

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R024-06

March 31, 2006

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-5, NRS 442.190.

A REGULATION relating to prenatal services; repealing provisions regarding prenatal services provided by the State under certain circumstances; and providing other matters properly relating thereto.

Section 1. NAC 442.600 is hereby amended to read as follows:

442.600 As used in NAC 442.600 to ~~[442.792,]~~ *442.788*, inclusive, unless the context otherwise requires, the words and terms defined in NAC 442.602 to 442.708, inclusive, have the meanings ascribed to them in those sections.

Sec. 2. NAC 442.625 is hereby amended to read as follows:

442.625 “Client” means a person who is eligible to participate in the program pursuant to NAC 442.600 to ~~[442.792,]~~ *442.788*, inclusive.

Sec. 3. NAC 442.639 is hereby amended to read as follows:

442.639 “Eligible condition” means an eligible medical condition or another condition for which coverage is provided under the program pursuant to NAC 442.600 to ~~[442.792,]~~ *442.788*, inclusive.

Sec. 4. NAC 442.705 is hereby amended to read as follows:

442.705 “Provider” means a person authorized to provide a health care service or product pursuant to NAC 442.600 to ~~442.792,~~ 442.788, inclusive, through a signed memorandum of understanding with the Health Division.

Sec. 5. NAC 442.790 and 442.792 are hereby repealed.

TEXT OF REPEALED SECTIONS

442.790 Eligibility. (NRS 442.190) To be eligible for prenatal services under the program, a person must:

1. Be pregnant; and
2. Meet the requirements for eligibility specified in NAC 442.710.

442.792 Services covered under program. (NRS 442.190)

1. The prenatal services covered under the program include:

(a) Routine prenatal care, as recommended by the American College of Obstetricians and Gynecologists, except that coverage is limited to:

- (1) Two ultrasound procedures during a pregnancy;
- (2) Office visits;
- (3) Pap smears;
- (4) Drug screening;
- (5) Testing of urine by urinalysis and dipstick;
- (6) Testing of hemoglobin, hematocrit, blood type and blood grouping;

(7) Testing for human immunodeficiency virus, Rh factor, rubella and sickle cell;

(8) When medically indicated, testing for tuberculosis; and

(9) Testing and treatment for sexually transmitted diseases, except that a person who tests positive for the human immunodeficiency virus will be referred to the appropriate state or federal program for treatment and follow-up services.

(b) The provision of not more than 300 tablets of prenatal vitamins, as prescribed by a provider.

(c) In the case of a documented high-risk pregnancy or when otherwise medically indicated:

(1) The transportation of the mother to a hospital that is designated as a level II specialty care facility or level III subspecialty care facility pursuant to NAC 442.250 to 442.550, inclusive; and

(2) Ultrasound procedures, fetal assessments, nonstress tests and contraction stress tests.

(d) Neonatal transport, if the criteria established pursuant to NAC 442.250 to 442.550, inclusive, are met.

(e) Complications of pregnancy, childbirth and puerperium.

(f) Services directed toward the prevention of disabling conditions of children and pregnant women.

(g) Amniocentesis if:

(1) The mother had a previous child with an eligible medical condition at birth;

(2) The mother is a carrier of a condition that is related to her gender;

(3) The mother and father are carriers of a trait that leads to disability;

(4) The mother or father has a sibling with neural tube defects;

(5) The mother is over 35 years of age and has at least one other risk factor; or

(6) The mother has an abnormal test of maternal serum alpha feta protein.

↳ Genetic counseling by a genetic counselor, if available, must be obtained as a prerequisite for the coverage of amniocentesis under the program.

(h) A class for the cessation of smoking. Coverage is limited to reimbursement of the provider in the amount of not more than \$50 upon the client's completion of the class.

2. Prenatal services provided under the program are limited to those which are directed solely to the promotion of a favorable outcome of a pregnancy. Services related to maternal labor and the delivery of a fetus or infant are not covered.