## SENATE BILL NO. 188–COMMITTEE ON HUMAN RESOURCES AND FACILITIES

(ON BEHALF OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE (NRS 439B.200))

FEBRUARY 21, 2003

## Referred to Committee on Finance

SUMMARY—Makes various changes concerning access to health care services for persons in this state. (BDR 40-743)

FISCAL NOTE: Effect on Local Government: No.

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

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EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material is material to be omitted.

AN ACT relating to health care; revising various provisions relating to subsidies for malpractice insurance of certain providers of prenatal care; establishing the Nevada Office of Rural Health within the University of Nevada School of Medicine to administer matters relating to the delivery of health care services to rural and frontier areas in this state; establishing the Area Health Education Center Program within the University of Nevada School of Medicine to support education and training programs for certain students, residents and practitioners providing health care services in medically underserved areas in this state; establishing the Medical Education Council of Nevada within the University of Nevada School of Medicine to ensure that Nevada has an adequate, well-trained health care workforce to meet the needs of the residents of this state; revising various provisions relating to the administration of the Nevada Health Service Corps; making various changes concerning the use of certain money received by the University of Nevada School of Medicine; 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 442.119 is hereby amended to read as follows: 442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context otherwise requires:

- 1. "Health officer" includes a local health officer, a city health officer, a county health officer and a district health officer.
- 2. "Medicaid" has the meaning ascribed to it in NRS 439B.120.
- 3. "Medicare" has the meaning ascribed to it in NRS 439B.130.
  - 4. "Provider of prenatal care" [is limited to:] means:

- (a) A physician who is licensed in this state and certified in obstetrics and gynecology, family practice, general practice or general surgery.
- (b) A certified nurse midwife who is licensed by the State Board of Nursing.
- (c) An advanced practitioner of nursing who has specialized skills and training in obstetrics or family nursing.
- (d) A physician assistant who has specialized skills and training in obstetrics or family practice.

**Sec. 2.** NRS 442.1192 is hereby amended to read as follows:

- 442.1192 1. A provider of prenatal care who provides services to pregnant women, or a health officer acting on behalf of a provider of prenatal care who provides services to pregnant women, in a county or community that lacks services for prenatal care may submit an application to the University of Nevada School of Medicine for a grant to subsidize a portion of the malpractice insurance of [a] the provider of prenatal care who provides services to pregnant women in the county or community.
- 2. A county or community lacks services for prenatal care if at least one of the following conditions is present:
- (a) A provider of prenatal care does not offer services to pregnant women within the county or the community.
- (b) Fifty percent or more of the live births to women who are residents of the county occur outside the county.
- (c) The percentage of live births to women in the county or community who received no prenatal care exceeds the percentage of live births to women in the State who received no prenatal care.
- (d) The percentage of live births of babies with low birthweight to women in the county or community is higher than the percentage of live births of babies with low birthweight to women in the State.
- 3. If [the applicant is] a county or district health officer [, he] applies for a grant on behalf of a provider of prenatal care, the



*county or district health officer* must provide proof of the financial contribution by the county or district for the provision of prenatal services for women who do not qualify for reimbursement pursuant to the State Plan for Medicaid.

**Sec. 3.** NRS 442.1194 is hereby amended to read as follows:

- 442.1194 1. The University of Nevada School of Medicine may grant money to [an applicant] a provider of prenatal care or a health officer acting on behalf of a provider of prenatal care who submits an application pursuant to NRS 442.1192 to furnish a subsidy for the malpractice insurance of [a] the provider of prenatal care who provides services in a county or community that lacks services for prenatal care for women.
- 2. [An applicant who receives a] A grant from the University of Nevada School of Medicine may [furnish a] subsidize the malpractice insurance of the provider of prenatal care [a subsidy] in an amount up to the difference between the cost of [his] the malpractice insurance of the provider of prenatal care with coverage for the provision of prenatal care and without such coverage.
- [3. Before disbursing a grant pursuant to the provisions of NRS 442.119 to 442.1198, inclusive, the University of Nevada School of Medicine shall consult with the Director of the Program for Maternal and Child Health of the Health Division.]
- **Sec. 4.** NRS 442.1196 is hereby amended to read as follows: 442.1196 1. The application *submitted pursuant to NRS* 442.1192 for a grant *to subsidize the malpractice insurance of a provider of prenatal care* must be on the form required by the

University of Nevada School of Medicine.

- 2. The application must contain:
  (a) [Information] If the applicant is a health officer applying on behalf of a provider of prenatal care, information concerning
- the collaboration between the [applicant and a] health officer and the provider of prenatal care and medical facilities within the county or community.
- (b) A plan for providing prenatal care for women in the county or community who have low incomes or who do not qualify for any state program for medical care.
- (c) A plan for improving the health care of pregnant women in the county or community.
- 3. To be eligible for a subsidy for his malpractice insurance, a provider of prenatal care must submit evidence that:
- (a) He has completed training in prenatal care that is approved by the University of Nevada School of Medicine;
  - (b) He is currently covered by malpractice insurance;



(c) He accepts reimbursement for services rendered from Medicaid and Medicare; and

- (d) He will continue to provide prenatal care in the specified county or community for not less than 1 year.
- **Sec. 5.** Chapter 396 of NRS is hereby amended by adding thereto the provisions set forth as sections 6 to 10, inclusive, of this act.
- Sec. 6. As used in NRS 396.900 to 396.903, inclusive, unless the context otherwise requires, "practitioner" has the meaning ascribed to it in NRS 439A.0195.
- Sec. 7. Any gift, donation, bequest, grant or other source of money received by the University of Nevada School of Medicine for the development of an obstetrical access program may be used to:
- 1. Provide financial support and education to faculty and residents in the Departments of Family and Community Medicine and Obstetrics and Gynecology within the University of Nevada School of Medicine and to expand the clinical services provided by such faculty and residents in areas and to populations that need obstetrical services.
- 2. Provide money to Nevada Health Centers, Inc., or its successor, to expand the clinical prenatal and obstetrical practice base of community health center clinics and to provide uninsured, underinsured and Medicaid patients with increased access to clinical prenatal and obstetrical care.
- 3. Establish a fund that allows practicing community providers of prenatal care that are participating in the obstetrical access program to draw upon money to partially compensate them for providing care to patients who have no access to clinical care because of their financial status.
- 4. Develop a database of clinical practitioners providing prenatal or obstetrical services throughout the State to monitor and analyze:
- (a) The relationship between declining services and the supply and distribution of appropriate providers of health care;
- (b) The impact of access to care issues on pregnant women, including, without limitation, poor birth outcomes which result from lack of access to care, the financial impact of such poor birth outcomes and the effects of receiving inadequate prenatal care; and
- (c) The impact of adverse judicial decisions on the delivery of obstetrical services.
- 5. Subsidize malpractice costs for clinical providers of prenatal care who maintain at least 30 percent or more of prenatal or obstetrical patients in their practice who are uninsured,



underinsured or insured by Medicaid, or who use a sliding fee scale based on a patient's financial resources when charging for such services. The subsidy must be calculated based on the number of qualified clinical providers of prenatal care, the proportion of financially compromised patients served by such providers and the total amount of money available for subsidies.

- Sec. 8. 1. The Nevada Office of Rural Health is hereby established within the University of Nevada School of Medicine to administer matters relating to the delivery of health care services to rural and frontier areas in this state. The Nevada Office of Rural Health shall:
- (a) Evaluate the need for programs concerning the delivery of health care services to rural and frontier areas in this state and make recommendations to the University of Nevada School of Medicine and the Legislature to carry out such programs; and
- (b) Establish, administer and coordinate programs which affect the delivery of health care services to rural and frontier areas in this state, including, without limitation, programs relating to:
- (1) The education and training of providers of health care who provide services in rural and frontier areas;
- (2) The needs of rural and frontier areas for health care services and the manner in which such health care services may be effectively delivered;
- (3) The delivery of health care services to rural and frontier areas:
- (4) The financing of the delivery of health care services to rural and frontier areas; or
- (5) The collection of data necessary for the Nevada Office of Rural Health to carry out its duties concerning the delivery of health care services to rural and frontier areas.
- 2. Any gift, donation, bequest, grant or other source of money received by the Nevada Office of Rural Health may be used to carry out the provisions of this section.
- Sec. 9. I. The Area Health Education Center Program is hereby established within the University of Nevada School of Medicine to support education and training programs for students studying to be practitioners, residents or practitioners who will be or are providing health care services in medically underserved areas in this state, including urban and rural areas. The Area Health Education Center Program shall:
- 42 (a) Assist the area health education centers within Nevada in 43 providing:
  - (1) Career opportunities in health care;



(2) Information to practitioners and other providers of health care;

- (3) Continuing education for practitioners and other providers of health care; and
- (4) Stipends for the education and training of students studying to be practitioners and residents who will be or who are providing health care services in medically underserved areas in this state;
- (b) Assess and develop training programs concerning the appropriate curriculum for primary care and other priority health care services;
- (c) Enhance the training programs in primary care by providing additional entry-level positions and faculty to increase the availability of practitioners and other providers of health care;
- (d) Increase the percentage of medical students committing to residencies and careers in primary care;
- (e) Provide a greater percentage of primary care residents to medically underserved areas in this state;
- (f) Develop and enhance training programs necessary to address the primary health care needs of persons in this state; and
- (g) Establish interdisciplinary opportunities for education and training for practitioners and other providers of health care.
- 2. Any gift, donation, bequest, grant or other source of money received by the Area Health Education Center Program may be used to carry out the provisions of this section.
- 3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 439A.0195.
- Sec. 10. 1. The Medical Education Council of Nevada is hereby established within the University of Nevada School of Medicine to ensure that Nevada has an adequate, well-trained health care workforce to meet the needs of the residents of this state. The Medical Education Council of Nevada shall:
- (a) Determine the workforce needs for the provision of health care services in this state;
- (b) Determine the number and types of positions of employment for which money appropriated to the Medical Education Council of Nevada may be used, including, without limitation, positions for practitioners, other providers of health care and other personnel to staff health care facilities and programs;
- (c) Investigate and make recommendations to the University of Nevada School of Medicine and the Legislature on the status and needs of practitioners, other providers of health care and other personnel of health care facilities or programs;



(d) Determine a method for reimbursing institutions that sponsor practitioners, other providers of health care or other personnel of health care facilities or programs;

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(e) To the extent authorized by federal law, prepare and submit a formal application to the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services for the purpose of receiving and dispersing federal money for graduate medical education expenses;

(f) Distribute a portion of any money it receives for graduate medical education expenses in a manner that:

- (1) Prepares postgraduate medical and dental residents, as defined by the Accreditation Council for Graduate Medical Education, to provide inpatient, outpatient and hospital services in various communities and in geographically diverse settings;
- (2) Encourages the coordination of interdisciplinary clinical training by practitioners and other providers of health care to such postgraduate medical and dental residents; and
- (3) Promotes funding for accredited clinical training programs provided by practitioners or other providers of health care to such postgraduate medical and dental residents;
- (g) Apply for grants, gifts and donations from public and private sources, including the Federal Government, to carry out the objectives of the Medical Education Council of Nevada;
- (h) Initiate a cooperative agreement with the Department of Human Resources to promote the intergovernmental transfer of money for the purposes of receiving and dispersing money to carry out the objectives of the Medical Education Council of Nevada; and
- (i) Distribute additional financial resources to training programs for practitioners, other providers of health care or other personnel of health care facilities or programs in the State.
- 2. Any gift, donation, bequest, grant or other source of money received by the Medical Education Council of Nevada may be used to carry out the provisions of this section.
- 3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 439A.0195.
  - **Sec. 11.** NRS 396.900 is hereby amended to read as follows:
- 396.900 The [Board of Regents] University of Nevada School of Medicine may establish a Nevada Health Service Corps to encourage [physicians] practitioners to practice in areas of Nevada in which a shortage of [physicians] that type of practitioner exists.
- 42 **Sec. 12.** NRS 396.901 is hereby amended to read as follows: 396.901 The primary purposes of the Nevada Health Service 44 Corps must be to:

1. Recruit [physicians] practitioners for participation in the program;

- 2. Designate areas of Nevada in which a shortage of **[physicians]** each type of practitioner exists;
- 3. Match [physicians] practitioners with the designated areas; and
- 4. Help [physicians] practitioners to negotiate contracts to serve in the designated areas.
- **Sec. 13.** NRS 396.902 is hereby amended to read as follows: 396.902 The [Board of Regents] University of Nevada School of Medicine may:
- 12 1. Apply for any matching money available for the program 13 from the Federal Government.
  - 2. Adopt regulations necessary to carry out the provisions of NRS 396.900 to 396.903, inclusive [...], and section 6 of this act.
  - 3. Receive, invest, disburse and account for all money received from the Federal Government or any other source for this program.

Sec. 14. NRS 396.903 is hereby amended to read as follows: 396.903 1. The [Board of Regents] University of Nevada School of Medicine may authorize the Nevada Health Service Corps to administer a program under which [\$15,000 of loans are] money for loans is repaid on behalf of a [physician] practitioner for each year he practices [medicine] in an area of Nevada in which a shortage of [physicians exists.] that type of practitioner exists, as determined by the Nevada Office of Rural Health within the University of Nevada School of Medicine and the Nevada Health Service Corps.

2. To qualify for the program [the physician], a practitioner required to be licensed pursuant to the provisions of chapter 630, 630A, 633 or 634 of NRS must have completed his primary care residency and hold an active license issued pursuant to chapter 630, 630A, 633 or 634 of NRS. All other practitioners must have completed training in a certified program and have an active license, certification or registration from the State of Nevada.

**Sec. 15.** This act becomes effective on July 1, 2003.



