

SUMMARY—Makes revisions relating to Medicaid. (BDR 38-40)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

AN ACT relating to Medicaid; requiring Medicaid to provide certain limited coverage to certain persons who would otherwise be ineligible for Medicaid because of their immigration status; prescribing the scope and limitations of such coverage; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing federal law requires Medicaid to provide to certain aliens, including aliens who are not lawfully present in the United States, limited coverage for health care services that are necessary to treat an emergency medical condition. (42 U.S.C. § 1396b(v)(2); 42 C.F.R. § 440.255) **Section 1** of this bill prescribes specific requirements governing such coverage under Medicaid in this State. Specifically, **section 1** provides that such coverage must consist of coverage for: (1) emergency medical transportation services directly relating to the treatment of the emergency medical condition; (2) care to treat the emergency medical condition provided in an emergency room or similar setting in a hospital or an independent center for emergency medical care; and (3) certain inpatient services relating to the treatment of the emergency medical condition. Additionally, **section 1** provides limited coverage for certain care to treat renal disease and cancer



in certain circumstances, if the Department of Health and Human Services grants prior approval for such care based on the medical necessity of the care. **Section 1** also provides limited coverage in certain circumstances for continuing care relating to an emergency medical condition that is provided in a facility for skilled nursing, or other similar type of facility, if: (1) such care is necessary to prevent the condition of the person from becoming an emergency medical condition; and (2) the Department grants prior approval for such care based on the medical necessity of the care.

Section 2 of this bill makes a conforming change to require the Director of the Department to administer the provisions of **section 1** in the same manner as other provisions relating to Medicaid.

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. To the extent that federal financial participation is available, the Director shall include under Medicaid pursuant to 42 U.S.C. § 1396b(v)(2) and 42 C.F.R. § 440.255 coverage for care that is necessary to treat an emergency medical condition of a resident of this State who would otherwise be ineligible for Medicaid solely because of his or her immigration status. The coverage provided pursuant to this section must consist of coverage for:



(a) Emergency medical transportation services directly relating to the treatment of the emergency medical condition;

(b) Care to treat the emergency medical condition provided in an emergency room or similar setting in a hospital or an independent center for emergency medical care;

(c) Inpatient services provided to a person immediately following the admission of the person from an emergency room, independent center for emergency medical care, clinic or other similar setting where the person originally sought care for his or her emergency medical condition, if the inpatient services directly relate to the treatment of the emergency medical condition;

(d) If approved by the Department pursuant to subsection 3:

(1) Care that is provided in a facility for skilled nursing or other similar facility for treatment in a community setting following the discharge of a person from a hospital where the person was receiving inpatient services, if the care directly relates to the emergency medical condition for which the person received care before the discharge;

(2) Dialysis provided in a hospital or a facility for the treatment of irreversible renal disease;

(3) Care, including, without limitation, surgery, chemotherapy and radiation therapy, that is necessary to treat cancer which is not in remission; and

(4) The transplant of a kidney, if the person:

(I) Has been diagnosed with end-stage renal disease;

(II) Is receiving dialysis services; and



(III) Is a candidate for a kidney transplant; and

(e) Any follow-up services that are included within a payment for a service described in paragraphs (a) to (d), inclusive.

2. The Director shall not include under Medicaid coverage pursuant to this section for any care or service not described in subsection 1, including, without limitation:

(a) Elective surgery;

(b) Prescription drugs, unless dispensed or administered by a provider of health care as part of the care or treatment described in subsection 1;

(c) Preventive care;

(d) Rehabilitative services;

(e) Personal care services;

(f) Physical, occupational or speech therapy;

(g) Case management services;

(h) Prosthetics, orthotics, durable medical equipment or medical supplies;

(i) Dental services;

(j) Hospice care;

(k) Treatment for substance use disorder;

(l) Services for routine prenatal care;

(m) Except as otherwise provided by subparagraph (4) of paragraph (d) of subsection 1, organ transplants and stem cell transplants; and



(n) Except as otherwise provided by subparagraph (1) of paragraph (d) of subsection 1, continuing care, including, without limitation, care and services provided by a facility for the dependent.

3. The Department may not provide coverage under Medicaid pursuant to this section for the care described in paragraph (d) of subsection 1 unless the Department determines, before the care being rendered, that such care is medically necessary and appropriate, based on the condition of the person to whom the care may be provided. To provide coverage for the care described in subparagraph (1) of paragraph (d) of subsection 1, the Department must additionally determine that the care is necessary to prevent the condition of the person from rapidly becoming an emergency medical condition.

4. The Department shall:

(a) Apply for any waiver of federal law or apply for any amendment to the State Plan for Medicaid that is necessary to obtain federal financial participation to pay for the cost of coverage provided under this section.

(b) Fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver or amendment pursuant to paragraph (a).

(c) Establish procedures for granting prior approval of coverage for the care described in paragraph (d) of subsection 1.

5. As used in this section:



(a) *“Emergency medical condition” has the meaning ascribed to it in 42 U.S.C. § 1396b(v)(3).*

(b) *“Emergency medical transportation services” means emergency medical transportation services provided by an ambulance, air ambulance or vehicle of a fire-fighting agency, including, without limitation, services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing patients and preparing patients for transport.*

(c) *“Facility for skilled nursing” has the meaning ascribed to it in NRS 449.0039.*

(d) *“Facility for the dependent” has the meaning ascribed to it in NRS 449.0045.*

(e) *“Facility for the treatment of irreversible renal disease” has the meaning ascribed to it in NRS 449.0046.*

(f) *“Independent center for emergency medical care” has the meaning ascribed to it in NRS 449.013.*

(g) *“Medically necessary” means health care services or products that a prudent physician would provide to a patient to prevent, diagnose or treat an illness, injury or disease or any symptom thereof, that are necessary and which are:*

(1) *Provided in accordance with generally accepted standards of medical practice;*

(2) *Clinically appropriate for the type, frequency, extent, location and duration;*

(3) *Not primarily provided for the convenience of the patient, physician or other provider of health care;*



(4) Required to improve a specific health condition of the patient or to preserve the existing state of health of the patient; and

(5) The most clinically appropriate level of health care that may be safely provided to the patient.

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

Sec. 2. NRS 232.320 is hereby amended to read as follows:

232.320 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.



(c) 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;

(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.

(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.

2. 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.

Sec. 3. 1. This section becomes effective upon passage and approval.

2. Sections 1 and 2 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2026, for all other purposes.

