



August 21, 2019

Carrie Embree, LSW  
Governor's Consumer Health Advocate  
3416 Goni Road, Bldg. D-132  
Carson City, NV 89706

Dear Carrie: *Carrie*

On behalf of the Nevada Hospital Association, we submit the following comments for consideration in the development of regulations to further enhance the clarity of AB 469.

While we believe that the statute is very explicit in many respects, there are a few areas where the legislature has either directed the development of regulations or where additional clarity could be brought to the act by regulation.

For ease of tracking, we offer language in the same order as the corresponding sections appear in the act.

**Section 14(2)(b). Patient Transfer.**

"If the third party (health benefit plan) is notified by the provider of care that the covered person has stabilized sufficiently for transfer, all responsibility for that patient becomes the obligation of the third party at the time it physical removes that patient or otherwise accepts the responsibility for that covered person. If the third party does not accept responsibility for the transfer of the patient within 24 hours of being notified, the third party will be responsible for all charges incurred in caring for that covered person."

**Section 17(3). Arbitrators**

1. "The Director of DHHS shall maintain a list of persons qualified to arbitrate disputes under this act."
2. "For claims of under \$5000 that list may include employees of the State who have been trained and are qualified to arbitrate disputes and persons identified pursuant to NRS 38.255. For claims in excess of \$5000, the list of eligible persons may include those individuals identified by JAMS, the American Arbitration Association or any other nationally recognized provider of arbitration services."
3. "Upon the written request of an out of network provider, the Director must identify 5 individuals from such lists who have been randomly selected to arbitrate the matters in dispute"

**Section 17(6) Arbitrators Decision**

1. "The arbitrator must choose either the offer made by the third party pursuant to Section 15(2) of this act or the offer made by the provider under Section 17(2).
2. The arbitrator, in making that decision may only consider the two offers and the information offered by either party to the arbitration pursuant to Section 17(5)
3. The arbitrator's decision is confidential and shall be only communicated to the two parties and no one else other than as required to satisfy the reporting requirements under Section 19(1). Any information filed by either party in support of any arbitration is confidential and may not be shared with the other party involved in the arbitration.

**Section 18(2). Covered plans**

“Any health benefit plan not identified by NRS 695G.019 or NRS 287.043 is not covered by this act and no person obtaining benefits from a health benefit plan not covered by this act shall obtain the benefit of this act unless and until that plan notifies DHHS in writing that it intends to be bound by the terms of this act for a period of at least one year. If such a plan notifies DHHS in writing, DHHS shall place the identity of that plan in a list of covered plans maintained on the DHHS website with the inception and expiration date of that eligibility clearly delineated.”

“Any authorized insurer shall indicate on the card issued to its member whether the plan is fully insured under 695G.019 or 287.043 or whether that plan must elect to participate under Section 18 of this act.”

**Section 19. Reporting of information**

Sec. 19 (1) “The arbitrator shall, submit a monthly report to the Director as required by Section 19 of this act by the 7<sup>th</sup> day of the following month.”

Sec. 19 (2) “A provider of health care or a third party

1. “A provider of health care or a third party (health benefit plan) must provide an information requested by DHHS to complete the report of the arbitrator within 30 days of when the request was received.”
2. “A provider of health care or a third party (health benefit plan) may provide any other information relevant to the report of the Department no later than December 31 of the year for which the report is made.”

We appreciate the opportunity to participate in this important process.

Sincerely,



Bill M. Welch  
President/CEO  
Nevada Hospital Association