR R-1127)

c. *Changing the Eligibility Level of Medicaid to 250 Percent of the Federal Poverty Level*

The subcommittee heard testimony that changing the eligibility level in Medicaid to 250 percent of the federal poverty level would allow persons to access Medicaid services while they are awaiting eligibility for Medicare. This option has been made available to states through the Balanced Budget Act of 1997. Currently, an individual who qualifies for Medicare due to his disability, must wait two years before he is able to receive health care coverage from this program. Further, because of Nevada's categorically needy Medicaid model, some persons who are disabled are not eligible for benefits if they exceed the program's income limitations. People may be denied Medicaid's health benefits for being "over income" by any amount.

Therefore, members of the committee ask members of the Legislature to:

- **Adopt a resolution that directs the Department of Human Resources to adopt the option in the Balanced Budget Act of 1997 to increase the income eligibility level for certain Medicaid applicants to 250 percent of the federal poverty level.** (BDR 38-1128)

d. *Alternative Living Arrangements*

The subcommittee heard testimony that other states are finding ways to allow persons who have Medicaid to receive placements in "assisted living facilities." Additional concerns indicated that, although these facilities may not be regulated as group homes in the State, they may meet essential needs for persons who require residential care but who have a level of care that does not require much personal assistance.

As a result of this testimony, the 1999 Legislature is asked to:

- **Adopt a resolution that directs the Department of Human Resources to permit an individual who is eligible for Medicaid and Medicaid waiver services to be placed in an assisted living facility when circumstances warrant such a placement. Further, the department must develop regulations, if feasible, to allow a facility that is not currently regulated in the state to participate as a Medicaid provider within the parameters of available options to do so as developed by the Health Care Financing Administration, United States Department of Health and Human Services.** (BDR R-1137)

e. *Establishing a Medicaid "Buy-in" Program*

Testimony was received by a representative of a Medicaid "buy-in" program in Massachusetts. This testimony indicated that the state has been able to increase the quality of life of persons who are disabled and receiving Medicaid by allowing these individuals to "buy-in" to the Medicaid program by paying premiums that are charged on a sliding fee scale. Individuals are able to retain access to essential health care and increase their disposable income thereby alleviating some of the income maintenance burden that is often placed on government budgets. Testimony illustrated that this program is a "win-win" for all parties because states are able to structure the program so it remains cost neutral.

Therefore, members of the committee ask the Legislature to:

- **Adopt a resolution directing the Department of Human Resources to establish a Medicaid buy-in program in Nevada for individuals who currently meet the eligibility requirements of Medicaid and who become employed while receiving Medicaid benefits. The buy-in program must: (1) use a sliding-fee scale to determine the premium payment for each person who chooses to pay into the program; and (2) be cost neutral to the Medicaid budget.** (BDR 38-1129)

4. Study Items

In addition to the studies that were recommended in preceding text, other study items were recommended by committee members. Two key themes in these studies are to assess the quality of care provided to recipients of services from certain publicly funded programs. A secondary goal of these recommendations that address quality assessments is to enable the DHR to evaluate the programs that it administers.

Based on their discussions, members of the health care committee ask the 1999 Legislature to:

- **Provide, by concurrent resolution, that the Legislative Commission conduct an interim study of Medicaid managed care, including CHAP participants. The study must include an assessment of the impact upon recipients of the program for TANF. Also, the study should address, among other things: (a) the quality of health care provided to participants; (b) whether participants were able to access specialist providers and, if so, if patients were seen in a timely fashion; (c) whether participants were required to visit health care providers that were located in their immediate geographic areas; (d) whether participants were able to receive prescription medications in a timely fashion; (e) whether participant complaints were resolved, and in what fashion they were resolved; (f) whether the Division of Health Care Financing and Policy, DHR, has conducted a timely analysis of its utilization data, including whether essential community providers are being harmed by the shift to managed care; and (g) any other criteria that should enable the Legislature to determine whether the managed care program is appropriately serving participants and is permitting the state to adequately control the Medicaid budget. Finally, as part of the study, the interim committee must define "essential community provider."** (BDR R-493)

- **Appropriate funds to the Legislative Committee on Health Care for a consultant to conduct a feasibility study to determine whether Nevada's Department of Human Resources could implement a cost-efficient evaluation of the quality of care it delivers to Medicaid recipients who are not in a managed care program. The study will: (a) assess methods to produce regular evaluations of quality assurance; (b) consider available evaluation tools in both the public and private sectors to assess the satisfaction of services delivered in Medicaid to persons who are aged and/or disabled; (c) consider existing data requirements of health care providers, licensed health care facilities, and managed care organizations in the current delivery system; and (d) make recommendations that will improve the ability of the department to conduct regular evaluations. The consultant shall report his progress in both a verbal and written report at each meeting of the Legislative Committee on Health Care, and he shall complete his findings by June 1, 2000.** (BDR S-1126)

Finally, in coordination with these study recommendations, members of the committee urge the chairman and members of the "money" committees to:

- **Support the efforts of the Division of Health Care Financing and Policy, DHR, for a sufficient number of technical consultants (or agency staff), and adequate computer hardware and software systems that will enable the division to perform timely analysis of encounter data for its managed care programs. Analysis of encounter data will enable the division to determine whether its health care programs are being utilized in an efficient and effective manner.**

5. Medicaid Managed Care

Reiterating the introductory sections of this report, Section 85 of Senate Bill 427 requires the health care committee to submit quarterly reports to the Interim Finance Committee concerning the progress of the committee's study and its recommendations for establishing a mandatory Medicaid managed care program. This section summarizes some of the discussion before the committee concerning mandatory Medicaid managed care, and it concludes with significant recommendations adopted by members of the committee.

In written reports provided to the committee, the DHCFP states that the mandatory program will be effective as of December 1, 1998. Further, based on discussions before both the full committee and subcommittees:

- Individuals who are aged or disabled will not be placed in a mandatory program, nor does the department have any plans to pursue this policy in the future.

- The state plan amendment for mandatory Medicaid managed care was filed with the HCFA, on July 31, 1998, and the amendment was approved in October 1998.

- The mandatory service area includes Clark County only, with an estimated Medicaid population in this area of 46,500 persons.

- Washoe County will remain as a voluntary managed care area because Nevada Health Solutions is the only health maintenance organization under contract in this area.

- Dental services will not be provided by the managed care organizations that provide Medicaid services. They will be "carved out" as a separate service.

In addition to other recommendations for legislation that are included elsewhere in this report, members of the committee directed the chairman to:

- **Send a letter expressing the support of the committee that the Division of Health Care Financing and Policy, DHR, adopt automatic assignment procedures for individuals who**

do not select a Medicaid managed care plan. The procedure should take into account the health care providers that have traditionally served such individuals.

F. GENERAL HEALTH RELATED ISSUES

The committee considered other issues that generally affect the provision of health care services in Nevada. These topics included an analysis of the effects of diabetes on the State's citizens, access to a health insurance ombudsman system, and streamlining health care for persons who are members of minority groups in the State.

1. Diabetes

The committee received extensive testimony regarding the incidence of diabetes in Nevada. This section discusses an overview of and the epidemiology associated with this disease. It concludes with recommendations that resulted from this discussion.

According to the State Epidemiologist, Bureau of Disease Control and Intervention Services, Health Division, DHR, diabetes is a group of conditions whereby there is a defect in the body's production of insulin, the inability to utilize insulin produced, or both. The result is high glucose, or sugar in the blood.

There are four main types of diabetes:

- Type 1 diabetes, which is also known as juvenile onset diabetes or insulin-dependent diabetes, which accounts for approximately 5 to 10 percent of cases in Nevada.

- Type 2 diabetes is the most common category of the disease, and it also is known as adult or maturity onset diabetes. This type of diabetes is noninsulin dependent and accounts for 90 to 95 percent of instances of the illness.

- The third category is gestational diabetes, which develops in approximately 2 to 5 percent of pregnancies. The disease generally disappears when the pregnancy is over, although it commonly leaves a risk factor for later development of Type 2 diabetes in the mother.

- The fourth type of diabetes, which accounts for 1 to 2 percent of cases, is termed secondary diabetes. This diabetic condition may be the consequence of factors such as certain drugs, infectious diseases, or surgery.

Focusing on Type 2 diabetes, the State Epidemiologist noted that patients generally do not have control over the risk factors for diabetes, which include ethnicity, family history or previous history of gestational diabetes, and advanced age. Further, physical inactivity and obesity are factors that may contribute to the risk of diabetes, and these are some of the factors that a person may control.

Complications from diabetes may exacerbate other illnesses. It was noted that the death rate is two to four times higher for diabetic patients who have heart disease, and they have two to four times higher risk of a stroke. Further 60 to 65 percent of diabetics have high blood pressure, which is an independent risk factor for heart disease and strokes. Testimony indicated that nationally, there are between 12,000 and 24,000 new occurrences of blindness due to diabetes; that approximately 40 percent of new cases of "end-stage renal" disease are in diabetic patients; and that 60 to 70 percent of diabetics have some degree of nerve damage with more serious cases resulting in amputation of the lower extremities. Finally, 50 percent of lower extremity amputations involve diabetics, and persons with diabetes exhibit lower resistence to infectious diseases, such as influenza and pneumonia.

Although there have been problems in detailing the number of diabetics specific to Nevada, estimates from the Centers for Disease Control (CDC), U.S. DHHS, indicated that, in 1994, Nevada had approximately 41,655 adults with diagnosed diabetes, and an additional 32,000 adults that had not been diagnosed (but were diabetic). At the same time, there were an additional 315,000 adults estimated with substantial risk factors for diabetes, 10 percent of which more than likely already had the disease but were undiagnosed. The remaining number were at a high risk of developing the disease. Further, the CDC estimates that for 1994, the combination of direct medical care and indirect costs, such as lost productivity and premature mortality, totaled $567 million for Nevada.

Concluding, the State Epidemiologist stated that the public health strategy to reduce these associated costs in Nevada is to focus on the burden of diabetes by addressing the complications caused by the disease. Further, there is a need to establish complete, current, and Nevada-specific background of data to better understand the impact on the state's citizens.

Supplementing the testimony of the epidemiologist, a physician with the Department of Pediatrics, UNSOM, emphasized the importance of testing children for diabetes. He pointed out that Type 1 diabetes begins during childhood and can also be detected during that time. Further, he stated that health insurance policies may not include coverage for diabetes testing, although insurance provisions must now cover treatment of the disease.

Additional testimony summarized state legislation adopted in 1997 that resulted in a policy that "filled a basic gap" for diabetics who are fortunate enough to have insurance by clearly defining the baseline of coverage. Additionally, the HCFA is in the process of drafting and adopting regulations regarding diabetic supplies and treatment for Medicare beneficiaries. However, issues raised since the passage of this legislation illustrate the complexity of the system whereby multiple levels of government are needed to address the problems of a single disease.

Based on this discussion, members asked the chairman to:

- **Send a letter urging Nevada's Congressional Delegation to encourage the administrator of the Health Care Financing Administration, United States Department of Health and**

Human Services, to expedite the adoption of regulations relating to Medicare and the coverage of diabetes.

2. Diabetes and Children

Complementing the general discussion of diabetes issues, another physician with the Department of Pediatrics, UNSOM, testified that, as a pediatric endocrinologist, he cares for children with complex genetic problems as well as children who are survivors of childhood cancer. He emphasized that Type 2 diabetes has increased in recent years and statistics indicate that the current number of cases of pediatric diabetics is at epidemic proportions.

Further, an important aspect of the care of Type 2 diabetes is to identify the populations at risk and to promote good public health practices within those groups. Although local coalitions within a community may occasionally provide diabetes screening as a service, for the most part there is no funding in Nevada for diabetes testing for high-risk family members of persons with diabetes.

This pediatric endocrinologist suggested that Nevada mirror the concept as utilized by the Barbara Davis Diabetes Center, Denver, Colorado, which involves the use of community resources and state hospital foundations to provide multidisciplinary diabetes care for adolescents and children. The center provides programs for:

- Primary prevention to identify children who are at a high risk of developing diabetes and providing them with prevention information; and

- Secondary prevention of diabetes and associated complications.

Continuing, it was noted that presently, Columbia Sunrise Hospital and University Medical Center, both in southern Nevada, have contributed significant resources to help develop a pediatric diabetes and endocrinology program for the area; however, there has been little or no support from foundations or the state for this worthy program.

Finally, this physician asserted that if adolescent diabetics do not develop and practice good health care, the result is commonly young adults who may require renal dialysis from kidney failure, suffer total blindness or severely impaired vision, and/or may require amputation of limbs. Ultimately, these conditions may cause a person to lose 30-plus years of productivity over a lifetime.

Based on this discussion, the committee recommends that the 1999 Legislature:

- **Provide an appropriation to the University of Nevada School of Medicine to establish a multidisciplinary diabetes care program for children and adolescents in Nevada who have Type I and Type II diabetes. The program should be established in partnership with Sunrise Medical Center and the University Medical Center of Southern Nevada.**

The program should include direct funding for two pediatric endocrinologists, two diabetologists, one nurse who is certified in diabetes education, a dietician, and a social worker. Funding for the program should come from the State General Fund for the first two years after which time the program should be funded entirely from donations and grants. The program should be authorized to submit bills for its expenses to health insurance plans for care provided to patients that have such insurance. (BDR S-487)

G. MANAGED CARE OMBUDSMAN

A written recommendation was received by the committee concerning a managed care ombudsman. The following proposal was modeled after legislation adopted in Vermont.

The 1999 Legislature is asked to:

- **Provide, within statute, that the Division of Insurance, Department of Business and Industry, establish a managed care ombudsman program for participants in health insurance plans in Nevada. The ombudsman shall be independent of managed care organizations or insurers that are licensed in Nevada. The proposal should include the following:**

  1. **The commissioner should establish the office of the health care ombudsman by contract with any nonprofit organization. The office should be administered by the state health care ombudsman, who should be an individual with expertise and experience in the fields of health care and advocacy.**

  2. **The health care ombudsman office should: (a) assist health insurance consumers with health insurance plan selection by providing information, referral, and assistance to individuals about means of obtaining health insurance coverage and services; (b) assist health insurance consumers to understand their rights and responsibilities under health insurance plans; (c) provide information to the public, agencies, legislators, and others regarding problems and concerns of health insurance consumers and make recommendations for resolving those problems and concerns; (d) identify, investigate, and resolve complaints on behalf of individual health insurance consumers and assist those consumers with the filing and pursuit of complaints and appeals; (e) analyze and monitor the development and implementation of federal, state, and local laws, regulations and policies relating to health insurance consumers, and recommend changes it deems necessary; (f) facilitate public comment on laws, regulations, and policies, including policies and actions of health insurers; (g) promote the development of citizen and consumer organizations; (h) ensure that health insurance consumers have timely access to the services provided by the office; and (i) submit to the Legislature and**

to the Governor on or before January 1 of each year a report on the activities, performance, and fiscal accounts of the office during the preceding year.

3. The state health care ombudsman may: (a) hire or contract with persons to fulfill the purposes of this chapter; and (b) review the health insurance records of a consumer who has provided written consent. Based on the written consent of the consumer, the consumer's guardian or legal representative, a health insurer should be required to: (a) provide the state ombudsman access to records relating to that consumer; (b) pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer, or group of consumers; (c) delegate to employees and contractors of the ombudsman any part of the state ombudsman's authority; (d) adopt policies and procedures necessary to carry out the provisions of this chapter; and (e) take any other actions necessary to fulfill the purposes of this chapter.

4. All state agencies should be required to comply with reasonable requests from the state ombudsman for information and assistance. The Division may adopt rules necessary to assure the cooperation of state agencies under this section.

5. In the absence of written consent by a complainant or an individual utilizing the services of the office, or his or her guardian or legal representative, or by court order, the state ombudsman, its employees, and contractors should not disclose the identity of the complainant or individual.

6. The state ombudsman, its employees, and contractors should not have any conflict of interest relating to the performance of their responsibilities under this chapter. For purposes of this section, a conflict of interest exists whenever the state ombudsman, its employees, contractors, or a person affiliated with the state ombudsman, its employees, and contractors: (a) have direct involvement in the licensing, certification, or accreditation of a health care facility, health insurer, or a health care provider; (b) have a direct ownership interest or investment interest in a health care facility, health insurer, or a health care provider; (c) are employed by, or participating in the management of a health care facility, health insurer, or a health care provider; or (d) receive or have the right to receive directly or indirectly, remuneration under a compensation arrangement with a health care facility, health insurer, or health care provider.

7. The state ombudsman should be able to speak on behalf of the interests of health care and health insurance consumers, and to carry out all duties prescribed in this chapter without being subject to any disciplinary or retaliatory action. Nothing in this section shall limit the authority of the commissioner to enforce the terms of the contract.

Health care ombudsman implementation report. **The administrator and the health care ombudsman should report to the Interim Finance Committee and the Legislative Committee on Health Care on or before September 15, 1999, and periodically thereafter at the request of either committee. The report should provide the committee with an update on the status of implementation of the health care ombudsman program together with a description of the manner in which the health care ombudsman is, and should be in the future, coordinating his or her activities with existing ombudsman programs such as the Aging Services Division, Department of Human Resources.** (BDR 18-492)

H. MINORITY HEALTH

The final recommendation by members of the health care committee concerns establishing a state agency whose primary function is to address issues affecting minorities in the state. This section discusses this proposal.

Testimony before the committee indicated that, when planning government-funded health care programs, there is a need to recognize the importance of culture and identity in implementing these programs. In 1990, the U.S. Congress passed the Disadvantaged Minority Health Improvement Act that formally established the Office of Minority Health (OMH) within the Office of the Assistant Secretary for Health. Offices of minority health have been established in five U.S. DHHS agencies: Agency for Health Care Policy and Research; Centers for Disease Control and Prevention; Health Resources and Services Administration; National Institutes of Health; and the Substance Abuse and Mental Health Services Administration. Further, in 1990, five states (Indiana, Michigan, Missouri, Ohio, and South Carolina) had established minority health entities. There are now 34 states with state agencies devoted to minority health issues.

In states that have established minority health entities, funding comes from a variety of sources, however, states carry the bulk of the funding responsibility. Three offices are federally funded, nine are funded with a combination of federal and state dollars, and 17 are solely state funded.

Testimony indicated that the characteristics of successful state minority health entities are that they:

- Report directly to or have a strong link to the state health organization;
- Are able to integrate their activities with those of the health department and other state agency programs;
- Must not depend solely on federal funds or resources for their existence; and
- Rely on a firm state commitment of resources.

Testimony concluded that a successful minority health entity would benefit Nevada by:

- Providing policy development leadership;
- Preparing reports, analyses, and talking papers on minority health issues;
- Conducting state and local surveys, studies, and advocacy on minority health issues;
- Creating a resource library and serving as a data bank on minority health issues;
- Providing technical assistance to minority community-based organizations and other public and private organizations and agencies that serve minorities; and
- Securing federal, state, local, and private funding to enhance minority health programs.

Additional testimony discussed the special health needs of minorities as well as the health disparities of minorities in Nevada. Of major concern is that racial ethnic information in the state has "failed miserably," and that if such an office is established in Nevada, the health needs and lack of racial ethnic information would be addressed.

Finally, a representative of another health policy body in Nevada asserts that there is a great deal of concern regarding the lack of coordinated health care within the state. This group is producing a report that will recommend a coordinated effort at the state level regarding health care issues, of which minority issues will be acknowledged.

Based on the testimony, members of the committee urge members of the 1999 Legislature to:

- **Provide, within statute, for the establishment of a Division of Minority Health within Nevada's Department of Human Resources. The mission of the division should be to: (1) assume a leadership role in working or contracting with state and federal agencies, the state's university and community college system, private interest groups, local communities, private foundations, and other state's organizations of minority health to develop minority health initiatives, including bilingual communications; and (2) maximize the use of existing resources without duplicating existing efforts.**

  The duties of the division should be to: (1) provide a central information and referral source and serve as the primary state resource in coordinating, planning, and advocating access to minority health care services in Nevada; (2) coordinate conferences and other training opportunities to increase skills among state agencies and government staff in management and in the appreciation of cultural diversity; (3) pursue and administer grant funds for innovative projects for communities, groups, and individuals; (4) provide recommendations and training in improving minority recruitment in state agencies; (5) publicize minority health issues through the use of the

media; (6) network with existing minority organizations; (7) solicit, receive, and spend grants, gifts, and donations from public and private sources; and (8) contract with public and private entities in the performance of its responsibilities.

The division should be funded from "stimulus funds" of state agencies with which the organization has established relationships and unobligated and unexpended federal funds and state appropriations. "Stimulus funds" would be derived from 2 percent of the funding used by state agencies that provide health and social services to minorities. "Stimulus funds" may appear in one of four forms: (1) appropriated federal funds that are spent at the discretion of the division, or are spent on specific activities within the scope of a project of the state agency receiving the federal dollars, which are passed through to the division (e.g., Centers for Disease Control funds for the prevention of Human Immunodeficiency Virus (HIV) would be targeted to the division's efforts to address HIV primary and secondary prevention in minorities); (2) state of the art equipment and supplies assigned from the purchasing pools of other agencies to the division, subject to the same provisions as item one; (3) full-time equivalencies from respective agencies (in full or part); and (4) State General Fund dollars appropriated directly to the division, or moved to the division from another state agency receiving these funds.

After the first two years of operation, the appropriate minimum level of ongoing support from the State General Fund for the division should be determined, and patterns of revenue and grant dollar sharing between the division and other agencies should be established. Moreover, mechanisms to assume unobligated and unexpended federal funds and state appropriations from partner agencies should be firmly in place.

Further, the division should submit a biennial report, not later than March 1 of each odd-numbered year, to the Legislature regarding its activities, findings, and recommendations related to minority health issues.

Executive Director: Appointment; qualifications; classification; restrictions on other employment. The division should have an executive director, who should be appointed by the Governor. The qualified person should have successful experience in the administration and promotion of a program comparable to that provided by this proposal. The executive director of the division is in the unclassified service of the state. Except as otherwise provided in the *Nevada Revised Statutes*, the executive director of the division shall devote his entire time to the duties of his office and shall not follow any other gainful employment or occupation.

Executive Director: Duties. The executive director of the division should: (1) be jointly responsible to the Governor and the Legislature; (2) direct and supervise all the technical and administrative activities of the division; (3) attend all advisory committee meetings and act as secretary, keeping minutes of the proceedings; (4) report to the

Governor and Legislature all matters concerning the administration of the office; (5) request the advice of the advisory committee regarding matters of policy, but be responsible, unless otherwise provided by law, for the conduct of the administrative functions of the division; (6) compile, with the approval of the advisory committee for submission to the Governor and Legislature, a biennial report regarding the work of the division and such other matters as he may consider desirable; (7) serve as contracting officer to receive funds from the Federal Government or other sources for such studies, grant and funding initiatives, and community-based program activities as the division deems necessary; (8) attend all meetings of any special study committee appointed by the Governor or conceived by the Legislature pursuant to this act and act as secretary, keeping minutes of the proceedings; and (9) perform any lawful act which he considers necessary or desirable to carry out the purposes and provisions of this chapter.

Executive Director: Appointment of staff. The executive director of the division may appoint such professional, technical, clerical, and operational staff as the execution of his duties and the operation of the division may require. At minimum, the division should be comprised of a professional staff liaison, a budget analyst, and a management assistant. The "professional staff liaison" should be responsible to maintain active communication between the division and members of the minority communities, state and local government programs serving these communities, and community-based nonprofit providers of services to minorities. The "budget analyst" should be able to interact with other state agency personnel to develop financial and program resources for the division, monitor grants and contracts with local agencies and organizations, and, as directed by the executive director, monitor and manage the fiscal matters of the division, including the managing and processing of service and travel reimbursements to members of the advisory committee. The "management assistant" should be the office manager of the division, and should conduct all business to maintain the efficient operation of the division's clerical and support duties, including the hiring of appropriate support staff to meet division needs, as well as the orderly interaction of the division with the public, other state and local agencies, the Office of the Governor, and the Legislature.

The oversight committee should be comprised of a minimum of 15 members to be appointed by the Governor to renewable two-year terms. The chairman of the committee should be elected by the members at its first meeting of each new year. Four members each of the committee shall be comprised of persons who are representatives of the following groups: African American, Hispanic, Asian/Pacific Islander, Native American, and Philippine. The members shall represent a geographic cross-section of these groups in Nevada. One member shall be appointed by the Nevada State Senate and the Nevada State Assembly, respectively. One member shall be appointed by the Governor. The duties of the committee should be to: (1) advise, generally, and assist the organization on achieving its mission; (2) promote health and the prevention of disease among members of minority groups; (3) review special initiative funding

provided by the organization to community-based public and private programs serving the health and disease prevention needs of minorities; (4) consolidate policy development and public initiative activities; and (5) approve all public reports developed by the division for distribution to the Federal Government, the Governor, or the Legislature.

Salary and expenses of advisory committee members; payment of claims. **Advisory committee members who are not in the regular employ of the state are entitled to receive a salary of not more than $80, as fixed by the commission, for each day spent on the work of the advisory committee. Advisory committee members who are in the regular employ of the state shall serve without additional salary. While engaged in the business of the advisory committee, each member and employee of the division is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. Claims for payment of all expenses incurred by the advisory committee, including the salaries and expenses of its members, must be made on vouchers and paid as other claims against the state are paid.**

Powers of advisory committee. **The advisory committee may develop subcommittees of the advisory committee and its membership may include noncommittee members whenever necessary or appropriate to assist and advise the advisory committee in the performance of its duties and responsibilities under this act.** (BDR 18-494)

V. CONCLUSION

This report discusses the major health care topics addressed by Nevada's Legislative Committee on Health Care during this interim period. Of the 40 recommendations, 26 of them are requests for bill drafts that will be debated throughout the 1999 Session of the Nevada Legislature. Although these issues received consensus during committee deliberations, their effect on a variety of interests necessitates further deliberations and scrutiny.

VI. APPENDICES

APPENDIX A

Nevada Revised Statutes 439B.200
Legislative Committee on Health Care

NEVADA REVISED STATUTES

LEGISLATIVE COMMITTEE ON HEALTH CARE

NRS 439B.200 Creation; appointment of and restrictions on members; officers; terms of members; vacancies; annual reports.

1. There is hereby established a legislative committee on health care consisting of three members of the senate and three members of the assembly, appointed by the legislative commission. The members must be appointed with appropriate regard for their experience with and knowledge of matters relating to health care.

2. No member of the committee may:

(a) Have a financial interest in a health facility in this state;

(b) Be a member of a board of directors or trustees of a health facility in this state;

(c) Hold a position with a health facility in this state in which the legislator exercises control over any policies established for the health facility; or

(d) Receive a salary or other compensation from a health facility in this state.

3. The provisions of subsection 2 do not:

(a) Prohibit a member of the committee from selling goods which are not unique to the provision of health care to a health facility if the member primarily sells such goods to persons who are not involved in the provision of health care.

(b) Prohibit a member of the legislature from serving as a member of the committee if:

(1) The financial interest, membership on the board of directors or trustees, position held with the health facility or salary or other compensation received would not materially affect the independence of judgment of a reasonable person; and

(2) Serving on the committee would not materially affect any financial interest he has in a health facility in a manner greater than that accruing to any other person who has a similar interest.

4. The legislative commission shall select the chairman and vice chairman of the committee from among the members of the committee. Each such officer shall hold office for a term of 2 years commencing on July 1 of each odd-numbered year. The chairmanship of the committee must alternate each biennium between the houses of the legislature.

5. Any member of the committee who does not return to the legislature continues to serve until the next session of the legislature convenes.

6. Vacancies on the committee must be filled in the same manner as original appointments.

7. The committee shall report annually to the legislative commission concerning its activities and any recommendations.

(Added to NRS by 1987, 863; A 1989, 1841; 1991, 2333; 1993, 2590)

APPENDIX B

Lay Committee Members, Nevada's Legislative Committee on Health Care

NEVADA'S LEGISLATIVE COMMITTEE ON HEALTH CARE
LAY COMMITTEE MEMBERS

NAME	ADDRESS	TELEPHONE/FAX
Jeanette K. Belz President and Chief Executive Officer	Nevada Association of Hospitals and Health Systems 4600 Kietzke Lane, Suite A-108 Reno, Nevada 89502-5033	Telephone: (775) 827-0184 Facsimile: (775) 827-0190
Marc Bennett Chief Operating Officer	HealthInsight 675 East 2100 South, No. 270 Salt Lake City, Utah 84106-1887	Telephone: (801) 486-2290 Facsimile: (801) 487-2296
John Busse Executive Director	Home Health Care Association of Nevada P.O. Box 12190 Reno, Nevada 89510-2190	Telephone: (775) 323-6003 Facsimile: (775) 853-2166
Winthrop Cashdollar Executive Director	Nevada Health Care Association P.O. Box 3226 Carson City, Nevada 89702-3226	Telephone: (775) 885-1006 Facsimile: (775) 885-8681
Thelma Clark	Rulon Earl Resident Council, Inc. 3901 East Stewart Avenue, No. 60 Las Vegas, Nevada 89110-3112	Telephone: (702) 453-3453
Charlotte Crawford Director	Department of Human Resources 505 East King Street, Room 600 Carson City, Nevada 89711-3700	Telephone: (775) 687-4730 Facsimile: (775) 687-4733
Dr. Robert Dougherty Dean	University of Nevada School of Medicine Savitt Medical Sciences Building 332 Reno, Nevada 89557-0046	Telephone: (775) 784-6001 Facsimile: (775) 784-6096
Dr. Bernard H. Feldman Vice Chair	University of Nevada School of Medicine Department of Pediatrics 2040 W. Charleston Boulevard, Suite 402 Las Vegas, Nevada 89102-2250	Telephone: (702) 671-2231 Facsimile: (702) 671-2233
C. Edwin Fend Capital City Task Force Coordinator	State Legislative Committee American Association of Retired Persons 7201 Blue Falls Circle Reno, Nevada 89511-1016	Telephone: (775) 852-5993 Facsimile: (775) 852-2516

NAME	ADDRESS	TELEPHONE/FAX
Elizabeth Gilbertson Southwestern Regional Director	Hotel Employees and Restaurant Employees International Union Fund 1901 Las Vegas Boulevard South, Suite 101 Las Vegas, Nevada 89104-1309	Telephone: (702) 892-7342 Facsimile: (702) 735-1649
Fred Hillerby	Hillerby & Associates 457 Court Street Reno, Nevada 89501-1708	Telephone: (775) 332-7660 Facsimile: (775) 332-7661
James Kinard, D.D.S.	4121 West Sahara Avenue Las Vegas, Nevada 89102-3704	Telephone: (702) 876-8129 Facsimile: (702) 876-3365
Dr. Donald S. Kwalick Chief Health Officer	Clark County Health District 625 Shadow Lane Las Vegas, Nevada 89106-4147	Telephone: (702) 383-1201 Facsimile: (702) 383-6341
Elena Lopez-Bowlan	7215 Hurst Park Road Reno, Nevada 89502-9660	Telephone: (775) 857-3239 Facsimile: (775) 786-5414
Donny L. Loux Chief	Office of Community Based Services Department of Employment Training and Rehabilitation 711 South Stewart Street Carson City, Nevada 89701-5218	Telephone: (775) 687-4452 Facsimile: (775) 687-3292
Larry Matheis Executive Director	Nevada State Medical Association 3660 Baker Lane, No. 101 Reno, Nevada 89509-5448	Telephone: (775) 825-6788 Facsimile: (775) 825-3202
Gary Milliken	Gem Consulting 8274 Vista Colorado Street Las Vegas, Nevada 89123-1243	Telephone: (702) 837-1790 Facsimile: (702) 837-1791
Ruth Mills Coordinator	Nevada Healthcare Reform Project 4413 Mark Avenue Las Vegas, Nevada 89108-2842	Telephone: (702) 648-8124 Facsimile: (702) 648-8623
Alice Molasky-Arman Commissioner of Insurance	Division of Insurance Department of Business and Industry 1665 Hot Springs Road, Suite 152 Carson City, Nevada 89706-0658	Telephone: (775) 687-4270 Facsimile: (775) 687-3937

NAME	ADDRESS	TELEPHONE/FAX
Robert Ostrovsky*	2328 Delina Las Vegas, Nevada 89134-1831	Telephone: (702) 255-7183
Jon L. Sasser	Washoe Legal Services 650 Tahoe Street Reno, Nevada 89509-4721	Telephone: (775) 329-2727 Facsimile: (775) 324-5509
Pat Shalmy President	Las Vegas Chamber of Commerce 3720 Howard Hughes Parkway, Suite 100 Las Vegas, Nevada 89109-0937	Telephone: (702) 735-2450 Facsimile: (702) 735-1787
Carla Sloan Administrator	Aging Services Division Department of Human Resources 340 North 11th Street, Suite 203 Las Vegas, Nevada 89101-3125	Telephone: (702) 486-3545 Facsimile: (702) 486-3572
Marie H. Soldo Executive Vice President of Government Affairs	Sierra Health Services, Inc. P.O. Box 15645 Las Vegas, Nevada 89114-5645	Telephone: (702) 242-7190 Facsimile: (702) 242-7931
Christopher Thompson Administrator	Division of Health Care Financing and Policy Department of Human Resources 1100 East William Street, Suite 119 Carson City, Nevada 89701-3710	Telephone: (775) 687-4176 Facsimile: (775) 684-8792
Jim Wadhams	3841 West Charleston Boulevard, Suite 203 Las Vegas, Nevada 89102-1858	Telephone: (702) 880-4528 Facsimile: (702) 880-4534
Bill Welch President	Nevada Rural Hospital Project 4600 Kietzke Lane, Suite O-269 Reno, Nevada 89502-5033	Telephone: (775) 827-4770 Facsimile: (775) 827-0939
Dr. John Yacenda Executive Director	Great Basin Primary Care Association 300 South Curry Street, Suite 6 Carson City, Nevada 89703-4669	Telephone: (775) 887-0417 Facsimile: (775) 887-3562

*Represents the Nevada Resort Association.

i:\healthcare\mail\laymember-data

APPENDIX C

Suggested Legislation

SUMMARY—Creates office of ombudsman for consumers of health insurance within bureau of consumer protection in office of attorney general. (BDR 18-492)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health insurance; creating the office of ombudsman for consumers of health insurance within the bureau of consumer protection in the office of the attorney general; and providing other matters properly relating thereto.

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

Section 1. Chapter 228 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 2. *As used in sections 2 to 10, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this act have the meanings ascribed to them in those sections.*

Sec. 3. *"Health insurance" has the meaning ascribed to it in NRS 681A.030.*

Sec. 4. *"Insurer" has the meaning ascribed to it in NRS 679A.100.*

Sec. 5. *1. The office of ombudsman for consumers of health insurance is hereby created within the office of the attorney general.*

2. The attorney general shall appoint a person to serve in the position of ombudsman for consumers of health insurance. The person so appointed:

(a) Must be knowledgeable in the field of health care;

(b) Must be qualified by training and experience to perform the duties and functions of his office; and

(c) Is in the unclassified service of the state.

3. The attorney general may remove the ombudsman for consumers of health insurance from office for inefficiency, neglect of duty or malfeasance in office.

Sec. 6. *The ombudsman for consumers of health insurance shall:*

1. Assist consumers of health insurance in selecting a plan of health insurance by providing information, referrals and assistance concerning health insurance coverage and services to consumers;

2. Assist consumers of health insurance to understand their rights and responsibilities as set forth in their plans of health insurance;

3. Disseminate information to the public, state and local agencies, legislators and other interested persons concerning the problems related to health care encountered by consumers of health insurance and solutions for resolving such problems;

4. Analyze and monitor the development, execution and enforcement of federal, state and local laws, regulations and policies that affect consumers of health insurance and make recommendations to any responsible entity he deems appropriate;

5. Facilitate public comment during hearings concerning laws, regulations and policies which affect consumers of health insurance, including, without limitation, comments about the practices of insurers that issue policies of health insurance;

6. Promote the development of organizations of citizens and consumers of health insurance to address issues concerning health insurance;

7. Ensure that the services provided by the office of ombudsman for consumers of health insurance are easily accessible to consumers;

8. At the request of the interim finance committee or the legislative committee on health care, report to either of those committees concerning the activities of the office of ombudsman for consumers of health insurance; and

9. On or before January 1 of each year, submit a report to the governor and the director of the legislative counsel bureau for transmittal to the legislature, or, if the legislature is not in session, to the legislative commission. The report must include, without limitation, a summary of the activities, fiscal accounts and recommendations of the office of ombudsman for consumers of health insurance.

Sec. 7. *The ombudsman for consumers of health insurance may:*

1. Employ the staff necessary to carry out his duties and the functions of his office in accordance with the practices and procedures for personnel established for the office of the attorney general.

2. Prescribe the duties of the staff of the office of ombudsman for consumers of health insurance.

3. Establish procedures and policies for the management of the office of ombudsman for consumers of health insurance.

4. Assist consumers of health insurance in the pursuit of administrative, judicial and other remedies concerning problems with their health care insurance, including, without limitation, assisting consumers in the investigation and resolution of complaints.

5. Examine any books, accounts, minutes, records or other papers or property of an insurer that issues a policy of health insurance in this state in the same manner and to the same extent as authorized by law for the commissioner of insurance and the state board of health. An insurer that issues a policy of health insurance shall, upon request, provide such information to the ombudsman for consumers of health insurance within 30 days after receipt of the request. Any information obtained pursuant to this subsection must be given the same level of confidentiality that would be required if the information had been obtained by the commissioner of insurance or the state board of health.

6. Delegate the performance of any of his powers or duties to any person employed by his office.

7. Perform such other functions and make such other arrangements as may be necessary to carry out his duties and the functions of his office.

Sec. 8. *Except as otherwise provided in this section, information collected by the office of ombudsman for consumers of health insurance concerning a consumer of health insurance is confidential and must not be disclosed to any person under any circumstances other than with the written consent of the consumer or his legal guardian, or pursuant to a court order. Such information may be used for statistical purposes if the identity of the consumer is not discernible from the information disclosed.*

Sec. 9. *Each state agency or division having functions relating to Title 57 of NRS shall cooperate with the ombudsman for consumers of health insurance in the performance of his duties and shall provide the ombudsman for consumers of health insurance with any information, statistics or data in its records that he requires.*

Sec. 10. *1. The ombudsman for consumers of health insurance and a person employed by the office of ombudsman for consumers of health insurance shall not:*

(a) Participate directly in the licensing, certification or accreditation of a health care facility, an insurer that issues policies of health insurance or a provider of health care;

(b) Have a direct ownership interest or interest through an investment in a health care facility, an insurer that issues policies of health insurance or a provider of health care;

(c) Be employed by or participate in the management of a health care facility, an insurer that issues policies of health insurance or a provider of health care; or

(d) Receive or be entitled to receive, directly or indirectly, remuneration pursuant to an agreement for compensation entered into with a health care facility, an insurer that issues policies of health insurance or a provider of health care.

2. As used in this section:

(a) "Health care facility" has the meaning ascribed to it in NRS 449.800.

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

Sec. 11. On or before September 15, 1999, the ombudsman for consumers of health insurance shall submit a report to the interim finance committee and the legislative committee on health care. The report must include, without limitation, an update on the status of the office of ombudsman for consumers of health insurance and a description of the manner in which the activities of the office of ombudsman for consumers of health insurance are being coordinated.

Sec. 12. This act becomes effective on July 1, 1999.

SUMMARY—Creates division of minority health within department of human resources.

(BDR 18-494)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health care; creating the division of minority health within the department of human resources; creating an advisory committee to the division of minority health; and providing other matters properly relating thereto.

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

Section 1. Chapter 232 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 17, inclusive, of this act.

Sec. 2. ***As used in sections 2 to 17, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of this act have the meanings ascribed to them in those sections.***

Sec. 3. ***"Administrator" means the administrator of the division.***

Sec. 4. *"Division" means the division of minority health of the department.*

Sec. 5. *"Health care" includes mental health care.*

Sec. 6. *"Minority group" means a racial or ethnic minority group.*

Sec. 7. *The purposes of the division are to:*

1. Improve the quality of health care services for members of minority groups;

2. Increase access to health care services for members of minority groups; and

3. Disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups.

Sec. 8. *1. In accomplishing its purposes, the division shall:*

(a) Provide a central source of information for the use of the public concerning health care services for members of minority groups and health care issues of interest to those members;

(b) Identify and use any available resources;

(c) Develop and coordinate plans and programs to improve the quality of health care services for members of minority groups and to increase access to health care services for those members, including, without limitation, plans and programs that primarily serve local communities;

(d) Advocate on behalf of members of minority groups for the improvement of the quality of health care services for those members and for increased access to health care services for those members;

(e) Hold conferences and provide training concerning cultural diversity in the workplace for public and private entities that offer services in the field of health care, including, without limitation, providing recommendations and opportunities for training for such public and private entities to improve recruitment of members of minority groups;

(f) Whenever possible, incorporate the use of bilingual communication in its programs and activities;

(g) Publicize health care issues of interest to members of minority groups; and

(h) Develop such other programs and carry out such other activities as appropriate.

2. In carrying out the duties set forth in subsection 1, the division may cooperate with and seek assistance from a public or private entity.

Sec. 9. *The division may:*

1. Apply for any available grants and accept any gifts, grants, appropriations or donations, and use any such gifts, grants, appropriations or donations to carry out its purposes;

2. Contract with a public or private entity to assist in carrying out its purposes; and

3. Adopt such regulations as are necessary to carry out the provisions of sections 2 to 17, inclusive, of this act.

Sec. 10. *The administrator must be appointed on the basis of his education, training, experience, demonstrated abilities and interest in the provision of health care services to members of minority groups and related programs.*

Sec. 11. *The administrator shall:*

1. Ensure that the purposes of the division are carried out;

2. Direct and supervise all the technical and administrative activities of the division;

3. Report to the governor all matters concerning the administration of the division;

4. Attend the meetings of the advisory committee created pursuant to section 15 of this act, serve as secretary at those meetings and keep minutes of the proceedings;

5. Request and consider the advice of the advisory committee concerning matters of policy;

6. Serve as contracting officer to receive money from the Federal Government or any other source; and

7. Act as liaison between the division, members of minority groups, and public and private entities offering health care services primarily to those members or offering health care information of interest to those members.

Sec. 12. *On or before March 1 of each odd-numbered year, the administrator shall submit a report to the governor and the director of the legislative counsel bureau for transmittal to the legislature. The report must outline the manner in which the division has accomplished its purposes during the biennium, including, without limitation, information concerning the activities, findings and recommendations of the division as they relate to health care services for members of minority groups and to health care issues of interest to those members.*

Sec. 13. *The administrator may:*

1. Within the limits of legislative appropriations, appoint such professional, technical, clerical and operational staff as necessary to carry out his duties;

2. Perform any lawful act that he considers necessary or desirable to carry out the purposes of his office; and

3. Delegate the performance of any of the powers or duties required pursuant to sections 2 to 17, inclusive, of this act to any person within the division.

Sec. 14. *1. The administrator may, within the limits of legislative appropriations and other available money, award a grant of money to a person for use consistent with the provisions of sections 2 to 17, inclusive, of this act.*

2. Before the administrator may award a grant of money pursuant to subsection 1, he shall adopt regulations that set forth the:

(a) Procedure by which a person may apply for a grant of money from the administrator;

(b) Criteria that the administrator will consider in determining whether to award a grant of money; and

(c) Procedure by which the administrator will distribute the money that the division receives pursuant to subsection 1 of section 9 of this act.

Sec. 15. *1. There is hereby created in the division an advisory committee consisting of:*

(a) At least 13 members appointed by the governor;

(b) One member of the senate appointed by the majority leader of the senate; and

(c) One member of the assembly appointed by the speaker of the assembly.

2. When appointing a member to the advisory committee, consideration must be given to whether the members appointed to the advisory committee reflect the ethnic and geographical diversity of this state.

3. Each member of the advisory committee serves a term of 2 years. A member may be reappointed for an additional term of 2 years in the same manner as the original appointment. A vacancy occurring in the membership of the advisory committee must be filled in the same manner as the original appointment.

4. At its first meeting, and annually thereafter, the advisory committee shall elect a chairman from among its members.

Sec. 16. *1. Each member of the advisory committee who is not an employee of the State of Nevada is entitled to receive a salary of not more than $80 per day, as fixed by the administrator in consultation with the advisory committee, for each day spent on the business of the advisory committee. Each member of the advisory committee who is an employee of the State of Nevada serves without additional compensation. Each member of the advisory committee is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. A claim for a payment pursuant to this section must be made on a voucher approved by the administrator and paid as other claims against the State of Nevada are paid.*

2. Each member of the advisory committee who is an employee of the State of Nevada or a local government must be relieved from his duties without loss of his regular compensation so that he may prepare for and attend meetings of the advisory committee and perform any work necessary to carry out the duties of the advisory committee in the most timely manner practicable. A state agency or local governmental entity shall not require an employee who is a member of the advisory committee to make up the time that he is absent from work or to take annual vacation or compensatory time for the time that he is absent from work to carry out his duties as a member of the advisory committee.

Sec. 17. *The advisory committee shall:*

1. Advise the administrator and division on matters concerning the manner in which the purposes of the division are being carried out;

2. Review the manner in which the division uses any gifts, grants, donations and appropriations to carry out the purposes of the division and make appropriate recommendations; and

3. Review the reports to be submitted by the administrator to the governor or the Federal Government and the report required pursuant to section 12 of this act, and make appropriate recommendations.

Sec. 18. NRS 232.290 is hereby amended to read as follows:

232.290 As used in NRS 232.290 to 232.465, inclusive, *and sections 2 to 17, inclusive, of this act,* unless the context requires otherwise:

1. "Department" means the department of human resources.

2. "Director" means the director of the department.

Sec. 19. NRS 232.300 is hereby amended to read as follows:

232.300 1. The department of human resources is hereby created.

2. The department consists of a director and the following divisions:

(a) Aging services division.

(b) Health division.

(c) Mental hygiene and mental retardation division.

(d) Welfare division.

(e) Division of child and family services.

(f) Division of minority health.

3. The department is the sole agency responsible for administering the provisions of law relating to its respective divisions.

Sec. 20. NRS 232.320 is hereby amended to read as follows:

232.320 1. Except as otherwise provided in subsection 2, the director:

(a) Shall appoint, with the consent of the governor, chiefs of the divisions of the department, who are respectively designated as follows:

(1) The administrator of the aging services division;

(2) The administrator of the health division;

(3) The state welfare administrator; and

(4) The administrator of the division of child and family services.

(b) Shall administer, through the divisions of the department, the provisions of chapters 210, 423, 424, 425, 427A, 432A to 442, inclusive, 446, 447, 449 and 450 of NRS, NRS 127.220 to 127.310, inclusive, 422.070 to 422.410, inclusive, 432.010 to 432.139, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 445A.050, inclusive, and all other provisions of law relating to the functions of the divisions of the department, but is not responsible for the clinical activities of the health division or the professional line activities of the other divisions.

(c) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this state. The director shall revise the plan biennially and deliver a copy of the plan to the governor and the legislature at the beginning of each regular session. The plan must:

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

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

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

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

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

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

(d) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information to him regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which he deems necessary for his performance of the duties imposed upon him pursuant to this section.

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

2. The governor shall appoint the ***chiefs of the following divisions who serve at the pleasure of the governor and who are respectively designated as follows:***

(a) The administrator of the mental hygiene and mental retardation division ~~[.]~~ ***; and***

(b) The administrator of the division of minority health.

Sec. 21. This act becomes effective on July 1, 1999.

SUMMARY—Requires committee on benefits to provide long-term care coverage for state employees and retirees. (BDR 23-1131)

FISCAL NOTE: Effect on Local Government: Yes.

Effect on the State or on Industrial Insurance: Contains Appropriation not included in Executive Budget.

AN ACT relating to public employees; requiring the committee on benefits to provide long-term care coverage for state employees and retirees; making an appropriation to the committee on benefits to provide such coverage; and providing other matters properly relating thereto.

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

Section 1. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other public agency of the State of Nevada may:

(a) Adopt and carry into effect a system of group life, accident , ~~[or]~~ health ***or long-term care*** insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.

(b) Purchase group policies of life, accident , ~~[or]~~ health ***or long-term care*** insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.

(c) Provide group life, accident , ~~[or]~~ health ***or long-term care*** coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this state. Any contract with an independent administrator must be approved by the

commissioner of insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 689B.030 to 689B.050, inclusive, apply to coverage provided pursuant to this paragraph.

(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other public agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

Sec. 2. NRS 287.043 is hereby amended to read as follows:

287.043 The committee on benefits shall:

1. Act as an advisory body on matters relating to group life, accident, ~~[or]~~ health ***or long-term care*** insurance, or any combination of these, a program to reduce taxable compensation or other forms of compensation other than deferred compensation, for the benefit of all state officers and employees and other persons who participate in the state's program of group insurance.

2. Except as otherwise provided in this subsection, negotiate and contract with the governing body of any public agency enumerated in NRS 287.010 which is desirous of

obtaining group insurance for its officers, employees and retired employees by participation in the state's program of group insurance. The committee shall establish separate rates and coverage for those officers, employees and retired employees based on actuarial reports.

3. Give public notice in writing of proposed changes in rates or coverage to each participating public employer who may be affected by the changes. Notice must be provided at least 30 days before the effective date of the changes.

4. Purchase policies of life, accident , ~~[or]~~ health ***or long-term care*** insurance, or any combination of these, or a program to reduce the amount of taxable compensation pursuant to 26 U.S.C. § 125, from any company qualified to do business in this state or provide similar coverage through a plan of self-insurance for the benefit of all eligible public officers, employees and retired employees who participate in the state's program.

5. Consult the state risk manager and obtain his advice in the performance of the duties set forth in this section.

6. Except as otherwise provided in this Title, develop and establish other employee benefits as necessary.

7. Adopt such regulations and perform such other duties as are necessary to carry out the provisions of NRS 287.041 to 287.049, inclusive, including the establishment of:

(a) Fees for applications for participation in the state's program and for the late payment of premiums;

(b) Conditions for entry and reentry into the state's program by public agencies enumerated in NRS 287.010; and

(c) The levels of participation in the state's program required for employees of participating public agencies.

8. Appoint an independent certified public accountant. The accountant shall provide an annual audit of the plan and report to the committee and the legislative commission.

For the purposes of this section, "employee benefits" includes any form of compensation provided to a state employee pursuant to this Title except federal benefits, wages earned, legal holidays, deferred compensation and benefits available pursuant to chapter 286 of NRS.

Sec. 3. NRS 287.0433 is hereby amended to read as follows:

287.0433 The committee on benefits may establish a plan of life, accident , ~~[or]~~ health ***or long-term care*** insurance and provide for the payment of contributions into the self-insurance fund, a schedule of benefits and the disbursement of benefits from the fund. The committee may reinsure any risk or any part of such a risk. Payments into and disbursements from the fund must be so arranged as to keep the fund solvent.

Sec. 4. NRS 287.044 is hereby amended to read as follows:

287.044 1. A part of the cost of the premiums or contributions for that group insurance, not to exceed the amount specified by law, applied to both group life and group accident or health ***or long-term care*** coverage, for each public officer, except a senator or assemblyman, or employee electing to participate in the group insurance

program, may be paid by the department, agency, commission or public agency which employs the officer or employee in whose behalf that part is paid from money appropriated to or authorized for that department, agency, commission or public agency for that purpose. Participation by the state in the cost of premiums or contributions must not exceed the amounts specified by law. If an officer or employee chooses to cover his dependents, whenever this option is made available by the committee on benefits, he must pay the difference between the amount of the premium or contribution for the coverage for himself and his dependents and the amount paid by the state.

2. A department, agency, commission or public agency shall not pay any part of those premiums if the group life insurance or group accident or health ***or long-term care*** insurance is not approved by the committee on benefits.

Sec. 5. NRS 331.184 is hereby amended to read as follows:

331.184 The state risk manager shall:

1. Direct and supervise all administrative and technical activities of the risk management division.

2. Determine the nature and extent of requirements for insurance, other than group life, accident, ~~[or]~~ health ***or long-term care*** insurance, on risks of an insurable nature of the state and any of its agencies, the premiums for which are payable in whole or in part from public money.

3. Negotiate for, procure, purchase and have placed, through a licensed insurance agent or broker residing or domiciled in Nevada, or continued in effect all insurance

coverages, other than employee group life, accident , ~~[or]~~ health ***or long-term care*** insurance, which may be reasonably obtainable, whether from insurers authorized to transact business in this state or under the surplus lines provisions of chapter 685A of NRS.

4. Conduct periodic inspections of premises, property and risks to determine insurability, risk and premium rate, and submit a written report of each inspection and appraisal, together with any recommendations that appear appropriate, to the administrator of the agency most responsible for the premises, property or risk, and to the director of the department of administration.

5. Provide for self-insurance if the potential loss is relatively insignificant or if the risk is highly predictable and the probability of loss is so slight that the cost of insuring the risk is not a prudent expenditure of public ~~[funds,]~~ ***money,*** or if insurance is unavailable or unavailable at a reasonable cost.

6. Select reasonable deductibles when it appears economically advantageous to the state to do so.

7. Select comprehensive and blanket coverages insuring the property of two or more state agencies when that appears economically advisable.

8. Investigate and determine the reliability and financial condition of insurers, and the services they provide.

9. Minimize risks by adopting and promoting programs to control losses and encourage safety.

10. Perform any of the services described in subsections 2, 3 and 4 for any political subdivision of the state at the request of its managing officer or governing body.

11. Act as adviser to the committee on benefits.

12. Perform any other function of risk management as directed by the director of the department of administration.

Sec. 6. NRS 354.6145 is hereby amended to read as follows:

354.6145 The governing body of any local government may establish an internal service fund in which contributions of employees and the governing body are placed to provide for group life, accident , ~~[and]~~ health ***and long-term care*** benefits on a self-insured basis.

Sec. 7. 1. There is hereby appropriated from the state general fund to the committee on benefits the sum of $____ for the long-term care coverage for state employees and retirees from state employment that the committee on benefits is required to provide pursuant to the amendatory provisions of section 2 of this act.

2. Any remaining balance of the appropriation made pursuant to subsection 1 must not be committed for expenditure after July 1, 2001, and reverts to the state general fund as soon as all payments of money committed have been made.

Sec. 8. This act becomes effective on July 1, 1999.

SUMMARY—Prohibits department of human resources from considering assets of child or pregnant woman or their families to determine eligibility for child health assurance program. (BDR 38-489)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to public welfare; prohibiting the department of human resources from considering the assets of a child or pregnant woman or their families to determine eligibility for the child health assurance program; and providing other matters properly relating thereto.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

The administrator shall not include in the state plan for Medicaid a requirement that any resources or assets of a child or pregnant woman or the family of the child or pregnant woman be considered to determine eligibility for the child health assurance

program established pursuant to 42 U.S.C. § 1396a(a)(10)(A)(i)(IV), (VI) or (VII), unless required to include such a consideration pursuant to federal law.

Sec. 2. NRS 422.222 is hereby amended to read as follows:

422.222 1. The administrator may adopt such regulations as are necessary for the administration of NRS 422.070 to 422.410, inclusive , *and section 1 of this act* and any program of the welfare division.

2. A regulation adopted by the administrator becomes effective upon adoption or such other date as the administrator specifies in the regulation.

Sec. 3. NRS 232.320 is hereby amended to read as follows:

232.320 1. Except as otherwise provided in subsection 2, the director:

(a) Shall appoint, with the consent of the governor, chiefs of the divisions of the department, who are respectively designated as follows:

(1) The administrator of the aging services division;

(2) The administrator of the health division;

(3) The state welfare administrator; and

(4) The administrator of the division of child and family services.

(b) Shall administer, through the divisions of the department, the provisions of chapters 210, 423, 424, 425, 427A, 432A to 442, inclusive, 446, 447, 449 and 450 of NRS, NRS 127.220 to 127.310, inclusive, 422.070 to 422.410, inclusive, *and section 1 of this act,* 432.010 to 432.139, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 445A.050, inclusive, and all other provisions of law relating to the functions of the

divisions of the department, but is not responsible for the clinical activities of the health division or the professional line activities of the other divisions.

(c) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this state. The director shall revise the plan biennially and deliver a copy of the plan to the governor and the legislature at the beginning of each regular session. The plan must:

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

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

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

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

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

(6) Contain any other information necessary for the department to communicate effectively with the Federal Government concerning demographic trends, formulas for

the distribution of federal money and any need for the modification of programs administered by the department.

(d) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information to him regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which he deems necessary for his performance of the duties imposed upon him pursuant to this section.

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

2. The governor shall appoint the administrator of the mental hygiene and mental retardation division.

Sec. 4. This act becomes effective on July 1, 1999.

SUMMARY—Makes various changes concerning children's health insurance program as it relates to Indian children. (BDR 38-495)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health care; requiring the department of human resources to take certain actions to increase the enrollment of and health care services provided to Indian children in the children's health insurance program; establishing an advisory committee to provide advice and recommendations to the Nevada Indian commission concerning the children's health insurance program as it relates to Indian children; and providing other matters properly relating thereto.

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

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

Sec. 2. *"Children's health insurance program" means the program established pursuant to 42 U.S.C. §§ 1397aa to 1397jj, inclusive, to provide health insurance for uninsured children from low-income families in this state.*

Sec. 3. *The department shall:*

1. Seek the assistance of and cooperate with Indian tribes, tribal organizations and organizations that collaborate with Indian tribes to identify Indian children who may be eligible to enroll in the children's health insurance program and facilitate the enrollment of such children in the children's health insurance program;

2. Upon determining that an Indian child is eligible for the children's health insurance program, immediately take any necessary action to enroll the child in the children's health insurance program; and

3. Contract with the Indian Health Service and tribal clinics that provide health care services to Indians to provide health care services to Indian children who are enrolled in the children's health insurance program.

Sec. 4. NRS 422.001 is hereby amended to read as follows:

422.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 422.010 to 422.055, inclusive, *and section 2 of this act* have the meanings ascribed to them in those sections.

Sec. 5. NRS 422.001 is hereby amended to read as follows:

422.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 422.005 to 422.055, inclusive, ***and section 2 of this act*** have the meanings ascribed to them in those sections.

Sec. 6. NRS 422.050 is hereby amended to read as follows:

422.050 ***1.*** "Public assistance" includes:

~~[1.]~~ ***(a)*** State supplementary assistance;

~~[2.]~~ ***(b)*** Temporary assistance for needy families;

~~[3.]~~ ***(c)*** Medicaid;

~~[4.]~~ ***(d)*** Food stamp assistance;

~~[5.]~~ ***(e)*** Low-income home energy assistance;

~~[6.]~~ ***(f)*** The program for child care and development; and

~~[7.]~~ ***(g)*** Benefits provided pursuant to any other public welfare program administered by the welfare division or the division of health care financing and policy pursuant to such additional federal legislation as is not inconsistent with the purposes of this chapter.

2. The term does not include the children's health insurance program.

Sec. 7. NRS 422.050 is hereby amended to read as follows:

422.050 ***1.*** "Public assistance" includes:

~~[1.]~~ ***(a)*** State supplementary assistance;

~~[2.]~~ ***(b)*** Temporary assistance for needy families;

~~[3.]~~ ***(c)*** Medicaid;

~~[4.]~~ *(d)* Food stamp assistance;

~~[5.]~~ *(e)* Low-income home energy assistance;

~~[6.]~~ *(f)* The program for child care and development; and

~~[7.]~~ *(g)* Benefits provided pursuant to any other public welfare program administered by the welfare division pursuant to such additional federal legislation as is not inconsistent with the purposes of this chapter.

2. The term does not include the children's health insurance program.

Sec. 8. NRS 422.240 is hereby amended to read as follows:

422.240 1. Money to carry out the provisions of NRS 422.001 to 422.410, inclusive, ***and sections 2 and 3 of this act*** and ***NRS*** 422.580, including, without limitation, any federal money allotted to the State of Nevada pursuant to the program to provide temporary assistance for needy families and the program for child care and development, must be provided by appropriation by the legislature from the state general fund.

2. Disbursements for the purposes of NRS 422.001 to 422.410, inclusive, ***and sections 2 and 3 of this act*** and ***NRS*** 422.580 must be made upon claims duly filed, audited and allowed in the same manner as other money in the state treasury is disbursed.

Sec. 9. NRS 422.270 is hereby amended to read as follows:

422.270 The department shall:

1. Administer all public welfare programs of this state, including:

(a) State supplementary assistance;

(b) Temporary assistance for needy families;

(c) Medicaid;

(d) Food stamp assistance;

(e) Low-income home energy assistance;

(f) The program for child care and development;

(g) The program for the enforcement of child support; ~~[and]~~

(h) ***The children's health insurance program; and***

(i) Other welfare activities and services provided for by the laws of this state.

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the ~~[state]~~ ***State of Nevada*** to aid in the furtherance of any of the services and activities set forth in subsection 1.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary for the efficient operation of welfare programs, and in increasing the efficiency of welfare programs by prompt and judicious use of new federal grants which will assist the department in carrying out the provisions of this chapter.

4. Observe and study the changing nature and extent of welfare needs and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the state general fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to public assistance, welfare services and institutional care, when deemed necessary or convenient by the director.

6. Make such agreements with the Federal Government as may be necessary to carry out the supplemental security income program.

Sec. 10. NRS 422.270 is hereby amended to read as follows:

422.270 The department, through the welfare division, shall:

1. Except as otherwise provided in NRS 432.010 to 432.085, inclusive, administer all public welfare programs of this state, including:

(a) State supplementary assistance;

(b) Temporary assistance for needy families;

(c) Medicaid;

(d) Food stamp assistance;

(e) Low-income home energy assistance;

(f) The program for child care and development;

(g) The program for the enforcement of child support; ~~[and]~~

(h) ***The children's health insurance program; and***

(i) Other welfare activities and services provided for by the laws of this state.

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the ~~[state]~~ ***State of Nevada*** to aid in the furtherance of any of the services and activities set forth in subsection 1.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary for the efficient operation of welfare programs, and in increasing the efficiency of welfare programs by prompt and judicious use of new federal grants which will assist the welfare division in carrying out the provisions of NRS 422.070 to 422.410, inclusive ~~[.]~~ ***, and section 3 of this act.***

4. Observe and study the changing nature and extent of welfare needs and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the state general fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to public assistance, welfare services and institutional care, when deemed necessary or convenient by the administrator.

6. Make such agreements with the Federal Government as may be necessary to carry out the supplemental security income program.

Sec. 11. Chapter 233A of NRS is hereby amended by adding thereto the provisions set forth as sections 12 to 17, inclusive, of this act.

Sec. 12. ***As used in sections 12 to 17, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 13 and 14 of this act have the meanings ascribed to them in those sections.***

Sec. 13. *"Advisory committee" means the advisory committee concerning the children's health insurance program created pursuant to section 15 of this act.*

Sec. 14. *"Children's health insurance program" has the meaning ascribed to it in section 2 of this act.*

Sec. 15. *1. There is hereby created in the commission the advisory committee concerning the children's health insurance program. The advisory committee consists of three members appointed by the commission.*

2. Each member serves a term of 2 years. A member may be reappointed for additional terms of 2 years in the same manner as the original appointment.

3. A vacancy occurring in the membership of the advisory committee must be filled in the same manner as the original appointment.

4. The advisory committee shall meet at least once annually.

5. At its first meeting and annually thereafter, the advisory committee shall elect a chairman from among its members.

Sec. 16. *1. Each member of the advisory committee:*

(a) Serves without compensation; and

(b) Is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

2. Each member of the advisory committee who is an employee of the State of Nevada or a local government must be relieved from his duties without loss of his regular compensation so that he may prepare for and attend meetings of the advisory

committee and perform any work necessary to carry out the duties of the advisory committee in the most timely manner practicable. A state agency or local governmental entity shall not require an employee who is a member of the advisory committee to make up the time that he is absent from work or to take annual vacation or compensatory time for the time that he is absent from work to carry out his duties as a member of the advisory committee.

Sec. 17. *1. The advisory committee shall:*

(a) Advise the commission on matters related to the children's health insurance program, including, without limitation, matters related to the enrollment of Indian children in the program, outreach efforts to raise awareness about the program among Indians and other matters concerning the program which affect Indians; and

(b) Make recommendations concerning those matters to the commission.

2. The commission shall consider the advice and recommendations of the advisory committee and make any appropriate recommendations to the department of human resources as a result of this review.

Sec. 18. 1. This section and sections 1 to 4, inclusive, 6, 8, 9 and 11 to 17, inclusive, of this act become effective upon passage and approval.

2. Sections 4, 6, 8 and 9 of this act expire by limitation on June 30, 1999.

3. Sections 5, 7 and 10 of this act become effective at 12:01 a.m. on July 1, 1999.

SUMMARY—Makes various changes concerning application for and determination of eligibility for Medicaid and children's health insurance program. (BDR 38-498)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health care; making various changes concerning the application for and determination of eligibility for Medicaid and the children's health insurance program; and providing other matters properly relating thereto.

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

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

Sec. 2. ***"Children's health insurance program" means the program established pursuant to 42 U.S.C. §§ 1397aa to 1397jj, inclusive, to provide health insurance to uninsured children from low-income families in this state.***

Sec. 3. ***The division of health care financing and policy shall:***

1. Develop and make available one application to be used to determine eligiblity for the children's health insurance program and Medicaid; and

2. Ensure that each person who determines eligibility for Medicaid or the children's health insurance program is trained and authorized to determine eligibility for the other program.

Sec. 4. NRS 422.001 is hereby amended to read as follows:

422.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 422.010 to 422.055, inclusive, *and section 2 of this act* have the meanings ascribed to them in those sections.

Sec. 5. NRS 422.001 is hereby amended to read as follows:

422.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 422.005 to 422.055, inclusive, *and section 2 of this act* have the meanings ascribed to them in those sections.

Sec. 6. NRS 422.050 is hereby amended to read as follows:

422.050 *1.* "Public assistance" includes:

~~[1.]~~ *(a)* State supplementary assistance;

~~[2.]~~ *(b)* Temporary assistance for needy families;

~~[3.]~~ *(c)* Medicaid;

~~[4.]~~ *(d)* Food stamp assistance;

~~[5.]~~ *(e)* Low-income home energy assistance;

~~[6.]~~ *(f)* The program for child care and development; and

~~[7.]~~ *(g)* Benefits provided pursuant to any other public welfare program administered by the welfare division or the division of health care financing and policy pursuant to such additional federal legislation as is not inconsistent with the purposes of this chapter.

2. The term does not include the children's health insurance program.

Sec. 7. NRS 422.050 is hereby amended to read as follows:

422.050 *1.* "Public assistance" includes:

~~[1.]~~ *(a)* State supplementary assistance;

~~[2.]~~ *(b)* Temporary assistance for needy families;

~~[3.]~~ *(c)* Medicaid;

~~[4.]~~ *(d)* Food stamp assistance;

~~[5.]~~ *(e)* Low-income home energy assistance;

~~[6.]~~ *(f)* The program for child care and development; and

~~[7.]~~ *(g)* Benefits provided pursuant to any other public welfare program administered by the welfare division pursuant to such additional federal legislation as is not inconsistent with the purposes of this chapter.

2. The term does not include the children's health insurance program.

Sec. 8. NRS 422.240 is hereby amended to read as follows:

422.240 1. Money to carry out the provisions of NRS 422.001 to 422.410, inclusive, ***and sections 2 and 3 of this act,*** and ***NRS*** 422.580, including, without limitation, any federal money allotted to the State of Nevada pursuant to the program to

provide temporary assistance for needy families and the program for child care and development, must be provided by appropriation by the legislature from the state general fund.

2. Disbursements for the purposes of NRS 422.001 to 422.410, inclusive, ***and sections 2 and 3 of this act,*** and ***NRS*** 422.580 must be made upon claims duly filed, audited and allowed in the same manner as other money in the state treasury is disbursed.

Sec. 9. NRS 422.270 is hereby amended to read as follows:

422.270 The department shall:

1. Administer all public welfare programs of this state, including:

(a) State supplementary assistance;

(b) Temporary assistance for needy families;

(c) Medicaid;

(d) Food stamp assistance;

(e) Low-income home energy assistance;

(f) The program for child care and development;

(g) The program for the enforcement of child support; ~~[and]~~

(h) ***The children's health insurance program; and***

(i) Other welfare activities and services provided for by the laws of this state.

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the ~~[state]~~ ***State of Nevada*** to aid in the furtherance of any of the services and activities set forth in subsection 1.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary for the efficient operation of welfare programs, and in increasing the efficiency of welfare programs by prompt and judicious use of new federal grants which will assist the department in carrying out the provisions of this chapter.

4. Observe and study the changing nature and extent of welfare needs and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the state general fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to public assistance, welfare services and institutional care, when deemed necessary or convenient by the director.

6. Make such agreements with the Federal Government as may be necessary to carry out the supplemental security income program.

Sec. 10. NRS 422.270 is hereby amended to read as follows:

422.270 The department, through the welfare division, shall:

1. Except as otherwise provided in NRS 432.010 to 432.085, inclusive, administer all public welfare programs of this state, including:

(a) State supplementary assistance;

(b) Temporary assistance for needy families;

(c) Medicaid;

(d) Food stamp assistance;

(e) Low-income home energy assistance;

(f) The program for child care and development;

(g) The program for the enforcement of child support; ~~[and]~~

(h) ***The children's health insurance program; and***

(i) Other welfare activities and services provided for by the laws of this state.

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the ~~[state]~~ ***State of Nevada*** to aid in the furtherance of any of the services and activities set forth in subsection 1.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary for the efficient operation of welfare programs, and in increasing the efficiency of welfare programs by prompt and judicious use of new federal grants which will assist the welfare division in carrying out the provisions of NRS 422.070 to 422.410, inclusive ~~[.]~~ ***, and section 3 of this act.***

4. Observe and study the changing nature and extent of welfare needs and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the state general fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to public assistance, welfare services and institutional care, when deemed necessary or convenient by the administrator.

6. Make such agreements with the Federal Government as may be necessary to carry out the supplemental security income program.

Sec. 11. Section 3 of this act is hereby amended to read as follows:

Sec. 3. The ***welfare*** division ~~[of health care financing and policy]~~ shall:

1. Develop and make available one application to be used to determine eligibility for the children's health insurance program and Medicaid; and

2. Ensure that each person who determines eligibility for Medicaid or the children's health insurance program is trained and authorized to determine eligibility for the other program.

Sec. 12. The application to be developed pursuant to sections 3 and 11 of this act to determine eligibility for the children's health insurance program and Medicaid must be developed and in use not later than July 1, 1999.

Sec. 13. 1. This section and sections 1 to 4, inclusive, 6, 8, 9 and 12 of this act become effective upon passage and approval.

2. Sections 4, 6, 8 and 9 of this act expire by limitation on June 30, 1999.

3. Section 11 of this act becomes effective on July 1, 1999.

4. Sections 5, 7 and 10 of this act become effective at 12:01 a.m. on July 1, 1999.

SUMMARY—Requires department of human resources to provide services pursuant to Medicaid program to certain persons with disabilities whose total household income is less than 250 percent of federally designated level signifying poverty. (BDR 38-1128)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to public welfare; requiring the department of human resources to provide services pursuant to the Medicaid program to certain persons with disabilities whose total household income is less than 250 percent of the federally designated level signifying poverty; and providing other matters properly relating thereto.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

The director shall include in the state plan for Medicaid a provision for making medical assistance available to any person with a disability:

1. Whose total income combined with any family member in his household is less than 250 percent of the federally designated level signifying poverty; and

2. Who meets all other requirements set forth in 42 U.S.C. § 1396a(a)(10)(A)(ii)(XIII).

Sec. 2. NRS 422.222 is hereby amended to read as follows:

422.222 1. The administrator may adopt such regulations as are necessary for the administration of NRS 422.070 to 422.410, inclusive *, and section 1 of this act* and any program of the welfare division.

2. A regulation adopted by the administrator becomes effective upon adoption or such other date as the administrator specifies in the regulation.

Sec. 3. NRS 232.320 is hereby amended to read as follows:

232.320 1. Except as otherwise provided in subsection 2, the director:

(a) Shall appoint, with the consent of the governor, chiefs of the divisions of the department, who are respectively designated as follows:

(1) The administrator of the aging services division;

(2) The administrator of the health division;

(3) The state welfare administrator; and

(4) The administrator of the division of child and family services.

(b) Shall administer, through the divisions of the department, the provisions of chapters 210, 423, 424, 425, 427A, 432A to 442, inclusive, 446, 447, 449 and 450 of NRS, NRS 127.220 to 127.310, inclusive, 422.070 to 422.410, inclusive, ***and section 1 of this act,*** 432.010 to 432.139, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 445A.050, inclusive, and all other provisions of law relating to the functions of the divisions of the department, but is not responsible for the clinical activities of the health division or the professional line activities of the other divisions.

(c) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this state. The director shall revise the plan biennially and deliver a copy of the plan to the governor and the legislature at the beginning of each regular session. The plan must:

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

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

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

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

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

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

(d) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information to him regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which he deems necessary for his performance of the duties imposed upon him pursuant to this section.

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

2. The governor shall appoint the administrator of the mental hygiene and mental retardation division.

SUMMARY—Requires department of human resources to establish program of primary and supplemental health care services for certain persons with disabilities who are ineligible for Medicaid. (BDR 38-1129)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to public welfare; requiring the department of human resources to establish a program of primary and supplemental health care services for certain persons with disabilities who are ineligible for Medicaid; and providing other matters properly relating thereto.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The director shall establish a program of primary health care services and supplemental health care services to be offered to each person with a disability in this state:

(a) Who is not eligible for medical assistance pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq.;

(b) Whose medical costs as a result of his disability are not covered by a policy of group health insurance of his employer;

(c) Who is not eligible for medical assistance pursuant to any work incentive program in which the Federal Government participates; and

(d) Who, if not engaged in substantial gainful activity, would satisfy all of the eligibility requirements for supplemental security income pursuant to Title XVI of the Social Security Act, 42 U.S.C. §§ 1381 et seq., at the time he applies to participate in the program.

2. The director shall require persons enrolled in the program established pursuant to subsection 1 to pay contributions toward premiums, copayments or deductibles according to a schedule established on a sliding scale. The program must be funded in part by the contributions paid by persons enrolled in the program.

3. The legislative committee on health care shall:

(a) Monitor the development of the program established pursuant to subsection 1; and

(b) Provide advice and guidance to the director concerning the program established pursuant to subsection 1.

Sec. 2. NRS 422.222 is hereby amended to read as follows:

422.222 1. The administrator may adopt such regulations as are necessary for the administration of NRS 422.070 to 422.410, inclusive , ***and section 1 of this act*** and any program of the welfare division.

2. A regulation adopted by the administrator becomes effective upon adoption or such other date as the administrator specifies in the regulation.

Sec. 3. NRS 232.320 is hereby amended to read as follows:

232.320 1. Except as otherwise provided in subsection 2, the director:

(a) Shall appoint, with the consent of the governor, chiefs of the divisions of the department, who are respectively designated as follows:

(1) The administrator of the aging services division;

(2) The administrator of the health division;

(3) The state welfare administrator; and

(4) The administrator of the division of child and family services.

(b) Shall administer, through the divisions of the department, the provisions of chapters 210, 423, 424, 425, 427A, 432A to 442, inclusive, 446, 447, 449 and 450 of NRS, NRS 127.220 to 127.310, inclusive, 422.070 to 422.410, inclusive, ***and section 1 of this act,*** 432.010 to 432.139, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 445A.050, inclusive, and all other provisions of law relating to the functions of the divisions of the department, but is not responsible for the clinical activities of the health division or the professional line activities of the other divisions.

(c) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this state. The director shall revise the plan biennially and deliver a copy of the plan to the governor and the legislature at the beginning of each regular session. The plan must:

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

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

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

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

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

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

(d) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information to him regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which he deems necessary for his performance of the duties imposed upon him pursuant to this section.

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

2. The governor shall appoint the administrator of the mental hygiene and mental retardation division.

Sec. 4. 1. On or before December 31, 1999, the department of human resources shall report to the legislative committee on health care concerning the manner in which the department intends to establish the program required pursuant to section 1 of this act. The department shall submit such additional reports as requested by the committee.

2. The legislative committee on health care shall provide advice and recommendations to the department of human resources and submit quarterly reports to the interim finance committee concerning the progress of the program.

3. On or before July 1, 2000, the department of human resources shall, with the consent of the interim finance committee, establish the program required pursuant to section 1 of this act.

SUMMARY—Provides for licensure of homes for individual residential care in same manner as residential facilities for groups. (BDR 40-485)

FISCAL NOTE: Effect on Local Government: Yes.

Effect on the State or on Industrial Insurance: No.

AN ACT relating to personal care facilities; repealing the provisions providing for the registration of homes for individual residential care; providing that such homes must become licensed residential facilities for groups to continue to operate; and providing other matters properly relating thereto.

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

Section 1. NRS 449.017 is hereby amended to read as follows:

449.017 1. Except as otherwise provided in subsection 2, "residential facility for groups" means an establishment that furnishes food, shelter, assistance and limited supervision to:

(a) Any aged, infirm, mentally retarded or handicapped person; or

(b) Four or more females during pregnancy or after delivery.

2. The term does not include:

(a) An establishment which provides care only during the day;

(b) ~~[A natural person who provides care for no more than two persons in his own home;~~

~~(c)]~~ A natural person who provides care for one or more persons related to him within the third degree of consanguinity or affinity; or

~~[(d)]~~ *(c)* A facility funded by the welfare division or the mental hygiene and mental retardation division of the department of human resources.

Sec. 2. NRS 449.0105, 449.249, 449.2493 and 449.2496 are hereby repealed.

Sec. 3. 1. Notwithstanding the provisions of NRS 449.017, as amended by this act, and NRS 449.030, a person who is operating a Home for Individual Residential Care on July 1, 1999, which is registered with the Health Division of the Department of Human Resources pursuant to NRS 449.249, may continue to operate the Home for Individual Residential Care pursuant to the provisions of NRS 449.0105 to 449.2496, inclusive, and the regulations adopted pursuant thereto, as those provisions existed on July 1, 1999, until January 1, 2000, without becoming licensed as a Residential Facility for Groups, but must either become licensed as a Residential Facility for Groups on or before January 1, 2000, or cease operation on that date.

2. On or before August 1, 1999, the Health Division of the Department of Human Resources shall provide a copy of the provisions of subsection 1 to each Home for Individual Residential Care that is registered pursuant to NRS 449.249 on July 1, 1999.

3. The Health and Aging Services Divisions of the Department of Human Resources shall continue to perform the duties prescribed by the provisions of NRS 449.0105 to 449.2496, inclusive, and the regulations adopted pursuant thereto, as those provisions existed on July 1, 1999, as to each Home for Individual Residential Care which continues to operate after July 1, 1999, pursuant to subsection 1 until January 1, 2000, or the date on which there are no such remaining homes, whichever is earlier.

Sec. 4. This act becomes effective on July 1, 1999.

Sec. 5. 1. All administrative regulations adopted by the State Board of Health pursuant to the authority in subsection 1 of NRS 449.249 are hereby declared to be void on January 1, 2000.

2. In preparing supplements to the Nevada Administrative Code, on or after January 1, 2000, the Legislative Counsel shall remove all provisions declared void by subsection 1.

TEXT OF REPEALED SECTIONS

449.0105 "Home for individual residential care" defined. "Home for individual residential care" means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons who are aged, infirm, mentally retarded or handicapped, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services.

449.249 Establishment of procedure for registration; registration by health division.

1. The board shall adopt regulations establishing a procedure for the registration by the health division of homes for individual residential care.

2. The health division shall register any home for individual residential care that complies with the regulations adopted pursuant to subsection 1.

449.2493 Authority of health division and aging services division of department of human resources. The health division and the aging services division of the department of human resources may:

1. Investigate any complaints against a home for individual residential care and, when conducting such an investigation, may inspect the home during normal business hours, with or without notice.

2. Report to an appropriate state or local agency any violations of state or local laws or regulations discovered during an investigation conducted pursuant to this section.

449.2496 Registration required for operation; penalty.

1. A person shall not operate or maintain in this state a home for individual residential care unless the home is registered with the health division pursuant to NRS 449.249.

2. A person who commits a second or subsequent violation of subsection 1 is guilty of a misdemeanor.

SUMMARY—Requires Department of Human Resources to study facilities for long-term care that provide services to recipients of Medicaid. (BDR S-486)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to long-term care; requiring the Department of Human Resources to conduct a study of facilities for long-term care that provide services to recipients of Medicaid; and providing other matters properly relating thereto.

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

Section 1. 1. The Department of Human Resources shall:

(a) Conduct a study to determine:

(1) Whether the staffing for facilities for long-term care that provide services to recipients of Medicaid is satisfactory;

(2) Whether the rates of reimbursement from the state plan for Medicaid to such facilities for long-term care are satisfactory; and

(3) How those rates relate to the federal rates of reimbursement for skilled nursing facilities which are published pursuant to 42 C.F.R. § 413.345 and which are calculated using the current version of the Resource Utilization Groups method of calculation, as referred to in 42 C.F.R. § 413.333; and

(b) On or before July 1, 2000, submit its findings and recommendations to the Legislative Committee on Health Care.

2. The Legislative Committee on Health Care shall:

(a) Review the findings and recommendations submitted by the Department of Human Resources;

(b) Submit any recommendations as a result of that review to the Interim Finance Committee; and

(c) Submit any recommendations for legislation to the 71st session of the Nevada Legislature.

Sec. 2. This act becomes effective on July 1, 1999.

SUMMARY—Makes appropriation to University of Nevada School of Medicine for establishment of program to treat children with diabetes. (BDR S-487)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Contains Appropriation not included in Executive Budget.

AN ACT making an appropriation to the University of Nevada School of Medicine for the establishment of a program to treat children with diabetes; and providing other matters properly relating thereto.

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

Section 1. 1. There is hereby appropriated from the state general fund to the University of Nevada School of Medicine for the establishment of a program to treat children under 18 years of age who have Type I and Type II diabetes:

For the fiscal year 1999-2000..... $379,500

For the fiscal year 2000-2001..... $379,500

2. The program must be established in partnership with the Sunrise Hospital and Medical Center and the University Medical Center of Southern Nevada.

3. The money appropriated by subsection 1 must be used to pay the salaries for:

(a) Four pediatric endocrinologists specializing in diabetes;

(b) One nurse who is qualified to instruct persons concerning issues related to diabetes;

(c) One dietitian; and

(d) One social worker.

Any money remaining after paying the salaries for the persons listed in this subsection must be used to enhance the program.

4. The administrators of the program to treat children with diabetes must submit a bill to and accept payment from any health insurer that provides insurance to a person who receives services under the program.

5. After the first 2 years the program must be funded entirely by donations, grants and any money collected pursuant to subsection 4.

Sec. 2. The sums appropriated by section 1 of this act are available for either fiscal year. Any balance of those sums must not be committed for expenditure after June 30, 2001, and reverts to the state general fund as soon as all payments of money committed have been made.

Sec. 3. This act becomes effective upon passage and approval.

SUMMARY—Requires Department of Human Resources to study feasibility of expanding eligibility for Medicaid to include persons who are medically needy. (BDR S-488)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to Medicaid; requiring the Department of Human Resources to study the feasibility of expanding eligibility for Medicaid to include persons who are medically needy; and providing other matters properly relating thereto.

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

Section 1. 1. The Department of Human Resources shall:

(a) Conduct a study to determine the:

(1) Feasibility of expanding eligibility for Medicaid pursuant to 42 U.S.C. § 1396a(a)(10)(C) to include persons who are medically needy;

(2) Cost of carrying out such an expansion of Medicaid, and the personnel required to carry out the expansion;

(3) Sources of revenue that may be available in this state to carry out such an expansion of Medicaid; and

(4) Possibility of carrying out such an expansion of Medicaid on an incremental basis, including expanding Medicaid to include medically needy disabled persons as soon as possible;

(b) Work in cooperation with the counties in this state and the Federal Government to determine the requirements for expanding Medicaid pursuant to 42 U.S.C. § 1396a(a)(10)(C) to include persons who are medically needy; and

(c) On or before July 1, 2000, submit its findings and recommendations to the Legislative Committee on Health Care.

2. The Legislative Committee on Health Care shall:

(a) Review the findings and recommendations submitted by the Department of Human Resources;

(b) Submit any appropriate recommendations as a result of that review to the Interim Finance Committee; and

(c) Submit any recommendations for legislation to the 71st session of the Nevada Legislature.

Sec. 2. This act becomes effective on July 1, 1999.

SUMMARY—Requires Department of Human Resources to study feasibility of providing presumptive eligibility to certain recipients of Medicaid and of providing similar benefit to recipients of child health insurance program. (BDR S-490)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health care; requiring the Department of Human Resources to study the feasibility of providing presumptive eligibility to certain recipients of Medicaid and of providing a similar benefit to recipients of the child health insurance program; and providing other matters properly relating thereto.

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

Section 1. 1. The Department of Human Resources shall:

(a) Conduct a study to determine the feasibility of providing:

(1) Presumptive eligibility to pregnant women pursuant to 42 U.S.C. § 1396r-1 and to persons who are less than 19 years of age pursuant to 42 U.S.C. § 1396r-1a in the state plan for Medicaid; and

(2) A benefit similar to presumptive eligibility to persons who are less than 19 years of age in the child health insurance program as established pursuant to 42 U.S.C. §§ 1397aa to 1397jj, inclusive; and

(b) On or before July 1, 2000, submit its findings and recommendations to the Legislative Committee on Health Care.

2. The Legislative Committee on Health Care shall:

(a) Review the findings and recommendations submitted by the Department of Human Resources;

(b) Submit any appropriate recommendations as a result of that review to the Interim Finance Committee; and

(c) Submit any recommendations for legislation to the 71st session of the Nevada Legislature.

Sec. 2. This act becomes effective on July 1, 1999.

SUMMARY—Requires Welfare Division of Department of Human Resources to conduct study concerning personnel of nursing homes. (BDR S-491)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to health care; requiring the Welfare Division of the Department of Human Resources to conduct a study to determine whether a shortage of personnel in nursing homes exists, to determine the feasibility of training recipients of temporary assistance for needy families to work in nursing homes and to assess the child care necessary for such recipients to work in nursing homes; and providing other matters properly relating thereto.

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

Section 1. 1. The Welfare Division of the Department of Human Resources shall:

(a) In cooperation with the Nevada Health Care Association, conduct a study to:

(1) Determine whether a shortage of personnel, including, without limitation, certified nursing assistants, exists in nursing homes in this state;

(2) Assess the skills of recipients of temporary assistance for needy families;

(3) Determine the feasibility of developing a program to train recipients of temporary assistance for needy families to work in nursing homes, including, without limitation, as certified nursing assistants;

(4) Determine the need for child care for recipients of temporary assistance for needy families that would be necessary to allow such recipients to work in nursing homes; and

(5) Identify methods to encourage nursing homes to provide child care for employees who are recipients of temporary assistance for needy families; and

(b) On or before July 1, 2000, submit its findings and recommendations to the Legislative Committee on Health Care.

2. The Legislative Committee on Health Care shall:

(a) Review the findings and recommendations submitted by the Welfare Division of the Department of Human Resources;

(b) Submit appropriate recommendations as a result of that review to the Interim Finance Committee; and

(c) Submit appropriate recommendations for legislation to the 71st session of the Nevada Legislature.

3. As used in this section:

(a) "Certified nursing assistant" means a nursing assistant certified pursuant to the provisions of chapter 632 of NRS;

(b) "Nursing assistant" has the meaning ascribed to it in NRS 632.0166; and

(c) "Temporary assistance for needy families" has the meaning ascribed to it in NRS 422.0535.

Sec. 2. This act becomes effective on July 1, 1999.

SUMMARY—Makes appropriation for consultant to conduct study of feasibility of developing method for evaluating quality of care provided to certain recipients of Medicaid. (BDR S-1126)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Contains Appropriation not included in Executive Budget.

AN ACT relating to health care; requiring the Legislative Committee on Health Care to contract with an independent organization to conduct a study of the feasibility of developing a method for evaluating the quality of care provided to certain recipients of Medicaid; making an appropriation; and providing other matters properly relating thereto.

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

Section 1. 1. The Legislative Committee on Health Care is hereby directed to contract with an independent organization to conduct a study of the feasibility of

developing a cost-efficient method for evaluating the quality of care provided to recipients of Medicaid who do not participate in the Medicaid managed care program.

2. The independent organization selected to conduct the study shall:

(a) Assess methods for evaluating that are designed to produce regular evaluations of the quality of care provided to recipients of Medicaid who do not participate in the Medicaid managed care program;

(b) Assess the resources available in the public and private sectors that may be used to evaluate the satisfaction of aged and disabled recipients of Medicaid who do not participate in the Medicaid managed care program with the quality of services they receive;

(c) Identify and evaluate the current data requirements imposed by the Department of Human Resources on providers of health care, licensed health care facilities and managed care organizations that deliver services to recipients of Medicaid who do not participate in the Medicaid managed care program;

(d) Study any other related issue as directed by the Legislative Committee on Health Care; and

(e) Provide recommendations for cost-efficient methods to evaluate regularly the quality of care provided to recipients of Medicaid who do not participate in the Medicaid managed care program.

3. The independent organization selected to conduct the study shall provide to the Legislative Committee on Health Care a verbal and written report of its progress

concerning the study on or before October 1, 1999, and thereafter at each meeting of the Legislative Committee on Health Care until the completion of the study.

4. The study required pursuant to this section must be completed on or before June 1, 2000, and a written report thereof submitted to the Legislative Committee on Health Care.

Sec. 2. 1. There is hereby appropriated from the state general fund to the Legislative Committee on Health Care the sum of $100,000 for conducting the study required pursuant to section 1 of this act.

2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after June 1, 2000, and reverts to the state general fund as soon as all payments of money committed have been made.

Sec. 3. This act becomes effective on July 1, 1999.

SUMMARY—Directs Legislative Commission to appoint a subcommittee to conduct interim study concerning long-term care. (BDR R-482)

_____ CONCURRENT RESOLUTION—Directing the Legislative Commission to appoint a subcommittee to conduct an interim study concerning long-term care.

WHEREAS, The State of Nevada has experienced unprecedented growth in population, and a large percentage of this growth is attributable to elderly persons who have retired in this state; and

WHEREAS, Persons who are 65 years of age or older and persons with disabilities generally have the highest incidence of chronic illness and the greatest need for long-term care services; and

WHEREAS, The health care needs of this growing segment of the population must be addressed to ensure that their needs are met with the best resources available within this state; and

WHEREAS, There are generally three types of long-term care services available to elderly persons who are unable to live safely alone without assistance, including, community-based care for those who can remain at home with supportive services, group care facilities or assisted living facilities, and nursing home care provided in a medical facility; and

WHEREAS, Spending for long-term care is biased toward institutional care even though several studies have concluded that community-based care offers a cost-effective alternative to institutional care; and

WHEREAS, It is important to determine the availability of alternatives for providing long-term care other than institutionalized care within the State of Nevada, the costs of each alternative type of care, and the advantages and disadvantages of each alternative type of care to ensure that persons in need of long-term care and the agencies of the state and local governments responsible for administering public programs for the elderly are able to make informed decisions concerning health care services; and

WHEREAS, Approximately 80 percent of the funding for nursing homes comes from public sources, including, without limitation, Medicare, Medicaid and county medical assistance programs; and

WHEREAS, Acute care services provided to elderly persons through Medicare are currently not integrated with long-term care services provided to elderly persons through Medicaid; and

WHEREAS, The lack of coordination between Medicare and Medicaid leads to conflicting incentives for payment, shifting of costs between programs and providers, and duplicative administrative provisions that impede good clinical care and efficient delivery of services to elderly persons who are eligible for both Medicare and Medicaid; and

WHEREAS, To be eligible for Medicaid in a nursing home, a single person must possess less than $2,000 in nonhousing assets and must contribute all of his income

toward the cost of his care, except for a small allowance for personal needs, which is generally $30 per month; and

WHEREAS, The requirement that persons in this state impoverish themselves to become eligible for long-term care benefits places many persons in need of long-term care in a very difficult situation when determining how to receive the health care services that they need to survive; and

WHEREAS, The growing number of persons in need of long-term care is of grave concern to this legislative body; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Legislative Commission is hereby directed to appoint a subcommittee to conduct an interim study of long-term care in the State of Nevada; and be it further

RESOLVED, That the study must include, without limitation:

1. The identification, review and evaluation of alternatives to institutionalization for providing long-term care, including, without limitation:

(a) Analyzing the costs of the alternatives to institutionalization and the costs of institutionalization for persons receiving long-term care in this state;

(b) Determining the positive and negative effects of the different methods for providing long-term care services on the quality of life of persons receiving those services in this state;

(c) Determining the personnel required for each method of providing long-term care services in this state; and

(d) Determining realistic methods for funding the long-term care services provided to all persons who are receiving or who are eligible to receive such services in this state;

2. An evaluation of the possibility of obtaining a waiver from the Federal Government to integrate and coordinate acute care services provided through Medicare and long-term care services provided through Medicaid in this state; and

3. An evaluation of the possibility of obtaining a waiver from the Federal Government to eliminate the requirement that elderly persons in this state impoverish themselves as a condition of receiving assistance for long-term care; and be it further

RESOLVED, That any recommended legislation proposed by the subcommittee must be approved by a majority of the members of the Senate and a majority of the members of the Assembly appointed to the subcommittee; and be it further

RESOLVED, That the Legislative Commission shall submit a report of the results of the study and any recommendations for legislation to the 71st session of the Nevada Legislature.

SUMMARY—Urges Bureau of Licensure and Certification of Health Division of Department of Human Resources to use continuous quality improvement approach to monitor quality of care provided to residents of certain facilities for long-term care. (BDR R-483)

_____ CONCURRENT RESOLUTION—Urging the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources to use a continuous quality improvement approach to monitor the quality of care provided to residents of certain facilities for long-term care.

WHEREAS, The Bureau of Licensure and Certification of the Health Division of the Department of Human Resources is required pursuant to federal law to perform an annual survey of nursing facilities funded by Medicaid and skilled nursing facilities funded by Medicare to monitor the quality of care provided to residents of such facilities; and

WHEREAS, The results of the surveys conducted by the Bureau of Licensure and Certification assist consumers in choosing a nursing facility for themselves or their loved ones; and

WHEREAS, The Bureau of Licensure and Certification has been required by federal law to use the system currently used for monitoring the quality of care provided to residents of such facilities for approximately 10 years; and

WHEREAS, The system currently used for monitoring the quality of care provided to residents of such facilities does not take advantage of existing computer technology to improve the quality of the results of the survey; and

WHEREAS, The system currently used for monitoring the quality of care provided to residents of such facilities only collects data approximately once a year, and thus the results of the surveys are not based on updated information; and

WHEREAS, Such facilities regularly submit data electronically to the Bureau of Licensure and Certification concerning the quality of care received by their residents; and

WHEREAS, Software currently exists for organizing such electronic data to assist in comparing data concerning the quality of care provided to residents of such facilities over time and among facilities; and

WHEREAS, Using such electronic data and software will enable the Bureau of Licensure and Certification to better evaluate and monitor the quality of care provided to residents of nursing facilities and skilled nursing facilities in this state, which will result in better information for consumers of long-term care; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Legislature hereby encourages the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources to use, simultaneously with the system currently required by federal law, a continuous quality improvement approach which focuses on measuring the well-being and satisfaction of residents of nursing facilities and skilled nursing facilities to monitor the quality of care

provided to residents of such facilities, including, without limitation, using information submitted electronically by the facilities and software for organizing and evaluating such information; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Chief of the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources.

SUMMARY—Urges Bureau of Licensure and Certification of Health Division of Department of Human Resources to make its published survey of certain long-term care facilities more accessible and easier to understand. (BDR R-484)

_____ CONCURRENT RESOLUTION—Urging the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources to publish its survey of certain long-term care facilities in a manner that it is more accessible and easier for consumers to understand.

WHEREAS, The Bureau of Licensure and Certification of the Health Division of the Department of Human Resources is required by federal law to survey nursing facilities funded by Medicaid and skilled nursing facilities funded by Medicare to determine whether the facilities continue to meet the requirements for participation in the Medicaid and Medicare programs; and

WHEREAS, Such surveys must include, without limitation, an evaluation of the quality of care provided to residents of the facilities, as measured by medical, nursing and rehabilitative care, services related to diet and nutrition, opportunities to participate in social activities, sanitation, control of infection and the physical environment; and

WHEREAS, The Bureau of Licensure and Certification is required by federal law to make certain information concerning the surveys of nursing facilities funded by Medicaid

and skilled nursing facilities funded by Medicare available upon request to the public; and

WHEREAS, Information and data collected through the surveys, including, without limitation, information concerning the quality of care furnished to residents of such facilities, is useful to consumers in choosing a nursing facility for themselves or their loved ones when it is available in convenient locations and in a format that is clear and comprehensible to a layperson who has limited experience with skilled and unskilled nursing facilities; and

WHEREAS, The information and data collected through the surveys is currently not available in convenient locations or provided to the public in a manner that is easy to understand and use in making decisions concerning long-term care; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby encourages the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources to make the results of its survey of nursing facilities and skilled nursing facilities available to the public in a format that is clear and easily understandable to ensure that the results of the survey will assist consumers in choosing and evaluating nursing facilities; and be it further

RESOLVED, That the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources is hereby encouraged to make the results of its survey of nursing facilities and skilled nursing facilities available at locations that are

easily accessible to consumers of long-term care, including, without limitation, senior centers; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Chief of the Bureau of Licensure and Certification of the Health Division of the Department of Human Resources.

SUMMARY—Directs Legislative Commission to conduct interim study of Medicaid managed care programs. (BDR R-493)

_____ CONCURRENT RESOLUTION—Directing the Legislative Commission to conduct an interim study of Medicaid managed care programs.

WHEREAS, Medicaid managed care programs provide health care services to many residents of this state; and

WHEREAS, It is important to determine the quality of health care services provided to participants of Medicaid managed care programs; and

WHEREAS, It is important to determine the impact of Medicaid managed care programs upon essential community providers; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Legislative Commission is hereby directed to appoint a subcommittee of legislators to conduct an interim study concerning Medicaid managed care programs, including, without limitation, the child health assurance program established pursuant to 42 U.S.C. § 1396a(a)(10)(A)(i)(IV), (VI) and (VII); and be it further

RESOLVED, That the study must include an analysis of:

1. The quality of health care services provided by Medicaid managed care programs;

2. Whether pharmaceutical products are provided in a timely manner to participants of Medicaid managed care programs;

3. Whether providers of health care are available within the geographic area of the participants;

4. Whether participants have adequate access to health care specialists;

5. The manner in which the Medicaid managed care programs resolve complaints of participants; and

6. Any other matter related to the adequacy of the services provided by Medicaid managed care programs, as deemed necessary by the subcommittee; and be it further

RESOLVED, That the subcommittee shall review and evaluate the impact of Medicaid managed care programs upon:

1. Recipients of temporary assistance for needy families as defined in NRS 422.0535; and

2. Essential community providers; and be it further

RESOLVED, That the subcommittee shall define "essential community provider" for the purposes of the study; and be it further

RESOLVED, That any recommended legislation proposed by the subcommittee must be approved by a majority of the members of the Senate appointed to the subcommittee and a majority of the members of the Assembly appointed to the subcommittee; and be it further

RESOLVED, That the Legislative Commission shall submit a report of the results of the study and any recommendations for legislation to the 71st session of the Nevada Legislature.

SUMMARY—Urges Department of Human Resources to increase access to services of personal care assistants for recipients of Medicaid. (BDR R-1125)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to increase access to the services of personal care assistants for recipients of Medicaid.

WHEREAS, Persons with disabilities are often forced to live in long-term care facilities when they become unable to perform certain activities of daily living; and

WHEREAS, Many of these persons would be able to remain in their homes with the assistance of a personal care assistant; and

WHEREAS, Persons who receive services from personal care assistants rather than living in a long-term care facility enjoy a higher quality of life, experience increased independence and contribute more to society; and

WHEREAS, The Health Care Financing Administration of the United States Department of Health and Human Services has recognized that Medicaid programs are biased towards institutional care rather than providing home-based and community-based care; and

WHEREAS, The Health Care Financing Administration has appointed a task force to study this problem, is adopting new regulations to reduce the bias towards institutional care and is encouraging states to be more creative so that more recipients of Medicaid are

able to remain in their homes; and

WHEREAS, Recipients of Medicaid in this state have experienced difficulty in obtaining the services of personal care assistants because the rate of reimbursement does not attract the necessary portion of the workforce to provide this type of service and because of the requirement that personal care assistants purchase industrial insurance; and

WHEREAS, Additional problems with the use of personal care assistants in the Medicaid program in this state exist because the Department of Human Resources does not have an adequate system in place to provide a substitute when a personal care assistant unexpectedly is unable to work as scheduled; and

WHEREAS, Presently the Department of Human Resources only provides personal care assistants who are independent contractors and does not actively recruit a sufficient number of personal care assistants to handle the high turnover rate in this profession; and

WHEREAS, The Nevada Legislature recognizes the need to provide persons with disabilities the necessary support to enable them to maintain independence and continue as productive members of society; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby urges the Department of Human Resources to:

1. Provide easier access to and promote the use of personal care assistants to recipients of Medicaid;

2. Authorize the use of personal care assistants and provide reimbursement for the use of personal care assistants any time that such use is authorized by law;

3. Develop an approach to providing the services of personal care assistants for recipients of Medicaid that is focused on the needs of the recipients;

4. Budget for increased use of personal care assistants by recipients of Medicaid;

5. Increase the rate of reimbursement to personal care assistants who provide services for recipients of Medicaid to ensure that the rate provided is at least equal to the rate provided to other persons who provide substantially similar services;

6. Contract with private agencies for the provision of services of personal care assistants for recipients of Medicaid and develop penalties for such agencies if they do not fulfill the terms of the contract; and

7. Develop solutions concerning the cost of industrial insurance for personal care assistants who are independent contractors; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Urges Department of Human Resources to improve access to home-based and community-based waiver programs for recipients of Medicaid. (BDR R-1127)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to improve access to home-based and community-based waiver programs for recipients of Medicaid.

WHEREAS, Medicaid programs have typically provided reimbursement for medical services only; and

WHEREAS, As a result, the only option that has been available to recipients of Medicaid who are in need of assistance with certain activities of daily living has been to move into long-term care facilities, which are considered medical facilities that provide medical services, to receive the care they require; and

WHEREAS, The Health Care Financing Administration of the Department of Health and Human Services grants waivers to states so that Medicaid programs may provide reimbursement for certain nonmedical services and provide long-term care services in the community rather than in a nursing home or other institutional setting; and

WHEREAS, Services provided as a result of the home-based and community-based waivers are considered by many to be a preferable alternative to long-term institutional care because they provide greater choice and independence for the recipient and are less

expensive than the cost of institutional care; and

WHEREAS, The Medicaid program in this state has received four home-based and community-based waivers to provide alternative services to persons who are disabled, elderly or mentally retarded; and

WHEREAS, Although services are available to certain recipients of Medicaid in this state through the home-based and community-based waiver programs, a person who applies for such services is often placed on a waiting list for 6 months to 2 years before his application is evaluated to determine whether he is eligible to receive such services; and

WHEREAS, Because of the long period of waiting to enroll in the Medicaid waiver programs and the uncertainty concerning eligibility, some recipients of Medicaid choose to enter long-term care facilities to receive the assistance they require; and

WHEREAS, The Legislature recognizes the importance of making the home-based and community-based waiver programs available to all eligible recipients of Medicaid; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby encourages the Department of Human Resources to:

1. Take the actions necessary to eliminate waiting lists for participation in its home-based and community-based waiver programs;

2. Streamline the process to determine eligibility of Medicare recipients for participation in waiver programs; and

3. Conduct regular evaluations to assess the satisfaction of recipients of Medicaid who apply to waiver programs and who receive waiver services; and be it further

RESOLVED, That the Department of Human Resources is hereby directed to submit a report of the progress it has made toward carrying out these goals to the 71st session of the Nevada Legislature; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Urges Department of Human Resources to conduct comprehensive national study of existing and proposed programs for providing home- and community-based long-term care to elderly and disabled recipients of Medicaid. (BDR R-1130)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to conduct a comprehensive national study of existing and proposed programs for providing home- and community-based long-term care to elderly and disabled recipients of Medicaid.

WHEREAS, Persons who are 65 years of age or older and persons with disabilities generally have the highest incidence of chronic illness and the greatest need for long-term care services; and

WHEREAS, It is important to elderly persons and persons with disabilities who require long-term care to maintain their independence and familiar lifestyle; and

WHEREAS, Home- and community-based long-term care programs provide services to elderly persons and persons with disabilities in their homes or in facilities in their communities, thereby allowing such persons to receive the care they require and remain living in their homes; and

WHEREAS, Although waivers have been granted from the Health Care Financing Administration of the United States Department of Health and Human Services so that the Medicaid program in this state may offer some home- and community-based programs to recipients of Medicaid, participation in those programs is limited and Medicaid continues to be biased toward institutional care; and

WHEREAS, Studies have concluded that home- and community-based long-term care programs offer quality long-term care and provide a cost-effective alternative to institutional care; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby urges the Department of Human Resources to conduct a comprehensive national study of existing and proposed programs for providing home- and community-based long-term care services to elderly and disabled recipients of Medicaid to determine whether it is feasible to offer additional home- and community-based long-term care programs to recipients of Medicaid in this state and whether it is feasible to expand or improve the existing programs in this state. The study must include, without limitation, an analysis of:

1. The federal model called the "Program of All-Inclusive Care for the Elderly";

2. The amount of reimbursement currently paid to persons who provide services to recipients of Medicaid under the home- and community-based waiver programs, including, without limitation, an analysis of whether it is feasible to increase the amount of reimbursement so that it is equivalent to the amount paid by Medicare for similar

services; and

3. The feasibility and benefits of providing the services of a medical social worker as a benefit for recipients of Medicaid; and be it further

RESOLVED, That the Department of Human Resources shall submit quarterly reports concerning the results of the study and any progress that it has made towards offering additional home- and community-based services to recipients of Medicaid to the Legislative Committee on Health Care during the next biennium, beginning on September 1, 1999; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Urges Department of Human Resources to comply with federal law requiring staff to be available at certain health care facilities to determine whether certain persons are eligible for Medicaid. (BDR R-1132)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to comply with the federal law requiring staff to be available at certain health care facilities to determine whether certain persons are eligible for Medicaid.

WHEREAS, Many persons who are eligible for state medical assistance programs, including, without limitation, Medicaid and the Children's Health Insurance Program, do not enroll in those programs; and

WHEREAS, When these persons require medical care they often have no means by which to pay for such care and will wait until a medical emergency exists before seeking medical care; and

WHEREAS, If persons were available to make eligibility determinations for public assistance programs at the locations where low-income persons receive medical care, eligible persons could be enrolled in the applicable state medical assistance program and would have a means for seeking medical care in the future; and

WHEREAS, Federal law requires the State Plan for Medicaid to provide for persons to be available to accept and process applications for Medicaid submitted by certain

pregnant women and children at certain locations, including, without limitation, federally-qualified health centers and hospitals which provide services to a disproportionate share of persons with low incomes; and

WHEREAS, Although the hospitals which provide services to a disproportionate share of persons with low incomes in this state have persons at the hospitals who can make eligibility determinations for Medicaid, only one of the four federally-qualified health centers in this state has a person at the center who is authorized and qualified to determine the eligibility of persons for Medicaid; and

WHEREAS, The federally-qualified health centers in this state have indicated that they are willing to work with the Department of Human Resources so that this service may be offered at the centers but instead of willingly working with these centers the Department of Human Resources has required the centers to demonstrate that they have a need to have eligibility determinations made at the centers; and

WHEREAS, The Nevada Legislature recognizes the need to ensure that persons who are eligible for state medical assistance programs, especially pregnant women and children, are enrolled in the programs so they may receive the medical care they require; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby urges the Department of Human Resources to comply promptly with federal law by providing for persons to be available at federally-qualified health centers to make determinations of whether certain pregnant

women and children are eligible for Medicaid, and to the extent feasible, to make determinations concerning the eligibility of other persons for state medical assistance programs; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Encourages Department of Human Resources to contract with community-based organizations and essential community providers to reach out to and provide incentives to such organizations and providers to reach out to low-income families to encourage participation in Children's Health Insurance Program. (BDR–R-1133)

_____ CONCURRENT RESOLUTION—Encourages the Department of Human Resources to contract with community-based organizations and essential community providers to reach out to and provide incentives to such organizations and providers that reach out to low-income families to increase participation in the Children's Health Insurance Program.

WHEREAS, Statistics indicate that per capita the State of Nevada has one of the highest rates of persons without health insurance in the country; and

WHEREAS, Persons who do not have health insurance will often wait until they become so ill that they must be hospitalized before seeking necessary health care services; and

WHEREAS, The Department of Human Resources has established the Children's Health Insurance Program pursuant to 42 U.S.C. §§ 1397aa to 1397jj, inclusive, which is a jointly funded program with the federal government to provide low-cost health insurance to children from low-income families in this state that do not have health

insurance; and

WHEREAS, It has been estimated that of the at least 25,000 children and teenagers who would qualify for health insurance under the Children's Health Insurance Program, only 12 percent have actually enrolled in the program; and

WHEREAS, Various factors have contributed to the lack of participation in the Children's Health Insurance Program, including an insufficient effort to reach out to eligible persons in the communities where they live and work to explain the benefits of the program in a manner that the persons can relate to and understand; and

WHEREAS, Studies indicate that community-based organizations and essential community providers are successful in reaching out to low-income families, communicating with such families and assisting them in enrolling their children in programs such as the Children's Health Insurance Program; and

WHEREAS, The Nevada Legislature recognizes the need to ensure the enrollment of the maximum number of children in this state who are eligible for the Children's Health Insurance Program to protect the well-being of the children in this state and to continue to offer this important benefit to low-income families in this state; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby encourages the Department of Human Resources to enter into agreements with community-based organizations and essential community providers to assist the Department in reaching out to families who may be eligible to obtain health insurance for their children from the Children's Health Insurance

Program and to provide incentives to such organizations and providers that successfully enroll children in the program. Such agreements and incentives may include, without limitation:

1. Entering into agreements with community-based organizations and essential community providers to have the organizations and providers make determinations of eligibility for the Children's Health Insurance Program;

2. Entering into agreements with community-based organizations and essential community providers to engage in specific outreach programs to targeted communities; and

3. Providing a monetary incentive to community-based organizations and essential community providers who successfully enroll a child in the program; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Urges Department of Human Resources to access maximum appropriation available from Federal Government to pay for increased administrative costs of making eligibility determinations for Medicaid as result of Welfare Reform Act and to use part of appropriation to provide grants to community-based organizations that assist Department of Human Resources in complying with Welfare Reform Act. (BDR R-1134)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to access the maximum appropriation available from the Federal Government to pay for the increased administrative costs of making eligibility determinations for Medicaid as a result of the Welfare Reform Act and to use part of the appropriation to provide grants to community-based organizations that assist the Department of Human Resources in complying with the Welfare Reform Act.

WHEREAS, The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, known as the Welfare Reform Act, has substantially changed the federal requirements concerning the eligibility of persons for Medicaid and the responsibilities of the Department of Human Resources concerning Medicaid; and

WHEREAS, As a result of the new federal requirements, some persons who previously qualified for Medicaid will no longer qualify and others will be required to requalify to

continue receiving benefits under Medicaid; and

WHEREAS, The Welfare Reform Act established a special fund to provide enhanced federal matching money to help states pay for the additional administrative costs incurred in complying with the Act; and

WHEREAS, The Federal Government has appropriated approximately 3.2 million dollars from that special fund to the State of Nevada to pay for the additional administrative costs related to making eligibility determinations for Medicaid as a result of the Welfare Reform Act; and

WHEREAS, The money appropriated by the Federal Government is available only for a limited time and may be accessed if the State of Nevada provides 10 percent matching funds; and

WHEREAS, Community-based organizations are willing to assist the Department of Human Resources in complying with the Welfare Reform Act and are able to reach out directly to the affected persons, but they require additional funding to provide such assistance; and

WHEREAS, The Department of Human Resources could allocate some of the money appropriated to this state by the Federal Government to be used as grants to community-based organizations that assist the Department in making eligibility determinations and that reach out to persons affected by the Welfare Reform Act to ensure that such persons who are eligible are enrolled in Medicaid; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby urges the Department of Human Resources to access the maximum appropriation available from the Federal Government for expenditures that are attributable to the administrative costs of making eligibility determinations for Medicaid as a result of the Welfare Reform Act; and be it further

RESOLVED, That the Department of Human Resources is hereby urged to allocate part of the money received from the federal appropriation to provide grants to community-based organizations that submit detailed plans for providing assistance to the Department of Human Resources in making eligibility determinations and for reaching out to persons affected by the Welfare Reform Act; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.

SUMMARY—Urges Department of Human Resources to provide reimbursement for cost of living in assisted living facility for recipients of Medicaid in appropriate circumstances. (BDR R-1137)

_____ CONCURRENT RESOLUTION—Urging the Department of Human Resources to provide reimbursement for the cost of living in an assisted living facility for recipients of Medicaid in appropriate circumstances.

WHEREAS, The cost of institutional long-term care is very high and continues to rise; and

WHEREAS, Studies indicate that, given a choice, people prefer to live in an assisted living facility that provides long-term care rather than in an institution, such as a nursing home; and

WHEREAS, Assisted living facilities offer a less expensive alternative to institutional long-term care and an environment that allows residents to maintain independence, dignity and privacy; and

WHEREAS, The Medicaid program in this state currently provides reimbursement for the cost of institutional long-term care but does not provide reimbursement for the cost of living in an assisted living facility, making these facilities inaccessible to lower income persons in this state; and

WHEREAS, If the Medicaid program provided reimbursement for the cost of living in an assisted living facility for its recipients in appropriate circumstances, the State of Nevada would save money and recipients of Medicaid would enjoy a better quality of life; now, therefore, be it

RESOLVED BY THE _____ OF THE STATE OF NEVADA, THE _____ CONCURRING, That the Nevada Legislature hereby urges the Department of Human Resources to amend the state plan for Medicaid to provide reimbursement for the cost of living in an assisted living facility in appropriate circumstances; and be it further

RESOLVED, That the Department of Human Resources is hereby urged to provide by regulation for a procedure to allow an assisted living facility that is not licensed in this state to participate as a Medicaid provider to the extent that it is authorized by the Health Care Financing Administration of the United States Department of Health and Human Services; and be it further

RESOLVED, That the _____ of the _____ prepare and transmit a copy of this resolution to the Director of the Department of Human Resources.