

Amendment No. 910

Senate Amendment to Senate Bill No. 394 First Reprint (BDR 57-950)

Proposed by: Senator Spearman

Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date
Adopted	☐	Lost	☐ _____	Adopted	☐	Lost	☐ _____
Concurred In	☐	Not	☐ _____	Concurred In	☐	Not	☐ _____
Receded	☐	Not	☐ _____	Receded	☐	Not	☐ _____

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.

RBL/BJE



Date: 5/25/2017

S.B. No. 394—Revises provisions relating to health insurance. (BDR 57-950)



SENATE BILL NO. 394—SENATORS SPEARMAN, SEGERBLOM, DENIS, MANENDO,
PARKS; CANCELA, CANNIZZARO, FORD AND WOODHOUSE

MARCH 20, 2017

JOINT SPONSORS: ASSEMBLYMEN NEAL;
ARAUJO, DIAZ AND THOMPSON

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health insurance. (BDR 57-950)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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 insurance; requiring health maintenance organizations to provide certain data relating to health insurance claims to ***the person responsible for overseeing the health care plan of certain*** group purchasers of health insurance upon request; requiring the Legislative Committee on Health Care to study certain issues relating to health care during the 2017-2018 interim; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 1 of this bill requires a health maintenance organization which provides a health care plan to certain large employers or multiple employer trusts to provide to the ***person responsible for overseeing the health care plan for the*** employer or trust upon request, not more than once every 3 months, either: (1) all claims data relating to the enrollees of the health care plan; or (2) sufficient data for the employer or trust to calculate the cost of providing certain medical services through the health maintenance organization. **Section 1** requires such data to: (1) be free of any personally identifiable information; (2) comply with all other federal and state laws concerning privacy; and (3) be easily accessible. **Section 1** also requires a health maintenance organization ~~to, upon the request of certain large employers or multiple employer trusts,~~ to prepare ***and provide, under certain circumstances,*** an annual report relating to the cost and percentage trends in such data.

Section 2 of this bill requires the Legislative Committee on Health Care to study certain issues relating to: (1) making a program similar to the Medicaid managed care program which is currently available to certain low-income persons in this State available to persons who are not eligible for Medicaid; and (2) ensuring the same level of health insurance coverage which is currently available in this State pursuant to the Patient Protection and Affordable Care Act (Public Law 111-148, as amended) is maintained if the Affordable Care Act is repealed by Congress. **Section 2** requires the Legislative Committee on Health Care to submit a report relating to these issues to the Director of the Legislative Counsel Bureau by not later than September 1, 2018.

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

Section 1. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, not more than once every 3 months, a health maintenance organization shall provide to the person responsible for overseeing the health care plan for a group purchaser ~~that submits a~~ upon written request ~~to that person~~:

(a) All claims data relating to the enrollees in a health care plan provided by the health maintenance organization pursuant to a contract with the group purchaser; or

(b) Sufficient data relating to the claims of enrollees in the health care plan to allow the group purchaser to calculate the cost-effectiveness of the benefits provided by the health maintenance organization. Such data must include, without limitation:

(1) Data necessary to calculate the actual cost of obtaining medical services through the health maintenance organization, organized by medical service and category of disease;

(2) Data relating to enrollees in the health care plan who receive care, including, without limitation, demographics of such enrollees, prescriptions, office visits with a provider of health care, inpatient services and outpatient services, as used by the health maintenance organization to make calculations which are required to comply with the risk adjustment, reinsurance and risk corridor requirements of 42 U.S.C. §§ 18061, 18062 and 18063; and

(3) Such data as used to establish an experience rating for the enrollees in the health care plan, including, without limitation, coding relating to diagnostics and procedures, the total cost charged to any person for each drug, device or service made available by the health care plan and all reimbursements made to a provider of health care for such drugs, devices or services.

2. If ~~a group purchaser files~~ a written request ~~to that person~~ is made pursuant to subsection 1, the health maintenance organization must also provide an annual report relating to the quarterly data required to be made available ~~to the group purchaser~~ pursuant to subsection 1, which must include, without limitation, sufficient detail to demonstrate the annual changes in the cost and the percentage of increase or decrease, as applicable, for each category of information made available pursuant to subsection 1.

3. A health maintenance organization shall provide the data required by this section in an aggregated form which complies with federal and state law, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any applicable regulations.

4. Before providing any data pursuant to subsection 1, a health maintenance organization shall ensure that a professional statistician examines the data to confirm that such data cannot be used to identify and does not provide a reasonable basis upon which to identify a person whose information is included in the report. If the professional statistician is not able to make such a confirmation, the data must not be provided by the health maintenance organization ~~to the group purchaser~~ until such confirmation is obtained.

5. A health maintenance organization must provide the data required by ~~subsection 1~~ this section in a format which is easily searchable electronically or on a secure Internet website. A health maintenance organization may only provide the data described in this section relating to the health care plan of a

group purchaser to the person responsible for overseeing the health care plan for the group purchaser and not relating to the health care plan of any other group purchaser.

6. A group purchaser must have policies and procedures in place which are compliant with federal law, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and the laws of this State to ensure the privacy and security of the data made available to the person responsible for overseeing the health care plan for a group purchaser pursuant to this section.

7. As used in this section, "group purchaser" means:

(a) An employer that employs at least 1,000 employees, at least 300 of whom are enrolled in a health care plan which is offered by a health maintenance organization; or

(b) A group of employers that cumulatively employ at least 500 employees and which has formed a trust for the purpose of funding health care benefits for at least 300 employees who are enrolled in a health care plan which is offered by a health maintenance organization.

Sec. 2. 1. The Legislative Committee on Health Care shall, during the 2017-2018 interim, study opportunities for:

(a) The establishment of a program similar to the Medicaid managed care program authorized by NRS 422.273 to be made available through the Silver State Health Insurance Exchange established by NRS 695I.200 to a person who is otherwise ineligible for Medicaid;

(b) A person who is determined eligible for advance payments of the premium tax credit and cost-sharing reductions pursuant to 45 C.F.R. § 155.305 to use such credits and reductions to pay for coverage obtained through the program described in paragraph (a); and

(c) The Nevada Legislature to ensure the current level of health insurance coverage provided in this State pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, as it existed on the effective date of this act, is maintained if the Affordable Care Act is repealed by Congress.

2. The Legislative Committee on Health Care shall conduct the study required pursuant to subsection 1 in consultation with:

(a) The Department of Health and Human Services;

(b) The Division of Insurance of the Department of Business and Industry;

(c) The Silver State Health Insurance Exchange; and

(d) Any other entity identified by the Committee which has expertise in the topics listed in subsection 1.

3. The Legislative Committee on Health Care shall submit a report of the results of the study required pursuant to subsection 1 and any recommendations for legislation to the Director of the Legislative Counsel Bureau for transmittal to the Legislature not later than September 1, 2018.

Sec. 3. This act becomes effective upon passage and approval.