

ASSEMBLY BILL NO. 353—ASSEMBLYWOMAN LESLIE

MARCH 22, 2005

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes concerning hospital charges.
(BDR 40-1164)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: 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 health care; requiring hospitals to submit to the Director of the Department of Human Resources certain information concerning their charges, their provision of discounted services to or reduction of charges for persons without health insurance and their collection of unpaid charges; increasing the amount by which certain hospitals are required to reduce or discount the total billed charges for hospital services provided to certain uninsured patients, and to reduce or discount the total billed charges of their outpatient pharmacies to patients who are eligible for Medicare; requiring certain hospitals to reduce or discount such charges for services provided to outpatients; requiring certain hospitals to provide to persons receiving services certain information concerning the duty of those hospitals to reduce billed charges for certain patients and services; 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
- 2 thereto a new section to read as follows:
- 3 ***1. Each hospital in this State shall, on or before July 1 of***
- 4 ***each year, submit to the Department in the manner and form***
- 5 ***prescribed by the Director:***



1 (a) A complete charge master for the hospital that will be
2 effective on July 1 of that year;

3 (b) A statement of its policies and procedures for providing
4 discounted services to, or reducing charges for services provided
5 to, persons without health insurance that are in addition to any
6 reduction or discount required to be provided pursuant to NRS
7 439B.260; and

8 (c) A statement of its policies and procedures for collecting
9 unpaid charges for services provided by the hospital, including,
10 without limitation, the amount of interest charged by the hospital
11 and the manner in which it uses collection agencies.

12 2. Upon request by the Director, each hospital in this State
13 shall submit to the Department in the manner and form prescribed
14 by the Director a detailed listing of charges by the identification
15 code used in the hospital's charge master for any inpatient
16 admission or outpatient visit.

17 3. On or before September 1 of each year, the Director shall
18 prepare and submit to the Director of the Legislative Counsel
19 Bureau for submission to the Legislature, or to the Legislative
20 Commission and the Interim Finance Committee when the
21 Legislature is not in regular session, a report concerning the
22 information it receives pursuant to this section. The report must
23 include, without limitation:

24 (a) A comparison of the prices charged by hospitals in this
25 State;

26 (b) A review of the trends in the prices charged by hospitals in
27 this State;

28 (c) A review and comparison of the policies and procedures
29 used by hospitals in this State to provide discounted services to,
30 and to reduce charges for services provided to, persons without
31 health insurance; and

32 (d) A review and comparison of the policies and procedures
33 used by hospitals in this State to collect unpaid charges for
34 services provided by the hospitals.

35 4. As used in this section, "charge master" means the
36 uniform list of billed charges described in NRS 439B.400, except
37 that the term includes the uniform list of billed charges for units
38 of service or goods provided on an outpatient basis.

39 **Sec. 2.** NRS 439B.260 is hereby amended to read as follows:

40 439B.260 1. A major hospital shall reduce or discount the
41 total billed charge by at least ~~30~~ 50 percent for hospital services
42 provided to an inpatient *or outpatient* who:

43 (a) Has no insurance or other contractual provision for the
44 payment of the charge by a third party;



(b) Is not eligible for coverage by a state or federal program of public assistance that would provide for the payment of the charge; and

(c) Makes reasonable arrangements within 30 days after discharge to pay his hospital bill.

2. A major hospital or patient who disputes the reasonableness of arrangements made pursuant to paragraph (c) of subsection 1 may submit the dispute to the Bureau for Hospital Patients for resolution as provided in NRS 223.575.

3. A major hospital shall reduce or discount the total billed charge of its outpatient pharmacy by at least ~~30~~ 50 percent to a patient who is eligible for Medicare.

4. Each major hospital shall:

(a) In language that is easy to understand, written in English and Spanish, prepare a summary of all the provisions of this section and post the summary in a conspicuous place in each public waiting room of the hospital; and

(b) At the time that the hospital is arranging for payment from a person who received services or goods from the hospital, either:

(1) Provide to each person who satisfies the criteria set forth pursuant to subsection 5 a copy of the summary prepared pursuant to paragraph (a); or

(2) Provide to each person a copy of the summary prepared pursuant to paragraph (a).

5. The Director shall adopt regulations setting forth the criteria for identifying the persons who must be provided a summary pursuant to subparagraph (1) of paragraph (b) of subsection 4.



