Amendment No. 64

Assembly	(BDR 38-564)						
Proposed by: Assembly Committee on Health and Human Services							
Amends:	Summary: No	Title: Yes Preamble: No Joint Spons	orship: No Digest: Yes				

ASSEMBLY	'AC'	ΓΙΟΝ	Initial and Date		SENATE ACTIO)N Init	ial and Date
Adopted		Lost			Adopted	Lost	
Concurred In		Not		l	Concurred In	Not _	
Receded		Not		l	Receded	Not	

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of <u>green bold underlining</u> is language proposed to be added in this amendment; (3) <u>red strikethrough</u> is deleted language in the original bill; (4) <u>purple double strikethrough</u> is language proposed to be deleted in this amendment; (5) <u>orange double underlining</u> is deleted language in the original bill proposed to be retained in this amendment.

A.B. No. 99—Revises provisions governing Medicaid rates of reimbursement. (BDR 38-564)

ASSEMBLY BILL NO. 99-ASSEMBLYWOMAN BROWN-MAY

Prefiled February 1, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing Medicaid rates of reimbursement. (BDR 38-564)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

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

AN ACT relating to Medicaid; [requiring the Director of the Department of Health and Human Services to take any action necessary to increase certain federally approved rates under certain circumstances;] requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services to report certain information to the Legislature; providing for [the annual consideration of] a study on cost-of-living increases to rates of reimbursement provided to certain providers under Medicaid; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services to administer the Medicaid program. (NRS 422.270) As a condition of receiving federal financial participation in the Medicaid program of a state, existing federal law requires the state to obtain the approval of the United States Secretary of Health and Human Services of the state plan for Medicaid. (42 U.S.C. § 1396a) [Section 1 of this bill requires the Director of the Department, upon approving an increase in the rate of reimbursement paid for a service or item under Medicaid to an amount greater than the maximum reimbursement rate approved by the Secretary for that service or item, to take any action necessary to obtain a corresponding increase in the maximum federally approved reimbursement rate for that service or item. Section I also requires that the Division of Health Care Financing and Policy of the Department annually consider cost of living increases to Medicaid rates of reimbursement. Section 2 of this bill makes a conforming change to indicate the proper placement of section 1 in the Nevada Revised Statutes.] Existing law requires the Division of Health Care Financing and Policy of the Department to review the adequacy of Medicaid reimbursement rates every 4 years and, if the current rate does not reflect the actual cost of providing the service or item, calculate the rate of reimbursement that accurately reflects the actual cost of providing the service or item. (NRS 422.2704) Section 2.3 of this bill requires the Division to submit a report concerning each such review to the Legislature. Section 2.6 of this bill requires the Division to conduct a study during the 2023-2024 legislative interim to determine the cost to the State General Fund of providing: (1) a one-time cost-of-living increase to the rates of reimbursement under Medicaid for certain long-term care providers; and (2) an annual cost-of-living increase to such rates of reimbursement.

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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. If the Director approves an increase in the rate of reimbursement for a service or item provided under the State Plan for Medicaid to an amount that is greater than the maximum rate of reimbursement approved by the Secretary of Health and Human Services for that service or item, the Director shall take any action necessary, including, where applicable, applying to amend a federal waiver, to increase the maximum rate of reimbursement approved by the Secretary to an amount equal to or greater than the rate of reimbursement approved by the Director. 2. The Division shall annually review whether the rate of reimbursement for each service or item provided under the State Plan for Medicaid should be increased to compensate for an increase in the cost of living.] (Deleted by amendment.) Sec. 2. [NRS 232.320 is hereby amended to read as follows: 1. The Director: (a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows: (1) The Administrator of the Aging and Disability Services Division;
(2) The Administrator of the Division of Welfare and Supportive Services; (3) The Administrator of the Division of Child and Family Services: (4) The Administrator of the Division of Health Care Financing and Policy; and (5) The Administrator of the Division of Public and Behavioral Health. (b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, and section 1 of this act, 422.580, 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, 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 Division of Public and Behavioral Health or the professional line activities of the other divisions.

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

services: and

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- (4) Identify the sources of funding for services provided by the Department 2 and the allocation of that funding: 3 (5) Set forth sufficient information to assist the Department in providing 4 those services and in the planning and budgeting for the future provision of those 5
 - (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.
 - (e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.
 - (f) Has such other powers and duties as are provided by law.
 Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department. (Deleted by amendment.)
 - NRS 422.2704 is hereby amended to read as follows:
 - 422.2704 1. On or before January 1, 2018, and every 4 years thereafter, the Division shall:
 - (a) Review the rate of reimbursement for each service or item provided under the State Plan for Medicaid to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item; and
 - (b) If the Division determines that the rate of reimbursement for a service or item does not accurately reflect the actual cost of providing the service or item, calculate the rate of reimbursement that accurately reflects the actual cost of providing the service or item and recommend that rate to the Director for possible inclusion in the State Plan for Medicaid.
 - On or before January 31, 2026, and every 4 years thereafter, the Division shall:
 - (a) Compile a report on the most recent reviews conducted pursuant to subsection 1, including, without limitation, each rate of reimbursement calculated pursuant to paragraph (b) of subsection 1; and
 - (b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee and the Joint Interim Standing Committee on Health and Human Services.
 - Sec. 2.6. 1. During the 2023-2024 interim, the Division of Health Care Financing and Policy of the Department of Health and Human Services shall conduct a study to determine the cost to the State General Fund of:
 - (a) Increasing the rates of reimbursement provided to long-term care providers under Medicaid to account for any increase in the cost of living that has occurred since the date on which the rate of reimbursement was most recently established for such providers; and
 - (b) Annually adjusting the rates of reimbursement provided to long-term care providers under Medicaid to account for increases in the cost of living.
 - 2. On or before November 15, 2024, the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:
 - (a) Compile a report of the results of the study conducted pursuant to subsection 1 and any recommendations for legislation resulting from the study; and

1 (b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee and the 83rd Session of the Legislature.

3. As used in this section, "long-term care provider" means a provider providing services pursuant to the home and community-based services waiver granted pursuant to 42 U.S.C. § 1396n, including, without limitation, home health services and private duty nursing services.

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- Sec. 2.9. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.
 - **Sec. 3.** This act becomes effective on July 1, 2023.