

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 represent itself as a patient-centered medical home; providing that certain acts by patient-centered medical homes 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:

1 **Section 20.2** of this bill defines the term “patient-centered medical home” to
2 mean a primary care practice that: (1) offers patient-centered, continuous, culturally
3 competent, evidence-based, comprehensive health care that coordinates the needs
4 of the patient and uses enhanced communication strategies and health information
5 technology; and (2) emphasizes enhanced access to practitioners and preventive
6 care to improve the outcomes for and experiences of patients and lower the costs of
7 health services. **Section 20.2** also prohibits a primary care practice from
8 representing itself as a patient-centered medical home unless it is certified,
9 accredited or otherwise officially recognized as such by a nationally recognized
10 organization for accrediting patient-centered medical homes. Additionally, **section**
11 **20.2** of this bill authorizes coordination between patient-centered medical homes
12 and insurers and incentives provided by insurers to patient-centered medical homes



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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 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 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.

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



insurer by a patient-centered medical home that is authorized by federal law shall not be deemed to be an unfair method of competition or an unfair or deceptive trade practice or other act or practice prohibited by the provisions of chapter 598 or 686A of NRS.

4. As used in this section:

(a) "Patient-centered medical home" means a primary care practice that:

(1) Offers patient-centered, continuous, culturally competent, evidence-based, comprehensive health care that is led by a provider of primary care and a team of health care providers, coordinates the health care 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.

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

Sec. 20.7. (Deleted by amendment.)

Sec. 21. (Deleted by amendment.)

Sec. 21.5. (Deleted by amendment.)

Sec. 22. (Deleted by amendment.)

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

