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ASSEMBLY BILL NO. 137—COMMITTEE ON  
GOVERNMENT AFFAIRS

(ON BEHALF OF THE OFFICE OF CONSUMER  
HEALTH ASSISTANCE)

FEBRUARY 14, 2003

Referred to Committee on Government Affairs

SUMMARY—Revises reporting requirements of Bureau for Hospital Patients within Office for Consumer Health Assistance. (BDR 18-474)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: No.

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

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AN ACT relating to the Office of the Governor; revising the requirements for the submission of a report to the Governor and the Director of the Legislative Counsel Bureau concerning the Bureau for Hospital Patients within the Office for Consumer Health Assistance; and providing other matters properly relating thereto.

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

- 1     **Section 1.** NRS 223.575 is hereby amended to read as follows:  
2     223.575 1. The Bureau for Hospital Patients is hereby created  
3 within the Office for Consumer Health Assistance in the Office of  
4 the Governor.  
5     2. The Director:  
6     (a) Is responsible for the operation of the Bureau, which must be  
7 easily accessible to the clientele of the Bureau.  
8     (b) Shall appoint and supervise such additional employees as are  
9 necessary to carry out the duties of the Bureau. The employees of  
10 the Bureau are in the unclassified service of the State.



1 (c) ~~[Shall]~~ *On or before February 1 of each year, shall* submit  
2 a written report ~~[quarterly]~~ to the Governor, and to the *Director of*  
3 *the* Legislative ~~[Committee on Health Care]~~ *Counsel Bureau*  
4 concerning the activities of the Bureau ~~[, including,]~~ *for Hospital*  
5 *Patients for transmittal to the appropriate committee or*  
6 *committees of the Legislature. The report must include,* without  
7 limitation, the number of complaints received by the Bureau, the  
8 number and type of disputes heard, mediated, arbitrated or resolved  
9 through alternative means of dispute resolution by the Director and  
10 the outcome of the mediation, arbitration or alternative means of  
11 dispute resolution.

12 3. The Director may, upon request made by either party, hear,  
13 mediate, arbitrate or resolve by alternative means of dispute  
14 resolution disputes between patients and hospitals. The Director  
15 may decline to hear a case that in his opinion is trivial, without merit  
16 or beyond the scope of his jurisdiction. The Director may hear,  
17 mediate, arbitrate or resolve through alternative means of dispute  
18 resolution disputes regarding:

- 19 (a) The accuracy or amount of charges billed to a patient;  
20 (b) The reasonableness of arrangements made pursuant to  
21 paragraph (c) of subsection 1 of NRS 439B.260; and  
22 (c) Such other matters related to the charges for care provided to  
23 a patient as the Director determines appropriate for arbitration,  
24 mediation or other alternative means of dispute resolution.

25 4. The decision of the Director is a final decision for the  
26 purpose of judicial review.

27 5. Each hospital, other than federal and state hospitals, with 49  
28 or more licensed or approved hospital beds shall pay an annual  
29 assessment for the support of the Bureau. On or before July 15 of  
30 each year, the Director shall notify each hospital of its assessment  
31 for the fiscal year. Payment of the assessment is due on or before  
32 September 15. Late payments bear interest at the rate of 1 percent  
33 per month or fraction thereof.

34 6. The total amount assessed pursuant to subsection 5 for a  
35 fiscal year must be \$100,000 adjusted by the percentage change  
36 between January 1, 1991, and January 1 of the year in which the  
37 fees are assessed, in the Consumer Price Index (All Items) published  
38 by the United States Department of Labor.

39 7. The total amount assessed must be divided by the total  
40 number of patient days of care provided in the previous calendar  
41 year by the hospitals subject to the assessment. For each hospital,  
42 the assessment must be the result of this calculation multiplied by its  
43 number of patient days of care for the preceding calendar year.



1     **Sec. 2.** This act becomes effective upon passage and approval.

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