

Assembly Bill No. 199—Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; abolishing certain advisory committees and bodies within the Department of Health and Human Services; revising provisions governing the State Program for Wellness and the Prevention of Chronic Disease; revising provisions governing the Medical Care Advisory Group within the Division of Health Care Financing and Policy of the Department; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Sunset Subcommittee of the Legislative Commission to review certain boards and commissions in this State to determine whether the board or commission should be terminated, modified, consolidated or continued. (NRS 232B.210-232B.250) **Sections 1-3** of this bill change the name of the Medical Care Advisory Group to the Medical Care Advisory Committee, and extend the terms of its members from 1 year to 2 years, as recommended by the Sunset Subcommittee.

Section 4 of this bill transfers the requirement to raise awareness for certain chronic diseases from the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease to the State Program for Wellness and the Prevention of Chronic Disease.

Section 8 of this bill abolishes the Nevada Academy of Health, the Advisory Committee to the Pharmacy and Therapeutics Committee and the Drug Use Review Board, the Advisory Committee Concerning Sickle Cell Anemia, the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease and the Advisory Committee on the Arthritis Prevention and Control Program, as recommended by the Sunset Subcommittee.

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

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

Section 1. NRS 422.151 is hereby amended to read as follows:
422.151 1. The Medical Care Advisory ~~Group~~ *Committee*
is hereby created within the Division.

2. The function of the Medical Care Advisory ~~Group~~ *Committee* is to:

(a) Advise the Division regarding the provision of services for the health and medical care of welfare recipients.

(b) Participate, and increase the participation of welfare recipients, in the development of policy and the administration of programs by the Division.



Sec. 2. NRS 422.153 is hereby amended to read as follows:

422.153 1. The Medical Care Advisory ~~{Group}~~ *Committee* consists of the Chief Medical Officer and:

(a) A person who:

(1) Holds a license to practice medicine in this state; and

(2) Is certified by the Board of Medical Examiners in a medical specialty.

(b) A person who holds a license to practice dentistry in this state.

(c) A person who holds a certificate of registration as a pharmacist in this state.

(d) A member of a profession in the field of health care who is familiar with the needs of persons of low income, the resources required for their care and the availability of those resources.

(e) An administrator of a hospital or a clinic for health care.

(f) An administrator of a facility for intermediate care or a facility for skilled nursing.

(g) A member of an organized group that provides assistance, representation or other support to recipients of Medicaid.

(h) A recipient of Medicaid.

2. The Director shall appoint each member required by ~~{paragraphs (a) to (h), inclusive, of}~~ subsection 1 to serve for a term of ~~{1 year.}~~ *2 years.*

3. Members of the Medical Care Advisory ~~{Group}~~ *Committee* serve without compensation, except that while engaged in the business of the Advisory ~~{Group.}~~ *Committee*, each member is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

Sec. 3. NRS 422.155 is hereby amended to read as follows:

422.155 1. The Director shall appoint a Chair of the Medical Care Advisory ~~{Group}~~ *Committee* from among its members.

2. The Administrator or the designee of the Administrator shall serve as Secretary for the Medical Care Advisory ~~{Group.}~~ *Committee.*

3. The Medical Care Advisory ~~{Group.}~~ *Committee:*

(a) Shall meet at least once each calendar year.

(b) May, upon the recommendation of the Chair, form subcommittees for decisions and recommendations concerning specific problems within the scope of the functions of the Medical Care Advisory ~~{Group.}~~ *Committee.*

Sec. 4. NRS 439.517 is hereby amended to read as follows:

439.517 Within the limits of available money, the Division shall establish the State Program for Wellness and the Prevention of



Chronic Disease to increase public knowledge and raise public awareness relating to wellness and chronic diseases and to educate the residents of this State about:

1. Wellness, including, without limitation, behavioral health, proper nutrition, maintaining oral health, increasing physical fitness, preventing obesity and tobacco use; and
2. The prevention of chronic diseases, including, without limitation, *arthritis*, asthma, cancer, diabetes, cardiovascular disease, *stroke*, *heart disease* and oral disease.

Sec. 5. NRS 439B.220 is hereby amended to read as follows:
439B.220 The Committee may:

1. Review and evaluate the quality and effectiveness of programs for the prevention of illness.
2. Review and compare the costs of medical care among communities in Nevada with similar communities in other states.
3. Analyze the overall system of medical care in the State to determine ways to coordinate the providing of services to all members of society, avoid the duplication of services and achieve the most efficient use of all available resources.
4. Examine the business of providing insurance, including the development of cooperation with health maintenance organizations and organizations which restrict the performance of medical services to certain physicians and hospitals, and procedures to contain the costs of these services.
5. Examine hospitals to:
 - (a) Increase cooperation among hospitals;
 - (b) Increase the use of regional medical centers; and
 - (c) Encourage hospitals to use medical procedures which do not require the patient to be admitted to the hospital and to use the resulting extra space in alternative ways.
6. Examine medical malpractice.
7. Examine the system of education to coordinate:
 - (a) Programs in health education, including those for the prevention of illness and those which teach the best use of available medical services; and
 - (b) The education of those who provide medical care.
8. Review competitive mechanisms to aid in the reduction of the costs of medical care.
9. Examine the problem of providing and paying for medical care for indigent and medically indigent persons, including medical care provided by physicians.
10. Examine the effectiveness of any legislation enacted to accomplish the purpose of restraining the costs of health care while



ensuring the quality of services, and its effect on the subjects listed in subsections 1 to 9, inclusive.

11. Determine whether regulation by the State will be necessary in the future by examining hospitals for evidence of:

(a) Degradation or discontinuation of services previously offered, including without limitation, neonatal care, pulmonary services and pathology services; or

(b) A change in the policy of the hospital concerning contracts, → as a result of any legislation enacted to accomplish the purpose of restraining the costs of health care while ensuring the quality of services.

12. Study the effect of the acuity of the care provided by a hospital upon the revenues of the hospital and upon limitations upon that revenue.

13. Review the actions of the Director in administering the provisions of this chapter and adopting regulations pursuant to those provisions. The Director shall report to the Committee concerning any regulations proposed or adopted pursuant to this chapter.

14. Identify and evaluate, with the assistance of an advisory group, the alternatives to institutionalization for providing long-term care, including, without limitation:

(a) An analysis of the costs of the alternatives to institutionalization and the costs of institutionalization for persons receiving long-term care in this State;

(b) A determination of the effects of the various methods of providing long-term care services on the quality of life of persons receiving those services in this State;

(c) A determination of the personnel required for each method of providing long-term care services in this State; and

(d) A determination of the methods for funding the long-term care services provided to all persons who are receiving or who are eligible to receive those services in this State.

15. Evaluate, with the assistance of an advisory group, the feasibility 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.

16. Evaluate, with the assistance of an advisory group, the feasibility 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.



17. Conduct investigations and hold hearings in connection with its review and analysis and exercise any of the investigative powers set forth in NRS 218E.105 to 218E.140, inclusive.

18. Apply for any available grants and accept any gifts, grants or donations to aid the Committee in carrying out its duties pursuant to this chapter.

19. Direct the Legislative Counsel Bureau to assist in its research, investigations, review and analysis.

20. Recommend to the Legislature as a result of its review any appropriate legislation.

~~21. Prescribe duties and make requests, in addition to those set forth in NRS 439B.250, of the Nevada Academy of Health established pursuant to that section.~~

Sec. 6. (Deleted by amendment.)

Sec. 7. 1. The amendment to NRS 422.153 in section 2 of this act which extends the term of members of the Medical Care Advisory Committee applies only to any appointment made on or after July 1, 2015.

2. As soon as practicable after July 1, 2015, the Director of the Department of Health and Human Services shall appoint to the Medical Care Advisory Committee the members required by subsection 1 of NRS 422.153, as amended by section 2 of this act.

3. In making the initial appointments described in subsection 2, the Director shall appoint members to staggered terms of 1 and 2 years.

Sec. 8. NRS 422.4055, 439.491, 439.4911, 439.4913, 439.4915, 439.4917, 439.4919, 439.492, 439.493, 439.494, 439.503, 439B.250 and 442.118, are hereby repealed.

Sec. 9. This act becomes effective on July 1, 2015.



