MEETING NOTICE AND AGENDA

Name of Organization:	Legislative Committee on Health Care (*Nevada Revised Statutes* 439B.200)
Date and Time of Meeting:	Tuesday, July 20, 2010 9 a.m.
Place of Meeting:	Grant Sawyer State Office Building Room 4401 555 East Washington Avenue Las Vegas, Nevada

Note: Some members of the Committee may be attending the meeting and other persons may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location: Legislative Building, Room 3138, 401 South Carson Street, Carson City, Nevada.

If you cannot attend the meeting, you can listen or view it live over the Internet. The address for the Nevada Legislature website is http://www.leg.state.nv.us. Click on the link "Live Meetings – Listen or View."

Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

A G E N D A

Note: Items on this agenda may be taken in a different order than listed.

*Denotes items on which the Committee may take action.

I. Opening Remarks
Senator Valerie Wiener, Chair

*II. Approval of Minutes of the Meetings Held on April 21, 2010, and May 26, 2010, in Las Vegas, Nevada

*III. Presentation Concerning the Nevada Attorney General's Health Summit and a Recommendation Regarding Physician Education
Lawrence P. Matheis, Executive Director, Nevada State Medical Association
David A. Johnson, M.D., Nevada Academy of Family Physicians (NAFP)
Aron Rogers, D.O., NAFP
Elissa Palmer, M.D., Residency Director, NAFP

*IV. Discussion Concerning Recent Reports Regarding the Quality of Hospital Care in Southern Nevada
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services (DHHS)
Bill M. Welch, President and Chief Executive Officer, Nevada Hospital Association

*V. Presentation of Recommendations for Tracking and Reporting Near-Miss Events That Occur at Medical Facilities in This State Pursuant to Senate Bill 319 (Chapter 502, *Statutes of Nevada 2009*)
Senator Shirley A. Breeden, Sponsor, S.B. 319
Marla McDade Williams, Deputy Administrator, Health Division, DHHS

VI. Public Comment
(Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

*VII. Work Session—Discussion and Possible Action on Recommendations Relating to:

A. The Examination of the Height and Weight of Children Pursuant to Assembly Bill 191 (Chapter 285, *Statutes of Nevada 2009*)

B. Regulation of Medical Assistants

C. The Study of the Abuse of Prescription Narcotic Drugs in Nevada Pursuant to Assembly Bill 326 (Chapter 301, *Statutes of Nevada 2009*)

D. The Consolidation of Administrative Services for Health Professional and Occupational Licensing Boards

E. The Feasibility of Establishing Regional Centers for the Prevention and Treatment of Alcohol and Substance Abuse Pursuant to Senate Bill 278 (Chapter 267, *Statutes of Nevada 2009*)

F. The Recently Enacted Patient Protection and Affordable Care Act (Public Law 111-148); The Health Care and Education Reconciliation Act of 2010 (Public Law 111-152); and The Children's Health Insurance Program Reauthorization Act of 2009

G. Federal School Food Programs

H. The Definition of Assisted Living Facilities in Nevada

I. Establishing a Fair and Equitable System for the Payment of Medical Services Pursuant to Senate Concurrent Resolution No. 39 (File No. 101, *Statutes of Nevada 2009*)

J. Tracking and Reporting Near-Miss Events That Occur at Medical Facilities in This State Pursuant to S.B. 319 (Chapter 502, *Statutes of Nevada* 2009)

The "Work Session Document" is attached below and contains proposed recommendations. The document is also available on the Committee's webpage, Legislative Committee on Health Care or a written copy may be obtained by contacting Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau, at (775) 684-6825.

VIII. Public Comment
(Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

IX. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Sally Trotter at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed and e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Capitol Police, Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's website at www.leg.state.nv.us.

WORK SESSION DOCUMENT

NEVADA LEGISLATURE'S
LEGISLATIVE COMMITTEE ON HEALTH CARE
(*NEVADA REVISED STATUTES* 439B.200)

July 20, 2010

The following "Work Session Document" has been prepared by the staff of Nevada's Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200). Pursuant to NRS 218D.160, the Committee is limited to ten legislative measures and must make its bill draft requests (BDRs) by September 1, 2010, unless the Legislative Commission authorizes submission of a request after that date.

This document contains a summary of BDRs and other actions that have been presented during public hearings, through communication with individual Committee members, or through correspondence or communications submitted to the LCHC. It is designed to assist the Committee members in making decisions during the work session. The Committee may accept, reject, modify, or take no action on any of the proposals. The concepts contained within this document are arranged under broad topics to allow members to review related issues. Actions available to the Committee members include: legislation to amend the NRS; transitory sections that do not amend the statutes; resolutions; statements in the Committee's final report; and letters of recommendation or support. Committee members should be advised that Legislative Counsel Bureau staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the final report. The recommendations may have been modified by being combined with similar proposals or by the addition of necessary legal or fiscal information. It should also be noted that some of the recommendations may contain an unknown fiscal impact. If a recommendation is adopted for a BDR, then the Committee staff will work with interested parties to obtain fiscal estimates for inclusion in the final report.

Additional recommendations may be considered based on discussions held and presentations made at the July 20, 2010, hearing. Please see the agenda for details concerning the scheduled presentations.

The approved recommendations for legislation resulting from these deliberations will be prepared as bill drafts and submitted to the 2011 Legislature.

RECOMMENDATIONS

PROPOSALS RELATING TO THE EXAMINATION OF THE HEIGHT AND WEIGHT OF CHILDREN PURSUANT TO ASSEMBLY BILL 191 (CHAPTER 285, *STATUTES OF NEVADA 2009*)

1. **Require all Nevada schools to report on their wellness policy adherence** through the Statewide School Wellness Rating System. Create the Statewide School Wellness Rating System in statute.

   (Tracey D. Green, M.D., State Health Officer, Health Division, Department of Health and Human Services [DHHS])

2. **Include in the LCHC Bulletin a Statement of Support** for the Health Division's development of Web Education Modules concerning Nutrition and Physical Activity for daycare providers, school teachers, health care providers, home school, and distant education students.

   (Tracey D. Green, M.D., State Health Officer, Health Division, DHHS)

3. **Include in the LCHC Bulletin a Statement of Support** for the Health Division to utilize the Silver State Stars Quality Rating Improvement System for child care centers to educate parents about child care centers that limit sugar sweetened beverages and serve low fat milk.

   (Tracey D. Green, MD, State Health Officer, Health Division, DHHS)

4. I**nclude in the LCHC Bulletin a Statement of Support** for the Health Division to revisit the 2006 Obesity Plan, make obesity related issues a priority area for our State, evaluate changes since 2006, and create a new five-year obesity plan.

   (Tracey D. Green, M.D., State Health Officer, Health Division, DHHS)

PROPOSALS RELATING TO THE REGULATION OF MEDICAL ASSISTANTS

5. **Amend NRS 454.213**: Add "Medical Assistants" to the list of persons authorized to possess and administer dangerous drugs, at the direction and under the supervision of a physician or physician assistant. Require the physician to have a system in place to document training and to verify the medical assistants' skills prior to delegating duties.

   (Assemblyman Joseph "Joe" P. Hardy, M.D.)

6. **Amend NRS** to require physicians or medical facilities that employ medical assistants that perform clinical duties to ensure that the medical assistant meets certain training requirements before they are employed. Specifically, medical assistants that perform clinical duties must have:

   A. Completed the following training:

      1) A medical assistant training program accredited by the Commission of Accreditation of Allied Health (CAAHEP) or by the Accrediting Bureau of Health Education Schools (ABHES); or

      2) A medial assistant program in a post-secondary school or college that has institutional accreditation by a Regional Accrediting Commission or by a national accreditation organization approved by the U.S. Department of Education, which program includes a minimum of 720 clock-hours (or equivalent) of training in medical assisting skills; or

      3) A formal medical services training program in the United States Armed Forces; and

   B. Successfully pass the medical assistants examination administered by either the American Association of Medical Assistants (AAMA) or the American Medical Technologists (AMT).

      (Assemblywoman Peggy Pierce)

7. Supervision of medical assistants: Determine which licensed medical professionals will have the authority to employ and supervise a medical assistant and, if applicable, who is responsible for overseeing a medical assistant who works for a group of professionals or in a health care facility.

   (Sara L. Partida, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau)

PROPOSALS RELATING TO THE STUDY OF THE ABUSE OF PRESCRIPTION NARCOTIC DRUGS IN NEVADA PURSUANT TO ASSEMBLY BILL 326 (CHAPTER 301, *STATUTES OF NEVADA 2009*)

8. **Amend NRS** to require practitioners to have patients sign a written statement advising them that the practitioner would be required to request a patient's controlled substance profile before the practitioner could write a controlled substance prescription. The language proposed by the group is as follows:

NRS 639.23507 Patient utilization reports required before writing prescription for controlled substance. A practitioner shall, before writing a prescription for a controlled substance listed in schedule II, III or IV for a patient, ***obtain a written acknowledgment signed by the patient informing the patient that he will*** obtain a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.1545 if the practitioner has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and:

1. The patient is a new patient of the practitioner; or
2. The patient has not received any prescription for a controlled substance from the practitioner in the preceding 12 months.

The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

(Carolyn J. Cramer, General Counsel, State Board of Pharmacy, A.B. 326 Study Group)

9. **Draft legislation** to allow interoperability of the Controlled Substance Abuse Prevention Task Force to share information with other prescription monitoring programs. The proposed language was adopted in principle from the Alliance of States with Prescription Monitoring Programs Model Act. The language proposed by the group is as follows:

NRS 453.154 Division required to prepare certain reports concerning controlled substances; Division and Board may enter into agreements with public agencies; requirements.

1. In this section, "diversion" means the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.

2. The Division shall regularly prepare and make available to other state regulatory, licensing, and law enforcement agencies a report on the patterns and trends of distribution, diversion, and abuse of controlled substances.

3. The Board and the Division may enter into written agreements with local, state, and federal agencies to improve identification of sources of diversion and to

improve enforcement of and compliance with NRS 453.011 to 453.348, inclusive, and other laws and regulations pertaining to unlawful conduct involving controlled substances. An agreement must specify the roles and responsibilities of each agency that has information or authority to identify, prevent, or control diversion and abuse of controlled substances. The Board and the Division may convene periodic meetings to coordinate a state program to prevent and control diversion. The Board and the Division may arrange for cooperation and exchange of information among agencies and with other states and the Federal Government.

4. The Division shall report annually to the Governor and biennially to the presiding officer of each house of the Legislature on the outcome of the program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this State.

5. The Board may provide prescription monitoring information to other states' prescription monitoring programs and such information may be used by those programs consistent with this chapter.

6. The Board may request and receive prescription monitoring information from other states' prescription monitoring programs and may use such information consistent with this chapter.

7. The Board may develop the capability to transmit information to and receive information from other prescription monitoring programs employing the standards of interoperability.

8. The Board is authorized to enter into written agreements with other states' prescription monitoring programs for the purpose of sharing information to carry out the provisions of this chapter.

(Carolyn J. Cramer, General Counsel, State Board of Pharmacy, A.B. 326 Study Group)

10. **Amend NRS** to provide legal immunity for a pharmacist, pharmacy, or other dispenser that makes a report in good faith to the State prescription drug monitoring program. The language proposed is as follows:

A pharmacist, pharmacy or other dispenser making a report to the program reasonably and in good faith pursuant to this division is immune from any liability, civil, criminal, or administrative, which might otherwise be incurred or imposed as a result of the report.

(Carolyn J. Cramer, General Counsel, State Board of Pharmacy, A.B. 326 Study Group)

PROPOSALS RELATING TO THE CONSOLIDATION OF ADMINISTRATIVE SERVICES FOR HEALTH PROFESSIONALS AND OCCUPATIONAL LICENSING BOARDS

11. **Draft legislation** to redirect funds that are currently used by the following boards for contracting audits and redirect the funding to hire a director, administrative assistant, and fiscal auditor to staff the Office of Health Professional Boards to oversee budget and audit functions of the health-related Boards.

*Note: The underlined boards submit balance sheets, rather than outside audits.

1. Board of Examiners for Alcohol, Drug and Gambling Counselors (NRS 641C.150)
2. State Board of Athletic Trainers (NRS 640B.170)
3. Board of Examiners for Audiology and Speech Pathology (NRS 637B.100)
4. Chiropractic Physicians' Board of Nevada (NRS 634.020)
5. Board of Dental Examiners of Nevada (NRS 631.120)
6. Nevada State Funeral Board (NRS 642.020)
7. Board of Hearing Aid Specialists (NRS 637A.030)
8. Board of Homeopathic Medical Examiners (NRS 630A.100)
9. Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors (NRS 641A.090)
10. Board of Massage Therapists (NRS 640C.150)
11. Board of Medical Examiners (NRS 630.050)
12. State Board of Nursing (NRS 632.020)
13. Advisory Committee on Nursing Assistants (NRS 632.072)
14. Board of Occupational Therapy (NRS 640A.080)
15. Board of Dispensing Opticians (NRS 637.030)
16. Nevada State Board of Optometry (NRS 636.030)
17. State Board of Oriental Medicine (NRS 634A.030)
18. State Board of Osteopathic Medicine (NRS 633.181)
19. State Board of Pharmacy (NRS 639.020)
20. State Board of Physical Therapy Examiners (NRS 640.030)
21. State Board of Podiatry (NRS 635.020)
22. Board of Psychological Examiners (NRS 641.030)
23. Board of Registered Environmental Health Specialists (NRS 625A. 030)
24. Board of Examiners for Social Workers (NRS 641B.100)
25. Nevada State Board of Veterinary Medical Examiners (NRS 638.020)

(Lawrence P. Matheis, Executive Director, Nevada State Medical Association)

12. **Draft legislation** to become effective in 2013 that requires the Director of the Office of Health Professional Boards to appoint the executive directors of each board. The executive directors would provide administrative support for each board; however,

they are employed by the Office of Health Professional Boards. Additionally, include in the measure provisions to evaluate the need for additional administrative support for each board and to retain the necessary staff through the Office of Health Professional Boards.

(Lawrence P. Matheis, Executive Director, Nevada State Medical Association)

PROPOSAL RELATING TO THE FEASIBILITY OF ESTABLISHING REGIONAL CENTERS FOR THE PREVENTION AND TREATMENT OF ALCOHOL AND SUBSTANCE ABUSE PURSUANT TO SENATE BILL 278 (CHAPTER 267, *STATUTES OF NEVADA 2009*)

13. **Draft a resolution** to recognize the efforts of the Local Community Coalition System for Prevention in Nevada (local alcohol and drug abuse prevention coalitions).

(Stacey Smith, Director, Nye Communities Coalition, and Chair, Nevada Statewide Partnerships)

PROPOSAL RELATING TO THE RECENTLY ENACTED PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111-148); THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (PUBLIC LAW 111-152); AND THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIPRA)

14. **Draft a resolution** urging the DHHS to support meritorious applications from Nevada organizations to obtain available outreach grants from the U.S. Department of Health and Human Services to enroll children and their families in Medicaid/Nevada Check Up. *(Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services)*

15. **Draft a resolution** urging the DHHS to adopt five of the eight program features required by CHIPRA in order to qualify for a performance bonus.

(Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services)

16. **Draft a resolution** urging the DHHS to study the feasibility of applying for a *Community First Choice Option* under Section 1915 of the Social Security Act to provide community-based attendant support services to individuals with disabilities who are Medicaid eligible and require an institutional level of care.

(Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services)

17. **Draft a resolution** urging the DHHS to study the feasibility of applying for the new Medicaid State Plan option, where Medicaid enrollees with chronic conditions in designating a provider, team of health care professionals or a health team as their *medical home*.

(Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services)

PROPOSAL RELATING TO CERTAIN FEDERAL SCHOOL FOOD PROGRAMS

18. **Draft legislation** that designates breakfast in the classroom as part of the definition of instructional time.

(Paula Berkley, Food Bank of Northern Nevada)

19. **Draft legislation** that requires schools that do not meet adequate yearly progress (AYP) to implement breakfast after the bell (breakfast in the classroom or grab-and-go breakfast).

(Paula Berkley, Food Bank of Northern Nevada)

20. **Draft legislation** that requires:

A. Each school to report the following information to the Legislative Committee on Health Care, and the Interim Finance Committee annually:

- Breakfast participation rates, for the previous four years. Include the number of children who receive free and reduced-price breakfast that participate and the number of enrolled children who are qualified to access meals compared to the total enrollment of each school. Identify the method of breakfasts being offered (breakfast in the classroom, breakfast in the cafeteria, or grab-and-go breakfast) and the percent of qualified students participating by each form of school breakfast.

B. Each school district is required to report:

- A district level summary of the breakfast participation report.

- A list of each school that is participating in a summer meal program. Include the number of qualified students participating in the program versus those students who qualify for a summer meal program if one were being offered. Each district should indicate the number of dollars currently coming to Nevada schools for this program and the dollars left in Washington because the qualified students are not being offered this program or are not participating.

- The amount of federal dollars brought to Nevada due to participation in school breakfast and school lunch programs. The number of qualified students that did not participate and, based on the lack of participation, the amount of federal money Nevada did not receive.

(Paula Berkley, Food Bank of Northern Nevada)

PROPOSAL RELATING TO THE DEFINITION OF ASSISTED LIVING FACILITIES IN NEVADA

21. **Draft legislation** to clarify that a resident may only remain in the facility if their level of care does not exceed the licensure of the facility. Revise NRS 449.037,(7)(c)(6) as follows:

(c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:

(1) The facility is designed to create a residential environment that actively supports and promotes each resident's quality of life and right to privacy;

(2) The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the resident to meet the resident's Individual needs;

(3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident's personal choice of lifestyle;

(4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident's need for autonomy and the right to make decisions regarding his or her own life;

(5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community;

(6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time ***as long as the residents needs do not exceed the licensure of the facility***; and

(7) The facility is operated in such a manner as to foster a culture that provides a high-quality environment for the residents, their families, the staff, any volunteers and the community at large.

(LynnAnn Homnick, RFA, Administrator/Executive Director, Silver Sky Assisted Living)

22. **Draft legislation** to define assisted living in NRS as follows:

Assisted living is a State regulated and monitored residential facility that provides and coordinates oversight and service based on assessments, and as they arise, residents' scheduled and unscheduled needs. As required by State law and regulation, services to be provided must include, but are not limited to the following:

a. 24-hour awake, on-duty staff for oversight;
b. Provision and supervision or personal and supportive services (assistance with activites of daily and and instrumental activities of daily living);
c. Medication management;
d. Recreational activities;
e. Balanced meals (including physician directed);

f. Housekeeping and laundry; and
g. Transportation.

The above are to be provided in an atmosphere that promotes resident's dignity, independence, privacy, and quality of life.

(LynnAnn Homnick, RFA, Administrator/Executive Director, Silver Sky Assisted Living)

PROPOSAL RELATING TO ESTABLISHING A FAIR AND EQUITABLE SYSTEM FOR THE PAYMENT OF MEDICAL SERVICES PURSUANT TO SENATE CONCURRENT RESOLUTION NO. 39 (FILE NO. 101, *STATUTES OF NEVADA 2009)*

23. **Draft legislation** to establish that:

A. An out-of-network hospital must accept for the provision of emergency services and care as payment in full a rate which does not exceed the amount set forth for emergency services and care pursuant to the formula established by federal regulation (see 75 Fed. Reg. 37,233-4 (June 28, 2010)). This rate would apply for any patient who is transported by ambulance or otherwise seeks emergency care (as determined pursuant to EMTALA) at an out-of-network hospital and who has a policy of insurance which covers emergency care at not less than two other hospitals in this State.

B. An out-of-network physician at an out-of-network hospital must accept for emergency services and care, other than services and care required to stabilize a patient, as payment in full a rate which does not exceed the amount set forth for emergency services and care pursuant to the formula established by federal regulation. This rate would apply for any patient who is transported by ambulance or otherwise seeks emergency care (as determined pursuant to EMTALA) at an out-of-network hospital and who has a policy of insurance which covers emergency care by not less than two other physicians who provide emergency services and care at that hospital.

AND

C. An out-of-network physician at an in-network hospital must accept for medical services and care, other than services and care required to stabilize a patient, as payment in full a rate which does not exceed the amount set forth for services and care pursuant to the formula established by federal regulation. This rate would apply for any patient who has a policy of insurance which covers the type of services and care by not less than two other physicians who provide that type of service and care.

This rate would apply if the following criteria are met:

A. The third party that issued the policy of insurance or other contractual agreement which provides coverage to the patient has submitted reports as required in this request;

B. The third party which provides coverage to the patient has, in good faith, participated in negotiations or mediations pursuant to this request and has documented the occurrence and outcome of any negotiations or mediation.

C. The patient has paid the deductible, copayment or coinsurance that the patient would have paid for the provision of health care by an in-network provider;

AND

D. The third party has paid the hospital or physician for the services and care within 60 days after receipt of the bill or, if applicable, within 60 days after the Office for Consumer Health Assistance concludes a mediation between the third party and the hospital.

If an out-of-network hospital or physician believes that the rates are insufficient to compensate the hospital or physician for the services and care, the hospital or physician may enter into negotiations with the third party which provides coverage to the patient to resolve the difference between the amount charged and the amount paid by the third party. If such negotiations do not result in an agreement on the amount that will be paid for services and care, the hospital or physician may file a complaint with the Director of the Office for Consumer Health Assistance and request that the Director mediate to determine the amount that must be paid for such services and care. Require the Director to establish a process for filing and handling complaints and mediate those complaints to determine whether the rates paid are sufficient in a particular circumstance and, if a rate is not sufficient, an acceptable rate that must be paid to the hospital or physician that filed the complaint.

Each third party which wishes for out-of-network hospitals and out-of-network physicians to accept as payment in full the amounts prescribed in this request shall:

A. Review the in-network hospitals and in-network physicians of the third party to determine whether a person who is covered by that policy of insurance or other contractual agreement that provides coverage for health care has adequate access to health care. Require the Commissioner of Insurance to annually study the providers of health care that are included in the networks established by third parties to determine whether those networks are adequate and prescribe standards of adequacy which are based on the results of that study. The Commissioner will

make the findings public and provide a copy to the Legislative Committee on Health Care.

B. Review the frequency with which persons covered by the policy of insurance or treated for emergency services and care by out-of-network physicians at in-network hospitals and the rate at which those services and care are reimbursed by the third party.

C. Ensure that persons covered by the policy of insurance or other contractual agreement that provides coverage for the provision of health care receive adequate information regarding in-network hospitals and in-network physicians and the financial impact of receiving medical services and care from out-of-network hospitals and out-of-network physicians, including, without limitation, the financial impact of receiving services and care from an out-of-network physician on the medical staff of an in-network hospital. The information must be provided in a format that is meaningful for persons making an informed decision concerning medical services and care, and must be accessible to persons covered by the policy of insurance or other contractual agreement.

AND

D. Submit once each calendar quarter to the Commissioner of Insurance and the Legislative Committee on Health Care a summary of the reviews and the educational efforts.

On or before June 30, 2014, the Legislative Committee on Health Care shall review the rate of payment to determine whether providers of health care are being adequately compensated for the provision of services and care. The Legislative Committee on Health Care shall forward to the Assembly Standing Committee on Health and Human Services and the Senate Standing Committee on Health and Education the results of the review and any proposed changes.

Make it effective January 1, 2012 to allow sufficient time for regulations to be adopted. *(Senator Wiener, Chair, based upon materials presented at the May 26, 2010, meeting)*

24. **Draft legislation** to establish payment in one of the following manners for ambulance or walk-in emergency care provided in the hospital until the patient can be safely transported:

A. For hospital payments and physician payments based on the Division of Industrial Relations fee schedule for noncontracted providers OR 200 percent of Medicare, frozen at a payment year (to be determined by the stakeholders) AND include an annual rate of increase based on the Consumer Price Index. Payor pays the

higher rate of the two. Establish a binding mediation process through the Governor's Office for Consumer Health Assistance to determine the payment rate for providers who do not feel that the rates paid are sufficient. Emergency room physicians are exempt from this payment structure for basic evaluation and care management in the emergency room only.

(Bobbette Bond, Legislative Liaison, Health Services Coalition)

OR

B. For hospital payments, require payor to pay the difference between the Usual and Customary Rate charge, as determined by the DHHS (as defined in S.B. 157, First Reprint), and the patients share, determined as though the services were provided in plan. Require payment to be made in 30 days.

(Bill M. Welch, Executive Director and Chief Executive Officer (CEO), Nevada Hospital Association)

25. **Draft legislation** that requires the third-party payor to contract with more than one physician in Nevada who provides the type of service and care provided by the non-contracted physician. In addition, require the third-party payor to contract with more than one hospital in Nevada other than the one to which the patient was transported. The third-party payor must have an adequate contracted hospital and physician provider network as determined by the Division of Insurance.

(Bill M. Welch, Executive Director and CEO, Nevada Hospital Association)

26. **Draft legislation** that requires all participating third-party payors to clearly disclose the scope and limitations of any out-of-network benefit they purport to provide in language that is meaningful to the average consumer. In addition, require disclosure of retail charges by physicians and other health care providers that have not contracted with a patient's health insurer. Also, require the third-party payor to provide consumers with information concerning the provider network that is easily accessible, accurate, and in a format which is meaningful to their decisions.

(Lawrence P. Matheis, Executive Director, Nevada State Medical Association)

27. **Draft legislation** that requires participating third-party payors to provide the State Health Division, the State Division of Insurance, and consumers with information necessary to determine that the provider network includes sufficient numbers of primary care and specialty physician and other health care providers; so that all enrollees will be able to review all covered services in a timely and geographically accessible basis at the preferred, in-network rate.

(Lawrence P. Matheis, Executive Director, Nevada State Medical Association)

28. A. Require the rate established through legislation to be reviewed by the LCHC in 2015 for any needed revisions.

(Bobbette Bond, Legislative Liaison, Health Services Coalition)

OR

29. B. Require the measure to sunset in 2013.
(Bill M. Welch, Executive Director and CEO, Nevada Hospital Association)

PROPOSALS RELATING TO TRACKING AND REPORTING NEAR-MISS EVENTS THAT OCCUR AT MEDICAL FACILITIES IN THIS STATE PURSUANT TO S.B. 319 (CHAPTER 502, *STATUTES OF NEVADA* 2009)

30. **Draft legislation** to require each medical facility that is required to report information pursuant to NRS 439.847 to grant permission for the Health Division to report publicly and in a facility-specific format the information submitted to the National Healthcare Safety Network.
(Senator Valerie Wiener, Chair)

31. **Draft legislation** to require the Health Division to include on the Internet website established and maintained pursuant to NRS 439A.270 the reports of sentinel events which are prepared pursuant to paragraph (c) of subsection 1 of NRS 439.840 and the facility-specific information reported pursuant to NRS 439.847 for each medical facility that has given permission for such reports.
(*Senator Valerie Wiener, Chair*)