

SENATE BILL NO. 300—SENATOR LESLIE

MARCH 21, 2011

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Referred to Committee on Health and Human Services

**SUMMARY**—Revises provisions governing certain billing and related practices of hospitals. (BDR 40-797)

**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.

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AN ACT relating to medical facilities; revising provisions governing billing and related practices of certain larger hospitals; revising requirements relating to notices of billing practices which must be provided to patients of certain hospitals; providing administrative penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law requires major hospitals with 200 or more beds to reduce by at  
2 least 30 percent the total billed charges for hospital services provided to inpatients  
3 who: (1) do not have insurance; (2) are not eligible for a government program  
4 which provides medical assistance; and (3) make arrangements to pay the hospital  
5 bill. (NRS 439B.260) **Section 2** of this bill specifies that the reduction in total  
6 billed charges applies only to inpatients who do not have health insurance and  
7 specifically excludes policies of insurance such as casualty and property insurance  
8 for purposes of determining whether an inpatient has insurance. Existing law  
9 requires major hospitals to give patients, upon discharge, notice of the provisions  
10 concerning the reduction of billed charges. (NRS 449.730) **Section 2** additionally  
11 requires major hospitals to include such a notice on or with the first statement of the  
12 hospital bill provided to each patient. Existing law prescribes civil and  
13 administrative penalties which are applicable to a violation of the provisions of  
14 **section 2**. (NRS 439B.500)

15 **Section 3** of this bill prohibits a hospital from collecting any amount owed to  
16 the hospital for hospital care from the proceeds or potential proceeds of a civil  
17 action or from an insurer other than a health insurer if the patient was covered by  
18 health insurance and the hospital has a contractual agreement with the insurer of the  
19 patient.

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\* S B 3 0 0 R 2 \*

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

1      **Section 1.** (Deleted by amendment.)

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

3      439B.260 1. A major hospital shall reduce or discount the  
4 total billed charge by at least 30 percent for hospital services  
5 provided to an inpatient who:

6      (a) Has no *policy of health* insurance or other contractual  
7 ~~provision for the payment of the charge by~~ agreement with a third  
8 party ~~that provides health coverage for the charge;~~

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

12     (c) Makes reasonable arrangements within 30 days after  
13 ~~discharge~~ the date that notice was sent pursuant to subsection 2  
14 to pay the hospital bill.

15     2. *A major hospital shall include on or with the first  
16 statement of the hospital bill provided to the patient after his or  
17 her discharge a notice of the reduction or discount available  
18 pursuant to this section, including, without limitation, notice of  
19 the criteria a patient must satisfy to qualify for a reduction or  
20 discount.*

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

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

28     5. As used in this section, "third party" means:

29        (a) An insurer, as that term is defined in NRS 679B.540;

30        (b) A health benefit plan, as that term is defined in NRS  
31 689A.540, for employees which provides coverage for services and  
32 care at a hospital;

33        (c) A participating public agency, as that term is defined in  
34 NRS 287.04052, and any other local governmental agency of the  
35 State of Nevada which provides a system of health insurance for  
36 the benefit of its officers and employees, and the dependents of  
37 officers and employees, pursuant to chapter 287 of NRS; or

38        (d) Any other insurer or organization providing health  
39 coverage or benefits in accordance with state or federal law.

40        ↳ The term does not include an insurer that provides coverage  
41 under a policy of casualty or property insurance.



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1       **Sec. 3.** Chapter 449 of NRS is hereby amended by adding  
2 thereto a new section to read as follows:

3       *1. Except as otherwise provided in subsection 2, if a hospital*  
4 *provides hospital care to a person who has a policy of health*  
5 *insurance issued by a third party that provides health coverage for*  
6 *care provided at that hospital and the hospital has a contractual*  
7 *agreement with the third party, the hospital shall proceed with any*  
8 *efforts to collect on any amount owed to the hospital for the*  
9 *hospital care in accordance with the provisions of NRS 449.757*  
10 *and shall not collect or attempt to collect that amount from:*

11       *(a) Any proceeds or potential proceeds of a civil action brought*  
12 *by or on behalf of the patient, including, without limitation, any*  
13 *amount awarded for medical expenses; or*

14       *(b) An insurer other than a health insurer, including, without*  
15 *limitation, an insurer that provides coverage under a policy of*  
16 *casualty or property insurance.*

17       *2. This section does not apply to:*

18       *(a) Amounts owed to the hospital under the policy of health*  
19 *insurance that are not collectible; or*

20       *(b) Medicaid, the Children's Health Insurance Program or*  
21 *any other public program which may pay all or part of the bill.*

22       *3. This section does not limit any rights of a patient to contest*  
23 *an attempt to collect an amount owed to a hospital, including,*  
24 *without limitation, contesting a lien obtained by a hospital.*

25       *4. As used in this section, "third party" has the meaning*  
26 *ascribed to it in NRS 439B.260.*

27       **Sec. 4.** NRS 449.751 is hereby amended to read as follows:

28       *449.751 As used in NRS 449.751 to 449.759, inclusive, and*  
29 *section 3 of this act, unless the context otherwise requires, the*  
30 *words and terms defined in NRS 449.753 and 449.755 have the*  
31 *meanings ascribed to them in those sections.*

32       **Sec. 5.** NRS 449.757 is hereby amended to read as follows:

33       *449.757 1. When a person receives hospital care, the hospital*  
34 *must not proceed with any efforts to collect on any amount owed to*  
35 *the hospital for the hospital care from the responsible party, other*  
36 *than for any copayment or deductible, if the responsible party has*  
37 *health insurance or may be eligible for Medicaid, the Children's*  
38 *Health Insurance Program or any other public program which may*  
39 *pay all or part of the bill, until the hospital has submitted a bill to the*  
40 *health insurance company or public program and the health*  
41 *insurance company or public program has made a determination*  
42 *concerning payment of the claim.*

43       *2. Collection efforts may begin and interest may begin to*  
44 *accrue on any amount owed to the hospital for hospital care which*  
45 *remains unpaid by the responsible party not sooner than 30 days*



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1 after the responsible party is sent a bill by mail stating the amount  
2 that he or she is responsible to pay which has been established after  
3 receiving a determination concerning payment of the claim by any  
4 insurer or public program and after applying any discounts. Interest  
5 must accrue at a rate which does not exceed the prime rate at the  
6 largest bank in Nevada as ascertained by the Commissioner of  
7 Financial Institutions on January 1 or July 1, as the case may be,  
8 immediately preceding the date on which the payment becomes due,  
9 plus 2 percent. The rate must be adjusted accordingly on each  
10 January 1 and July 1 thereafter until the payment is satisfied.

11       3. Except for the interest authorized pursuant to subsection 2  
12 and any court costs and attorney's fees awarded by a court, no other  
13 fees may be charged concerning the amount that remains unpaid,  
14 including, without limitation, collection fees, other attorney's fees or  
15 any other fees or costs.

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