

Legislative Update April 23rd

With the April 14th deadline for non-exempt bills to pass out of committee in the first house (or house of origin) now history, another major deadline lies just ahead. By midnight on April 25th non-exempt bills must pass out of their first house.

What this means is long and multiple floor sessions in the Senate and Assembly Monday and Tuesday. Floor activity since the April 14th deadline has been somewhat slow, primarily because of the number of amendments that need to be written. While committees can vote to pass bills with conceptual amendments, once a bill moves to the floor, it cannot be processed without the actual amendment.

As for legislation of importance to the Nevada Primary Care Association, what follows is a quick update as to where things stand and why.

- *FQHC Incubator Project Funding*: The budget account that contains a \$1 million appropriation for the FY18-19 biennium was closed. However, depending on the Economic Forum's May 1st general fund revenue forecast for FY18-19, it could be reopened and adjusted if necessary..
- *Patient-Centered Medical Homes*: Senate Bill 139, as amended, authorizes the implementation of value-based reimbursements for care delivered through a PCMH, both for commercial carriers and Medicaid. It has been re-referred to the Senate Finance committee to address any fiscal impact there may be on the state and is exempt. Amending the bill from a mandate to authorization removes Medicaid's fiscal note, and because Senate Bill 6 from 2015 established the PCMH advisory group, DPBH's minimal fiscal note should be mitigated.
- *State-Funded Program for Family Planning Services*: Senate Bill 122, which would establish the program, was amended and passed out of the policy and money committees in the Senate on party line votes, and is on the Senate floor. The challenge is to send a bill to the Governor that he won't veto, and that will require bi-partisan support. SB122, which is exempt, will be amended again before the Senate votes on it, primarily to address concerns that grants awarded could be used for abortions. Assembly Bill 397 provides \$4 million to initially fund the program and is also exempt. It, too, will be amended to define family planning services to mirror SB122 before being voted on in the Ways & Means committee.
- *Interim Health Care Committee Bills*: Assembly Bill 450 proposed to prohibit the use of e-cigarettes and other vapor products where smoking tobacco is prohibited, and was the result of a coordinated effort among the NVPCA, the Nevada Public Health Association, the Nevada Tobacco Prevention Coalition and the local health districts to identify this issue as a public health priority. However, leadership in the Assembly Democrat caucus decided not to even hear the bill. Assembly Bill 273 was

heard but not processed, the decision made to let Senate Bill 165 be the vehicle to address obesity and BMI.

- *Water Fluoridation*: Assembly Bill 193 proposed to require the fluoridation of public water systems in Washoe County. Despite having the votes to pass the bill out of the policy committee, the decision was made not process it. Lobbying against this bill demonstrated that it appears there are no lines that can't be crossed to defeat a bill.
- *Sex Education*: The main amendment to Assembly Bill 348 would allow parents to opt-in for their children to take a sex education course. Among other changes are ones to ensure parents make up the majority of the existing advisory committees, defining evidence-based, and reporting requirements of school districts.
- *Affordable Care Act*: Senate Bill 233 would put into NRS women's preventive health services covered under the ACA, as well as allow for 12-month dispensing of birth control. It will be further amended, re-inserting the religious exemption for birth control, to gain bi-partisan support. Assembly Bill 408, would put key provisions of the ACA into NRS and would also prohibit insurers in addition to health care providers from discriminating against certain persons.
- *Collaborative Practice of Pharmacy*: Senate Bill 260 would establish this and was amended to include and define collaborative drug therapy management, require an ongoing relationship with and written consent from the patient, and measures tht further define the practitioner-pharmacist relationship.
- *Medicaid as a Public Option*: Assembly Bill 374 and provisions in Senate Bill 394 to offer Medicaid to the public are dead for this session.
- *Recreational Marijuana*: There are 23 bills this session addressing marijuana, mainly designed to allow for retail sales beginning July 1st so the state can reap fee and tax revenue ASAP, which is projected at \$70 million each year for the next biennium (K-12 education is the main beneficiary). Most bills focus on licensing and taxation, including streamlining recreational and medical marijuana taxes. Only one tax bill (Senate Bill 487) provides an earmark to address public health concerns (mental health and substance abuse programs), and one bill (Senate Bill 236) would weaken clean indoor air laws by allowing public smoking of marijuana if a permit is granted to a business or special event entity by the local government. Still lots to be done.