

ASSEMBLY BILL NO. 348—ASSEMBLYWOMAN CARLTON

MARCH 22, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to the Patient Protection Commission. (BDR 40-497)

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 care; establishing and prescribing the duties of the Patient Protection Commission Advisory Committee; transferring the Patient Protection Commission from the Office of the Governor to the Office of the Director of the Department of Health and Human Services; revising the membership and duties of the Commission; requiring the Commission 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 Commission to compile certain reports relating to the database; 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; requiring the Commission to coordinate and administer certain assistance; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

- 1 Existing law creates the Patient Protection Commission in the Office of the
- 2 Governor, which is made up of certain stakeholders in the delivery of health care.
- 3 (NRS 439.908, 439.914) Existing law requires the Commission to systematically
- 4 review issues related to the health care needs of residents of this State and the
- 5 quality, accessibility and affordability of health care. (NRS 439.916) **Section 1** of



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this bill creates the Patient Protection Commission Advisory Committee, which is made up of providers of health care and related services, to advise the Commission concerning matters within the scope of the duties of the Commission. **Section 2** of this bill transfers the Commission from the Office of the Governor to the Office of the Director of the Department of Health and Human Services and revises the membership of the Commission. **Section 2** also requires the members of the Commission to comply with certain requirements regarding disclosure of conflicts of interest and abstention from voting when certain conflicts arise. **Sections 3 and 28** of this bill eliminate the existing duties of the Commission, and **section 3** of this bill instead requires the Commission to: (1) establish a plan to increase access by patients to their medical records and provide for the interoperability of medical records between providers of health care; and (2) make certain recommendations to the Director and the Legislature concerning the use and availability of data relating to health care.

Sections 3 and 12 of this bill require the Commission 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. **Sections 5-11** of this bill define certain terms relevant to the database. **Section 12** authorizes the Commission to establish an advisory committee to assist the Commission in establishing and maintaining the database. **Section 13** 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 13** also authorizes certain insurers that are regulated under federal law to submit data to the database.

Sections 14 and 21 of this bill provide for the confidentiality of the data contained in the all-payer claims database. **Section 15** of this bill requires a person or entity that wishes to obtain data from the all-payer claims database to submit a request to the Commission. **Section 16** 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 16** also prohibits a person or entity to whom data is released from using or disclosing the data in certain circumstances. **Section 17** of this bill requires the Commission to publish a report at least annually concerning the quality, efficiency and cost of health care in this State using data from the all-payer claims database. **Sections 18 and 26** of this bill require the Commission to submit certain reports to the Legislature concerning the establishment, operation and funding of the database.

Section 19 of this bill provides an exemption from civil and criminal liability to: (1) a person or entity that provides information to the Commission, including data submitted to the all-payer claims database, in good faith; and (2) the Commission and its members for failing to provide data from the database or providing incorrect data from the database. **Section 20** of this bill requires the Director to adopt regulations necessary for the establishment and maintenance of the database. **Section 20** requires such regulations to establish administrative penalties be imposed against: (1) an insurer who fails to submit data to the database; and (2) any person or entity who accesses, maintains, uses or discloses data from the database in an unauthorized manner. **Section 20** authorizes the Commission to use those administrative penalties to: (1) maintain the all-payer claims database and the program to collect and maintain data concerning prescription drugs; and (2) establish and carry out programs to educate patients concerning ways to reduce the cost of health care and prescription drugs. **Section 25** of this bill requires the Commission and the Division of Insurance of the Department of Business and Industry to develop and submit to the Department of Health and Human Services and the Legislature a report containing an inventory of certain types of data reported to the Commission or the Division.

On March 9, 2021, the Milbank Memorial Fund announced that this State has been selected to participate in the Peterson-Milbank Program for Sustainable



Health Care Costs. The Program: (1) provides technical assistance to participating states in developing targets for the reduction of per-capita spending on healthcare; and (2) helps participating states analyze and collaboratively address the underlying drivers of growth in the cost of health care. **Section 24** of this bill designates the Patient Protection Commission as the sole state agency responsible for administering and coordinating matters relating to the participation of this State in the Program.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Patient Protection Commission Advisory Committee is hereby created. The Advisory Committee consists of providers of health care and related services appointed by the Director, in consultation with the Patient Protection Commission.

2. Members of the Advisory Committee serve at the pleasure of the Director.

3. Members of the Advisory Committee serve without compensation and are not entitled to the per diem and travel expenses provided for state officers and employees generally.

4. The Director shall annually designate a voting member to serve as the Chair of the Advisory Committee. The Advisory Committee shall meet at the call of the Chair.

5. A majority of the voting members of the Advisory Committee constitutes a quorum for the transaction of business, and a majority of the members of a quorum present at any meeting is sufficient for any official action taken by the Advisory Committee.

6. The Advisory Committee shall provide advice and recommendations to the Patient Protection Commission on any matters within the scope of the duties of the Commission.

Sec. 2. NRS 439.908 is hereby amended to read as follows:

439.908 1. The Patient Protection Commission is hereby created ~~[]~~ *within the Office of the Director.* The Commission consists of:

(a) The following ~~[11]~~ *12* voting members appointed by the Governor:

(1) Two *members who are* persons ~~[who have]~~ *with* expertise and experience in advocating on behalf of patients.

(2) ~~[Two representatives of providers]~~ *One member who is a provider* of health care.

(3) ~~[Two representatives of hospitals.]~~

~~— (4) Two representatives of health insurers.~~



~~(5) One person who engages in the academic study of health care policy or public health.~~

~~(6) One representative of the prescription drug industry.]~~

One member who is a registered nurse who practices primarily at a nonprofit hospital.

(4) One member who is a physician or registered nurse who practices primarily at a federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).

(5) One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.

(6) One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.

(7) One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.

(8) One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.

(9) One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.

(10) One member who is an employee of the Department with expertise in health information technology and patient access to medical records.

(11) One member who is a representative of the general public.

(b) The Director of the Department, the Commissioner of Insurance ~~and~~, the Executive Director of the Silver State Health Insurance Exchange *and the Executive Officer of the Public Employees' Benefits Program or his or her designee* as ex officio, nonvoting members.

2. The Governor shall:

(a) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Majority Leader of the Senate;

(b) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Speaker of the Assembly; and

(c) Ensure that the members appointed by the Governor to the Commission reflect the geographic diversity of this State.

3. Members of the Commission serve without compensation or per diem but are entitled to receive reimbursement for travel



1 expenses in the same amount provided for state officers and
2 employees generally.

3 4. After the initial terms, the term of each voting member is 2
4 years, except that the Governor may remove a voting member at any
5 time and for any reason. A member may be reappointed.

6 5. If a vacancy occurs during the term of a voting member, the
7 Governor shall appoint a person similarly qualified to replace that
8 member for the remainder of the unexpired term.

9 6. The Governor shall annually designate a voting member to
10 serve as the Chair of the Commission.

11 7. A majority of the voting members of the Commission
12 constitutes a quorum for the transaction of business, and a majority
13 of the members of a quorum present at any meeting is sufficient for
14 any official action taken by the Commission.

15 8. *The members of the Commission shall comply with the*
16 *requirements of NRS 281A.420 applicable to public officers*
17 *generally.*

18 **Sec. 3.** NRS 439.918 is hereby amended to read as follows:

19 439.918 1. ~~[In addition to conducting the review described in~~
20 ~~NRS 439.916, the]~~ *The* Commission shall ~~[attempt to:~~

21 ~~—(a) Identify and facilitate collaboration between existing state~~
22 ~~governmental entities that study or address issues relating to the~~
23 ~~quality, accessibility and affordability of health care in this State,~~
24 ~~including, without limitation, the regional behavioral health policy~~
25 ~~boards created by NRS 433.429; and~~

26 ~~—(b) Coordinate with such entities to reduce any duplication of~~
27 ~~efforts among and between those entities and the Commission.] :~~

28 *(a) Establish, submit to the Director and annually update a*
29 *plan to increase access by patients to their medical records and*
30 *provide for the interoperability of medical records between*
31 *providers of health care in accordance with the requirements of*
32 *the Health Insurance Portability and Accountability Act of 1996,*
33 *Public Law 104-191, and any other applicable federal law or*
34 *regulations;*

35 *(b) Establish the all-payer claims database in accordance with*
36 *sections 5 to 20, inclusive, of this act; and*

37 *(c) Make recommendations to the Director and the Legislature*
38 *concerning:*

39 *(1) The analysis and use of data to improve access to and*
40 *the quality of health care in this State, including, without*
41 *limitation, using data to establish priorities for addressing health*
42 *care needs; and*

43 *(2) Ensuring that data concerning health care in this State*
44 *is publicly available and transparent.*



2. On or before January 1 and July 1 of each year, the Commission shall:

(a) Compile a report describing the meetings of the Commission and the activities of the Commission during the immediately preceding 6 months. ~~[The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.]~~

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

(1) In January of odd-numbered years, the next regular session of the Legislature.

(2) In all other cases, to the Legislative Committee on Health Care.

3. Upon receiving a report pursuant to subsection 2, the Governor shall post the report on an Internet website maintained by the Governor.

4. The Commission may prepare and publish additional reports on specific topics at the direction of the Chair.

Sec. 4. Chapter 439B of NRS is hereby amended by adding thereto the provisions set forth as sections 5 to 20, inclusive, of this act.

Sec. 5. *As used in sections 5 to 20, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 6 to 11, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 6. *"All-payer claims database" means the all-payer claims database established pursuant to section 12 of this act.*

Sec. 7. *"Commission" means the Patient Protection Commission created by NRS 439.908.*

Sec. 8. *"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. 9. *"Indirect patient identifier" means data that can be used to identify a patient when combined with other information.*

Sec. 10. *"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 13 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 13 of this act.

Sec. 11. "Provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 12. 1. The Commission 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 Commission shall:

(a) Establish a secure process for uploading data to the database pursuant to section 13 of this act. When establishing that process, the Commission 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.

3. The Commission may establish an advisory committee if necessary to assist the Commission in carrying out the provisions of sections 5 to 20, 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 and 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. 13. 1. Each health carrier, governing body of a local governmental agency that provides health coverage through a self-insurance reserve fund pursuant to NRS 287.010 or entity required by the regulations adopted pursuant to section 20 of this act to upload data to the database and the Public Employees' Benefits Program shall upload to the all-payer claims database the data prescribed by the Director pursuant to section 20 of this act.

2. A provider of health coverage for federal employees, a provider of health coverage that is subject to the Employee



1 *Retirement Income Security Act of 1974 or the administrator of a*
2 *Taft-Hartley trust formed pursuant to 29 U.S.C. § 186(c)(5) are*
3 *not required but may submit to the all-payer claims database the*
4 *data prescribed by the Director pursuant to section 20 of this act.*

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

15 **Sec. 14.** 1. Except as otherwise provided in subsection 3
16 and section 16 of this act, data contained in the all-payer claims
17 database is confidential and is not a public record or subject to
18 subpoena.

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

26 3. To the extent authorized by federal law, the Commission
27 may use data contained in the all-payer claims database in any
28 proceeding to enforce the provisions of sections 5 to 20, inclusive,
29 of this act.

30 **Sec. 15.** To obtain data from the all-payer claims database, a
31 person or entity must submit a request to the Commission. The
32 request must include, without limitation:

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

35 2. The purpose for requesting the data;

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

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

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

43 4. The measures that the requester plans to take to ensure the
44 security of the data and prevent unauthorized use of the data in
45 accordance with section 16 of this act; and



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

Sec. 16. 1. The Commission 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 Commission 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 Commission to keep data containing direct patient identifiers absolutely confidential and an agreement with the Commission concerning the use of the data that meets the requirements of subsection 6; and

(c) Has submitted a request that meets the requirements of section 15 of this act and the fee prescribed pursuant to section 20 of this act.

2. In addition to persons and entities who meet the requirements of subsection 1, the Commission 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 Commission that has:

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

(b) Submitted a request that meets the requirements of section 15 of this act and the fee prescribed pursuant to section 20 of this act.

3. The Commission 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 Commission that has:



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

(b) Submitted a request that meets the requirements of section 15 of this act and the fee prescribed pursuant to section 20 of this act.

4. The Commission may release data from the all-payer claims database that does not contain direct patient identifiers, indirect patient identifiers or proprietary financial information to a person or entity approved by the Commission that has submitted a request that meets the requirements of section 15 of this act and the fee prescribed pursuant to section 20 of this act.

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

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

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

(b) A prohibition on the disclosure of data containing direct patient identifiers, indirect patient identifiers or proprietary financial information, as applicable, by the recipient of the data;

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

(d) A requirement that the recipient of the data destroy the data or return the data to the Commission at the conclusion of the authorized use of the data.

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

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

(b) Disclose or use the data in any manner other than as described in the request submitted pursuant to section 15 of this act.

Sec. 17. 1. The Commission shall, at least annually, publish a report concerning the quality, efficiency and cost of health care in this State based on the data in the all-payer claims database. Such a report must be peer-reviewed by entities that



1 *submit data pursuant to section 13 of this act before the report is*
2 *released. The Commission shall submit the report to:*

3 *(a) The Governor;*

4 *(b) The Department; and*

5 *(c) The Director of the Legislative Counsel Bureau for*
6 *transmittal to the Legislative Committee on Health Care and the*
7 *next regular session of the Legislature.*

8 2. *A report published pursuant to subsection 1 must, where*
9 *feasible, separate data by demographics, income, health status and*
10 *the geography of, and the language spoken by, patients to assist in*
11 *the identification of variations in the efficiency and quality of*
12 *care.*

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

19 4. *A report published pursuant to subsection 1 must not:*

20 *(a) Contain direct patient identifiers, indirect patient*
21 *identifiers or proprietary financial information. Such a report may*
22 *contain data concerning aggregate costs calculated using*
23 *proprietary financial information if the manner in which the data*
24 *is displayed does not disclose proprietary financial information.*

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

29 5. *A report published pursuant to subsection 1 must not*
30 *contain information identified as relating to a specific provider of*
31 *health care, health facility or entity that submits data pursuant to*
32 *section 13 of this act unless the provider of health care, health*
33 *facility or entity to which the information pertains is allowed to*
34 *view the report before publication, request corrections of any*
35 *errors in the information and comment on the reasonableness of*
36 *the conclusions of the report.*

37 6. *On or before October 31 of each year, the Commission*
38 *shall publish on an Internet website maintained by the*
39 *Commission a list of reports the Commission intends to publish*
40 *pursuant to subsection 1 during the next calendar year. The*
41 *Commission may solicit public comment concerning the list.*

42 **Sec. 18.** 1. *On or before December 31 of each even-*
43 *numbered year, the Commission shall submit to the Director of the*
44 *Legislative Counsel Bureau for transmittal to the next regular*
45 *session of the Legislature a report concerning the cost,*



1 *performance and effectiveness of the all-payer claims database*
2 *and any recommendations to improve the all-payer claims*
3 *database.*

4 2. *On or before July 1 and December 31 of each year, the*
5 *Commission shall:*

6 (a) *Compile a report of any grants received by the Commission*
7 *to carry out the provisions of sections 5 to 20, inclusive, of this act;*
8 *and*

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

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

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

14 **Sec. 19.** 1. *No person or entity providing information to the*
15 *Commission, including, without limitation, data submitted to the*
16 *all-payer claims database in accordance with sections 5 to 20,*
17 *inclusive, of this act, may be held liable in a civil or criminal*
18 *action for disclosing confidential information unless the person or*
19 *entity has done so in bad faith or with malicious purpose.*

20 2. *The Commission and its members, officers and employees*
21 *are not liable in any civil or criminal action for any damages*
22 *resulting from any act, omission, error or technical problem that*
23 *causes incorrect information from the all-payer claims database to*
24 *be provided to any person or entity.*

25 **Sec. 20.** 1. *The Director, in consultation with the*
26 *Commission, shall adopt regulations that prescribe:*

27 (a) *The data that must be uploaded to the all-payer claims*
28 *database pursuant to section 13 of this act and the date by which*
29 *such data must be submitted. Such data must include, without*
30 *limitation:*

31 (1) *A reasonable estimate of the aggregate amount of all*
32 *rebates, including, without limitation, price protection rebates,*
33 *performance-based rebates, fees and administrative costs and any*
34 *other negotiated price concessions or payments that reduce*
35 *liability for prescription drugs, received directly or indirectly from*
36 *manufacturers of prescription drugs for pharmacy claims in this*
37 *State during each calendar year by:*

38 (I) *Each entity required by section 13 of this act or the*
39 *regulations adopted pursuant to paragraph (a) of subsection 2 to*
40 *upload data to the all-payer claims database; and*

41 (II) *Each pharmacy benefit manager under contract*
42 *with such an entity;*

43 (2) *The average total amount spent by a patient covered by*
44 *each plan offered by an entity required by section 13 of this act or*
45 *the regulations adopted pursuant to paragraph (a) of subsection 2*



1 *to upload data to the all-payer claims database on premiums and*
2 *cost-sharing, including, without limitation, deductibles,*
3 *copayments and coinsurance, during each calendar year;*

4 (3) *The deductible for each plan offered by an entity*
5 *required by section 13 of this act or the regulations adopted*
6 *pursuant to paragraph (a) of subsection 2 to upload data to the all-*
7 *payer claims database;*

8 (4) *The amount of any copayment or coinsurance for items*
9 *and services prescribed by the Director for each plan offered by an*
10 *entity required by section 13 of this act or the regulations adopted*
11 *pursuant to paragraph (a) of subsection 2 to upload data to the all-*
12 *payer claims database; and*

13 (5) *Additional data concerning medical claims, pharmacy*
14 *claims and dental claims chosen by the Director, in consultation*
15 *with the Commission.*

16 (b) *Fees for obtaining data from the database pursuant to*
17 *section 16 of this act. Such fees must be calculated to cover the*
18 *costs incurred by the Commission to carry out the provisions of*
19 *sections 5 to 20, inclusive, of this act.*

20 (c) *Administrative penalties to be assessed against:*

21 (1) *Any person or entity described in subsection 1 of section*
22 *13 of this act who fails to submit data to the all-payer claims*
23 *database as required by that section;*

24 (2) *Any person or entity who accesses or discloses data*
25 *contained in the all-payer claims database in violation of sections*
26 *5 to 20, inclusive, of this act; and*

27 (3) *Any person or entity to whom data is disclosed pursuant*
28 *to section 16 of this act who uses, maintains or discloses such data*
29 *for an unauthorized purpose.*

30 2. *The Director, in consultation with the Commission, may*
31 *adopt:*

32 (a) *Regulations that require entities that provide health*
33 *coverage in this State, in addition to the entities required by*
34 *section 13 of this act, to upload data to the all-payer claims*
35 *database; and*

36 (b) *Any other regulations necessary to carry out the provisions*
37 *of sections 5 to 20, inclusive, of this act.*

38 3. *The Commission may:*

39 (a) *Enter into any contract or agreement necessary to carry*
40 *out the provisions of sections 5 to 20, inclusive, of this act; and*

41 (b) *Accept any gifts, grants and donations for the purpose of*
42 *carrying out the provisions of sections 5 to 20, inclusive, of this*
43 *act.*



4. Any money collected as administrative penalties under the regulations adopted pursuant to this section must be accounted for separately and used by the Commission to:

(a) Carry out the provisions of sections 5 to 20, inclusive, of this act; and

(b) Establish and carry out programs to educate patients concerning ways to reduce the cost of health care and prescription drugs.

5. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.

Sec. 21. 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, 119A.677, 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, 209.3923, 209.3925, 209.419, 209.429, 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, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 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, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 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, 361.2242, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008,



1 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455,
2 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249,
3 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147,
4 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335,
5 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460,
6 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685,
7 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
8 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
9 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175,
10 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902,
11 432C.140, 432C.150, 433.534, 433A.360, 437.145, 437.207,
12 439.4941, 439.840, 439.914, 439B.420, 439B.754, 439B.760,
13 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395,
14 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345,
15 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188,
16 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050,
17 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,
18 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545,
19 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536,
20 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484E.070,
21 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160,
22 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090,
23 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012,
24 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238,
25 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425,
26 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,
27 630.133, 630.2673, 630.30665, 630.336, 630A.555, 631.368,
28 632.121, 632.125, 632.3415, 632.405, 633.283, 633.301, 633.4715,
29 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085,
30 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075,
31 640A.220, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
32 640C.760, 640D.190, 640E.340, 641.090, 641.221, 641.325,
33 641A.191, 641A.262, 641A.289, 641B.170, 641B.282, 641B.460,
34 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180,
35 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,
36 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,
37 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228,
38 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133,
39 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380,
40 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800,
41 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285,
42 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540,
43 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110,
44 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696,
45 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.325, 706.1725, 706A.230, 710.159, 711.600, *and section 14 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, including, without limitation, electronically, the confidential information from the information included in the public book or record that is not otherwise confidential.

4. If requested, a governmental entity shall provide a copy of a public record in an electronic format by means of an electronic medium. Nothing in this subsection requires a governmental entity to provide a copy of a public record in an electronic format or by means of an electronic medium if:

(a) The public record:

(1) Was not created or prepared in an electronic format; and

(2) Is not available in an electronic format; or

(b) Providing the public record in an electronic format or by means of an electronic medium would:

(1) Give access to proprietary software; or

(2) Require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

5. 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 the medium that is requested because the officer, employee or agent has



1 already prepared or would prefer to provide the copy in a different
2 medium.

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

7 **Sec. 22.** As used in sections 22 to 27, inclusive, of this act,
8 “Patient Protection Commission” means the Patient Protection
9 Commission created by NRS 439.908.

10 **Sec. 23.** 1. The terms of the members of the Patient
11 Protection Commission appointed pursuant to NRS 439.908 who are
12 incumbent on June 30, 2021, expire on that date.

13 2. On or before July 1, 2021, the Governor shall:

14 (a) Appoint to the Patient Protection Commission to serve initial
15 terms that expire on July 1, 2022:

16 (1) One member described in subparagraph (1) of paragraph
17 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
18 act.

19 (2) The member described in subparagraph (2) of paragraph
20 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
21 act.

22 (3) The member described in subparagraph (3) of paragraph
23 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
24 act.

25 (4) The member described in subparagraph (4) of paragraph
26 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
27 act.

28 (5) The member described in subparagraph (5) of paragraph
29 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
30 act.

31 (6) The member described in subparagraph (6) of paragraph
32 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
33 act.

34 (b) Appoint to the Patient Protection Commission to serve initial
35 terms that expire on July 1, 2023:

36 (1) One member described in subparagraph (1) of paragraph
37 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
38 act.

39 (2) The member described in subparagraph (7) of paragraph
40 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
41 act.

42 (3) The member described in subparagraph (8) of paragraph
43 (a) of subsection 1 of NRS 439.908, as amended by section 2 of this
44 act.



(4) The member described in subparagraph (9) of paragraph (a) of subsection 1 of NRS 439.908, as amended by section 2 of this act.

(5) The member described in subparagraph (10) of paragraph (a) of subsection 1 of NRS 439.908, as amended by section 2 of this act.

(6) The member described in subparagraph (11) of paragraph (a) of subsection 1 of NRS 439.908, as amended by section 2 of this act.

3. The Governor may reappoint a member of the Patient Protection Commission whose term expires on June 30, 2021, if that member meets any of the qualifications for membership prescribed by paragraph (a) of subsection 1 of NRS 439.908, as amended by section 2 of this act.

Sec. 24. To the extent authorized by the terms of the Program, the Patient Protection Commission is hereby designated as the sole state agency responsible for administering and coordinating matters relating to the participation of this State in the Peterson-Milbank Program for Sustainable Health Care Costs. The Commission shall:

1. Collaborate with the Milbank Memorial Fund, the Peterson Center on Healthcare, Bailit Health and any other persons and entities as necessary to administer and coordinate matters relating to the participation of this State in the Program; and

2. To the extent authorized by the terms of the Program, make decisions concerning the allocation of financial and technical assistance provided by the Program.

Sec. 25. On or before July 1, 2022, the Patient Protection Commission shall, in consultation with the Division of Insurance of the Department of Business and Industry:

1. Develop a report containing an inventory of each category of data reported to the Patient Protection Commission or the Division of Insurance of the Department of Business and Industry that could be used to analyze trends in the cost of health care, consolidation among entities that provide or pay for health care or other issues related to access to health care; and

2. Submit the report to the Department of Health and Human Services and the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care.

Sec. 26. 1. On or before December 1, 2021, and December 1, 2022, the Patient Protection Commission shall:

(a) Develop a report concerning the implementation of sections 5 to 20, 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 Department of Health and Human Services and the Director of the Legislative Counsel Bureau for transmittal to:

(1) In 2021, the Legislative Committee on Health Care and the Interim Finance Committee.

(2) In 2022, 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 6 of this act.

Sec. 27. 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. 28. NRS 439.916 is hereby repealed.

Sec. 29. 1. This section and section 24 of this act becomes effective upon passage and approval.

2. Sections 1 to 23, inclusive, and 25 to 28, inclusive, of this act become effective:

(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

(b) On July 1, 2021, for all other purposes.

TEXT OF REPEALED SECTION

439.916 Systematic review of issues relating to health care.

1. The Commission shall systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care, including, without limitation, prescription drugs, in this State. The review must include, without limitation:

(a) Comprehensively examining the system for regulating health care in this State, including, without limitation, the licensing and regulation of health care facilities and providers of health care and the role of professional licensing boards, commissions and other bodies established to regulate or evaluate policies related to health care.

(b) Identifying gaps and duplication in the roles of such boards, commissions and other bodies.

(c) Examining the cost of health care and the primary factors impacting those costs.

(d) Examining disparities in the quality and cost of health care between different groups, including, without limitation, minority groups and other distinct populations in this State.



(e) Reviewing the adequacy and types of providers of health care who participate in networks established by health carriers in this State and the geographic distribution of the providers of health care who participate in each such network.

(f) Reviewing the availability of health benefit plans, as defined in NRS 687B.470, in this State.

(g) Reviewing the effect of any changes to Medicaid, including, without limitation, the expansion of Medicaid pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, on the cost and availability of health care and health insurance in this State.

(h) Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to health care in this State.

(i) Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State, including, without limitation:

(1) The use of purchasing pools to decrease the cost of health care;

(2) Increasing transparency concerning the cost or provision of health care;

(3) Regulatory measures designed to increase the accessibility and the quality of health care, regardless of geographic location or ability to pay;

(4) Facilitating access to data concerning insurance claims for medical services to assist in the development of public policies;

(5) Resolving problems relating to the billing of patients for medical services;

(6) Leveraging the expenditure of money by the Medicaid program and reimbursement rates under Medicaid to increase the quality and accessibility of health care for low-income persons; and

(7) Increasing access to health care for uninsured populations in this State, including, without limitation, retirees and children.

(j) Monitoring and evaluating proposed and enacted federal legislation and regulations and other proposed and actual changes to federal health care policy to determine the impact of such changes on the cost of health care in this State.

(k) Evaluating the degree to which the role, structure and duties of the Commission facilitate the oversight of the provision of health care in this State by the Commission and allow the Commission to perform activities necessary to promote the health care needs of residents of this State.

(l) Making recommendations to the Governor, the Legislature, the Department of Health and Human Services, local health authorities and any other person or governmental entity to increase



the quality, accessibility and affordability of health care in this State, including, without limitation, recommendations concerning the items described in this subsection.

2. As used in this section:

(a) “Health carrier” has the meaning ascribed to it in NRS 687B.625.

(b) “Network” has the meaning ascribed to it in NRS 687B.640.

