

Amendment No. 1008

Senate Amendment to Senate Bill No. 472	(BDR 40-1145)
Proposed by: Senate Committee on Finance	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will:

(1) MAINTAIN the 2/3s majority vote requirement for final passage of S.B. 472 (§§ 12, 16).

(2) ADD an appropriation where one does not currently exist in S.B. 472.

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.



SENATE BILL NO. 472—COMMITTEE ON COMMERCE AND LABOR

MARCH 25, 2019

Referred to Committee on Health and Human Services

SUMMARY—Establishes a database of information concerning health insurance claims in this State. (BDR 40-1145)

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 the Department of Health and Human Services to establish an all-payer claims database containing information relating to health insurance claims for benefits provided in this State; requiring certain insurers to submit data to the database; authorizing certain additional insurers to submit data to the database; providing for the release of data in the database under certain circumstances; requiring the Department to publish a report on the quality and cost of health care using data from the database; requiring the Department to submit certain other reports concerning the database to the Legislature; providing immunity from civil and criminal liability for certain persons and entities; authorizing the imposition of administrative penalties for violations of certain requirements concerning the database; ***making an appropriation***; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the collection and maintenance of data and the issuance of reports concerning the prices of prescription drugs and cancer. (NRS 439B.600-439B.695, 457.230-457.280) **Section 8** of this bill requires the Department of Health and Human Services to establish an all-payer claims database of information relating to health insurance claims resulting from medical, dental or pharmacy benefits provided in this State. **Section 8** authorizes the Department to establish an advisory committee if necessary, to assist the Department in establishing and maintaining the database. **Section 9** of this bill requires any public or private insurer that provides health benefits and is regulated under state law to submit data to the database. **Section 9** also authorizes certain insurers that are regulated under federal law to submit data to the database.

Sections 10 and 17 of this bill provide for the confidentiality of the data contained in the database. **Section 11** of this bill requires a person or entity that wishes to obtain data from the database to submit a request to the Department. **Section 12** of this bill prescribes the conditions under which such a request may be granted, which: (1) differ depending on the sensitivity of the data requested; and (2) include the payment of a fee. **Section 12** also prohibits a person or entity to whom data is released from using or disclosing the data in certain circumstances. **Section 13** of this bill requires the Department to publish a report at

least annually concerning the quality, efficiency and cost of health care in this State using data from the database. **Sections 14 and 18** of this bill require the Department to submit certain reports to the Legislature concerning the establishment, operation and funding of the database.

Section 15 of this bill provides an exemption from civil and criminal liability to: (1) a person or entity that provides information to the Department, including data submitted to the database, in good faith; and (2) the Department and its members, officers and employees for failing to provide data from the database or providing incorrect data from the database. **Section 16** of this bill requires the Department to adopt regulations necessary for the establishment and maintenance of the database. **Section 16** requires such regulations to establish administrative penalties to be imposed against: (1) an insurer that fails to submit data to the database; and (2) any person or entity that accesses, maintains, uses or discloses data from the database in an unauthorized manner.

Section 17.5 of this bill makes an appropriation to the Division of Health Care Financing and Policy of the Department for the personnel and operating costs related to implementation of the database.

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

Section 1. Chapter 439B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 16, inclusive, of this act.

Sec. 2. *As used in sections 2 to 16, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 7, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“All-payer claims database” means the all-payer claims database established pursuant to section 8 of this act.*

Sec. 4. *“Direct patient identifier” means data that directly identifies a patient, including, without limitation, a name, telephone number, social security number, number associated with a medical record, health plan beneficiary number, certificate or license number, vehicle identification number, serial number, license plate number, Internet address, electronic mail address, biometric identifier or photographic image.*

Sec. 5. *“Indirect patient identifier” means data that can be used to identify a patient when combined with other information.*

Sec. 6. *“Proprietary financial information” means data that discloses or allows the determination of:*

1. A specific term of a contract, discount or other agreement between a provider of health care or a health facility and an entity described in section 9 of this act; or

2. An internal fee schedule or other unique pricing mechanism used by a provider of health care, a health facility or an entity described in section 9 of this act.

Sec. 7. *“Provider of health care” has the meaning ascribed to it in NRS 629.031.*

Sec. 8. *1. The Department shall establish an all-payer claims database of information relating to health insurance claims resulting from medical, dental or pharmacy benefits provided in this State.*

2. The Department shall:

(a) Establish a secure process for uploading data to the database pursuant to section 9 of this act. When establishing that process, the Department shall consider the time and cost incurred to upload data to the database.

(b) Establish and carry out a process to review the data submitted to the database to:

- (1) Ensure the accuracy of the data and the consistency of records; and
- (2) Identify and remove duplicate records.

(c) Assign an identifier to each patient represented in the database. The identifier must allow a person who receives data from the database that does not contain direct patient identifiers or indirect patient identifiers to identify data concerning the patient without identifying the patient.

2. The Department may establish an advisory committee if necessary to assist the Department in carrying out the provisions of sections 2 to 16, inclusive, of this act, including, without limitation, an advisory committee concerning the maintenance and release of data. The membership of any advisory committee established pursuant to this section must include, without limitation, representatives of providers of health care, health facilities, health authorities, as defined in NRS 439.005, health maintenance organizations, private insurers, nonprofit organizations that represent consumers of health care services and each of the two entities that submit data concerning the largest number of claims to the database.

Sec. 9. 1. Each health carrier, governing body of a local government agency that provides health insurance through a self-insurance reserve fund pursuant to NRS 287.010 or entity required by the regulations adopted pursuant to section 16 of this act to submit data to the database and the Public Employee Benefits Program shall submit to the all-payer claims database the data prescribed by the Department pursuant to section 16 of this act. The Department shall submit to the database the data prescribed pursuant to section 16 of this act for claims submitted to the Medicaid program.

2. A provider of health coverage for federal employees, a provider of health coverage that is subject to the Employee Retirement Income Security Act of 1974 or the administrator of a Taft Hartley trust formed pursuant to 29 U.S.C. § 186(c)(5) are not required but may submit to the all-payer claims database the data prescribed by the Department pursuant to section 16 of this act.

3. As used in this section, "health carrier" means an entity subject to the insurance laws and regulations of this State, or subject to the jurisdiction of the Commissioner of Insurance, that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services, including, without limitation, a sickness and accident health insurance company, a health maintenance organization, a nonprofit hospital and health service corporation or any other entity providing a plan of health insurance, health benefits or health care services.

Sec. 10. 1. Except as otherwise provided in subsection 3 and section 12 of this act, data contained in the all-payer claims database is confidential and is not a public record or subject to subpoena.

2. The Department shall ensure that data is submitted to, stored in and released from the all-payer claims database in a secure manner that complies with all applicable federal and state laws concerning the privacy of data including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto.

3. To the extent authorized by federal law, the Department may use data contained in the all-payer claims database in any proceeding to enforce the provisions of sections 2 to 16, inclusive, of this act.

Sec. 11. To obtain data from the all-payer claims database, a person or entity must submit a request to the Department. The request must include, without limitation:

1. A description of the data the person or entity wishes to receive;

2. The purpose for requesting the data;

3. A description of the proposed use of the data, including, without limitation:

(a) The methodology of any study that will be conducted and any variables that will be used; and

(b) The names of any persons or entities to whom the applicant plans to disclose data from the all-payer claims database and the reasons for the proposed disclosure;

4. The measures that the requester plans to take to ensure the security of the data and prevent unauthorized use of the data in accordance with section 12 of this act; and

5. The method by which the data will be stored, destroyed or returned to the Department at the completion of the activities for which the data will be used.

Sec. 12. 1. The Department may release data from the all-payer claims database that contains direct patient identifiers, indirect patient identifiers, proprietary financial information or any combination thereof to a person or entity approved by the Department that:

(a) Is conducting research that has been approved by an institutional review board and is designed to:

(1) Assist patients, providers and hospitals to make informed choices concerning care;

(2) Enable providers, hospitals or communities to improve performance by allowing comparison with other providers, hospitals or communities, as applicable;

(3) Enable purchasers of health care services to identify value, build expectations into purchasing strategies and reward improvements over time; or

(4) Promote competition among providers, hospitals or insurers based on quality and cost;

(b) Has executed an agreement with the Department to keep data containing direct patient identifiers absolutely confidential and an agreement with the Department concerning the use of the data that meets the requirements of subsection 6; and

(c) Has submitted a request that meets the requirements of this section and the fee prescribed pursuant to section 16 of this act.

2. In addition to persons and entities who meet the requirements of subsection 1, the Department may release data from the all-payer claims database that contains proprietary financial information, indirect patient identifiers or any combination thereof but does not contain direct patient identifiers to a governmental entity approved by the Department that has:

(a) Executed an agreement with the Department concerning the use of the data that meets the requirements of subsection 6; and

(b) Submitted a request that meets the requirements of this section and the fee prescribed pursuant to section 16 of this act.

3. The Department may release data from the all-payer claims database that contains indirect patient identifiers but does not contain direct patient identifiers or proprietary financial information to any person or entity approved by the Department that has:

(a) Executed an agreement with the Department concerning the use of the data that meets the requirements of subsection 6; and

(b) Submitted a request that meets the requirements of this section and the fee prescribed pursuant to section 16 of this act.

4. The Department may release data from the all-payer claims database that does not contain direct patient identifiers, indirect patient identifiers or

1 *proprietary financial information to a person or entity approved by the*
2 *Department that has submitted a request that meets the requirements of this*
3 *section and the fee prescribed pursuant to section 16 of this act.*

4 5. *A governmental entity that receives data that contains proprietary*
5 *financial information pursuant to subsection 2 shall not use that data for any*
6 *purpose related to the purchase or procurement of benefits for employees.*

7 6. *An agreement concerning the use of data from the all-payer claims*
8 *database executed pursuant to subsection 1, 2 or 3 must include, without*
9 *limitation:*

10 (a) *Required measures for the recipient of the data to protect the security of*
11 *data containing direct patient identifiers, indirect patient identifiers or*
12 *proprietary financial information, as applicable;*

13 (b) *A prohibition on disclosure of data containing direct patient identifiers,*
14 *indirect patient identifiers or proprietary financial information, as applicable, by*
15 *the recipient of the data under circumstances other than those described in*
16 *subsection 7;*

17 (c) *A prohibition on the recipient of the data determining or attempting to*
18 *determine the identity of any person whom the data concerns or locating or*
19 *attempting to locate data associated with a specific natural person; and*

20 (d) *A requirement that the recipient of the data destroy the data or return the*
21 *data to the Department at the conclusion of the authorized use of the data.*

22 7. *A person or entity that receives data from the all-payer claims database*
23 *pursuant to this section shall not:*

24 (a) *Disclose direct patient identifiers, indirect patient identifiers or*
25 *proprietary financial information; or*

26 (b) *Disclose or use the data in any manner other than as described in the*
27 *request submitted pursuant to section 11 of this act.*

28 **Sec. 13.** 1. *The Department shall, at least annually, publish a report*
29 *concerning the quality, efficiency and cost of health care in this State based on*
30 *the data in the all-payer claims database. Such a report must be peer-reviewed by*
31 *entities that report data pursuant to section 9 of this act before the report is*
32 *released.*

33 2. *A report published pursuant to subsection 1 must, where feasible,*
34 *separate data by demographics, income, health status and geography of, and*
35 *language spoken by, patients to assist in the identification of variations in the*
36 *efficiency and quality of care.*

37 3. *Any comparison of cost among providers of health care or health care*
38 *systems presented in a report published pursuant to subsection 1 must account*
39 *for differences in costs attributable to populations served, severity of illness,*
40 *subsidies for uninsured patients and recipients of Medicaid and Medicare and*
41 *expenses for educating providers of health care, where applicable.*

42 4. *A report published pursuant to this section must not:*

43 (a) *Contain direct patient identifiers, indirect patient identifiers or*
44 *proprietary financial information. Such a report may contain data concerning*
45 *aggregate costs calculated using proprietary financial information if the manner*
46 *in which the data is displayed does not disclose proprietary financial information.*

47 (b) *Include in any comparison of the performance of providers of health care*
48 *information concerning a provider of health care who is a solo practitioner or*
49 *practices in a group of fewer than four providers.*

50 5. *A report published pursuant to subsection 1 must not contain*
51 *information identified as relating to a specific provider of health care, health*
52 *facility or entity that reports data pursuant to section 9 of this act unless the*
53 *provider of health care, health facility or entity to which the information pertains*

1 is allowed to view the report before publication, request corrections of any errors
2 in the information and comment on the reasonableness of the conclusions of the
3 report.

4 6. On or before October 31 of each year, the Department shall publish on
5 an Internet website maintained by the Department a list of reports the
6 Department intends to publish pursuant to this section during the next calendar
7 year. The Department may solicit public comment concerning that list.

8 **Sec. 14.** 1. On or before December 31 of each even-numbered year, the
9 Department shall submit to the Director of the Legislative Counsel Bureau for
10 transmittal to the Legislature a report concerning the cost, performance and
11 effectiveness of the all-payer claims database and any recommendations to
12 improve the all-payer claims database.

13 2. On or before July 1 and December 31 of each year, the Department
14 shall:

15 (a) Compile a report of any grants received by the Department to carry out
16 the provisions of sections 2 to 16, inclusive, of this act; and

17 (b) Submit the report to the Director of the Legislative Counsel Bureau for
18 transmittal to:

19 (1) On December 31 of an even-numbered year, the next regular session
20 of the Legislature; and

21 (2) In all other cases, the Interim Finance Committee.

22 **Sec. 15.** 1. No person or entity providing information to the Department,
23 including, without limitation, data submitted to the all-payer claims database in
24 accordance with sections 2 to 16, inclusive, of this act, may be held liable in a
25 civil or criminal action for disclosing confidential information unless the person
26 or entity has done so in bad faith or with malicious purpose.

27 2. The Department and its members, officers and employees are not liable
28 in any civil or criminal action for any damages resulting from any act, omission,
29 error or technical problem that causes incorrect information from the all-payer
30 claims database to be provided to any person or entity.

31 **Sec. 16.** 1. The Department shall adopt regulations that prescribe:

32 (a) The data that must be uploaded to the all-payer claims database pursuant
33 to section 9 of this act and the date by which such data must be submitted. Such
34 data must include, without limitation, data concerning medical claims, pharmacy
35 claims and dental claims.

36 (b) Fees for obtaining data from the database pursuant to section 12 of this
37 act. Such fees must be calculated to cover the costs incurred by the Department to
38 carry out the provisions of sections 2 to 16, inclusive, of this act.

39 (c) Administrative penalties to be assessed against:

40 (1) Any person or entity described in subsection 1 of section 9 of this act
41 who fails to submit data to the all-payer claims database as required by that
42 section;

43 (2) Any person or entity who accesses or discloses data contained in the
44 all-payer claims database in violation of sections 2 to 16, inclusive, of this act;
45 and

46 (3) Any person or entity to whom data is disclosed pursuant to section 12
47 of this act who uses, maintains or discloses such data for an unauthorized
48 purpose.

49 2. The Department may adopt:

50 (a) Regulations that require entities that provide health coverage in this
51 State, in addition to the entities prescribed by section 9 of this act, to upload data
52 to the all-payer claims database; and

(b) Any other regulations necessary to carry out the provisions of sections 2 to 16, inclusive, of this act.

3. The Department may:

(a) Enter into any contract or agreement necessary to carry out the provisions of sections 2 to 16, inclusive, of this act; and

(b) Accept any gifts, grants and donations for the purpose of carrying out the provisions of sections 2 to 16, inclusive, of this act.

Sec. 17. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698, 394.447, 394.460, 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902, 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140, 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125,

632.405, 633.283, 633.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170, 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320, 704B.325, 706.1725, 706A.230, 710.159, 711.600, **and section 10 of this act**, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential.

4. A person may request a copy of a public record in any medium in which the public record is readily available. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in a readily available medium because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 17.5. 1. There is hereby appropriated from the State General Fund to the Division of Health Care Financing and Policy of the Department of Health and Human Services for the personnel and operating costs related to implementation of the provisions of sections 2 to 16, inclusive, of this act, the following sums:

For the Fiscal Year 2019-2020 \$1,405

For the Fiscal Year 2020-2021 \$429,707

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure

after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 18, 2020, and September 17, 2021, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 18, 2020, and September 17, 2021, respectively.

Sec. 18. 1. On or before December 1, 2019, and December 1, 2020, the Department of Health and Human Services shall:

(a) Develop a report concerning the implementation of sections 2 to 16, inclusive, of this act, including, without limitation, the cost of implementing the all-payer claims database and the technical progress made toward full implementation of the all-payer claims database; and

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In 2019, the Legislative Committee on Health Care and the Interim Finance Committee.

(2) In 2020, the next regular session of the Legislature.

2. As used in this section, "all-payer claims database" has the meaning ascribed to it in section 3 of this act.

Sec. 19. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 20. 1. This section and sections 1 to 17, inclusive, of this act ~~becomes~~ become effective:

~~(1)~~ (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

~~(2)~~ (b) On January 1, 2020, for all other purposes.

2. Sections 17.5, 18 and 19 of this act become effective on July 1, 2019.