

ASSEMBLY BILL NO. 52—ASSEMBLYMEN BACHE, PARKS, MCCLAIN,  
KOIVISTO AND GIUNCHIGLIANI

PREFILED JANUARY 29, 2001

Referred to Committee on Health and Human Services

SUMMARY—Limits fees which providers of health services that accept insurance payments may collect from patients. (BDR 40-655)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Contains Appropriation not included in Executive Budget.

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

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AN ACT relating to providers of health services; limiting the fees which providers that accept insurance payments may collect from patients; 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 439B of NRS is hereby amended by adding thereto  
2     a new section to read as follows:  
3     ***1. If a practitioner or health facility:***  
4     ***(a) Has entered into a written agreement to accept any payment or***  
5     ***reimbursement from an insurer of a patient for the provision of any***  
6     ***health services to the patient, the practitioner or health facility shall not,***  
7     ***except as otherwise provided in this paragraph or another specific***  
8     ***statute, collect or seek to collect from the patient any fees or costs***  
9     ***relating to the particular health services for which the practitioner or***  
10    ***health facility agreed to accept payment or reimbursement from the***  
11    ***insurer. This paragraph does not prohibit a practitioner or health facility***  
12    ***from collecting or seeking to collect from a patient:***  
13    ***(1) Any copayment, deductible or coinsurance required by the***  
14    ***insurer of the patient; or***  
15    ***(2) Any amount of the payment or reimbursement the practitioner***  
16    ***or health facility agreed to accept from the insurer of the patient which,***  
17    ***as the result of the failure of the patient to obtain any preauthorization or***  
18    ***to take any other action required by the insurer, the insurer is not***  
19    ***obligated to provide.***  
20    ***(b) Has not entered into a written agreement to accept any payment or***  
21    ***reimbursement from an insurer of a patient for the provision of a***  
22    ***particular health service to the patient, the practitioner or health facility***



1 *shall, except in an emergency, inform the patient of that fact before*  
2 *providing that service.*

3 *2. For the purposes of this section:*

4 *(a) "Health services" has the meaning ascribed to it in*  
5 *NRS 439A.017.*

6 *(b) "Insurer" means any person or state or local governmental entity*  
7 *that, pursuant to any written agreement, pays or reimburses any fees or*  
8 *costs for the provision of any health services to an insured.*

