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AB 502 – Clinical Trials Amendments

By Jack Kim

1. Clarify after line page 2, line 17 that the provider is a participating provider.

Language reads:

(f) The clinical trial or study is conducted in this state;
(g) The provider of health care and/or the facility performing the medical treatment for the clinical trial is participating in the health insurers' network, and
~~(g)~~ (h) The policyholder or subscriber.....

Rationale:

This was agreed to in the Assembly; however, the first reprint did not contain appropriate language.

2. Include modifying language on page 2, lines 26-27. The language below attempts to qualify the health plans' responsibilities so that we do not have to pay for something the clinical trial usually provides.

Language reads:

2. To the extent the following medical services and treatment are not provided in connection with the approved clinical trial program, the coverage for medical treatment required by this section includes without limitation:

Rationale:

Similar language was agreed to in the Assembly; however, the first reprint did not contain the appropriate language.

This amendment clarifies that a health plans should not pay for things that are already paid for by the clinical trial through grants. This would be the equivalent of being paid twice – the grant pays for certain drugs, devices, and services and then the provider also bills the health plan for the exact same services.

3. Add the following provision to page 3, after line 21 as new subsection (h)

Language reads:

(h) Any costs for the management of the research relating to the clinical trial or study.

Rationale:

This section was contained in the original bill and it appears as if it was erroneously deleted.