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ASSEMBLY BILL NO. 157—ASSEMBLYWOMAN SPIEGEL

PREFILED FEBRUARY 13, 2017

Referred to Committee on Health and Human Services

SUMMARY—Requires a provider of health care or health facility to provide a patient with certain information relating to insurance coverage. (BDR 40-697)

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 health care; requiring a provider of health care or health facility, under certain circumstances, to notify a patient whether the provider or facility is an in-network provider or facility; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 This bill requires a provider of health care or health facility to notify a patient  
2 with health coverage whether the provider or facility is an in-network provider or  
3 facility for the patient at least 48 hours before the provider or facility is scheduled  
4 to provide any nonemergency care and services for which preauthorization is  
5 required.

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

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

3 *1. Except for any services and care provided on an*  
4 *emergency basis, if a provider of health care or health facility is*  
5 *scheduled to provide to a covered patient services and care for*  
6 *which prior authorization is required by a third party that provides*  
7 *coverage to the patient, the provider or health facility shall notify*  
8 *the patient whether the provider or health facility is an in-network*  
9 *provider or health facility before providing the services and care.*

10 *2. The notice required by subsection 1 must be given:*



1 (a) *Not later than 48 hours before the provider or health*  
2 *facility is scheduled to provide the services and care.*

3 (b) *In writing and by telephone, but may be provided by*  
4 *electronic mail or electronic messaging instead of writing if that*  
5 *form of notice is approved by the patient.*

6 3. *If a provider or health facility fails to comply with the*  
7 *provisions of subsections 1 and 2, the provider or health facility*  
8 *shall accept as payment in full for the provision of the applicable*  
9 *care and services a rate that does not exceed the average amount*  
10 *negotiated by the third party with in-network providers or health*  
11 *facilities in this State for the same or similar care and services,*  
12 *excluding any deductible, copayment or coinsurance paid by the*  
13 *patient.*

14 4. *As used in this section:*

15 (a) *“Covered patient” means a patient who is covered by a*  
16 *policy of insurance or other contractual agreement issued by a*  
17 *third party.*

18 (b) *“In-network provider or health facility” means, for a*  
19 *covered patient, a provider of health care or health facility that*  
20 *has entered into a contract with a third party for the provision of*  
21 *health care to persons who are covered by a policy of insurance or*  
22 *other contractual agreement which provides coverage to the*  
23 *patient and is issued by the third party.*

24 (c) *“Provider of health care” or “provider” has the meaning*  
25 *ascribed to it in NRS 629.031.*

26 (d) *“Third party” includes, without limitation:*

27 (1) *An insurer, as defined in NRS 679B.540;*

28 (2) *A health benefit plan, as defined in NRS 689A.540, for*  
29 *employees which provides coverage for emergency services and*  
30 *care from a provider or at a health facility;*

31 (3) *A participating public agency, as defined in NRS*  
32 *287.04052, and any other local governmental agency of the State*  
33 *of Nevada which provides a system of health insurance for the*  
34 *benefit of its officers and employees, and the dependents of such*  
35 *officers and employees, pursuant to chapter 287 of NRS; and*

36 (4) *Any other insurer or organization providing health*  
37 *coverage or benefits in accordance with state or federal law.*

38 **Sec. 2.** This act becomes effective on July 1, 2017.

