

ASSEMBLY BILL NO. 427—ASSEMBLYMEN CONKLIN, KIRKPATRICK,
OCEGUERA, BUCKLEY, HORNE, ANDERSON, GERHARDT,
KIHUEN, LESLIE, MCCLAIN, PIERCE AND SMITH

MARCH 19, 2007

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes relating to insurance for
emergency services and care provided at major
hospitals. (BDR 57-786)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 1, 3-7, 10-13)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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 insurance; requiring certain insurers to
reimburse major hospitals for emergency services and
care under certain circumstances; requiring major
hospitals to accept reimbursement pursuant to those
provisions as payment in full from the insurers; requiring
major hospitals to charge a certain rate for emergency
services and care provided to persons who have no
insurance coverage; and providing other matters properly
relating thereto.

Legislative Counsel's Digest:

Existing law regulates the activities of health insurers and similar entities in this State. (Chapters 689A, 689B, 689C, 695A, 695B, 695C and 695G of NRS) **Sections 1-7, 9 and 10** of this bill provide that if a person who has coverage for emergency services and care at a hospital in this State under any of the various types of policies, contracts or plans of health insurance receives emergency services and care at a major hospital for which the policy, contract or plan does not provide coverage, the insurer is required to pay the major hospital at 135 percent of the rate Medicare pays for the services and care at the time the services and care are provided. The major hospital which provides the services and care is required to accept reimbursement pursuant to these provisions as payment in full from the insurer. The patient is required to pay the same deductibles and copayments that he would have paid at a covered hospital. **Sections 11 and 12** of this bill extend these provisions to plans of health insurance provided by certain governmental entities.



* A B 4 2 7 *

Section 8 of this bill exempts the State Plan for Medicaid from these provisions. These provisions of this bill apply prospectively to any policy, plan or contract of health insurance issued or renewed on or after October 1, 2007.

Existing law requires major hospitals to provide a discounted charge to certain uninsured patients. (NRS 439B.260) **Section 13** of this bill requires certain hospitals to accept 135 percent of the rate Medicare pays for emergency services and care at the time the services and care are provided under certain circumstances if that amount is lower than the discounted rate otherwise required.

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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall reimburse a major hospital for the provision of emergency services and care to a patient in accordance with the provisions of this section if the patient:

(a) Was transported to the major hospital for the provision of emergency services and care by an ambulance, air ambulance or vehicle of a fire-fighting agency;

(b) Was admitted to the major hospital; and

(c) Has a policy of health insurance that:

(1) Provides coverage for emergency services and care provided by at least one hospital in this State other than the major hospital to which the patient was transported; and

(2) Does not provide coverage for emergency services and care provided by the major hospital to which the patient was transported.

2. An insurer shall reimburse a major hospital that provides emergency services and care to a patient described in subsection 1 at a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided. The hospital shall accept reimbursement pursuant to this subsection as payment in full from the insurer.

3. A patient described in subsection 1 shall pay the same deductible or copayment and shall satisfy such other conditions of coverage as are required pursuant to the policy of health insurance for emergency services and care provided at a hospital in this State for which coverage is provided.

4. A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2007, has the legal effect of including the provisions required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

5. As used in this section:



* A B 4 2 7 *

(a) "Air ambulance" has the meaning ascribed to it in NRS 450B.030.

(b) "Ambulance" has the meaning ascribed to it in NRS 450B.040.

(c) "Emergency services and care" has the meaning ascribed to it in subsection 5 of NRS 439B.410.

(d) "Fire-fighting agency" has the meaning ascribed to it in NRS 450B.072.

(e) "Major hospital" means a hospital with 200 or more beds which has an emergency room or which has been designated as a center for the treatment of trauma by the Administrator of the Health Division of the Department of Health and Human Services pursuant to NRS 450B.237.

(f) "Medicare" has the meaning ascribed to it in NRS 439B.130.

Sec. 2. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~[]~~, and section 1 of this act.

Sec. 3. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall reimburse a major hospital for the provision of emergency services and care to a patient in accordance with the provisions of this section if the patient:

(a) Was transported to the major hospital for the provision of emergency services and care by an ambulance, air ambulance or vehicle of a fire-fighting agency;

(b) Was admitted to the major hospital; and

(c) Has a policy of group health insurance that:

(1) Provides coverage for emergency services and care provided by at least one hospital in this State other than the major hospital to which the patient was transported; and

(2) Does not provide coverage for emergency services and care provided by the major hospital to which the patient was transported.

2. An insurer shall reimburse a major hospital that provides emergency services and care to a patient described in subsection 1 at a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided. The hospital shall accept reimbursement pursuant to this subsection as payment in full from the insurer.



1 3. A patient described in subsection 1 shall pay the same
2 deductible or copayment and shall satisfy such other conditions of
3 coverage as are required pursuant to the policy of group health
4 insurance for emergency services and care provided at a hospital
5 in this State for which coverage is provided.

6 4. A policy subject to the provisions of this chapter that is
7 delivered, issued for delivery or renewed on or after October 1,
8 2007, has the legal effect of including the provisions required by
9 this section, and any provision of the policy or the renewal which
10 is in conflict with this section is void.

11 5. As used in this section:

12 (a) "Air ambulance" has the meaning ascribed to it in
13 NRS 450B.030.

14 (b) "Ambulance" has the meaning ascribed to it in
15 NRS 450B.040.

16 (c) "Emergency services and care" has the meaning ascribed
17 to it in subsection 5 of NRS 439B.410.

18 (d) "Fire-fighting agency" has the meaning ascribed to it in
19 NRS 450B.072.

20 (e) "Major hospital" means a hospital with 200 or more beds
21 which has an emergency room or which has been designated as a
22 center for the treatment of trauma by the Administrator of the
23 Health Division of the Department of Health and Human Services
24 pursuant to NRS 450B.237.

25 (f) "Medicare" has the meaning ascribed to it in
26 NRS 439B.130.

27 **Sec. 4.** Chapter 689C of NRS is hereby amended by adding
28 thereto a new section to read as follows:

29 1. An insurer shall reimburse a major hospital for the
30 provision of emergency services and care to a patient in
31 accordance with the provisions of this section if the patient:

32 (a) Was transported to the major hospital for the provision of
33 emergency services and care by an ambulance, air ambulance or
34 vehicle of a fire-fighting agency;

35 (b) Was admitted to the major hospital; and

36 (c) Has a health benefit plan that:

37 (1) Provides coverage for emergency services and care
38 provided by at least one hospital in this State other than the major
39 hospital to which the patient was transported; and

40 (2) Does not provide coverage for emergency services and
41 care provided by the major hospital to which the patient was
42 transported.

43 2. An insurer shall reimburse a major hospital that provides
44 emergency services and care to a patient described in subsection 1
45 at a rate of 135 percent of the amount Medicare pays for such



1 *services and care at the time the services and care are provided.*
2 *The hospital shall accept reimbursement pursuant to this*
3 *subsection as payment in full from the insurer.*

4 3. *A patient described in subsection 1 shall pay the same*
5 *deductible or copayment and shall satisfy such other conditions of*
6 *coverage as are required pursuant to the health benefit plan for*
7 *emergency services and care provided at a hospital in this State for*
8 *which coverage is provided.*

9 4. *A health benefit plan subject to the provisions of this*
10 *chapter that is delivered, issued for delivery or renewed on or after*
11 *October 1, 2007, has the legal effect of including the provisions*
12 *required by this section, and any provision of the plan or the*
13 *renewal which is in conflict with this section is void.*

14 5. *As used in this section:*

15 (a) *“Air ambulance” has the meaning ascribed to it in*
16 *NRS 450B.030.*

17 (b) *“Ambulance” has the meaning ascribed to it in*
18 *NRS 450B.040.*

19 (c) *“Emergency services and care” has the meaning ascribed*
20 *to it in subsection 5 of NRS 439B.410.*

21 (d) *“Fire-fighting agency” has the meaning ascribed to it in*
22 *NRS 450B.072.*

23 (e) *“Major hospital” means a hospital with 200 or more beds*
24 *which has an emergency room or which has been designated as a*
25 *center for the treatment of trauma by the Administrator of the*
26 *Health Division of the Department of Health and Human Services*
27 *pursuant to NRS 450B.237.*

28 (f) *“Medicare” has the meaning ascribed to it in*
29 *NRS 439B.130.*

30 **Sec. 5.** Chapter 695A of NRS is hereby amended by adding
31 thereto a new section to read as follows:

32 1. *A society shall reimburse a major hospital for the provision*
33 *of emergency services and care to a patient in accordance with the*
34 *provisions of this section if the patient:*

35 (a) *Was transported to the major hospital for the provision of*
36 *emergency services and care by an ambulance, air ambulance or*
37 *vehicle of a fire-fighting agency;*

38 (b) *Was admitted to the major hospital; and*

39 (c) *Has a benefit contract that:*

40 (1) *Provides coverage for emergency services and care*
41 *provided by at least one hospital in this State other than the major*
42 *hospital to which the patient was transported; and*

43 (2) *Does not provide coverage for emergency services and*
44 *care provided by the major hospital to which the patient was*
45 *transported.*



2. A society shall reimburse a major hospital that provides emergency services and care to a patient described in subsection 1 at a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided. The hospital shall accept reimbursement pursuant to this subsection as payment in full from the society.

3. A patient described in subsection 1 shall pay the same deductible or copayment and shall satisfy such other conditions of coverage as are required pursuant to the benefit contract for emergency services and care provided at a hospital in this State for which coverage is provided.

4. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2007, has the legal effect of including the provisions required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

5. As used in this section:

(a) "Air ambulance" has the meaning ascribed to it in NRS 450B.030.

(b) "Ambulance" has the meaning ascribed to it in NRS 450B.040.

(c) "Emergency services and care" has the meaning ascribed to it in subsection 5 of NRS 439B.410.

(d) "Fire-fighting agency" has the meaning ascribed to it in NRS 450B.072.

(e) "Major hospital" means a hospital with 200 or more beds which has an emergency room or which has been designated as a center for the treatment of trauma by the Administrator of the Health Division of the Department of Health and Human Services pursuant to NRS 450B.237.

(f) "Medicare" has the meaning ascribed to it in NRS 439B.130.

Sec. 6. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall reimburse a major hospital for the provision of emergency services and care to a patient in accordance with the provisions of this section if the patient:

(a) Was transported to the major hospital for the provision of emergency services and care by an ambulance, air ambulance or vehicle of a fire-fighting agency;

(b) Was admitted to the major hospital; and

(c) Has a contract for hospital or medical service that:

(1) Provides coverage for emergency services and care provided by at least one hospital in this State other than the major hospital to which the patient was transported; and



1 (2) *Does not provide coverage for emergency services and*
2 *care provided by the major hospital to which the patient was*
3 *transported.*

4 2. *An insurer shall reimburse a major hospital that provides*
5 *emergency services and care to a patient described in subsection 1*
6 *at a rate of 135 percent of the amount Medicare pays for such*
7 *services and care at the time the services and care are provided.*
8 *The hospital shall accept reimbursement pursuant to this*
9 *subsection as payment in full from the insurer.*

10 3. *A patient described in subsection 1 shall pay the same*
11 *deductible or copayment and shall satisfy such other conditions of*
12 *coverage as are required pursuant to the contract for hospital or*
13 *medical service for emergency services and care provided at a*
14 *hospital in this State for which coverage is provided.*

15 4. *A contract subject to the provisions of this chapter that is*
16 *delivered, issued for delivery or renewed on or after October 1,*
17 *2007, has the legal effect of including the provisions required by*
18 *this section, and any provision of the contract or the renewal*
19 *which is in conflict with this section is void.*

20 5. *As used in this section:*

21 (a) *“Air ambulance” has the meaning ascribed to it in*
22 *NRS 450B.030.*

23 (b) *“Ambulance” has the meaning ascribed to it in*
24 *NRS 450B.040.*

25 (c) *“Emergency services and care” has the meaning ascribed*
26 *to it in subsection 5 of NRS 439B.410.*

27 (d) *“Fire-fighting agency” has the meaning ascribed to it in*
28 *NRS 450B.072.*

29 (e) *“Major hospital” means a hospital with 200 or more beds*
30 *which has an emergency room or which has been designated as a*
31 *center for the treatment of trauma by the Administrator of the*
32 *Health Division of the Department of Health and Human Services*
33 *pursuant to NRS 450B.237.*

34 (f) *“Medicare” has the meaning ascribed to it in*
35 *NRS 439B.130.*

36 **Sec. 7.** Chapter 695C of NRS is hereby amended by adding
37 thereto a new section to read as follows:

38 1. *A health maintenance organization shall reimburse a*
39 *major hospital for the provision of emergency services and care to*
40 *a patient in accordance with the provisions of this section if the*
41 *patient:*

42 (a) *Was transported to the major hospital for the provision of*
43 *emergency services and care by an ambulance, air ambulance or*
44 *vehicle of a fire-fighting agency;*

45 (b) *Was admitted to the major hospital; and*



(c) *Has a health care plan that:*

(1) *Provides coverage for emergency services and care provided by at least one hospital in this State other than the major hospital to which the patient was transported; and*

(2) *Does not provide coverage for emergency services and care provided by the major hospital to which the patient was transported.*

2. *A health maintenance organization shall reimburse a major hospital that provides emergency services and care to a patient described in subsection 1 at a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided. The hospital shall accept reimbursement pursuant to this subsection as payment in full from the health maintenance organization.*

3. *A patient described in subsection 1 shall pay the same deductible or copayment and shall satisfy such other conditions of coverage as are required pursuant to the health care plan for emergency services and care provided at a hospital in this State for which coverage is provided.*

4. *An evidence of coverage for a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2007, has the legal effect of including the provisions required by this section, and any provision of the evidence of coverage or the renewal thereof which is in conflict with this section is void.*

5. *As used in this section:*

(a) *“Air ambulance” has the meaning ascribed to it in NRS 450B.030.*

(b) *“Ambulance” has the meaning ascribed to it in NRS 450B.040.*

(c) *“Emergency services and care” has the meaning ascribed to it in subsection 5 of NRS 439B.410.*

(d) *“Fire-fighting agency” has the meaning ascribed to it in NRS 450B.072.*

(e) *“Major hospital” means a hospital with 200 or more beds which has an emergency room or which has been designated as a center for the treatment of trauma by the Administrator of the Health Division of the Department of Health and Human Services pursuant to NRS 450B.237.*

(f) *“Medicare” has the meaning ascribed to it in NRS 439B.130.*

Sec. 8. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a



1 certificate of authority under this chapter. This provision does not
2 apply to an insurer licensed and regulated pursuant to this title
3 except with respect to its activities as a health maintenance
4 organization authorized and regulated pursuant to this chapter.

5 2. Solicitation of enrollees by a health maintenance
6 organization granted a certificate of authority, or its representatives,
7 must not be construed to violate any provision of law relating to
8 solicitation or advertising by practitioners of a healing art.

9 3. Any health maintenance organization authorized under this
10 chapter shall not be deemed to be practicing medicine and is exempt
11 from the provisions of chapter 630 of NRS.

12 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
13 695C.1693, 695C.170 to 695C.200, inclusive, *and section 7 of this*
14 *act*, 695C.250 and 695C.265 do not apply to a health maintenance
15 organization that provides health care services through managed
16 care to recipients of Medicaid under the State Plan for Medicaid or
17 insurance pursuant to the Children's Health Insurance Program
18 pursuant to a contract with the Division of Health Care Financing
19 and Policy of the Department of Health and Human Services. This
20 subsection does not exempt a health maintenance organization from
21 any provision of this chapter for services provided pursuant to any
22 other contract.

23 5. The provisions of NRS 695C.1694, 695C.1695 and
24 695C.1731 apply to a health maintenance organization that provides
25 health care services through managed care to recipients of Medicaid
26 under the State Plan for Medicaid.

27 **Sec. 9.** NRS 695C.330 is hereby amended to read as follows:

28 695C.330 1. The Commissioner may suspend or revoke any
29 certificate of authority issued to a health maintenance organization
30 pursuant to the provisions of this chapter if he finds that any of the
31 following conditions exist:

32 (a) The health maintenance organization is operating
33 significantly in contravention of its basic organizational document,
34 its health care plan or in a manner contrary to that described in and
35 reasonably inferred from any other information submitted pursuant
36 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
37 to those submissions have been filed with and approved by the
38 Commissioner;

39 (b) The health maintenance organization issues evidence of
40 coverage or uses a schedule of charges for health care services
41 which do not comply with the requirements of NRS 695C.1691 to
42 695C.200, inclusive, *and section 7 of this act* or 695C.207;

43 (c) The health care plan does not furnish comprehensive health
44 care services as provided for in NRS 695C.060;



(d) The State Board of Health certifies to the Commissioner that the health maintenance organization:

(1) Does not meet the requirements of subsection 2 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of final adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or

(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as he may find to be in the best interest



1 of enrollees to the end that enrollees are afforded the greatest
2 practical opportunity to obtain continuing coverage for health care.

3 **Sec. 10.** Chapter 695G of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *1. A managed care organization shall reimburse a major*
6 *hospital for the provision of emergency services and care to a*
7 *patient in accordance with the provisions of this section if the*
8 *patient:*

9 *(a) Was transported to the major hospital for the provision of*
10 *emergency services and care by an ambulance, air ambulance or*
11 *vehicle of a fire-fighting agency;*

12 *(b) Was admitted to the major hospital; and*

13 *(c) Has a health care plan that:*

14 *(1) Provides coverage for emergency services and care*
15 *provided by at least one hospital in this State other than the major*
16 *hospital to which the patient was transported; and*

17 *(2) Does not provide coverage for emergency services and*
18 *care provided by the major hospital to which the patient was*
19 *transported.*

20 *2. A managed care organization shall reimburse a major*
21 *hospital that provides emergency services and care to a patient*
22 *described in subsection 1 at a rate of 135 percent of the amount*
23 *Medicare pays for such services and care at the time the services*
24 *and care are provided. The hospital shall accept reimbursement*
25 *pursuant to this subsection as payment in full from the managed*
26 *care organization.*

27 *3. A patient described in subsection 1 shall pay the same*
28 *deductible or copayment and shall satisfy such other conditions of*
29 *coverage as are required pursuant to the health care plan for*
30 *emergency services and care provided at a hospital in this State for*
31 *which coverage is provided.*

32 *4. An evidence of coverage for a health care plan subject to*
33 *the provisions of this chapter that is delivered, issued for delivery*
34 *or renewed on or after October 1, 2007, has the legal effect of*
35 *including the provisions required by this section, and any*
36 *provision of the evidence of coverage or the renewal thereof which*
37 *is in conflict with this section is void.*

38 *5. As used in this section:*

39 *(a) "Air ambulance" has the meaning ascribed to it in*
40 *NRS 450B.030.*

41 *(b) "Ambulance" has the meaning ascribed to it in*
42 *NRS 450B.040.*

43 *(c) "Emergency services and care" has the meaning ascribed*
44 *to it in subsection 5 of NRS 439B.410.*



(d) "Fire-fighting agency" has the meaning ascribed to it in NRS 450B.072.

(e) "Major hospital" means a hospital with 200 or more beds which has an emergency room or which has been designated as a center for the treatment of trauma by the Administrator of the Health Division of the Department of Health and Human Services pursuant to NRS 450B.237.

(f) "Medicare" has the meaning ascribed to it in NRS 439B.130.

Sec. 11. Chapter 287 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that provides health insurance through a plan of self-insurance shall reimburse a major hospital for the provision of emergency services and care to a patient in accordance with the provisions of this section if the patient:

(a) Was transported to the major hospital for the provision of emergency services and care by an ambulance, air ambulance or vehicle of a fire-fighting agency;

(b) Was admitted to the major hospital; and

(c) Has a plan of self-insurance that:

(1) Provides coverage for emergency services and care provided by at least one hospital in this State other than the major hospital to which the patient was transported; and

(2) Does not provide coverage for emergency services and care provided by the major hospital to which the patient was transported.

2. The local governmental agency shall reimburse a major hospital that provides emergency services and care to a patient described in subsection 1 at a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided. The hospital shall accept reimbursement pursuant to this subsection as payment in full from the local governmental agency.

3. A patient described in subsection 1 shall pay the same deductible or copayment and shall satisfy such other conditions of coverage as are required pursuant to the plan of self-insurance for emergency services and care provided at a hospital in this State for which coverage is provided.

4. A plan of self-insurance provided by a local governmental agency described in subsection 1 that is delivered, issued for delivery or renewed on or after October 1, 2007, has the legal effect of including the provisions required by this section, and any



provision of the plan or the renewal thereof which is in conflict with this section is void.

5. As used in this section:

(a) "Air ambulance" has the meaning ascribed to it in NRS 450B.030.

(b) "Ambulance" has the meaning ascribed to it in NRS 450B.040.

(c) "Emergency services and care" has the meaning ascribed to it in subsection 5 of NRS 439B.410.

(d) "Fire-fighting agency" has the meaning ascribed to it in NRS 450B.072.

(e) "Major hospital" means a hospital with 200 or more beds which has an emergency room or which has been designated as a center for the treatment of trauma by the Administrator of the Health Division of the Department of Health and Human Services pursuant to NRS 450B.237.

(f) "Medicare" has the meaning ascribed to it in NRS 439B.130.

Sec. 12. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 689B.255, 695G.150, 695G.160, 695G.164, 695G.170, 695G.173, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and section 11 of this act*, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 13. Chapter 439B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Unless a lower charge is required pursuant to NRS 439B.260, a major hospital that provides emergency services and care to a patient who was transported and admitted to the major hospital for the provision of emergency services and care by an ambulance, air ambulance or vehicle of a fire-fighting agency shall discount the total billed charge to a rate of 135 percent of the amount Medicare pays for such services and care at the time the services and care are provided if the patient:

(a) Has no insurance or other contractual provision for the 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.



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

5 3. As used in this section:

6 (a) “Air ambulance” has the meaning ascribed to it in
7 NRS 450B.030.

8 (b) “Ambulance” has the meaning ascribed to it in
9 NRS 450B.040.

10 (c) “Emergency services and care” has the meaning ascribed
11 to it in subsection 5 of NRS 439B.410.

12 (d) “Fire-fighting agency” has the meaning ascribed to it in
13 NRS 450B.072.

14 **Sec. 14.** The provisions of NRS 354.599 do not apply to any
15 additional expenses of a local government that are related to the
16 provisions of this act.

