**2015 LCB Bill Summaries Re Persons with Disabilities**

**ASSEMBLY BILL 128 (Enrolled)**

Relates to Adults With Intellectual Disabilities

**Summary**

Assembly Bill 128 provides examples of forms for power of attorney for health care and end-of-life decisions for adults with intellectual disabilities.

**Effective Date**

This bill is effective on June 4, 2015.

**ASSEMBLY BILL 325 (Enrolled)**

Relates to Guardians

**Summary**

Assembly Bill 325 provides for the licensure and regulation of private professional guardians by the Commissioner of Financial Institutions and exempts certain financial entities from these licensing requirements. The measure also sets forth the persons, including those who live outside the State, who are allowed to provide a court-appointed guardianship before a court appoints a public or private professional guardian, as long as the person is willing and able to do so and is otherwise qualified and suitable.

A nonresident of Nevada may be appointed as a guardian for an adult or minor ward, and a court is required to give preference in appointing a guardian for an adult ward in order of a list of persons provided in the bill. This bill authorizes a court to appoint two or more coguardians and directs a court, with certain exceptions, to give preference for a guardianship to a person named in a will, trust, or other document executed as part of an estate plan. A ward who cannot afford to pay for a private guardian is eligible to have a public guardian appointed.

The bill also revises, from once every year to once every six months, the requirement that a guardian provide a report on the finances and well-being of a ward. Additionally, A.B. 325 provides for the appointment of a public guardian for an incompetent adult who failed to nominate a guardian while he or she was still competent or if the nominated person is not suited or is not willing to serve as a guardian.

**Effective Date**

The bill is effective on June 8, 2015, for the purposes of adopting regulations and performing preparatory administrative tasks and on January 1, 2016, for all other purposes.

**SENATE BILL 262 (Enrolled)**

Relates to Guardians

**Summary**

Senate Bill 262 revises various provisions governing the appointment of guardians. The bill allows a nonresident of Nevada to be appointed as a guardian for an adult or minor ward and requires a court to give preference in appointing a guardian for an adult ward in order of a list of persons provided in the bill. The bill also authorizes a court to appoint two or more coguardians and directs a court, with certain exceptions, to give guardianship preference to a person named in a will, trust, or other document executed as part of an estate plan.

The bill provides that a ward who cannot afford to pay for a private guardian is eligible to have a public guardian appointed. Additionally, S.B. 262 provides for the appointment of a public guardian for an incompetent adult who failed to nominate a guardian while he or she was still competent or if the nominated person is not suited or not willing to serve as a guardian.

**Effective Date**

This bill is effective on July 1, 2015.

**ASSEMBLY BILL 140 (Enrolled)**

Relates to Domestic Relations

**Summary**

Assembly Bill 140 provides that the court cannot attach, levy, seize by or under any legal or equitable process, or make an assignment or otherwise divide, any federal disability benefits awarded to a veteran for a disability connected to his or her military service for a disposition of community and joint tenancy property, an alimony award, or the support of a spouse, unless there is a valid premarital agreement.

**Effective Date**

This bill is effective on October 1, 2015.

**ASSEMBLY BILL 328 (Enrolled)**

Relates to Certain Hearings Concerning Pupils With Disabilities

**Summary**

Assembly Bill 328 specifies that whenever a due process hearing is held pursuant to the federal Individuals with Disabilities Education Act for the identification, evaluation, or disciplinary action of a public school pupil with a disability, the Superintendent of Public Instruction must provide to a complainant the names of three hearing officers selected on an impartial basis from a list maintained by the Department of Education. The complainant must return to the Superintendent, within two days, a list which places the three names in order of preference. If the complainant does not respond within two days or if a hearing must be expedited, the Superintendent is authorized to select a hearing officer.

The local educational agency or charter school, as applicable, involved in the complaint must pay the cost of the hearing, and procedures must be in place to avoid a conflict of interest. The decision of a hearing officer may be appealed to the Department. Finally, the State Board of Education is required to prescribe certain regulations related to hearing officers, and redacted due process hearing and appeal decisions must be posted for public access on the Department’s website.

**Effective Date**

This bill is effective on June 5, 2015, for the purpose of adopting regulations and performing administrative tasks and on July 1, 2016, for all other purposes.

**SENATE BILL 13 (Enrolled)**

Relates to Special Education

**Summary**

Senate Bill 13 replaces the definition of “pupil with a disability” with the federal definition of “child with a disability” and clarifies that the pupil is under 22 years of age. It also requires the minimum standards for the special education of students with hearing impairments be in accordance with federal law.

**Effective Date**

This bill is effective on July 1, 2015.

**SENATE BILL 177 (Enrolled)**

Relates to Patient Caregivers

**Summary**

Senate Bill 177 authorizes a patient, a legal representative of a patient who is incompetent, or a parent or guardian of a patient who is a minor to designate a caregiver upon an inpatient admission to a hospital. Another caregiver can be designated if the person originally designated is unable or unwilling to perform the duties. A person is under no obligation to a patient solely because the person has been designated as a caregiver.

A hospital must provide the opportunity for a patient, a legal representative of such a patient who is incompetent, or a parent or guardian of a minor patient to designate a caregiver for that patient. A hospital must also allow a patient who was unconscious or otherwise incompetent upon admission but regains competence to designate a caregiver. The hospital must record the designation of a caregiver or declination to do so in the patient’s medical record.

If a patient has a designated caregiver, a hospital shall request written consent to release medical information to the caregiver if such consent is required by federal or State law. If a patient provides such consent, a hospital must attempt to notify the caregiver of the planned discharge or transfer of the patient and attempt to provide the caregiver with certain information and training concerning aftercare for the patient. A hospital is authorized to proceed with a planned discharge or transfer of the patient if the hospital is not successful in providing this notification, information, and training to the caregiver. In addition, the measure specifies that a hospital is not liable for aftercare provided either improperly or not at all by the caregiver.

**Effective Date**

This bill is effective on October 1, 2015.

**ASSEMBLY BILL 5 (Enrolled)**

Relates to Jobs and Day Training Providers

**Summary**

Assembly Bill 5 requires the Aging and Disability Services Division, Department of Health and Human Services, to enter into an agreement with the Rehabilitation Division of the Department of Employment, Training and Rehabilitation to provide long-term support to persons with intellectual disabilities and persons with related conditions.

The Division must also give preference to providers of jobs and day training services who will provide persons with intellectual disabilities or related conditions with training and experience leading to employment that is:

 Comparable to employment for persons without intellectual disabilities or related conditions; and

 At or above the State minimum wage.

The Division is required to give such preference when issuing certificates and entering into agreements with public and private agencies for the provision of jobs and day training services. In addition, each application or certificate must include a provision that employment is the primary service option for all adults of working age. Lastly, the measure authorizes the Administrator of the Division to adopt regulations governing the provision of services to persons with intellectual disabilities and persons with related conditions who are unable or unwilling to be employed.

**Effective Date**

This bill is effective on July 1, 2015.

**SENATE BILL 419 (Enrolled)**

Relates to Certain Persons With Disabilities

**Summary**

Senate Bill 419 requires the State Treasurer, in cooperation with the Aging and Disability Services Division, to establish, or otherwise ensure the establishment of the Nevada ABLE (Achieving a Better Life Experience) Savings Program as a qualified program pursuant to federal law to provide tax-advantaged savings accounts for persons who have certain qualifying disabilities. The Division is required to implement an outreach and educational program to increase participation in the ABLE program.

In addition, the measure allows the Division to establish a program to provide services of independent living and assistive technology for persons with disabilities who need independent living services. Finally, the bill revises the term of the members of the Nevada Commission on Services for Persons with Disabilities to ensure that the members’ terms are staggered.

**Effective Date**

This measure is effective on July 1, 2015.

**ASSEMBLY BILL 307 (Enrolled)**

Relates to Children With Intellectual Disabilities

**Summary**

Assembly Bill 307 requires the Division of Health Care Financing and Policy (DHCFP) and the Aging and Disability Services Division (ADSD), Department of Health and Human Services, to the extent that money is available, to establish a pilot program to provide intensive care coordination services to children with intellectual disabilities and children with related conditions who have also been diagnosed with a behavioral health need and reside in a county whose population is 100,000 or more. As necessary, the Director of the Department shall amend the State Plan for Medicaid or obtain a Medicaid waiver to use money received pursuant to the State Plan to pay for any part of the pilot program for which such money is authorized by federal law or by the waiver. Intensive care coordination services must include certain medically necessary services, support for the family, and food and lodging expenses for a child who is receiving supported living arrangements but does not reside with his or her parent or guardian.

The DHCFP and ADSD are authorized to apply for and accept gifts, grants, donations, and bequests to pay for the pilot program. The DHCFP and ADSD must take certain measures to evaluate the effectiveness of the program and collaborate efforts to obtain grants. The Divisions shall also report to the Legislature and the Legislative Committee on Health Care (LCHC) the status and results of the pilot program. The boards of county commissioners in counties with populations of less than 100,000 must report to the Legislature and the LCHC the manner in which they make provisions for the support, education, and care of children with intellectual disabilities and related conditions in their respective counties.

**Effective Date**

The bill is effective on July 1, 2015, and expires by limitation on July 1, 2019.

**ASSEMBLY BILL 200 (Enrolled)**

Relates to Persons With Impaired Speech or Hearing

**Summary**

Assembly Bill 200 requires the Aging and Disability Services Division, through its program to provide telecommunication devices to persons with impaired speech or hearing, to make interpreters available, when possible, to assist the departments of State government in providing access to persons who are deaf or hard of hearing. In addition, the program must include provisions for assistive technology and certain services to be offered by centers for persons who are deaf or hard of hearing. The bill also removes the requirement that the Public Utilities Commission of Nevada (PUCN) approve the program. The amount of the surcharge established by the PUCN to fund the program and cover related costs is limited to not more than 8 cents per month on each access line of each customer of any telephone company providing such lines, including wireless access lines. Lastly, the bill changes the voting status of certain members of the Subcommittee on Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons With Speech Disabilities of the Nevada Commission on Services for Persons with Disabilities by making two members nonvoting members.

**Effective Date**

This bill is effective upon passage and approval for purposes of performing preparatory administrative tasks, and on July 1, 2015, for all other purposes.

**Background Information**

The services to be offered by the centers for persons who are deaf or hard of hearing include:

 Facilitating the provision and distribution of telecommunication devices and assistive technology;

 Assisting persons in accessing assistive devices;

 Expanding services for telecommunication devices and assistive devices where there is a need and no services are available;

 Providing instruction in language acquisition; and

 Providing programs to increase access to education, employment, and health and social services.

**SENATE BILL 6 (Enrolled)**

Relates to a Patient-Centered Medical Home

**Summary**

Senate Bill 6 prohibits a primary care practice from representing itself as a patient-centered medical home unless it is certified, accredited, or otherwise officially recognized as such by a nationally recognized organization for accrediting patient-centered medical homes.

The bill authorizes the coordination between patient-centered medical homes and insurers and the acceptance of incentives provided by insurers to patient-centered medical homes, which would otherwise constitute unfair methods of competition or unfair trade practices to the extent that such coordination and incentives are authorized under federal law.

Finally, S.B.6 authorizes the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to appoint an advisory group to study the delivery of health care through patient-centered medical homes.

**Effective Date**

This bill is effective on June 1, 2015.

**ASSEMBLY BILL 6 (Enrolled)**

Relates to Treatment for Autism Spectrum Disorders

**Summary**

Assembly Bill 6 removes references to “certified autism behavior interventionists” throughout various sections of *Nevada Revised Statutes* regulating such professionals, instead providing for the credentialing and regulation of Registered Behavior Technicians. The bill also changes statutory references of “behavior therapy” to “behavioral therapy.” Finally, the measure increases the minimum coverage which must be provided by certain insurers for applied behavioral analysis treatment to the actuarial equivalent of $72,000.

**Effective Date**

The provisions of the bill relating to increasing coverage for applied behavioral analysis treatment apply only to health plans delivered, issued, or renewed on or after January 1, 2017. The remaining provisions are effective on May 25, 2015.

**SENATE BILL 250 (Enrolled)**

Relating to Health Insurance Policies

**Summary**

Senate Bill 250 requires certain public and private policies of insurance and health care plans must authorize coverage for, and may apply a copayment and deductible to, a prescription to be divided into more than one dispensing for the purpose of synchronizing a patient’s multiple prescriptions. These policies and plans are prohibited from denying a claim for such a prescription that is otherwise covered. Finally, these policies and plans are prohibited from prorating the pharmacy dispensing fees for such prescriptions, unless otherwise provided by a contract or other agreement.

**Effective Date**

This bill is effective on June 5, 2015, for the purposes of adopting any regulations and performing any preparatory administrative tasks and on January 1, 2017, for all other purposes.