

Amendment No. 55

Senate Amendment to Senate Bill No. 280	(BDR 54-303)
<b>Proposed by:</b> Senate Committee on Commerce and Labor	
<b>Amends:</b> Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION		Initial and Date		SENATE ACTION		Initial and Date			
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) **green bold** is newly added transitory language.

RRY



Date: 4/21/2007

S.B. No. 280—Revises provisions related to patients’ bills. (BDR 54-303)



SENATE BILL NO. 280—COMMITTEE ON COMMERCE AND LABOR  
(ON BEHALF OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE)

MARCH 13, 2007

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions related to patients’ bills. (BDR 54-303)

FISCAL NOTE: Effect on Local Government: No.  
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; providing that certain health care bills must be provided to a patient within ~~{120 days after the charge is incurred;}~~ **a specified period of time;** and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Under existing law, a provider of health care must give each patient a bill which itemizes any services, equipment, supplies or medicine provided. (NRS 629.071) The existing statute specifies that the bill must be provided in a timely manner after the charges are incurred. (NRS 629.071) Various individual practitioners are subject to this requirement, as are licensed hospitals when acting as an employer of such practitioners. (NRS 629.071)

This bill replaces the provision requiring the bill to be provided in a timely manner with a requirement that the patient’s bill be provided within 120 days after ~~{the charge is incurred;}~~ **certain specified events.** Additionally, licensed hospitals are no longer subject to the requirement, as the definition of “provider of health care” has been revised specifically for this provision.

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

**Section 1.** NRS 629.071 is hereby amended to read as follows:

629.071 **1.** Each provider of health care shall, on his bill to a patient, itemize all charges for services, equipment, supplies and medicines provided for the patient in terms which the patient is able to understand.

**2.** The bill must be ~~{timely}~~ **provided to the patient at no additional cost [within 120 days]** after the charge is incurred ~~{at no additional cost to the patient;}~~ **and not more than 120 days after the later of:**

**(a) The date that the provider of health care receives the correct billing information to contact the patient;**

**(b) If the patient provides information to the provider of health care concerning coverage by a health care insurer or the provider of health care**

1 otherwise determines that the patient has such coverage, the date that the  
2 provider of health care receives documentation from the patient's health care  
3 insurer indicating its final determination of the extent of the benefits, if any,  
4 provided by the health care insurer; and

5 (c) If the patient does not provide information to the provider of health care  
6 concerning coverage by a health care insurer, the date that the provider of health  
7 care determines that the patient does not have coverage by a health care insurer.

8 3. As used in this section ~~["provider"]~~ :

9 (a) "Health care insurer" means any insurer that provides any type of policy,  
10 contract, agreement or plan providing health coverage or benefits in accordance  
11 with state or federal law, including, without limitation, a provider of industrial  
12 insurance.

13 (b) "Provider of health care" means a physician licensed pursuant to chapter  
14 630, 630A or 633 of NRS, dentist, licensed nurse, dispensing optician,  
15 optometrist, practitioner of respiratory care, registered physical therapist,  
16 podiatric physician, licensed psychologist, licensed marriage and family therapist,  
17 chiropractor, athletic trainer, doctor of Oriental medicine in any form, medical  
18 laboratory director or technician, or pharmacist.