

ASSEMBLY BILL NO. 331—ASSEMBLYWOMAN SPIEGEL

MARCH 18, 2013

JOINT SPONSOR: SENATOR FORD

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing the billing practices of certain providers of health care. (BDR 54-731)

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; revising provisions governing the billing practices of certain providers of health care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law defines the term “health care plan” as a policy, contract, certificate or agreement offered or issued by an insurer to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services. (NRS 679B.520) Existing law further defines the term “provider of health care” for the purposes of chapter 629 of NRS which govern the healing arts generally. (NRS 629.031)

Section 1 of this bill provides that after a patient provides certain information to a provider of health care for the purpose of paying any portion of any charge which has been or may be incurred by the patient: (1) the provider of health care is required to immediately return a copy of the information to the patient; and (2) if the provider of health care fails to properly and timely submit any claim for payment of any portion of any charge pursuant to the terms of the health care plan, the provider of health care is prohibited from requesting or requiring certain payments from the patient.

Section 1 further: (1) limits the applicability of the provisions prohibiting a provider of health care from requesting or requiring certain payments from a patient so that the provider of health care may request or require such payments if the patient causes the claim to be improperly or untimely submitted by the provider of health care; and (2) provides that any provision of an agreement between a patient and a provider of health which conflicts with the provisions set forth in that section is void.



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

Section 1. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

1. After a patient provides to a provider of health care, and the provider of health care accepts from the patient, any information regarding a health care plan for the purpose of paying a portion of any charge which has been or may be incurred by the patient:

(a) The provider of health care shall immediately return a copy of the information to the patient; and

(b) If the provider of health care fails to properly and timely submit any claim for payment of any portion of any charge pursuant to the terms of the health care plan, the provider of health care shall not request or require payment from the patient of any portion of the charge beyond the portion of the charge which the patient would have been required to pay pursuant to the terms of the health care plan if the provider of health care had properly and timely submitted the claim for payment.

2. The provisions of paragraph (b) of subsection 1 do not apply to a claim if the patient causes the claim to be improperly or untimely submitted by the provider of health care.

3. Any provision of any agreement between a patient and a provider of health care which conflicts with the provisions of this section is void.

4. As used in this section, "health care plan" has the meaning ascribed to it in NRS 679B.520.

Sec. 2. This act applies only to agreements entered into on or after October 1, 2013.

