

ASSEMBLY BILL NO. 194—ASSEMBLYMEN SEGERBLOM, WILLIAMS, BUCKLEY, NEIGHBORS, CARPENTER, PARKS, MANENDO, ANDERSON, FREEMAN, CHOWNING, THOMAS, ARBERRY, KOIVISTO, DE BRAGA, MCCLAIN, BERMAN, COLLINS, EVANS, GOLDWATER, HUMKE, PRICE, OHRENSCHALL, GIUNCHIGLIANI, MORTENSON, CLABORN, HETTRICK, NOLAN, LEE, BACHE, PERKINS, LESLIE, GIBBONS AND PARNELL

FEBRUARY 10, 1999

Referred to Committee on Commerce and Labor

SUMMARY—Prohibits managed care organization from committing certain acts that limit accessibility of its insureds to services provided at certain hospitals. (BDR 57-375)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

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

AN ACT relating to managed care organizations; prohibiting a managed care organization from committing certain acts that limit the accessibility of its insureds to services provided at certain hospitals in smaller cities and unincorporated areas with which the managed care organization has contracted; and providing other matters properly relating thereto.

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

- 1 **Section 1.** Chapter 695G of NRS is hereby amended by adding
2 thereto a new section to read as follows:
3 *If a managed care organization contracts for the provision of*
4 *emergency medical services, outpatient services or inpatient services with*
5 *a hospital that provides acute care and which is located in a city whose*
6 *population is less than 45,000 or the unincorporated area of a county*
7 *including any town located therein, the managed care organization shall*
8 *not:*

- 1 1. *Prohibit or discourage an insured from receiving services covered*
2 *by the health care plan of the insured at that hospital if the services are*
3 *provided by a provider of health care with whom the managed care*
4 *organization has contracted with for the provision of the services;*
- 5 2. *Refuse to provide coverage for services covered by the health care*
6 *plan of an insured that are provided to the insured at that hospital if the*
7 *services were provided by a provider of health care with whom the*
8 *managed care organization has contracted with for the provision of the*
9 *services;*
- 10 3. *Refuse to pay a provider of health care with whom the managed*
11 *care organization has contracted with for the provision of services for*
12 *providing services to an insured at that hospital if the services are*
13 *covered by the health care plan of the insured;*
- 14 4. *Discourage a provider of health care with whom the managed*
15 *care organization has contracted with for the provision of services from*
16 *providing services to an insured at that hospital that are covered by the*
17 *health care plan of the insured; or*
- 18 5. *Offer or pay any type of material inducement, bonus or other*
19 *financial incentive to a provider of health care:*
 - 20 (a) *To provide services to an insured that are covered by the health*
21 *care plan of the insured at another hospital or facility; or*
 - 22 (b) *Not to provide services to an insured at that hospital that are*
23 *covered by the health care plan of the insured.*

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