

Amendment No. 845

Assembly Amendment to Senate Bill No. 6 First Reprint	(BDR 40-63)
<b>Proposed by:</b> Assembly Committee on Health and Human Services	
<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) variations of green bold underlining is language proposed to be added 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 proposed to be retained in this amendment.

EWR/RBL



Date: 5/19/2015

S.B. No. 6—Revises provisions relating to the delivery of health care.  
(BDR 40-63)



SENATE BILL NO. 6—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE LEGISLATIVE COMMITTEE  
ON HEALTH CARE)

PREFILED DECEMBER 19, 2014

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to the delivery of health care.  
(BDR 40-63)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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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 certain accreditation or other official recognition before a primary care practice may ~~operate~~ represent itself as a patient-centered medical home; ~~requiring each operator of a patient-centered medical home to spend a certain amount of his or her working hours providing primary health services for the patient-centered medical home; authorizing the State Board of Health to adopt regulations governing the operation of patient-centered medical homes; authorizing the Commissioner of Insurance to adopt regulations governing insurance coverage for health services provided through~~ providing that certain acts by patient-centered medical homes, ~~it~~ and insurers do not constitute unfair trade practices; authorizing the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to establish an advisory group to study the delivery of health care through patient-centered medical homes; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

**Section 20.2** of this bill defines the term “patient-centered medical home” to mean a primary care practice that: (1) offers ~~family-centered~~ patient-centered, continuous, culturally competent, evidence-based, comprehensive health care that ~~is coordinated with outside practitioners and health facilities to provide comprehensive health services;~~ coordinates the needs of the patient and uses enhanced communication strategies and health information technology; and (2) emphasizes enhanced access to practitioners and preventive care to improve the outcomes for and experiences of patients and lower the costs of health services. **Section 20.2** also prohibits a primary care practice from representing itself as a patient-centered medical home unless ~~it~~ it is certified, accredited or otherwise officially recognized as such by a nationally recognized organization for accrediting patient-centered medical homes. ~~it and (2) each physician or advanced practice registered nurse who~~

~~operates a patient centered medical home spends at least 60 percent of his or her working hours providing primary health services for the patient centered medical home. Sections 20.1 and 20.2 of this bill authorize the State Board of Health and the Commissioner of Insurance to adopt regulations that govern the operation of patient centered medical homes and insurance coverage for health services provided through patient centered medical homes. Such regulations: (1) must allow for the operation of patient centered medical homes to the greatest extent authorized by federal and state antitrust laws; and (2) may allow for~~ authorizes ~~coordination between patient-centered medical homes and insurers and incentives provided by insurers to patient-centered medical homes that would otherwise constitute unfair trade practices.~~ to the extent that such coordination and incentives are authorized under federal law.

Existing law creates the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease and authorizes the Advisory Council to appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease. (NRS 439.518, 439.519) Section 20.1 of this bill authorizes the State Board and the Commissioner to adopt regulations exempting insurance coverage for health services provided through patient centered medical homes from certain prohibitions on inducements to insurance. Advisory Council to establish an advisory group of interested persons and governmental entities to study the delivery of health care through patient-centered medical homes.

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

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

**Sec. 2.** (Deleted by amendment.)

**Sec. 3.** (Deleted by amendment.)

**Sec. 4.** (Deleted by amendment.)

**Sec. 5.** (Deleted by amendment.)

**Sec. 6.** (Deleted by amendment.)

**Sec. 7.** (Deleted by amendment.)

**Sec. 8.** (Deleted by amendment.)

**Sec. 9.** (Deleted by amendment.)

**Sec. 10.** (Deleted by amendment.)

**Sec. 11.** (Deleted by amendment.)

**Sec. 12.** (Deleted by amendment.)

**Sec. 13.** (Deleted by amendment.)

**Sec. 14.** (Deleted by amendment.)

**Sec. 15.** (Deleted by amendment.)

**Sec. 16.** (Deleted by amendment.)

**Sec. 17.** (Deleted by amendment.)

**Sec. 18.** (Deleted by amendment.)

**Sec. 19.** (Deleted by amendment.)

**Sec. 20.** (Deleted by amendment.)

**Sec. 20.1.** NRS 439.519 is hereby amended to read as follows:

439.519 1. The members of the Advisory Council serve terms of 2 years. A member may be reappointed to serve not more than two additional, consecutive terms.

2. A majority of the voting members of the Advisory Council shall select a Chair and a Vice Chair of the Advisory Council.

3. A majority of the voting members of the Advisory Council may:

(a) Appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease.

(b) Remove a nonlegislative member of the Advisory Council for failing to carry out the business of, or serve the best interests of, the Advisory Council.

(c) Establish an advisory group of interested persons and governmental entities to study the delivery of health care through patient-centered medical homes. Interested persons and governmental entities that serve on the advisory group may include, without limitation:

(1) Public health agencies;

(2) Public and private insurers;

(3) Providers of primary care, including, without limitation, physicians and advanced practice registered nurses who provide primary care; and

(4) Recipients of health care services.

4. The Division shall, within the limits of available money, provide the necessary professional staff and a secretary for the Advisory Council.

5. A majority of the voting members of the Advisory Council constitutes a quorum to transact all business, and a majority of those voting members present, physically or via telecommunications, must concur in any decision.

6. The Advisory Council shall, within the limits of available money, meet at the call of the Administrator, the Chair or a majority of the voting members of the Advisory Council quarterly or as is necessary.

7. The members of the Advisory Council serve without compensation, except that each member is entitled, while engaged in the business of the Advisory Council and within the limits of available money, to the per diem allowance and travel expenses provided for state officers and employees generally.

8. As used in this section, "patient-centered medical home" has the meaning ascribed to it in section 20.2 of this act.

**Sec. 20.2.** Chapter 439A of NRS is hereby amended by adding thereto a new section to read as follows:

*1. A primary care practice shall not represent itself as a patient-centered medical home unless ~~it~~*

~~—(a) The primary care practice is certified, accredited or otherwise officially recognized as a patient-centered medical home by a nationally recognized organization for the accrediting of patient-centered medical homes; ~~it~~~~

~~and~~  
~~—(b) Each physician or advanced practice registered nurse who operates a patient centered medical home spends at least 60 percent of his or her working hours providing primary health services for the patient centered medical home.~~

*2. The Department shall post on an Internet website maintained by the Department links to nationally recognized organizations for the accrediting of patient-centered medical homes and any other information specified by the Department to allow patients to find a patient-centered medical home that meets the requirements of this section and any regulations adopted pursuant thereto.*

~~3. [The State Board of Health may, in consultation with the Commissioner of Insurance, adopt regulations governing the operation of patient centered medical homes. Such regulations must allow for the operation of patient centered medical homes to the greatest extent authorized by federal and state antitrust laws, and may, without limitation, establish:~~

~~—(a) An advisory council to provide input to the Department concerning patient centered medical homes; and~~

~~—(b) Means of measuring the quality of health services provided by patient centered medical homes and the effectiveness of patient centered medical homes at reducing the cost of health services.~~

~~4. Any coordination between an insurer and a patient-centered medical home or acceptance of an incentive from an insurer by a patient-centered~~

1 ~~medical home that is authorized under the regulations adopted pursuant to this~~  
2 ~~section and section 20.7 of this act~~ by federal law shall not be deemed to be an  
3 unfair method of competition or an unfair or deceptive trade practice or other act  
4 or practice prohibited by the provisions of chapter 598 or 686A of NRS.

5 ~~§5. 4.~~ As used in this section:

6 (a) “Patient-centered medical home” means a primary care practice that:

7 (1) ~~Offers family centered,~~ patient-centered, continuous, culturally  
8 ~~competent health services that are coordinated with outside practitioners and~~  
9 ~~health facilities to provide,~~ evidence-based, comprehensive health services,  
10 care that is led by a provider of primary care and a team of health care providers,  
11 coordinates the health care needs of the patient and uses enhanced  
12 communication strategies and health information technology; and

13 (2) Emphasizes enhanced access to practitioners and preventive care to  
14 improve the outcomes for and experiences of patients and lower the costs of  
15 health services.

16 (b) “Primary care practice” means a federally-qualified health center, as  
17 defined in 42 U.S.C. § ~~1396d(2)(B),~~ 1396d(l)(2)(B), or a business where health  
18 services are provided by one or more advanced practice registered nurses or one  
19 or more physicians who are licensed pursuant to chapter 630 or 633 of NRS and  
20 who practice in the area of family practice, internal medicine, ~~obstetrics and~~  
21 gynecology or pediatrics.

22 **Sec. 20.7.** ~~Chapter 679B of NRS is hereby amended by adding thereto a new~~  
23 ~~section to read as follows:~~

24 ~~1. The Commissioner may, in consultation with the State Board of Health,~~  
25 ~~adopt regulations governing insurance coverage for health services provided to~~  
26 ~~patients through a patient centered medical home. Such regulations must~~  
27 ~~facilitate the operation of patient centered medical homes and the coverage for~~  
28 ~~health services provided through patient centered medical homes to the greatest~~  
29 ~~extent authorized by federal and state antitrust laws. Such regulations must not~~  
30 ~~require an insurer to cover health services provided through patient centered~~  
31 ~~medical homes and may, without limitation, authorize an insurer to:~~

32 ~~(a) Provide an incentive to a patient centered medical home that offers~~  
33 ~~health services to its insureds. The regulations may prescribe the manner in~~  
34 ~~which such an incentive must be provided and the maximum amount of the~~  
35 ~~incentive.~~

36 ~~(b) Pay a patient centered medical home for services associated with the~~  
37 ~~coordination of care for any health services provided to an insured.~~

38 ~~(c) With the authorization of an insured, share health care records and other~~  
39 ~~related information about an insured who has elected to receive health services~~  
40 ~~from a patient centered medical home with the patient centered medical home~~  
41 ~~and any other practitioner or health facility that provides health services to the~~  
42 ~~insured.~~

43 ~~2. Any coordination between an insurer and a patient centered medical~~  
44 ~~home or provision of an incentive by an insurer to a patient centered medical~~  
45 ~~home that is authorized under the regulations adopted pursuant to this section~~  
46 ~~and section 20.2 of this act shall not be deemed to be an unfair method of~~  
47 ~~competition or an unfair or deceptive trade practice or other act or practice~~  
48 ~~prohibited by the provisions of chapter 598 or 686A of NRS.~~

49 ~~3. As used in this section:~~

50 ~~(a) “Health services” has the meaning ascribed to it in NRS 439A.017.~~

51 ~~(b) “Patient centered medical home” means a primary care practice that:~~

~~(1) Offers family centered, culturally competent health services that are coordinated with outside practitioners and health facilities to provide comprehensive health services; and~~

~~(2) Emphasizes enhanced access to practitioners and preventive care to improve outcomes and experience for patients and lower the costs of health services.~~ **(Deleted by amendment.)**

**Sec. 21.** [NRS 686A.110 is hereby amended to read as follows:

~~686A.110 Except as otherwise expressly provided by law [.] and any regulations adopted pursuant to section 20.7 of this act, no person shall knowingly:~~

~~1. Permit to be made or offer to make or make any contract of life insurance, life annuity or health insurance, or agreement as to such contract, other than as plainly expressed in the contract issued thereon, or pay or allow, or give or offer to pay, allow or give, directly or indirectly, or knowingly accept, as an inducement to such insurance or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends or other benefits thereon, or any paid employment or contract for services of any kind, or any valuable consideration or inducement whatever not specified in the contract; or~~

~~2. Directly or indirectly give or sell or purchase or offer or agree to give, sell, purchase, or allow as an inducement to such insurance or annuity or in connection therewith, whether or not to be specified in the policy or contract, any agreement of any form or nature promising returns and profits, or any stocks, bonds or other securities, or interest present or contingent therein or as measured thereby, of any insurer or other corporation, association or partnership, or any dividends or profits accrued or to accrue thereon.] **(Deleted by amendment.)**~~

**Sec. 21.5.** [NRS 690C.120 is hereby amended to read as follows:

~~690C.120 1. Except as otherwise provided in this chapter, the marketing, issuance, sale, offering for sale, making, proposing to make and administration of service contracts are not subject to the provisions of title 57 of NRS, except, when applicable, the provisions of:~~

~~(a) NRS 679B.020 to 679B.152, inclusive [.] , and section 20.7 of this act;~~

~~(b) NRS 679B.159 to 679B.300, inclusive;~~

~~(c) NRS 679B.310 to 679B.370, inclusive;~~

~~(d) NRS 679B.600 to 679B.690, inclusive;~~

~~(e) NRS 685B.090 to 685B.190, inclusive;~~

~~(f) NRS 686A.010 to 686A.095, inclusive;~~

~~(g) NRS 686A.160 to 686A.187, inclusive; and~~

~~(h) NRS 686A.260, 686A.270, 686A.280, 686A.300 and 686A.310.~~

~~2. A provider, person who sells service contracts, administrator or any other person is not required to obtain a certificate of authority from the Commissioner pursuant to chapter 680A of NRS to issue, sell, offer for sale or administer service contracts.] **(Deleted by amendment.)**~~

**Sec. 22.** (Deleted by amendment.)

**Sec. 23.** This act becomes effective upon passage and approval.