

SENATE BILL NO. 40—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

SUMMARY—Provides for the collection of certain data relating to health care. (BDR 40-415)

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; authorizing the Patient Protection Commission to request certain reports from a state or local governmental entity; 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; prescribing authorized uses for certain administrative penalties; requiring the Department to compile a report containing an inventory of certain data; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

Existing law creates the Patient Protection Commission, which is made up of certain stakeholders in the delivery of health care. (NRS 439.908) Existing law requires the Commission to systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care. (NRS 439.916) Existing law: (1) authorizes the Executive Director of the Commission to request any information maintained by a state agency that is necessary for the performance of his or her duties; and (2) prohibits the Executive Director from disclosing confidential information obtained from a state agency to any person or entity, including the Commission or a member thereof. (NRS 439.914) **Section 1** of this bill additionally authorizes the Commission to request reports concerning certain issues relating to health care from a state or local governmental entity. **Section 1** requires any data contained in such a report to be presented in a manner that complies with applicable privacy laws.

Existing law provides for the collection and maintenance of data and the issuance of reports concerning: (1) the prices of prescription drugs for the treatment of diabetes and asthma; and (2) cancer. (NRS 439B.600-439B.695, 457.230-457.280) **Section 9** 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 9** authorizes the Department to establish an advisory committee to assist the Department in establishing and maintaining the database. **Section 10** 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 10** also authorizes certain insurers that are regulated under federal law to submit data to the database.

Sections 11 and 19 of this bill provide for the confidentiality of the data contained in the database. **Section 12** of this bill requires a person or entity that wishes to obtain data from the database to submit a request to the Department. **Section 13** 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 13** also prohibits a person or entity to whom data is released from using or disclosing the data in certain circumstances. **Section 14** 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 15 and 21** of this bill require the Department to submit certain reports to the Legislature concerning the establishment, operation and funding of the database.

Section 16 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 17** of this bill requires the Department to adopt regulations necessary for the establishment and maintenance of the database. **Section 17** 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** authorizes the Department 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 18** of this bill authorizes the use of administrative penalties collected for failure to comply with requirements to provide certain information relating to prescription drugs for similar purposes.



Section 20 of this bill requires the Department of Health and Human Services and the Division of Insurance of the Department of Business and Industry to develop and submit to the Patient Protection Commission and the Legislature a report containing an inventory of certain types of data reported to the Department of Health and Human Services or the Division of Insurance of the Department of Business and Industry.

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

Section 1. NRS 439.916 is hereby amended to read as follows:
439.916 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. *The Commission may request that any state or local governmental entity submit a report containing or analyzing information concerning the cost of health care, consolidation among entities that provide or pay for health care or other issues related to access to health care. A governmental entity from which such a report is requested shall provide the report. Any data contained in such a report must be presented in a manner that complies with relevant state and federal privacy laws, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto.*



3. 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.

Sec. 2. Chapter 439B of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 17, inclusive, of this act.

Sec. 3. *As used in sections 3 to 17, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 4 to 8, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 4. *"All-payer claims database" means the all-payer claims database established pursuant to section 9 of this act.*

Sec. 5. *"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. 6. *"Indirect patient identifier" means data that can be used to identify a patient when combined with other information.*

Sec. 7. *"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 10 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 10 of this act.*

Sec. 8. *"Provider of health care" has the meaning ascribed to it in NRS 629.031.*

Sec. 9. 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 10 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.*

3. *The Department may establish an advisory committee if necessary to assist the Department in carrying out the provisions of sections 3 to 17, 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. 10. 1. *Each health carrier, governing body of a local governmental 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 17 of this act to submit data to the database and the Public Employees' Benefits Program shall submit to the all-payer claims database the data prescribed by the Department pursuant to section 17 of this act.*

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 17 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. 11. 1. *Except as otherwise provided in subsection 3 and section 13 of this act, data contained in the all-payer claims*



1 *database is confidential and is not a public record or subject to*
2 *subpoena.*

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

10 *3. To the extent authorized by federal law, the Department*
11 *may use data contained in the all-payer claims database in any*
12 *proceeding to enforce the provisions of sections 3 to 17, inclusive,*
13 *of this act.*

14 **Sec. 12.** *To obtain data from the all-payer claims database, a*
15 *person or entity must submit a request to the Department. The*
16 *request must include, without limitation:*

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

19 *2. The purpose for requesting the data;*

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

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

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

27 *4. The measures that the requester plans to take to ensure the*
28 *security of the data and prevent unauthorized use of the data in*
29 *accordance with section 13 of this act; and*

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

33 **Sec. 13.** *1. The Department may release data from the all-*
34 *payer claims database that contains direct patient identifiers,*
35 *indirect patient identifiers, proprietary financial information or*
36 *any combination thereof to a person or entity approved by the*
37 *Department that:*

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

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

42 *(2) Enable providers, hospitals or communities to improve*
43 *performance by allowing comparison with other providers,*
44 *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 section 12 of this act and the fee prescribed pursuant to section 17 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 section 12 of this act and the fee prescribed pursuant to section 17 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 section 12 of this act and the fee prescribed pursuant to section 17 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 proprietary financial information to a person or entity approved by the Department that has submitted a request that meets the requirements of section 12 of this act and the fee prescribed pursuant to section 17 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 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 disclosure of data containing direct patient identifiers, indirect patient identifiers or proprietary financial information, as applicable, by the recipient of the data under circumstances other than those described in subsection 7;*

(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 Department 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 12 of this act.*

Sec. 14. 1. *The Department 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 submit data pursuant to section 10 of this act before the report is released. The Department shall submit the report to:*

(a) *The Governor;*

(b) *The Patient Protection Commission created by NRS 439.908; and*

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

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

3. *Any comparison of cost among providers of health care or health care systems presented in a report published pursuant to subsection 1 must account for differences in costs attributable to*



1 *populations served, severity of illness, subsidies for uninsured*
2 *patients and recipients of Medicaid and Medicare and expenses*
3 *for educating providers of health care, where applicable.*

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

5 (a) *Contain direct patient identifiers, indirect patient*
6 *identifiers or proprietary financial information. Such a report may*
7 *contain data concerning aggregate costs calculated using*
8 *proprietary financial information if the manner in which the data*
9 *is displayed does not disclose proprietary financial information.*

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

14 5. A report published pursuant to subsection 1 must not
15 contain information identified as relating to a specific provider of
16 health care, health facility or entity that submits data pursuant to
17 section 10 of this act unless the provider of health care, health
18 facility or entity to which the information pertains is allowed to
19 view the report before publication, request corrections of any
20 errors in the information and comment on the reasonableness of
21 the conclusions of the report.

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

27 **Sec. 15.** 1. On or before December 31 of each even-
28 numbered year, the Department shall submit to the Director of the
29 Legislative Counsel Bureau for transmittal to the next regular
30 session of the Legislature a report concerning the cost,
31 performance and effectiveness of the all-payer claims database
32 and any recommendations to improve the all-payer claims
33 database.

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

36 (a) *Compile a report of any grants received by the Department*
37 *to carry out the provisions of sections 3 to 17, inclusive, of this act;*
38 *and*

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

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

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

44 **Sec. 16.** 1. No person or entity providing information to the
45 Department, including, without limitation, data submitted to the



1 *all-payer claims database in accordance with sections 3 to 17,*
2 *inclusive, of this act, may be held liable in a civil or criminal*
3 *action for disclosing confidential information unless the person or*
4 *entity has done so in bad faith or with malicious purpose.*

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

10 **Sec. 17. 1. The Department shall adopt regulations that**
11 **prescribe:**

12 *(a) The data that must be uploaded to the all-payer claims*
13 *database pursuant to section 10 of this act and the date by which*
14 *such data must be submitted. Such data must include, without*
15 *limitation:*

16 *(1) A reasonable estimate of the aggregate amount of all*
17 *rebates, including, without limitation, price protection rebates,*
18 *performance-based rebates, fees and administrative costs and any*
19 *other negotiated price concessions or payments that reduce*
20 *liability for prescription drugs, received directly or indirectly from*
21 *manufacturers of prescription drugs for pharmacy claims in this*
22 *State during each calendar year by:*

23 *(I) Each entity required by section 10 of this act or the*
24 *regulations adopted pursuant to paragraph (a) of subsection 2 to*
25 *upload data to the all-payer claims database; and*

26 *(II) Each pharmacy benefit manager under contract*
27 *with such an entity;*

28 *(2) The average total amount spent by a patient covered by*
29 *each plan offered by an entity required by section 10 of this act or*
30 *the regulations adopted pursuant to paragraph (a) of subsection 2*
31 *to upload data to the all-payer claims database on premiums and*
32 *cost-sharing, including, without limitation, deductibles,*
33 *copayments and coinsurance, during each calendar year;*

34 *(3) The deductible for each plan offered by an entity*
35 *required by section 10 of this act or the regulations adopted*
36 *pursuant to paragraph (a) of subsection 2 to upload data to the all-*
37 *payer claims database;*

38 *(4) The amount of any copayment or coinsurance for items*
39 *and services prescribed by the Department for each plan offered*
40 *by an entity required by section 10 of this act or the regulations*
41 *adopted pursuant to paragraph (a) of subsection 2 to upload data*
42 *to the all-payer claims database; and*

43 *(5) Additional data concerning medical claims, pharmacy*
44 *claims and dental claims chosen by the Department.*



(b) Fees for obtaining data from the database pursuant to section 13 of this act. Such fees must be calculated to cover the costs incurred by the Department to carry out the provisions of sections 3 to 17, inclusive, of this act.

(c) Administrative penalties to be assessed against:

(1) Any person or entity described in subsection 1 of section 10 of this act who fails to submit data to the all-payer claims database as required by that section;

(2) Any person or entity who accesses or discloses data contained in the all-payer claims database in violation of sections 3 to 17, inclusive, of this act; and

(3) Any person or entity to whom data is disclosed pursuant to section 13 of this act who uses, maintains or discloses such data for an unauthorized purpose.

2. The Department may adopt:

(a) Regulations that require entities that provide health coverage in this State, in addition to the entities required by section 10 of this act, to upload data to the all-payer claims database; and

(b) Any other regulations necessary to carry out the provisions of sections 3 to 17, inclusive, of this act.

3. The Department may:

(a) Enter into any contract or agreement necessary to carry out the provisions of sections 3 to 17, inclusive, of this act; and

(b) Accept any gifts, grants and donations for the purpose of carrying out the provisions of sections 3 to 17, inclusive, of this 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 Department to:

(a) Carry out the provisions of NRS 439B.600 to 439B.695, inclusive, and sections 3 to 17, 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. 18. NRS 439B.695 is hereby amended to read as follows:

439B.695 1. If a pharmacy that is licensed under the provisions of chapter 639 of NRS and is located within the State of Nevada fails to provide to the Department the information required to be provided pursuant to NRS 439B.655 or fails to provide such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the Department may impose against the pharmacy an



1 administrative penalty of not more than \$500 for each day of such
2 failure.

3 2. If a manufacturer fails to provide to the Department the
4 information required by NRS 439B.635, 439B.640 or 439B.660, a
5 pharmacy benefit manager fails to provide to the Department the
6 information required by NRS 439B.645, a nonprofit organization
7 fails to post or provide to the Department, as applicable, the
8 information required by NRS 439B.665 or a manufacturer,
9 pharmacy benefit manager or nonprofit organization fails to post or
10 provide, as applicable, such information on a timely basis, and the
11 failure was not caused by excusable neglect, technical problems or
12 other extenuating circumstances, the Department may impose
13 against the manufacturer, pharmacy benefit manager or nonprofit
14 organization, as applicable, an administrative penalty of not more
15 than \$5,000 for each day of such failure.

16 3. If a pharmaceutical sales representative fails to comply with
17 the requirements of NRS 439B.660, the Department may impose
18 against the pharmaceutical sales representative an administrative
19 penalty of not more than \$500 for each day of such failure.

20 4. Any money collected as administrative penalties pursuant to
21 this section must be accounted for separately and used by the
22 Department to ~~establish~~ :

23 (a) *Carry out the provisions of NRS 439B.600 to 439B.695,*
24 *inclusive, and sections 3 to 17, inclusive, of this act;* and

25 (b) *Establish and* carry out programs to ~~provide~~ :

26 (1) *Educate patients concerning ways to reduce the cost of*
27 *health care and prescription drugs; and*

28 (2) *Provide* education concerning asthma and diabetes and
29 prevent those diseases.

30 **Sec. 19.** NRS 239.010 is hereby amended to read as follows:

31 239.010 1. Except as otherwise provided in this section and
32 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293,
33 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170,
34 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113,
35 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200,
36 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345,
37 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880,
38 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280,
39 119A.653, 119A.677, 119B.370, 119B.382, 120A.690, 125.130,
40 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057,
41 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050,
42 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015,
43 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715,
44 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771,
45 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392,



1 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140,
2 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464,
3 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240,
4 218G.350, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069,
5 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239.014,
6 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230,
7 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030,
8 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560,
9 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490,
10 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350,
11 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068,
12 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830,
13 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870,
14 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061,
15 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725,
16 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049,
17 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255,
18 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180,
19 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008,
20 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455,
21 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249,
22 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147,
23 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335,
24 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460,
25 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685,
26 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
27 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
28 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175,
29 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902,
30 432C.140, 432C.150, 433.534, 433A.360, 437.145, 437.207,
31 439.4941, 439.840, 439.914, 439B.420, 439B.754, 439B.760,
32 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395,
33 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345,
34 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188,
35 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050,
36 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,
37 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545,
38 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536,
39 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484E.070,
40 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160,
41 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090,
42 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012,
43 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238,
44 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425,
45 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,



1 630.133, 630.2673, 630.30665, 630.336, 630A.555, 631.368,
2 632.121, 632.125, 632.3415, 632.405, 633.283, 633.301, 633.4715,
3 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085,
4 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075,
5 640A.220, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
6 640C.760, 640D.190, 640E.340, 641.090, 641.221, 641.325,
7 641A.191, 641A.262, 641A.289, 641B.170, 641B.282, 641B.460,
8 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180,
9 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,
10 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,
11 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228,
12 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133,
13 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380,
14 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800,
15 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285,
16 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540,
17 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110,
18 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696,
19 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538,
20 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120,
21 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and*
22 *section 11 of this act*, sections 35, 38 and 41 of chapter 478,
23 Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of
24 Nevada 2013 and unless otherwise declared by law to be
25 confidential, all public books and public records of a governmental
26 entity must be open at all times during office hours to inspection by
27 any person, and may be fully copied or an abstract or memorandum
28 may be prepared from those public books and public records. Any
29 such copies, abstracts or memoranda may be used to supply the
30 general public with copies, abstracts or memoranda of the records or
31 may be used in any other way to the advantage of the governmental
32 entity or of the general public. This section does not supersede or in
33 any manner affect the federal laws governing copyrights or enlarge,
34 diminish or affect in any other manner the rights of a person in any
35 written book or record which is copyrighted pursuant to federal law.

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

38 3. A governmental entity that has legal custody or control of a
39 public book or record shall not deny a request made pursuant to
40 subsection 1 to inspect or copy or receive a copy of a public book or
41 record on the basis that the requested public book or record contains
42 information that is confidential if the governmental entity can
43 redact, delete, conceal or separate, including, without limitation,
44 electronically, the confidential information from the information



1 included in the public book or record that is not otherwise
2 confidential.

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

8 (a) The public record:

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

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

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

13 (1) Give access to proprietary software; or

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

17 5. An officer, employee or agent of a governmental entity who
18 has legal custody or control of a public record:

19 (a) Shall not refuse to provide a copy of that public record in the
20 medium that is requested because the officer, employee or agent has
21 already prepared or would prefer to provide the copy in a different
22 medium.

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

27 **Sec. 20.** On or before July 1, 2022, the Department of Health
28 and Human Services shall, in consultation with the Division of
29 Insurance of the Department of Business and Industry:

30 1. Develop a report containing an inventory of each category of
31 data reported to the Department of Health and Human Services or
32 the Division of Insurance of the Department of Business and
33 Industry that could be used to analyze trends in the cost of health
34 care, consolidation among entities that provide or pay for health care
35 or other issues related to access to health care; and

36 2. Submit the report to the Patient Protection Commission
37 created by NRS 439.908 and the Director of the Legislative Counsel
38 Bureau for transmittal to the Legislative Committee on Health Care.

39 **Sec. 21.** 1. On or before December 1, 2021, and December 1,
40 2022, the Department of Health and Human Services shall:

41 (a) Develop a report concerning the implementation of sections
42 3 to 17, inclusive, of this act, including, without limitation, the cost
43 of implementing the all-payer claims database and the technical
44 progress made toward full implementation of the all-payer claims
45 database; and



(b) Submit the report to the Patient Protection Commission created by NRS 439.908 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 4 of this act.

Sec. 22. 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. 23. 1. This section becomes effective upon passage and approval.

2. Sections 1, 18, 20, 21 and 22 of this act become effective on July 1, 2021.

3. Sections 2 to 17, inclusive, and 19 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 January 1, 2022, for all other purposes.

