ASSEMBLY BILL NO. 310—ASSEMBLYMEN BUCKLEY, OHRENSCHALL, CARPENTER, LESLIE, KOIVISTO, MCCLAIN, CLABORN, NOLAN, COLLINS, MANENDO, ANDERSON, PERKINS, ARBERRY, GIUNCHIGLIANI, WILLIAMS, PARKS, VON TOBEL, PRICE, GIBBONS, BERMAN, THOMAS, BEERS, EVANS, SEGERBLOM, GOLDWATER, PARNELL, DE BRAGA, FREEMAN, BACHE, CHOWNING, MORTENSON, NEIGHBORS, HUMKE, TIFFANY, GUSTAVSON, LEE, HETTRICK, CEGAVSKE, MARVEL AND BROWER

## FEBRUARY 23, 1999

## Referred to Concurrent Committees on Commerce and Labor and Ways and Means

SUMMARY—Establishes office of ombudsman for health care within bureau of consumer protection in office of attorney general. (BDR 18-1289)

FISCAL NOTE: Effect on Local Government: Yes. Effect on the State or on Industrial Insurance: Yes.

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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 health; establishing the office of the ombudsman for health care within the bureau of consumer protection in the office of the attorney general; defining the duties of the ombudsman; imposing a fee on managed care organizations to pay the expenses of the office of the ombudsman for health care; providing a penalty; and providing other matters properly relating thereto.

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

- Section 1. Chapter 228 of NRS is hereby amended by adding thereto
- 2 the provisions set forth as sections 2 to 17, inclusive, of this act.
- Sec. 2. As used in sections 2 to 17, inclusive, of this act, unless the
- 4 context otherwise requires, the words and terms defined in sections 3 to
- 5 6, inclusive, of this act have the meanings ascribed to them in those
- 6 sections.
- 7 Sec. 3. "Consumer" means a natural person who has or is in need
- 8 of coverage under a health care plan.

- "Health care plan" has the meaning ascribed to it in NRS Sec. 4. 679B.520. 2
  - Sec. 5. "Insurer" has the meaning ascribed to it in NRS 679B.540.
- "Ombudsman" means the ombudsman for health care Sec. 6. appointed pursuant to section 7 of this act.
- Sec. 7. The office of the ombudsman for health care is hereby established within the bureau of consumer protection in the office of the attorney general. The attorney general shall appoint the ombudsman.
- The person so appointed must have expertise and experience in the fields of health care and advocacy. 10
- Sec. 8. The ombudsman shall: 11

- Assist consumers with the selection of health care plans by 12 13 providing information, referral services and assistance to consumers relating to obtaining coverage and services under health care plans;
- 2. Assist consumers in understanding their rights and responsibilities 15 under health care plans; 16
- Provide information to the general public, agencies, legislators and other persons concerning the problems and concerns of consumers relating to health insurance, and make recommendations as appropriate for solving those problems and concerns; 20
- To the extent possible, identify, investigate and resolve complaints 21 on behalf of consumers and assist those consumers with the filing and pursuit of complaints and appeals; 23
- Analyze and monitor the development and implementation of federal, state and local laws, regulations and policies relating to health insurance in this state, and recommend such changes concerning the 26 development and implementation of those laws, regulations and policies 27 as the ombudsman deems appropriate; 28
- 29 Facilitate and encourage public comment on laws, regulations and policies relating to health insurance in this state, including, without 30 limitation, the policies and actions of insurers who issue or deliver for 31 issuance health care plans in this state; 32
- Promote the development of organizations of consumers and other 33 34 residents of this state relating to the provision of health care plans in this state; and 35
- 8. Ensure that consumers have timely access to the services offered 36 by the office of the ombudsman. 37
- Sec. 9. The ombudsman may: 38
- 1. Hire or enter into contracts with persons as necessary to carry out 39 the provisions of sections 2 to 17, inclusive, of this act;

- Pursue administrative, judicial and other remedies on behalf of a consumer or group of consumers;
- 3. Delegate any of his duties and responsibilities to his employees or persons with whom he has contracted pursuant to subsection 1;
- Adopt policies and procedures necessary to carry out the provisions of sections 2 to 17, inclusive, of this act; and
- Take any other action necessary to carry out the provisions of sections 2 to 17, inclusive, of this act.
- Sec. 10. The ombudsman may review the health insurance records of a consumer if the consumer, his legal guardian or legal representative has given written consent for the release of the records to the 12 ombudsman. If the consumer, his legal guardian or legal representative has given such consent, the insurer shall provide the ombudsman with 13 access to the records relating to that consumer.
- Sec. 11. All state agencies shall comply with reasonable requests 15 from the ombudsman for information and assistance. 16

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- Sec. 12. The ombudsman shall not disclose the identity of a consumer who has filed with the ombudsman a complaint concerning an insurer, or who is otherwise using the services of the ombudsman, in the absence of the written consent of the consumer, his legal guardian or legal representative, or a court order for the disclosure.
- Sec. 13. 1. The ombudsman, his employees and contractors shall not have any conflict of interest relating to the performance of their duties pursuant to sections 2 to 17, inclusive, of this act. For the purposes of this section, a conflict of interest shall be deemed to exist if the 26 ombudsman, employee or contractor, or any person affiliated with the ombudsman, employee or contractor:
- (a) Has direct involvement in the licensing, certification or 28 29 accreditation of a health care facility, insurer or provider of health care;
  - (b) Has a direct ownership interest or investment interest in a health care facility, insurer or provider of health care;
  - (c) Is employed by, or participating in, the management of a health care facility, insurer or provider of health care; or
- 34 (d) Receives or has the right to receive, directly or indirectly, remuneration pursuant to any arrangement for compensation with a 35 36 health care facility, insurer or provider of health care.
- 2. As used in this section, "provider of health care" has the meaning 37 ascribed to it in NRS 629.031. 38
- Sec. 14. The ombudsman may speak on behalf of the public interest 39 and the interest of consumers, and may carry out his duties prescribed in sections 2 to 17, inclusive, of this act, without being subject to any disciplinary or retaliatory action.

- Sec. 15. On or before January 1 of each year, the ombudsman shall submit to the governor, and to the director of the legislative counsel bureau for transmittal to the legislative committee on health care, a report on the activities, performance and fiscal accounts of the office of the ombudsman during the preceding year.
- Sec. 16. Upon the request of the interim finance committee or legislative committee on health care, the attorney general and the ombudsman shall provide to the interim finance committee or legislative committee on health care, as appropriate, a report concerning the office of the ombudsman for health care. The report must include:
- 11 1. An update on the status of the implementation of the provisions of sections 2 to 17, inclusive, of this act;
- 2. A description of the manner in which the ombudsman is and will be coordinating his efforts and activities with other ombudsmen in this state, including, without limitation, the ombudsman for aging persons; and
- 3. Such other information as the interim finance committee or legislative committee on health care, as appropriate, requests.
  - Sec. 17. The provisions of sections 2 to 17, inclusive, of this act, do not limit the exclusive jurisdiction of the commissioner otherwise granted by statute to investigate or take administrative or civil action:
  - 1. For any violation of Title 57 of NRS by any person or entity who is or has been licensed by the commissioner pursuant to Title 57 of NRS;
- 24 2. Against any person or entity who is or has been engaged in the business of insurance without a license as required by Title 57 of NRS; or
- 27 3. Against any person or entity as the commissioner deems 28 appropriate.
- Sec. 18. NRS 228.330 is hereby amended to read as follows: 228.330 [The] Except as otherwise provided in sections 2 to 17, inclusive, of this act, the consumer's advocate may:
  - 1. Employ such staff as is necessary to carry out his duties and the functions of his office, in accordance with the personnel practices and procedures established within the attorney general's office. The consumer's advocate has sole discretion to employ and remove any member of his staff.
    - 2. Purchase necessary equipment.

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- 38 3. Lease or make other suitable arrangements for office space, but any lease which extends beyond the term of 1 year must be reviewed and approved by a majority of the members of the state board of examiners.
- 4. Apply for an order or subpoena for the appearance of witnesses or 42 the production of books, papers and documents in any proceeding in which
- 43 he is a party or intervener, in the same manner as any other party or

- 1 intervener, and make arrangements for and pay the fees or costs of any
- 2 witnesses and consultants necessary to the proceeding. If any person
- 3 ordered by the public utilities commission of Nevada to appear before it as
- a witness pursuant to this subsection fails to obey the order, the
- commission shall apply for a subpoena commanding the attendance of the witness.
- 5. Perform such other functions and make such other arrangements as may be necessary to carry out his duties and the functions of his office.
- **Sec. 19.** Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. A managed care organization shall, on or before March 1 of each 12 *year*:
- (a) Submit to the commissioner a report containing the number of 13 14 patients treated by the managed care organization during the next 15 preceding calendar year and any other information required by the 16 commissioner; and
- (b) Remit to the commissioner an amount equal to \$1 for each such 17 18 *patient*.
- 2. The money remitted to the commissioner pursuant to this section must be: 20
- (a) Transmitted to the state treasurer for deposit in the state general 21 22 *fund*;
  - (b) Accounted for separately; and

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- (c) Used to pay the expenses of the office of the ombudsman for 24 health care pursuant to sections 2 to 17, inclusive, of this act, including 26 any expenses incident to or associated with the requirements of those sections. 27
- **Sec. 20.** The attorney general and the ombudsman for health care 29 appointed pursuant to section 7 of this act shall submit a report pursuant to section 16 of this act to the interim finance committee on or before September 15, 2000.
- **Sec. 21.** 1. This section and sections 1 to 6, inclusive, and 19 of this 32 act become effective on October 1, 1999. 33
- Sections 7 to 18, inclusive, and 20 of this act become effective on 34 July 1, 2000. 35