

**Amendment No. 837**

Assembly Amendment to Assembly Bill No. 6

(BDR 40-380)

**Proposed by:** Assembly Committee on Ways and Means

**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will ADD an appropriation where one does not currently exist in A.B. 6.

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.





ASSEMBLY BILL NO. 6—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 16, 2022

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to the cost of health care. (BDR 40-380)

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

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

AN ACT relating to health care; providing for the establishment of a health care cost growth benchmark for each year as a target for the maximum growth of total health care spending during that year; requiring certain state agencies to collaborate to develop and engage relevant persons and entities to implement strategies for meeting the health care cost growth benchmark; requiring certain insurers to report information relating to health care spending in this State; requiring the Director of the Department of Health and Human Services to publish an annual report concerning health care spending in this State; requiring the Patient Protection Commission within the Office of the Director to make certain recommendations concerning the health care cost growth benchmark and hold an annual informational public hearing concerning health care spending in this State; making an appropriation and authorizing certain expenditures; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law: (1) creates the Patient Protection Commission within the Office of the Director of the Department of Health and Human Services; and (2) requires the Commission to perform certain duties relating to the provision of health care in this State. Such duties include conducting a systematic review of issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care in this State. (NRS 439.902-439.918) In 2021, the Governor issued Executive Order 2021-29, which establishes targets, known as health care cost growth targets, for the growth of spending on health care for each year, beginning in 2022 and ending in 2026. Executive Order 2021-29 requires the Division of Insurance of the Department of Business and Industry, the Department of Health and Human Services and other relevant state agencies to engage relevant parties to develop strategies to meet those targets and monitor and publish certain reports concerning the growth of health care spending. (Executive Order 2021-29 (12-27-2021))

**Sections 3-9** of this bill define terms relevant to health care cost growth benchmarks. **Section 10** of this bill requires the Director of the Department to annually establish a health

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15 care cost growth benchmark for the immediately following year in an amount equal to the  
 16 health care cost growth target established by the Governor in Executive Order 2021-29.  
 17 Beginning in 2026 and every 5 years thereafter: (1) **section 13** of this bill requires the  
 18 Commission to establish and submit to the Director recommendations for health care cost  
 19 growth benchmarks for each of the immediately following 5 years; and (2) **section 18** of this  
 20 bill requires the Director to consider those recommendations and establish the health care cost  
 21 growth benchmark for each of those years. **Section 13** authorizes the Commission to  
 22 recommend that the Director modify the health care cost growth benchmark or the manner in  
 23 which the growth in health care spending relative to the health care cost growth benchmark is  
 24 assessed, if the Commission determines that economic conditions warrant the modification.  
 25 **Section 10** authorizes the Director to modify the health care cost growth benchmark in  
 26 response to such a recommendation. **Section 10** requires the Department, the Division of  
 27 Insurance of the Department of Business and Industry and other relevant state agencies to  
 28 collaborate to develop and engage relevant persons and entities to implement strategies for  
 29 meeting the health care cost growth benchmark.

30 **Section 11** of this bill requires insurers to report to the Director certain data prescribed by  
 31 regulation of the Director relating to health care spending. **Section 11** also requires the  
 32 Director to request certain information relating to health care spending from the Federal  
 33 Government. **Section 12** of this bill requires the Director to compile and submit to the  
 34 Governor and the Legislature an annual report of certain data and analysis relating to health  
 35 care spending in this State that is based on the data collected from insurers pursuant to **section**  
 36 **11**. **Section 12** requires the report to include the rate of growth in total health care spending  
 37 compared to the applicable health care cost growth benchmark. Beginning in 2025, **section 14**  
 38 of this bill requires the Commission to annually: (1) hold an informational public hearing to  
 39 compare the rate of growth in total health care spending in the most recent year for which  
 40 such information is available to the health care cost growth benchmark for that year; and (2)  
 41 compile and submit to the Governor, the Director and the Legislature a report of  
 42 recommendations for strategies to assist the health care system in this State in meeting the  
 43 health care cost growth benchmark.

44 Existing law requires the Commission to examine the cost of health care and the primary  
 45 factors impacting those costs as part of its systemic review of issues relating to health care in  
 46 this State. (NRS 439.916) **Section 15** of this bill requires that examination to include an  
 47 examination of the information contained in the report compiled by the Director pursuant to  
 48 **section 12**. **Sections 16 and 17** of this bill make conforming changes to clarify that the  
 49 activities of the Commission prescribed by **sections 13 and 14** are part of the duties of the  
 50 Commission. **Section 18.5 of this bill makes an appropriation to the Division of Health**  
 51 **Care Financing and Policy of the Department of Health and Human Services and**  
 52 **authorizes certain related expenditures to carry out the provisions of this bill.**

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

1 **Section 1.** Chapter 439 of NRS is hereby amended by adding thereto the  
 2 provisions set forth as sections 2 to 14, inclusive, of this act.

3 **Sec. 2.** *As used in sections 2 to 14, inclusive, of this act, unless the context*  
 4 *otherwise requires, the words and terms defined in sections 3 to 9, inclusive, of*  
 5 *this act have the meanings ascribed to them in those sections.*

6 **Sec. 3.** *“Commission” means the Patient Protection Commission created by*  
 7 *NRS 439.908.*

8 **Sec. 4.** *“Covered person” means a policyholder, subscriber, enrollee or*  
 9 *other person covered by a third party.*

10 **Sec. 5.** *“Health care cost growth benchmark” means a percentage*  
 11 *established by the Director pursuant to section 10 of this act as the target*  
 12 *maximum amount for the growth of total health care spending in this State*  
 13 *during a calendar year.*

1       **Sec. 6.** *“Health care provider entity” means an organized group of*  
2 *providers of health care that:*

- 3       1. *Is treated as a single entity for the purpose of contracting or billing;*  
4       2. *Includes at least one provider of primary care; and*  
5       3. *Provides care to a sufficient number of persons to participate in*  
6 *contracting based on the total cost of providing care to a group of covered*  
7 *persons, even if they are not engaged in such a contract.*

8       **Sec. 7.** *“Provider of health care” has the meaning ascribed to it in NRS*  
9 *629.031.*

10       **Sec. 8.** *“Third party” means:*

- 11       1. *An insurer, as that term is defined in NRS 679B.540;*  
12       2. *A health benefit plan, as that term is defined in NRS 687B.470, for*  
13 *employees which provides coverage for health care or prescription drugs;*  
14       3. *A participating public agency, as that term is defined in NRS 287.04052,*  
15 *and any other local governmental agency of the State of Nevada which provides a*  
16 *system of health insurance for the benefit of its officers and employees, and the*  
17 *dependents of officers and employees, pursuant to chapter 287 of NRS; or*  
18       4. *Any other insurer or organization providing coverage or benefits for*  
19 *health care or prescription drugs in accordance with state or federal law.*  
20       ↳ *The term does not include an insurer that provides coverage under a policy of*  
21 *casualty or property insurance.*

22       **Sec. 9.** *“Total health care spending” means the sum of all spending on*  
23 *health care in this State, or for a particular market, third party or health care*  
24 *provider entity, during a calendar year, including, without limitation:*

- 25       1. *Money paid to providers of health care;*  
26       2. *Cost sharing paid by covered persons; and*  
27       3. *The difference between premiums paid to third parties and benefits*  
28 *provided by third parties, including, without limitation:*  
29       (a) *Expenditures by third parties for advertising, commissions,*  
30 *administrative costs and other operating costs;*  
31       (b) *Net additions or subtractions from reserves, rate credits and dividends;*  
32       (c) *Premium taxes; and*  
33       (d) *Profits or losses.*

34       **Sec. 10.** 1. *On or before July 1 of each year, the Director shall:*

35       (a) *Establish the health care cost growth benchmark for the immediately*  
36 *following year in an amount equal to the health care cost growth target*  
37 *established by the Governor in Executive Order 2021-29, issued on December 27,*  
38 *2021; and*

39       (b) *Post the health care cost growth benchmark on an Internet website*  
40 *maintained by the Department.*

41       2. *The Director may modify the health care cost growth benchmark in*  
42 *response to a recommendation from the Commission pursuant to subsection 3 of*  
43 *section 13 of this act.*

44       3. *The Department, the Division of Insurance of the Department of*  
45 *Business and Industry and any other relevant agencies of the Executive Branch*  
46 *of the State Government shall collaborate to develop and engage relevant persons*  
47 *and entities to implement strategies for meeting the health care cost growth*  
48 *benchmark that are practicable and based on evidence and data.*

49       **Sec. 11.** 1. *Except as otherwise provided in subsection 3, on or before*  
50 *August 15 of each year, each third party shall report to the Director the*  
51 *aggregated data prescribed by regulation of the Director, in the form prescribed*  
52 *by the Director, for at least the immediately preceding 2 years. The regulations*  
53 *adopted pursuant to this section must:*

1           (a) *Require a third party to report such information as necessary to compile*  
2 *the report described in section 12 of this act and include, without limitation, data*  
3 *concerning expenditures by third parties acting on behalf of self-insured*  
4 *employers; and*

5           (b) *For the purposes of reporting the information described in section 12 of*  
6 *this act relating to primary care and giving consideration to approaches used by*  
7 *other states and national organizations, prescribe:*

8               (1) *Categories of providers of health care who are considered to be*  
9 *providers of primary care;*

10               (2) *Specific codes used in generally accepted coding systems for billing in*  
11 *health care that correspond to procedures that are deemed to be primary care;*  
12 *and*

13               (3) *Categories of payments and practices relating to payment, including,*  
14 *without limitation, payment that is not based on claims, that should be included*  
15 *when calculating spending on primary care.*

16           2. *A provider of health coverage for federal employees, a provider of health*  
17 *coverage that is subject to the Employee Retirement Income Security Act of 1974*  
18 *or the administrator of a Taft-Hartley trust formed pursuant to 29 U.S.C. §*  
19 *186(c)(5) are not required to but may submit the data prescribed by the Director*  
20 *pursuant to this section.*

21           3. *The Director shall annually submit to the Centers for Medicare and*  
22 *Medicaid Services of the United States Department of Health and Human*  
23 *Services a request for information relating to the unadjusted total medical*  
24 *expenses of residents of this State.*

25           **Sec. 12.** *1. On or before March 31 of each year, the Director shall*  
26 *compile a report concerning health care spending in this State that is based on*  
27 *the data reported pursuant to section 11 of this act in the immediately preceding*  
28 *year and submit the report to the Governor and the Director of the Legislative*  
29 *Counsel Bureau for transmittal to:*

30               (a) *The Joint Interim Standing Committee on Health and Human Services;*  
31 *and*

32               (b) *In even-numbered years, the next regular session of the Legislature.*

33               2. *The report compiled pursuant to subsection 1 must include, for the*  
34 *immediately preceding year:*

35               (a) *The total health care spending for this State and the rate of growth of*  
36 *total health care spending compared to the applicable health care cost growth*  
37 *benchmark;*

38               (b) *The rate of growth in total health care spending by market for each*  
39 *market listed in subsection 3 and the rate of growth in total health care spending*  
40 *for each such market compared to the applicable health care cost growth*  
41 *benchmark;*

42               (c) *A specific identification of each third party that reported information*  
43 *pursuant to section 11 of this act and, for each such third party, the rate of*  
44 *growth of total health care spending by the third party for each market listed in*  
45 *subsection 3 in which the third party operates compared to the applicable health*  
46 *care cost growth benchmark;*

47               (d) *A specific identification of each health care provider entity for which*  
48 *information was reported pursuant to section 11 of this act and, for each such*  
49 *health care provider entity, the rate of growth of total health care spending*  
50 *compared to the applicable health care cost growth benchmark;*

51               (e) *The net cost of private health insurance provided by each third party that*  
52 *issues such insurance for each market listed in subsection 3 in which the third*  
53 *party operates;*

1       (f) *Total spending on primary care as a percentage of total health care*  
2 *spending;*

3       (g) *The rate of growth in total spending on primary care;*

4       (h) *The average monthly spending for each covered person on commercial*  
5 *health insurance premiums;*

6       (i) *The rate of growth in health insurance premiums for each market listed*  
7 *in subsection 3 and each third party that reported information pursuant to section*  
8 *11 of this act;*

9       (j) *The average monthly spending for each covered person on cost sharing;*

10       (k) *The rate of growth in cost sharing for each market listed in subsection 3*  
11 *and each third party that reported information pursuant to section 11 of this act;*

12       (l) *An analysis of the drivers of growth in health care spending for different*  
13 *categories of services, including, without limitation, the relative contribution of*  
14 *utilization and price on the rate of growth; and*

15       (m) *Any information necessary to provide context for the information*  
16 *described in paragraphs (a) to (l), inclusive, including, without limitation:*

17           (1) *The impact of the rate of inflation;*

18           (2) *The impact of health care spending and the growth of such spending*  
19 *on access to health care; and*

20           (3) *Responses to public health crises or other similar emergencies.*

21       3. *The information reported pursuant to paragraphs (b), (c), (e), (i) and (k)*  
22 *of subsection 2 must include:*

23           (a) *The individual commercial insurance market;*

24           (b) *The small group commercial insurance market;*

25           (c) *The large group commercial insurance market;*

26           (d) *The self-insured commercial insurance market;*

27           (e) *Medicaid; and*

28           (f) *Medicare.*

29       4. *Upon receiving the report submitted pursuant to subsection 1, the*  
30 *Governor shall post the report on an Internet website maintained by the*  
31 *Governor.*

32       **Sec. 13.** *1. On or before May 1, 2026, and every 5 years thereafter, the*  
33 *Commission shall establish and submit to the Director recommendations for*  
34 *health care cost growth benchmarks for each of the immediately following 5*  
35 *years and any information or analysis used to inform the recommendations. In*  
36 *developing such recommendations, the Commission shall consider:*

37           (a) *Any historical or forecasted changes in median per capita income in this*  
38 *State and the rate of growth in potential gross state product;*

39           (b) *The rate of inflation;*

40           (c) *The most recent annual report compiled by the Director pursuant to*  
41 *section 12 of this act; and*

42           (d) *Input from the public.*

43       2. *To solicit input from the public pursuant to paragraph (d) of subsection*  
44 *1, the Commission may:*

45           (a) *Hold a public hearing;*

46           (b) *Convene an advisory committee consisting of such members as are*  
47 *appointed by the Commission; or*

48           (c) *Conduct any other activities that the Commission determines to be useful*  
49 *in soliciting public input.*

50       3. *The Commission may submit to the Director a recommendation to modify*  
51 *a health care cost growth benchmark or the manner in which the Director*  
52 *assesses the rate of growth in health care spending relative to the health care cost*

1 *growth benchmark, if the Commission determines that economic conditions,*  
2 *including, without limitation, the rate of inflation, warrant the modification.*

3 4. *As used in this section, "potential gross state product" means the sum of*  
4 *the expected percentage of growth in the productivity of the national labor force,*  
5 *the expected percentage of growth in the labor force of this State and the*  
6 *expected national rate of inflation, minus the expected percentage of growth in*  
7 *population of this State.*

8 **Sec. 14.** 1. *On or before June 30 of each year, the Commission shall hold*  
9 *an informational public hearing to compare the rate of growth in total health*  
10 *care spending in the most recent year for which such information is available to*  
11 *the health care cost growth benchmark for that year. The hearing must include,*  
12 *without limitation, an examination of:*

13 (a) *The report compiled by the Director pursuant to section 12 of this act for*  
14 *the applicable year;*

15 (b) *The spending of health care provider entities and third parties including,*  
16 *without limitation:*

17 (1) *Trends in the cost of providing health care;*

18 (2) *The factors contributing to the cost of providing health care; and*

19 (3) *Spending on primary care as a percentage of total medical expenses;*

20 *and*

21 (c) *Any other matters deemed relevant by the Commission.*

22 2. *On or before September 1 of each year, the Commission shall:*

23 (a) *Compile a report of recommendations for strategies to assist the health*  
24 *care system in this State, including, without limitation, health care provider*  
25 *entities and third parties, in meeting the health care cost growth benchmark; and*

26 (b) *Submit the report to the Governor, the Director of the Department and*  
27 *the Director of the Legislative Counsel Bureau for transmittal to:*

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

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

31 3. *When compiling a report pursuant to subsection 2, the Commission shall*  
32 *examine, without limitation, data and findings from:*

33 (a) *The report most recently compiled by the Director pursuant to section 12*  
34 *of this act; and*

35 (b) *The most recent informational public hearing held pursuant to*  
36 *subsection 1.*

37 **Sec. 15.** NRS 439.916 is hereby amended to read as follows:

38 439.916 1. The Commission shall systematically review issues related to the  
39 health care needs of residents of this State and the quality, accessibility and  
40 affordability of health care, including, without limitation, prescription drugs, in this  
41 State. The review must include, without limitation:

42 (a) *Comprehensively examining the system for regulating health care in this*  
43 *State, including, without limitation, the licensing and regulation of health care*  
44 *facilities and providers of health care and the role of professional licensing boards,*  
45 *commissions and other bodies established to regulate or evaluate policies related to*  
46 *health care.*

47 (b) *Identifying gaps and duplication in the roles of such boards, commissions*  
48 *and other bodies.*

49 (c) *Examining the cost of health care and the primary factors impacting those*  
50 *costs **H**, including, without limitation, by examining the information contained*  
51 *in the report compiled pursuant to section 12 of this act.*



1 (d) Examining disparities in the quality and cost of health care between  
2 different groups, including, without limitation, minority groups and other distinct  
3 populations in this State.

4 (e) Reviewing the adequacy and types of providers of health care who  
5 participate in networks established by health carriers in this State and the  
6 geographic distribution of the providers of health care who participate in each such  
7 network.

8 (f) Reviewing the availability of health benefit plans, as defined in NRS  
9 687B.470, in this State.

10 (g) Reviewing the effect of any changes to Medicaid, including, without  
11 limitation, the expansion of Medicaid pursuant to the Patient Protection and  
12 Affordable Care Act, Public Law 111-148, on the cost and availability of health  
13 care and health insurance in this State.

14 (h) If a data dashboard is established pursuant to NRS 439.245, using the data  
15 dashboard to review access by different groups and populations in this State to  
16 services provided through telehealth and evaluating policies to make such access  
17 more equitable.

18 (i) Reviewing proposed and enacted legislation, regulations and other changes  
19 to state and local policy related to health care in this State.

20 (j) Researching possible changes to state or local policy in this State that may  
21 improve the quality, accessibility or affordability of health care in this State,  
22 including, without limitation:

23 (1) The use of purchasing pools to decrease the cost of health care;

24 (2) Increasing transparency concerning the cost or provision of health care;

25 (3) Regulatory measures designed to increase the accessibility and the  
26 quality of health care, regardless of geographic location or ability to pay;

27 (4) Facilitating access to data concerning insurance claims for medical  
28 services to assist in the development of public policies;

29 (5) Resolving problems relating to the billing of patients for medical  
30 services;

31 (6) Leveraging the expenditure of money by the Medicaid program and  
32 reimbursement rates under Medicaid to increase the quality and accessibility of  
33 health care for low-income persons; and

34 (7) Increasing access to health care for uninsured populations in this State,  
35 including, without limitation, retirees and children.

36 (k) Monitoring and evaluating proposed and enacted federal legislation and  
37 regulations and other proposed and actual changes to federal health care policy to  
38 determine the impact of such changes on the cost of health care in this State.

39 (l) Evaluating the degree to which the role, structure and duties of the  
40 Commission facilitate the oversight of the provision of health care in this State by  
41 the Commission and allow the Commission to perform activities necessary to  
42 promote the health care needs of residents of this State.

43 (m) Making recommendations to the Governor, the Legislature, the  
44 Department of Health and Human Services, local health authorities and any other  
45 person or governmental entity to increase the quality, accessibility and affordability  
46 of health care in this State, including, without limitation, recommendations  
47 concerning the items described in this subsection.

48 2. The Commission may request that any state or local governmental entity  
49 submit not more than two reports each year containing or analyzing information  
50 that is not confidential by law concerning the cost of health care, consolidation  
51 among entities that provide or pay for health care or other issues related to access to  
52 health care. To the extent that a governmental entity from which such a report is  
53 requested has the resources to compile the report and the disclosure of the

1 information requested is authorized by the Health Insurance Portability and  
2 Accountability Act of 1996, Public Law 104-191, the governmental entity shall  
3 provide the report to the Executive Director of the Commission and submit a copy  
4 of the report to the Attorney General.

5 3. If a data dashboard is established pursuant to NRS 439.245, the  
6 Commission shall make available on an Internet website maintained by the  
7 Commission a hyperlink to the data dashboard.

8 4. As used in this section:

9 (a) "Health carrier" has the meaning ascribed to it in NRS 687B.625.

10 (b) "Network" has the meaning ascribed to it in NRS 687B.640.

11 (c) "Telehealth" has the meaning ascribed to it in NRS 629.515.

12 **Sec. 16.** NRS 439.918 is hereby amended to read as follows:

13 439.918 1. In addition to conducting the review described in NRS 439.916  
14 ~~and~~ *and performing the duties described in section 13 of this act*, the Commission  
15 shall:

16 (a) Attempt to identify and facilitate collaboration between existing state  
17 governmental entities that study or address issues relating to the quality,  
18 accessibility and affordability of health care in this State, including, without  
19 limitation, the regional behavioral health policy boards created by NRS 433.429;

20 (b) Attempt to coordinate with such entities to reduce any duplication of efforts  
21 among and between those entities and the Commission;

22 (c) Establish, submit to the Director and annually update a plan to increase  
23 access by patients to their medical records and provide for the interoperability of  
24 medical records between providers of health care in accordance with the  
25 requirements of the Health Insurance Portability and Accountability Act of 1996,  
26 Public Law 104-191, and any other applicable federal law or regulations; and

27 (d) Make recommendations to the Director and the Legislature concerning:

28 (1) The analysis and use of data to improve access to and the quality of  
29 health care in this State, including, without limitation, using data to establish  
30 priorities for addressing health care needs; and

31 (2) Ensuring that data concerning health care in this State is publicly  
32 available and transparent.

33 2. On or before January 1 and July 1 of each year, the Commission shall:

34 (a) Compile a report describing the meetings of the Commission and the  
35 activities of the Commission during the immediately preceding 6 months. The  
36 report must include, without limitation, a description of any issues identified as  
37 negatively impacting the quality, accessibility or affordability of health care in this  
38 State and any recommendations for legislation, regulations or other changes to  
39 policy or budgets to address those issues.

40 (b) Submit the report to the Governor and the Director of the Legislative  
41 Counsel Bureau for transmittal to:

42 (1) In January of odd-numbered years, the next regular session of the  
43 Legislature.

44 (2) In all other cases, to the Joint Interim Standing Committee on Health  
45 and Human Services.

46 3. Upon receiving a report pursuant to subsection 2, the Governor shall post  
47 the report on an Internet website maintained by the Governor.

48 4. The Commission may prepare and publish additional reports on specific  
49 topics at the direction of the Chair.

50 **Sec. 17.** NRS 439.918 is hereby amended to read as follows:

51 439.918 1. In addition to conducting the review described in NRS 439.916  
52 and performing the duties described in ~~section~~ *sections 13 and 14* of this act, the  
53 Commission shall:

1 (a) Attempt to identify and facilitate collaboration between existing state  
2 governmental entities that study or address issues relating to the quality,  
3 accessibility and affordability of health care in this State, including, without  
4 limitation, the regional behavioral health policy boards created by NRS 433.429;

5 (b) Attempt to coordinate with such entities to reduce any duplication of efforts  
6 among and between those entities and the Commission;

7 (c) Establish, submit to the Director and annually update a plan to increase  
8 access by patients to their medical records and provide for the interoperability of  
9 medical records between providers of health care in accordance with the  
10 requirements of the Health Insurance Portability and Accountability Act of 1996,  
11 Public Law 104-191, and any other applicable federal law or regulations; and

12 (d) Make recommendations to the Director and the Legislature concerning:

13 (1) The analysis and use of data to improve access to and the quality of  
14 health care in this State, including, without limitation, using data to establish  
15 priorities for addressing health care needs; and

16 (2) Ensuring that data concerning health care in this State is publicly  
17 available and transparent.

18 2. On or before January 1 and July 1 of each year, the Commission shall:

19 (a) Compile a report describing the meetings of the Commission and the  
20 activities of the Commission during the immediately preceding 6 months. The  
21 report must include, without limitation, a description of any issues identified as  
22 negatively impacting the quality, accessibility or affordability of health care in this  
23 State and any recommendations for legislation, regulations or other changes to  
24 policy or budgets to address those issues.

25 (b) Submit the report to the Governor and the Director of the Legislative  
26 Counsel Bureau for transmittal to:

27 (1) In January of odd-numbered years, the next regular session of the  
28 Legislature.

29 (2) In all other cases, to the Joint Interim Standing Committee on Health  
30 and Human Services.

31 3. Upon receiving a report pursuant to subsection 2, the Governor shall post  
32 the report on an Internet website maintained by the Governor.

33 4. The Commission may prepare and publish additional reports on specific  
34 topics at the direction of the Chair.

35 **Sec. 18.** Section 10 of this act is hereby amended to read as follows:

36 Sec. 10. 1. On or before July 1 ~~[of each year.]~~, **2026, and every 5**  
37 **years thereafter**, the Director shall:

38 (a) ~~[Establish]~~ **After considering the recommendations made by the**  
39 **Commission pursuant to subsection 1 of section 13 of this act and any**  
40 **information or analysis used to inform that recommendation, establish**  
41 **the health care cost growth benchmark for each of the immediately**  
42 **following** ~~[year in an amount equal to the health care cost growth target~~  
43 ~~established by the Governor in Executive Order 2021-29, issued on~~  
44 ~~December 27, 2021;]~~ **5 years;** and

45 (b) Post the health care cost growth ~~[benchmark]~~ **benchmarks** on an  
46 Internet website maintained by the Department.

47 2. The Director may modify the health care cost growth ~~[benchmark]~~  
48 **benchmarks** in response to a recommendation from the Commission  
49 pursuant to subsection 3 of section 13 of this act.

50 3. ~~[The]~~ **After considering the recommendations made by the**  
51 **Commission pursuant to section 14 of this act, the** Department, the  
52 Division of Insurance of the Department of Business and Industry and any  
53 other relevant agencies of the Executive Branch of the State Government

shall collaborate to develop and engage relevant persons and entities to implement strategies to meet the health care cost growth ~~benchmark~~ benchmarks that are practicable and based on evidence and data.

**Sec. 18.5. 1. There is hereby appropriated from the State General Fund to the Division of Health Care Financing and Policy of the Department of Health and Human Services for personnel, travel, operating, information services and equipment expenses associated with implementing the provisions of this act the following sums:**

For the Fiscal Year 2023-2024 ..... \$33,768

For the Fiscal Year 2024-2025 ..... \$42,694

**2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2024, and September 19, 2025, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2024, and September 19, 2025, respectively.**

**3. Expenditure of \$33,768 not appropriated from the State General Fund or the State Highway Fund is hereby authorized during Fiscal Year 2023-2024 by the Division of Health Care Financing and Policy of the Department of Health and Human Services for the same purposes as set forth in subsection 1.**

**4. Expenditure of \$42,694 not appropriated from the State General Fund or the State Highway Fund is hereby authorized during Fiscal Year 2024-2025 by the Division of Health Care Financing and Policy of the Department of Health and Human Services for the same purposes as set forth in subsection 1.**

**Sec. 19.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

**Sec. 20. 1.** This section and sections 1 to 13, inclusive, 15, 16 and 19 of this act become effective upon passage and approval.

**2. Section 18.5 of this act becomes effective on July 1, 2023.**

**3.** Sections 14 and 17 of this act become effective on January 1, 2025.

~~3.4~~ **4.** Section 18 of this act becomes effective on January 1, 2026.