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SB 95 – Amendment

Section 1: Scope

When does the provision of this bill apply?

- When a person in an emergency situation is taken by ambulance, which is diverted to a non-contracted hospital and is admitted to that hospital.
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Who does this apply to?

- A patient that is covered by an insurer or payor that has contracts with a major hospital.

Section 2: Payments

A payor or patients payment to a hospital is limited to either a:

- A negotiated rate, but a rate that does not exceed 150% above Medicare.

150% above Medicare:

- The 150% above Medicare was intended to allow a hospital to calculate the appropriate fee with minimal administrative burden.

Section 3: Co-payments/deductibles

- A non-contracted hospital may collect the same co-payment or deductible that a contracted hospital would have received.

Section 4: Regulations

- The Director is required to adopt regulations on how to document when a patient has been diverted.

Section 5: Payors

Type of payors that may receive the protections of this bill:

- A health insurer governed by Title 57,
- State and local governments that provide health care through a program of self-insurance pursuant to NRS 287. This would include the Public Employees Benefit Plan, any state or local government or school trust that provides a program of self-insurance.
- An employer self-insured employee health benefit plan or a union health and welfare trust fund.

What hospitals are impacted?

- A major hospital as defined in NRS 439B115, which include all hospitals in this state that have 200 or more licensed or approved beds, or any hospital in a group of affiliated hospital in a county which have a combined total of 200 or more licensed beds.
- This includes any hospital that may be owned or operated by a federal, state, county or local hospital.

SENATE BILL NO. 95
Amended

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

1. ~~If a~~ A major hospital shall accept payment for services pursuant to section 2, if the major hospital provides inpatient services to ~~an insured~~ patient who is admitted to the major hospital and:

(a) The ~~insured~~ patient was admitted to the major hospital upon diversion from another hospital in this state; ~~because the other hospital lacked sufficient resources to provide the emergency services and care needed by the insured;~~

(b) The ~~insurer~~ payor of the ~~insured~~ patient did not have a current agreement, contract or other arrangement with the major hospital for payment for the inpatient services at the time the patient was diverted; and

(c) The ~~insurer~~ payor of the ~~insured~~ patient had a current agreement, contract or other arrangement with the hospital from which the ~~insured~~ patient was diverted; ~~for payment for the inpatient services at the time the patient was diverted; and~~

~~(d) All other hospitals with whom the insurer had a current agreement, contract or other arrangement for the provision of emergency services and care at the time the patient was diverted that were located within a reasonable distance from the insured also lacked sufficient resources to provide the emergency services and care needed by the insured at the time that the insured was diverted,~~

2. ~~t~~The major hospital shall accept as payment in full for the inpatient services provided to the ~~insured~~ patient pursuant to section 1, the following:

(a) ~~that resulted from that admission, and the insurer of the insured shall pay to the major hospital, a~~ A rate negotiated between the hospital and the ~~insurer~~payor, but

(b) ~~t~~The ~~insurer~~ payor or ~~insured~~ patient is not liable to the major hospital for the inpatient services for more than 150 percent of the amount that Medicare would pay for the inpatient services.

~~2~~3. A major hospital that is subject to the provisions of subsection 1 and 2 may collect the same copayment and deductible from the ~~insured~~ patient that a hospital with whom the ~~insurer of the insured~~ payor had a current agreement, contract or other arrangement for the inpatient services at the time that the services were provided would be authorized to collect from the ~~insured~~ person.

~~3~~4. The Director shall adopt regulations concerning the manner of documenting whether a hospital was on divert when a patient was diverted from that hospital.

~~4~~5. As used in this section:

(a) "Emergency services and care" has the meaning ascribed to it in NRS 439B.410.

(b) "~~Insured~~ Patient" means a person covered by a policy of health insurance issued by a payorn ~~insurer~~.

(c) "~~Insurer~~ Payor" means: ~~has the meaning ascribed to it in NRS 232.550~~

(1) An insurer governed NRS 683A, 689A, 689B, 695A, 695B, 695C, 695D, 695F, 695G, or

(2) A public agency who provides health benefits pursuant to NRS 287; or

(3) An employee health benefit plan where one of the features of the plan is the availability of services from a major hospital.

(d) "Major hospital" includes a major hospital that is operated by a state or local governmental agency.

Sec. 2. This act becomes effective upon passage and approval for the purpose of adopting regulations and on July 1, 2003, for all other purposes.

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