Assembly Bill No. 343–Assemblymember Yeager

CHAPTER.....

AN ACT relating to health care; requiring hospitals to publish certain information relating to the pricing of goods and services; prohibiting a hospital from collecting medical debt that accrued while the hospital was out of compliance with that requirement; prescribing a procedure for the correction of violations of that requirement; authorizing certain investigations, civil actions and the imposition of certain administrative sanctions; providing for the publication of certain information relating to violations; requiring certain health care entities to provide certain information before taking any action to collect a medical debt; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing federal regulations require a hospital to publish: (1) a list of standard charges for all items and services provided by the hospital; and (2) a consumer-friendly list of standard charges for a limited set of shoppable services, which are services provided by a hospital that can be scheduled by a consumer in advance. (45 C.F.R. §§ 180.20, 180.40-180.60) **Sections 13-15** of this bill codify similar requirements into Nevada law. Specifically, **section 13** requires a hospital to compile, publish and update annually a list of standard charges for all items and services provided by the hospital. **Section 14** requires a hospital to maintain an online price-estimator tool or compile, publish and update annually: (1) a list of shoppable services provided by the hospital; and (2) a list of the shoppable services that appear on a list of certain shoppable services specified by the Federal Government and that the hospital does not provide. **Section 15** requires a hospital to publish the most current version of each list required by **sections 13 and 14** on the most prominent publicly available Internet website maintained by the hospital. **Section 15** prescribes certain requirements governing the manner in which those lists must be published. **Section 16** of this bill requires a hospital to annually report to the Department of Health and Human Services concerning facility fees for outpatient services provided in off-campus facilities. **Section 16** requires the Department to publish those reports on a publicly available Internet website.

Section 17 of this bill prohibits a hospital from taking certain actions to collect a medical debt for goods or services provided to a patient while the hospital is not in compliance with the requirements of **sections 13-15** or the corresponding federal requirements. **Section 17** provides that such prohibited actions, when taken knowingly, constitute deceptive trade practices, thereby subjecting a hospital that commits such a violation to the civil and criminal penalties that may be imposed for deceptive trade practices generally. (Chapter 598 of NRS) **Section 17** also authorizes a medical debtor who is aggrieved by such a prohibited action to file a claim with the Bureau of Consumer Protection in the Office of the Attorney General. **Section 24.5** of this bill requires the Governor's Consumer Health Advocate to assist patients with the filing of such claims. If the Bureau determines that a hospital has taken an action prohibited by **section 17** to collect a medical debt, **section 17** requires the hospital to cancel the debt and refund any portion of the debt that has been paid.

Sections 18-21 of this bill provide for the administrative enforcement of **sections 2-21**. Specifically, **section 18**: (1) authorizes any person or entity to file a complaint against a hospital that fails to comply with **sections 2-21**; and (2) requires the Department to monitor the compliance of hospitals with **sections 2-21**. **Section 19** prescribes a procedure for the correction of a violation of **sections 2-21**, and **section 20** requires the Department to impose administrative penalties against a hospital that commits such a violation. **Section 21** provides for the publication of certain documents relating to violations of **sections 2-21**. **Sections 21 and 25** of this bill provide that a complaint alleging such a violation and certain initial investigatory documents are confidential.

Section 22 of this bill requires certain health care entities, before taking any action to collect a medical debt, to provide: (1) the patient with an itemized statement of the medical debt and certain other information; and (2) the medical debtor with a receipt for each payment made on the debt. **Section 22** authorizes a patient or medical debtor who is aggrieved by a violation of those requirements to file a claim with the Bureau of Consumer Protection in the Office of the Attorney General. **Section 24.5** requires the Governor's Consumer Health Advocate to assist patients with the filing of such claims. If the Bureau determines that a health care entity has taken an action to collect a medical debt where prohibited by **section 22**, **section 22** requires the health care entity to cancel the debt and refund any portion of the debt that has been paid. **Section 22** also provides that attempting to collect a debt under such prohibited circumstances constitutes a deceptive trade practice. **Sections 3-12** of this bill define certain terms, and **section 2** of this bill establishes the applicability of those definitions. **Sections 23 and 27** of this bill make conforming changes to clarify the applicability of an existing definition.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

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

Section 1. Chapter 439B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 22, inclusive, of this act.

Sec. 2. ***As used in sections 2 to 22, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 12, inclusive, of this act have the meanings ascribed to them in those sections.***

Sec. 3. ***"Diagnosis-related group" means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other health benefit plans offered by third parties.***

Sec. 4. ***"Healing art" means any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury or unhealthy or abnormal physical or mental condition for the practice of which long periods of specialized education and training and a degree of***

specialized knowledge of an intellectual as well as physical nature are required.

Sec. 5. ***"Health benefit plan" means a policy, contract, certificate or agreement offered or issued by a third party to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.***

Sec. 5.5. ***"Health care entity" means:***

1. Any facility licensed pursuant to chapter 449 of NRS;

2. A practitioner group practice;

3. An entity that provides staffing or services of practitioners; or

4. Any other entity that provides health care specified by regulation of the Department.

Sec. 6. (Deleted by amendment.)

Sec. 7. ***"Medical debt" means an obligation or alleged obligation owed by a consumer of health care to pay money to a health care entity or its assignee for medical services, products or devices, regardless of whether the obligation is past due. The term includes, without limitation, any amount which has been paid toward the partial or total satisfaction of the debt.***

Sec. 8. ***"Medical debtor" means a natural person who:***

1. Owes a medical debt; or

2. Is the guarantor of a natural person who owes a medical debt.

Sec. 9. ***"National Drug Code" means the numerical code assigned to a prescription drug by the United States Food and Drug Administration.***

Sec. 10. ***"Practitioner group practice" means any business entity organized for the purpose of the practice of one or more healing arts by more than one practitioner.***

Sec. 11. ***"Small practitioner group practice" means a practitioner group practice consisting of a number of practitioners less than or equal to the maximum number of practitioners established by regulation of the Department for a small practitioner group practice.***

Sec. 12. ***"Third party" means any insurer, governmental entity or other organization providing health coverage or benefits in accordance with state or federal law.***

Sec. 13. ***1. A hospital shall compile, publish in accordance with section 15 of this act and update annually a list of:***

(a) Each item or service provided by the hospital for which the hospital has established a standard charge, including, where applicable:

(1) A fee for:

(I) Supplies and procedures;

(II) Room and board; or

(III) The services of physicians and other practitioners employed by the hospital; and

(2) A fee for the use of the hospital or an item; and

(b) For each item or service described in paragraph (a):

(1) A description of the item or service;

(2) The amount, in dollars, of the charge for the item or service that is reflected on the charge master maintained pursuant to NRS 449.490, absent any discount;

(3) The amount, in dollars, of the highest charge that the hospital has negotiated with a third party for the item or service, listed without identifying the third party;

(4) The amount, in dollars, of the lowest charge that the hospital has negotiated with a third party for the item or service, listed without identifying the third party;

(5) The amount, in dollars, that the hospital charges a natural person who pays immediately in cash for the item or service;

(6) Except as otherwise provided in subsection 4, the amount, in dollars, of each charge negotiated with a third party for an item or service, listed in a manner that clearly associates the negotiated charge with the third party and any applicable health benefit plan offered by the third party; and

(7) Any code or similar identifier that the hospital uses for the purpose of accounting or billing for the item or service, which may include, without limitation:

(I) The code set forth in Current Procedural Terminology published by the American Medical Association;

(II) The code set forth in the Healthcare Common Procedure Coding System published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services;

(III) The diagnosis-related group; and

(IV) The National Drug Code.

2. If a hospital operates multiple facilities in this State, the hospital shall compile a separate list pursuant to subsection 1 for each facility.

3. A hospital is not required to include the information described in subparagraph (6) of paragraph (b) of subsection 1 as part of the list compiled pursuant to subsection 1 if such information is not required to be included in the information

published pursuant to 42 U.S.C. § 300gg-18(e) and the regulations adopted pursuant thereto.

4. As used in this section, "standard charge" means the regular rate established by a hospital for an item or service provided to a specific group of patients. The term includes, without limitation:

(a) A charge that is reflected on the charge master maintained pursuant to NRS 449.490, absent any discount;

(b) A charge negotiated with a third party; and

(c) The amount charged to a natural person who pays immediately in cash for the item or service.

Sec. 14. ***1. Except as otherwise provided in subsection 7, a hospital shall compile, publish in accordance with section 15 of this act and update annually:***

(a) A list of shoppable services provided by the hospital and, for each such shoppable service, the information required by subsection 3. The list must include at least 300 shoppable services or, if the hospital provides fewer than 300 shoppable services, each shoppable service that the hospital provides. Such shoppable services must include, without limitation, each shoppable service provided by the hospital that appears on the list of 70 shoppable services specified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services pursuant to 45 C.F.R. § 180.60.

(b) A list of each shoppable service that appears on the list of 70 shoppable services specified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services pursuant to 45 C.F.R. § 180.60 that is not offered by the hospital.

2. In deciding whether to include a shoppable service on the list compiled pursuant to paragraph (a) of subsection 1, a hospital shall:

(a) Consider the frequency with which the hospital provides the shoppable service and the rate that the hospital charges for the shoppable service; and

(b) Prioritize for inclusion on the list the shoppable services that the hospital most frequently provides.

3. The list compiled pursuant to paragraph (a) of subsection 1 must include, for each shoppable service:

(a) A description, in plain language, of the shoppable service;

(b) Except as otherwise provided in subsection 6, the amount, in dollars, of each charge negotiated with a third party for the shoppable service and any services ancillary to the shoppable

service, listed in a manner that clearly associates the negotiated charge with the third party and any applicable health benefit plan offered by the third party;

(c) The amount, in dollars, that the hospital charges a natural person who pays immediately in cash for the shoppable service and any services ancillary to the shoppable service;

(d) The amount, in dollars, of the highest charge that the hospital has negotiated with a third party for the shoppable service and any services ancillary to the shoppable service, listed without identifying the third party;

(e) The amount, in dollars, of the lowest charge that the hospital has negotiated with a third party for the shoppable service and any services ancillary to the shoppable service, listed without identifying the third party;

(f) Any code or similar identifier that the hospital uses for the purpose of accounting or billing for the shoppable service, which may include, without limitation:

(1) The code set forth in Current Procedural Terminology published by the American Medical Association;

(2) The code set forth in the Healthcare Common Procedure Coding System published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services;

(3) The diagnosis-related group; and

(4) The National Drug Code; and

(g) If the hospital provides the shoppable service to both inpatients and outpatients, whether each charge specified pursuant to paragraphs (b) to (e), inclusive, applies to the shoppable service when provided to an inpatient or an outpatient.

4. If a hospital operates multiple facilities in this State, the hospital shall compile a separate list pursuant to subsection 1, to the extent required by this section, for each facility.

5. A hospital is not required to include the information described in paragraph (b) of subsection 3 as part of the list compiled and published pursuant to paragraph (a) of subsection 1 if such information is not required to be included in the information published pursuant to 42 U.S.C. § 300gg-18(e) and the regulations adopted pursuant thereto.

6. A hospital is not required to compile and publish the list of shoppable services described in paragraph (a) of subsection 1 if the hospital maintains a price-estimator tool that:

(a) Allows a user to obtain an estimate of the amount that the user will be obligated to pay to the hospital if the person receives a

shoppable service or service ancillary to the shoppable service that would otherwise be included on a list compiled and published pursuant to subsection 1.

(b) Is available in a prominent location on the most prominent publicly available Internet website operated by the hospital. If a hospital operates multiple facilities with separate Internet websites, the price-estimator tool must be available on the most prominent publicly available Internet website of each such facility.

(c) Is available at all times and free of charge, without having to establish a user account or password and without having to submit personally identifiable information, enter a code or overcome any other impediment.

(d) Is accessible to a common commercial operator of an Internet search engine to the extent necessary for the search engine to index the price-estimator tool and display the price-estimator tool in response to a search by a user of the search engine.

7. Any price-estimator tool that is deemed by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to meet the requirements of 45 C.F.R. § 180.60(a)(2) shall be deemed to also meet the requirements of subsection 7.

8. As used in this section, "shoppable service" means a service that a patient may schedule in advance.

Sec. 15. ***1. A hospital shall:***

(a) Publish the most current version of each list compiled pursuant to section 13 or 14 of this act in a single digital file that is presented in a machine-readable format without additional rows or spacing between data and in the manner required by subsection 2. Each such list must be made available in a prominent location on the most prominent publicly available Internet website operated by the hospital. If a hospital operates multiple facilities with separate Internet websites, the lists pertaining to each facility must be available on the most prominent publicly available Internet website for the facility to which the list pertains.

(b) Indicate on each list compiled pursuant to section 13 or 14 of this act or in a manner clearly associated with the list the date on which the list was most recently updated.

2. Each list published pursuant to subsection 1 must be:

(a) Available at all times and free of charge, without having to establish a user account or password and without having to submit personally identifiable information, enter a code or overcome any other impediment;

(b) Accessible to a common commercial operator of an Internet search engine to the extent necessary for the search engine to index the list and display the list in response to a search by a user of the search engine; and

(c) Digitally searchable.

3. As used in this section, "machine-readable format" means a digital representation of information in a file that is capable of being imported or read into a computerized system for further processing. The term includes, without limitation, .XML, .JSON and .CSV formats.

Sec. 16. ***1. On or before July 1 of each year, a hospital shall submit to the Department in the form prescribed by the Department:***

(a) A report which includes the information prescribed by subsection 2; and

(b) A statement signed by a senior official or executive of the hospital under penalty of perjury affirming the accuracy and completeness of the information in the report.

2. A report submitted pursuant to paragraph (a) of subsection 1 must include, for the immediately preceding calendar year:

(a) The name and location of each health care facility, other than a small practitioner group practice, owned or operated by the hospital that charges a facility fee for any service;

(b) The number of patient visits to each health care facility described in paragraph (a);

(c) The number, total amount and types of facility fees paid at each health care facility described in paragraph (a) by Medicare;

(d) The number, total amount and types of facility fees paid at each health care facility described in paragraph (a) by nongovernmental third parties;

(e) For each health care facility described in paragraph (a), the total number of facility fees charged and the total amount of revenue received from facility fees;

(f) The total amount of facility fees charged and the total amount of revenue received from facility fees by the hospital for all health care facilities described in paragraph (a);

(g) The 10 services provided by the hospital, including, without limitation, all health care facilities owned or operated by the hospital, that generated the largest amount of gross revenue through facility fees and, for each such service:

(1) The code set forth in Current Procedural Terminology published by the American Medical Association;

(2) The total number of times the hospital provided the service;

(3) The gross and net revenue generated by the hospital through the provision of the service; and

(4) The net revenue received by the hospital through facility fees associated with the service;

(h) The 10 services provided by the hospital most frequently for which the hospital charged a facility fee and, for each such service:

(1) The code set forth in Current Procedural Terminology published by the American Medical Association;

(2) The total number of times the hospital provided the service;

(3) The gross and net revenue generated by the hospital through the provision of the service; and

(4) The net revenue received by the hospital through facility fees associated with the service; and

(i) Any other information prescribed by regulation of the Department.

3. The Department shall publish each report received pursuant to subsection 1 available on a publicly accessible Internet website maintained by the Department not later than 45 days after receiving the report.

4. As used in this section:

(a) "Facility fee" means a fee that is charged by a hospital for outpatient services provided in an off-campus health care facility operated by the hospital and that is intended to compensate the hospital for the expenses of providing health care. The term does not include a fee charged by a practitioner for medical services.

(b) "Health care facility" means:

(1) An off-campus location of a hospital;

(2) Any facility independently licensed pursuant to chapter 449 of NRS;

(3) A practitioner group practice; and

(4) Any other facility that provides health care specified by regulation of the Department.

Sec. 17. ***1. A hospital shall not take any action described in subsection 2 with regard to any medical debt while the hospital is not in compliance with any provision of section 13, 14 or 15 of this act or 45 C.F.R. § 180.40, 180.50 or 180.60.***

2. A hospital shall not, with regard to any medical debt described in subsection 1:

(a) Refer the medical debt to a collection agency or other third party for collection;

(b) File a civil action or seek arbitration or mediation to collect the medical debt; or

(c) Directly or indirectly cause the reporting of the medical debt to a reporting agency.

3. If a medical debtor believes that a hospital has taken an action described in subsection 2 in violation of subsection 1 with respect to a medical debt owed by the medical debtor, the medical debtor may file a claim with the Bureau of Consumer Protection in the Office of the Attorney General. A medical debtor who files such a claim shall immediately notify the hospital that he or she has filed the claim.

4. Upon the filing of a claim pursuant to subsection 3, the Bureau of Consumer Protection shall investigate the claim. The hospital shall not take any action described in subsection 2 to collect the medical debt that is the subject of the investigation while the investigation is pending.

5. If, at the conclusion of an investigation pursuant to subsection 4, the Bureau of Consumer Protection determines that the hospital has taken an action described in subsection 2 in violation of subsection 1, the hospital shall cancel the medical debt that is the subject of the investigation and any related medical debt and refund any amount of the medical debt or any related medical debt which has been paid by the medical debtor.

6. A knowing violation of this section constitutes a deceptive trade practice for the purposes of NRS 598.0903 to 598.0999, inclusive.

7. As used in this section, "reporting agency" has the meaning ascribed to it in NRS 598C.100.

Sec. 18. ***1. Any person who believes that a hospital has failed to comply with the provisions of sections 2 to 21, inclusive, of this act may submit a complaint to the Department. The Department shall:***

(a) Create an electronic form for the submission of such complaints and post the form on an Internet website operated by the Department; and

(b) Accept such complaints through a telephone number dedicated for that purpose.

2. The Department shall monitor the compliance of hospitals with the provisions of sections 2 to 21, inclusive, of this act by:

(a) Evaluating complaints submitted pursuant to subsection 1 and other available information concerning compliance with sections 2 to 21, inclusive, of this act;

(b) Reviewing any available analysis of noncompliance with sections 2 to 21, inclusive, of this act prepared in good faith by a qualified person or entity; and

(c) Auditing the Internet websites maintained by hospitals in this State.

3. The Department shall adopt such regulations as are necessary to carry out the provisions of sections 17 to 21, inclusive, of this act, including, without limitation, regulations prescribing the procedure to appeal any action taken by the Department pursuant to section 19 or 20 of this act. That procedure must include, without limitation, the opportunity for a hearing.

Sec. 19. *1. If the Department determines that a hospital has failed to comply with the provisions of sections 2 to 21, inclusive, of this act, the Department shall issue to the hospital a notice of the violation. The notice must include, without limitation:*

(a) A description of the violation;

(b) A requirement that the hospital:

(1) Take action to correct the violation within 30 days after the date of the notice, if the Department determines that the violation is capable of correction within that time period; or

(2) Submit a plan of correction within 30 days after the date of the notice, in all other cases; and

(c) If the Department requires a hospital to submit a plan of correction, notice of:

(1) The form and manner in which the hospital must submit the plan of correction;

(2) The date by which the hospital must submit the plan of correction or a notice of appeal; and

(3) The date by which the hospital must correct the violation.

2. If the Department requires a hospital to take action to correct a violation pursuant to subparagraph (1) of paragraph (b) of subsection 1, the hospital shall, within 30 days after the date of the notice, submit to the Department written confirmation that the hospital has taken such action or a notice of appeal.

3. A plan of correction submitted pursuant to subparagraph (2) of paragraph (b) of subsection 1 must state:

(a) The manner in which the hospital will correct the violation identified in the notice provided pursuant to subsection 1; and

(b) The date by which the hospital will correct the violation.

4. Upon the submission of a plan of correction pursuant to subparagraph (2) of paragraph (b) of subsection 1, the Department may:

(a) Approve the plan of correction as submitted; or

(b) Notify the hospital that additional corrective actions are necessary and require the hospital to submit a revised plan of correction.

5. The Department must approve a plan of correction before it becomes effective. After approving a plan of correction, the Department shall monitor and evaluate the compliance of the hospital with the plan of correction.

Sec. 20. *1. The Department shall impose an administrative penalty against a hospital that the Department determines, after notice and the opportunity for a hearing in accordance with sections 18 and 19 of this act and any regulations adopted pursuant thereto, has violated any provision of sections 2 to 21, inclusive, of this act, or failed to comply with any requirement imposed by the Department pursuant to section 19 of this act or any plan of correction approved by the Department pursuant to section 19 of this act.*

2. An administrative penalty imposed pursuant to this section must be in an amount of:

(a) Not less than $600 for a hospital with not more than 30 beds;

(b) Not less than $20 for each bed in a hospital with at least 31 and not more than 550 beds; and

(c) Not less than $11,000 for a hospital with more than 550 beds.

3. For the purposes of this section, each day that a hospital has failed to correct a violation beyond the date prescribed pursuant to subparagraph (1) of paragraph (b) of subsection 1 of section 19 of this act or subparagraph (3) of paragraph (c) of subsection 1 of section 19 of this act, as applicable, or failed to submit a plan of correction or a notice of appeal beyond the date prescribed pursuant to subparagraph (2) of paragraph (b) of subsection 1 of section 19 of this act constitutes a separate violation.

4. In determining the amount of an administrative penalty imposed pursuant to this section, the Department shall consider:

(a) Previous violations by the operator of the hospital;

(b) The seriousness of the violation;

(c) The demonstrated good faith of the operator of the hospital; and

(d) Such other matters as justice may require.

5. Any money collected as administrative penalties pursuant to this section must be accounted for separately and used by the Department to carry out the provisions of sections 2 to 22, inclusive, of this act.

Sec. 21. *1. The Department shall:*

(a) Maintain a publicly available Internet website to inform the public concerning violations of sections 2 to 21, inclusive, of this act; and

(b) Not later than 30 days after finding, after notice and the opportunity for a hearing in accordance with sections 18 and 19 of this act and the regulations adopted pursuant thereto, that a hospital has violated any provision of sections 2 to 21, inclusive, of this act, post to the Internet website maintained pursuant to paragraph (a):

(1) The name of the hospital;

(2) A description of the violation that the hospital was found to have committed;

(3) Any corrective action that the hospital was ordered to take pursuant to section 19 of this act or included in a plan of correction approved pursuant to that section and, if applicable, the date on which the hospital took such corrective action; and

(4) The amount of any administrative penalty imposed on the hospital pursuant to section 20 of this act.

2. Except as otherwise provided in subsection 3 and NRS 239.0115, a complaint filed with the Department pursuant to section 18 of this act, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to issue a notice of violation pursuant to section 19 of this act are confidential.

3. Any notice provided by the Department, plan of correction approved by the Department or confirmation that a hospital has taken a corrective action required by the Department pursuant to section 19 of this act, any order of the Department imposing an administrative penalty pursuant to section 20 of this act and any documents or information considered by the Department when determining whether to approve a plan of correction or impose an administrative penalty are public records.

Sec. 22. *1. Before taking any action to collect a medical debt or authorizing a collection agency or any other person or*

entity to take any action to collect a medical debt, a health care entity shall provide to the patient in writing, electronically or through an Internet portal:

(a) An itemized statement of the medical debt owed by the patient to the health care entity, which must:

(1) Be easy to understand;

(2) Where applicable, comply with the requirements of NRS 449.193, 449.243 or 629.071 or any other requirements of state or federal law regarding billing for health care; and

(3) Include, without limitation, the applicable billing codes, including modifiers, for each item or service for which the medical debt is owed. Those codes must use a commonly recognized system of billing codes that is identified in the statement.

(b) Information concerning any available language assistance services for persons with limited English proficiency.

(c) The name, telephone number and electronic mail address of a person or office at the health care entity that is authorized to discuss the itemized statement described in paragraph (a) with the patient and make changes relating to the medical debt, including, without limitation, reducing or cancelling the medical debt.

2. Not later than 30 days after a medical debtor makes any payment related to a medical debt to the health care entity or a collection agency acting on behalf of the health care entity, the health care entity shall provide an itemized receipt to the medical debtor. A health care entity shall not take any action to collect a medical debt or authorize a collection agency or other entity to take any action to collect a medical debt if the health care entity has failed to timely provide any receipt required by this subsection to the medical debtor.

3. If a medical debtor believes that a health care entity has taken an action in violation of subsection 1 or 2 with respect to a medical debt owed by the medical debtor, the medical debtor may file a claim with the Bureau of Consumer Protection in the Office of the Attorney General. A medical debtor who files such a claim shall immediately notify the health care entity that he or she has filed the claim.

4. Upon the filing of a claim pursuant to subsection 3, the Bureau of Consumer Protection shall investigate the claim. The health care entity shall not take any action to collect the medical debt that is the subject of the investigation or authorize a collection agency or other entity to take any action to collect that medical debt while the investigation is pending.

5. If, at the conclusion of an investigation pursuant to subsection 4, the Bureau of Consumer Protection determines that the health care entity has taken an action in violation of subsection 1 or 2, the health care entity shall cancel the medical debt that is the subject of the investigation and any related medical debt and refund any amount of the medical debt or any related medical debt which has been paid by the medical debtor.

6. A knowing violation of this section constitutes a deceptive trade practice for the purposes of NRS 598.0903 to 598.0999, inclusive.

7. The provisions of this section do not apply to a small practitioner group practice.

8. As used in this section "collection agency" has the meaning ascribed to it in NRS 649.020.

Sec. 23. NRS 439B.320 is hereby amended to read as follows:

439B.320 1. A hospital shall provide, without charge, in each fiscal year, care for indigent inpatients in an amount which represents 0.6 percent of its net revenue for the hospital's preceding fiscal year.

2. The Department shall compute the obligation of each hospital for care of indigent inpatients for each fiscal year based upon the net revenue of the hospital in its preceding fiscal year and shall provide this information to the board of county commissioners of the county in which the hospital is located.

3. The board of county commissioners shall maintain a record of discharge forms submitted by each hospital located within the county, together with the amount accruing to the hospital. The amount accruing to the hospital for the care, until the hospital has met its obligation pursuant to this section, is the highest amount the county is paying to any hospital in the county for that care. Except as otherwise provided in subsection 2 of NRS 439B.330, no payment for indigent care may be made to the hospital until the total amount so accruing to the hospital exceeds the minimum obligation of the hospital for the fiscal year, and a hospital may only receive payment from the county for indigent care provided in excess of its obligation pursuant to this section. After a hospital has met its obligation pursuant to this section, the county may reimburse the hospital for care of indigent inpatients at any rate otherwise authorized by law.

4. As used in this section, "net revenue" means all revenues earned from inpatient medical care provided to patients by a hospital.

Sec. 24. (Deleted by amendment.)

Sec. 24.5. NRS 232.459 is hereby amended to read as follows:

232.459 1. The Advocate shall:

(a) Respond to written and telephonic inquiries received from consumers and injured employees regarding concerns and problems related to health care and workers' compensation;

(b) Assist consumers and injured employees in understanding their rights and responsibilities under health care plans, including, without limitation, the Public Employees' Benefits Program and the Public Option, and policies of industrial insurance;

(c) Identify and investigate complaints of consumers and injured employees regarding their health care plans, including, without limitation, the Public Employees' Benefits Program and the Public Option, and policies of industrial insurance and assist those consumers and injured employees to resolve their complaints, including, without limitation:

(1) Referring consumers and injured employees to the appropriate agency, department or other entity that is responsible for addressing the specific complaint of the consumer or injured employee; and

(2) Providing counseling and assistance to consumers and injured employees concerning health care plans, including, without limitation, the Public Employees' Benefits Program and the Public Option, and policies of industrial insurance;

(d) Provide information to consumers and injured employees concerning health care plans, including, without limitation, the Public Employees' Benefits Program and the Public Option, and policies of industrial insurance in this State;

(e) Establish and maintain a system to collect and maintain information pertaining to the written and telephonic inquiries received by the Office for Consumer Health Assistance;

(f) Take such actions as are necessary to ensure public awareness of the existence and purpose of the services provided by the Advocate pursuant to this section;

(g) In appropriate cases and pursuant to the direction of the Advocate, refer a complaint or the results of an investigation to the Attorney General for further action;

(h) Provide information to and applications for prescription drug programs for consumers without insurance coverage for prescription drugs or pharmaceutical services;

(i) Establish and maintain an Internet website which includes:

(1) Information concerning purchasing prescription drugs from Canadian pharmacies that have been recommended by the

State Board of Pharmacy for inclusion on the Internet website pursuant to subsection 4 of NRS 639.2328;

(2) Links to websites of Canadian pharmacies which have been recommended by the State Board of Pharmacy for inclusion on the Internet website pursuant to subsection 4 of NRS 639.2328; and

(3) A link to the website established and maintained pursuant to NRS 439A.270 which provides information to the general public concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State;

(j) Assist consumers with accessing a navigator, case manager or facilitator to help the consumer obtain health care services;

(k) Assist consumers with scheduling an appointment with a provider of health care who is in the network of providers under contract to provide services to participants in the health care plan under which the consumer is covered;

(l) Assist consumers with filing complaints against health care facilities and health care professionals;

(m) ***Assist consumers with filing claims with the Bureau of Consumer Protection in the Office of the Attorney General pursuant to sections 17 and 22 of this act;***

(n) Assist consumers with filing complaints with the Commissioner of Insurance against issuers of health care plans; and

~~[(n)]~~ ***(o)*** On or before January 31 of each year, compile a report of aggregated information submitted to the Office for Consumer Health Assistance pursuant to NRS 687B.675, aggregated for each type of provider of health care for which such information is provided and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In even-numbered years, the Joint Interim Standing Committee on Health and Human Services; and

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

2. The Advocate may adopt regulations to carry out the provisions of this section and NRS 232.461 and 232.462.

3. As used in this section:

(a) "Health care facility" has the meaning ascribed to it in NRS 162A.740.

(b) "Navigator, case manager or facilitator" has the meaning ascribed to it in NRS 687B.675.

(c) "Public Option" means the Public Option established pursuant to NRS 695K.200.

Sec. 25. 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, 41.0397, 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.640, 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, 164.041, 172.075, 172.245, 176.01334, 176.01385, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 178.5717, 179.495, 179A.070, 179A.165, 179D.160, 180.600, 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, 218G.615, 224.240, 226.462, 226.796, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1285, 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 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, 247.545, 247.550, 247.560, 250.087, 250.130, 250.140, 250.145, 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, 284.4086, 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, 293.909, 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, 353D.250, 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, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143,

396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 427A.940, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988, 439.5282, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710, 604D.500, 604D.600, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.043, 629.047, 629.069, 630.133, 630.2671, 630.2672, 630.2673, 630.2687, 630.30665, 630.336, 630A.327, 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283, 633.301, 633.427, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303, 634.214, 634A.169, 634A.185, 634B.730, 635.111, 635.158, 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090, 641.221, 641.2215, 641A.191, 641A.217, 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 670B.680, 671.365, 671.415, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,

681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, ***and section 21 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 already prepared or would prefer to provide the copy in a different medium.

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

Sec. 26. 1. The provisions of section 17 of this act apply to any medical debt incurred before, on or after January 1, 2026.

2. The provisions of section 22 of this act apply to any medical debt incurred on or after January 1, 2026.

3. As used in this section, "medical debt" has the meaning ascribed to it in NRS 649.036.

Sec. 27. NRS 439B.140 is hereby repealed.

Sec. 28. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 27, 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 January 1, 2026, for all other purposes.

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