

Nevada

Constitutional Requirements

There are no constitutional provisions which obligate the state or its local governments to provide for indigents.

Statutory Requirements

State Obligations

There are no significant indigent health care obligations imposed by statute upon the state. However, there are limited obligations under the following sections.

Communicable Disease Control

The Health Division of the Department of Human Resources (“Division”) must prevent, control, treat, and whenever possible ensure the cure of sexually transmitted diseases (“STD”), and may establish and support such clinics and dispensaries as may be necessary to achieving this.¹

If a person who has a sexually transmitted disease is, in the discretion of the health division, unable to afford approved treatment for the disease, the health division may provide medical supplies or direct financial aid to any physician, clinic or dispensary in the state, within the limits of the available appropriations and any other resources, to be used in the patient’s treatment.²

The Division shall control, prevent the spread of, and ensure the treatment and cure of TB, and has the authority to establish and support such clinics as may be necessary to achieve these objectives.³

If a person who has TB is, in the discretion of the health division, unable to afford approved treatment for the disease, the health division may provide medical supplies or direct financial aid to any physician, clinic or dispensary or medical facility, within the limits of the available appropriations and any other resources, to be used in the patient’s treatment.⁴

¹N.R.S. §§ 441A.240, 441A.250 [Michie 1996].

²N.R.S. § 441A.260 [Michie 1996].

³N.R.S. §§ 441A.340, 441A.350 [Michie 1996].

⁴N.R.S. § 441A.360 [Michie 1996].

The Division may establish such dispensaries, pharmacies or clinics for outpatient care as may be necessary for the care and treatment of persons with HIV or AIDS, and provide those institutions with financial or other assistance.⁵

Children's Health Insurance Plan

The director of the Department of Human Resources is required to establish and administer a program for the provision of health insurance coverage to children whose parents (or guardians) are unable to provide such insurance themselves.⁶ This program seems to have no funding other than the authorization for the Director to receive and spend such grants or gifts given to the program by any public or private entity.⁷ So far there are neither statutory provisions nor administrative regulations which describe the program in any more detail than stated here.

Drug & Alcohol Abuse ("DAA") Treatment

The State Health Division of the Department of Human Resources has a broad mandate to promote public welfare by developing and operating, within the limits of available funding, drug rehabilitation centers.⁸ To "the extent of their ability," the patients, their estates, or their legally responsible relatives are liable for treatment costs.⁹

DAA Court Diversion with Ability-to-Pay Provision

Subject to some conditions, a person with an alcohol or drug abuse problem who is convicted of a crime may request that the court commit her or him to a treatment program.¹⁰ To the extent of the individual's resources, she or he is responsible for the treatment costs. For those substantially unable to pay, the court shall locate a state or federally funded program which would provide subsidized treatment.¹¹

DAA Center Receiving Federal or State Funds Must Admit All

People with alcohol or drug abuse problems shall be admitted to public or private general medical hospitals which receive federal or state funds for alcohol and drug abuse programs, and shall be treated in

⁵N.R.S. § 441A.330 [Michie 1996].

⁶N.R.S. § 432A.300 [Michie 1996].

⁷N.R.S. § 432A.310 [Michie 1996].

⁸N.R.S. §§ 453.600 through 453.730 [Michie 1996].

⁹N.R.S. § 453.710 [Michie 1996].

¹⁰N.R.S. §§ 458.300, 453.580 [Michie 1996].

¹¹N.R.S. §§ 458.320, 453.580(4); *see* N.R.S. § 458.091, described in the following section.

such hospitals on the basis of their medical need.¹² Violators shall have their state or federal assistance terminated.¹³

County Obligations

Mandatory

To the extent a county is able to levy taxes, it must provide care, support and relief to Nevada residents¹⁴ (and any non-residents falling sick within the county) who are poor, indigent, or incapacitated by age, disease or accident, if they are without the means to pay for the services themselves, have no relatives who will help them, and are not eligible for such comparable assistance as may be available from any other public agency or program.¹⁵ If a county is already supporting a public hospital, however, it is not required to pay out additional funds for care rendered therein to indigent patients.¹⁶

Funding for County Indigent Health Care Programs

The board of county commissioners of each county is instructed by the legislature to fund indigent care by: (1) establishing a real property tax rate of at least 6 but not more than 10 percent¹⁷ (2) levying a 1.5 percent ad valorem tax on real property;¹⁸ (3) levying an additional ad valorem real property tax at a rate, which for counties whose populations are 400,000 or greater shall be 88 percent of the tax rate imposed for indigent care purposes in the fiscal year ending June 30, 1971,¹⁹ and which shall be 104.5 percent of the previous fiscal year's rate for counties whose populations are less than 400,000.²⁰

¹²N.R.S. § 458.091 [Michie 1996].

¹³*Id.*

¹⁴Residency is defined as physical presence within the county plus the simultaneous intention to reside therein, at least for an indefinite period. N.R.S. § 428.020.

¹⁵N.R.S. §§ 428.010, 428.030(1), (2) [Michie 1996].

¹⁶N.R.S. §§ 422.382, 428.010(1) [Michie 1996].

¹⁷N.R.S. § 428.285(1) [Michie 1996].

¹⁸N.R.S. § 428.185 [Michie 1996].

¹⁹N.R.S. § 428.050 [Michie 1996].

²⁰N.R.S. § 428.295 [Michie 1996].

This program is funded through an ad valorem tax on real property, possessory interests and mobile homes.²¹ There is also a state hospital fund which provides for some assistance.²²

Eligibility For Benefits

Persons who meet the standards of eligibility established by the board of county commissioners are *entitled* to receive such relief as provided under this program, but only to the extent funds are available.²³ Eligible applicants are persons lawfully residing within a county who are poor and without other means of obtaining medical assistance. The term “lawfully” of “lawfully resident” is not defined. Residency is defined as physically present within the county, with the intention to stay for some indefinite period.²⁴ Each county may define what “poor” is, including what shall constitute countable income, resources, exemptions and allowances²⁵ However, no county may deny medical assistance to a person living in a household which has a total month’s income of less than: (a) \$438 for a family of one, (2) \$588 for a family of two, and (3) \$588 plus \$150 for each additional person in excess of two for a family of three or more.²⁶

Services Not to be Restricted to the “Employable”

Counties may not deny benefits on the basis that a person may be employable. Although counties may prescribe uniform standards of eligibility for poor, indigent, incompetent, aged, diseased and disabled persons, and can prescribe poverty levels, establish formalities and procedures for applications and disbursement of relief, they may not provide that people who are physically and mentally capable of seeking employment cannot be poor.²⁷

Extended Family Financial Responsible; Recoupment From Beneficiary

To the extent of their present ability, however, the beneficiary’s parents, children, or siblings shall be asked to pay for any hospitalization costs associated with providing for the beneficiary, and if at a later date the beneficiary acquires sufficient financial ability, she or he shall be required to compensate the county for any hospital costs associated with his or her care.²⁸

²¹N.R.S. §§ 428.050, 428.185, 428.285, 428.295, 428.305-345, 450.425.

²²N.R.S. §§ 428.175, 428.382, 428.387.

²³N.R.S. § 428.030(1) [Michie 1996].

²⁴N.R.S. § 428.020 [Michie 1996].

²⁵N.R.S. § 428.015(1) [Michie 1996].

²⁶N.R.S. §§ 439B.310, 428.015 [Michie 1996].

²⁷*Clark County Social Servs. Dep’t v. Newkirk*, 106 Nev. 177, 789 P.2d 227 (1990)

²⁸N.R.S. § 428.070 [Michie 1996].

Scope of Benefits Available under the Program

County medical assistance programs must provide payment for emergency medical care, wherever rendered,²⁹ and all other medically necessary care rendered in medical facilities designated by the county.³⁰ Thus, the county must pay providers who render emergency care to indigents eligible under this program, even if such services were rendered in facilities not designated by the county.³¹

Hospital Care Rendered to Indigents

Major hospitals³² are required to provide at least a thirty percent discount to those persons receiving inpatient care who are without health insurance, and ineligible for any relevant public assistance, who make reasonable payment arrangements³³ with the hospital within 30 days of discharge.³⁴ The patient must receive this discount regardless of any prior payment arrangement, unless such an arrangement results in a lower charge.³⁵

Major hospitals must provide written disclosures about this discount to each patient who informs the hospital before, during or after hospitalization, that he or she neither has neither third party insurance, nor any other means or resources available to pay for inpatient services.³⁶

These provisions apply to all persons regardless of whether or not they are financially indigent prior to receiving the hospital's bill.

²⁹Emergency medical care is defined as care for an urgent medical condition which is likely to result in serious and permanent bodily disability or death if the patient is transported to a medical facility designated by the county. N.R.S. § 428.015(4)(a) [Michie 1996].

³⁰N.R.S. § 428.015 [Michie 1996].

³¹*Washoe County v. Wittenberg*, 100 Nev. 143, 676 P.2d 808 (1984).

³²Major hospitals are hospitals which have 200 or more licensed or approved beds, or any hospital in a group of affiliated hospitals in a county which have a combined total of 200 or more licensed or approved beds, that is not operated by a federal, state or local governmental agency. N.R.S. § 439B.115 [Michie 1996].

³³A reasonable payment arrangement is the greater of (1) \$25.00 or (b) 4% of monthly gross cash income or 25% of monthly gross cash income exceeding 200% of the federal poverty line, whichever is less. N.A.C. § 439B.330.

³⁴N.R.S. § 439B.260 [Michie 1996].

³⁵N.A.C. § 439B.325(3).

³⁶N.A.C. § 439B.325.

Except for the services of interns, residents, pathologists, radiologists, and sometimes anesthesiologists, the hospital charges do not generally include the services of physicians. Thus, the discount available under these provisions may leave the patient exposed to significant financial liability.

Indigent Care Mandate

In counties where there are two or more licensed hospitals, those hospitals having over 100 licensed beds are required to provide a volume of indigent care which represents 0.6 percent of their net revenues of the preceding fiscal year.³⁷ The value of indigent care rendered by the hospital shall be that amount which the county would reimburse the hospital for care under the county's indigent health care program.³⁸

For the purposes of these provisions "indigent" is defined as persons without health insurance and governmental health benefits (such as Medicaid or Medicare), who meet the limitations imposed by the county upon assets and resources, and whose income is less than \$438 for a one-person household, or \$588 for a two-person household.³⁹

The board of commissioners for each county shall require hospitals to submit detailed reports, and until a hospital has met its indigent care obligations it shall be prohibited from receiving any payment from the county for the treatment of eligible indigents.⁴⁰ An appeal process is provided for those hospitals disputing a county's decision that a particular patient was not indigent.⁴¹

Again, as with the discount provision discussed above, the requirement to provide a certain amount of care without charge neither applies to physician and surgeon charges, nor to outpatient hospital charges.

³⁷N.R.S. § 439B.300, 439B.320 [Michie 1996]; N.A.C. §§ 439B.390, 439B.320 [11-94]. The administrative code deviates from the statute in requiring this provision effective against hospitals of 100 beds or more, as opposed to greater than 100 beds. N.A.C. § 439B.390(1) [11-94]. As of July 1, 1992, these provisions applied to the following hospitals. In Clark County: Desert Springs Hosp., Sunrise Hosp. and Med. Ctr., Lake Mead Hosp. and Med. Ctr., Univ. Med. Ctr., and Valley Hosp. Med. Ctr. In Washoe County these provisions applied to: Saint Mary's Rgl. Med. Ctr., Sparks Family Hosp., and Washoe Med. Ctr. N.A.C. § 439B.390(3) [11-94].

³⁸N.R.S. § 439B.320(3) [Michie 1996].

³⁹N.R.S. § 439B.310 [Michie 1996].

⁴⁰N.R.S. § 439B.320(3) [Michie 1996].

⁴¹N.A.C. § 439B.444 through 439B.449 [11-94].

B. Emergency Services

It is unlawful for a hospital, or a physician working in a hospital emergency room, to refuse to accept or treat a patient in need of emergency services and care.⁴² Patients with emergency conditions may not be transferred to other facilities unless such a transfer is medically necessary, or the patient's condition is stable, and both the receiving facility and the patient (or his or her representative) have given their informed consent.⁴³

C. Uncompensated Inpatient Care of Person Injured in Motor Vehicle Accidents

Where the patient does not pay, the county shall compensate hospitals for inpatient care rendered to persons injured in motor vehicle accidents. The hospital must demonstrate that it is unable to collect on the patient's bill, either because it cannot find the patient (or responsible party), or because the person (responsible party) is without assets (judgment proof). The county shall fund this program out of an ad valorem tax of 1.5 percent imposed on property assessed.⁴⁴

Public/County/Municipal Hospitals

Upon approval of the electorate, county commissioners may establish funding for, construct and maintain county (public) hospitals.⁴⁵ Such hospitals are required to provide care to all persons within the county who are in need.⁴⁶ The hospitals, however, have the authority to compel those patients, or those legally responsible for the patient's debts, to pay for services thus rendered.⁴⁷

Public Hospital Conversions

Public hospitals are valuable community assets, particularly to low-income communities. Nevada has taken significant steps toward protecting public hospital assets. Where a public hospital is the only hospital within a county, it may be conveyed or leased for up to 50 years to any corporation only if the following provisions are met.⁴⁸

- a. The purchasing/leasing corporation's articles must provide for an advisory board which broadly represents community concerns.

⁴²N.R.S. § 439B.410 [Michie 1996].

⁴³*Id.*

⁴⁴N.R.S. §§ 428.115 *et seq.* [Michie 1996].

⁴⁵N.R.S. §§ 450.010 *et seq.*

⁴⁶N.R.S. § 450.390 [Michie 1996].

⁴⁷*Id.*

⁴⁸N.R.S. § 450.490 [Michie 1996].

- b. The corporation must contract to
 - i. care for indigent patients at a charge to the county which does not exceed the actual cost of providing that care, and
 - ii. must receive any person falling sick or maimed within the county
- c. If the hospital is conveyed, the corporation must pay the county an amount which is not less than the hospital's appraised value, adjusting for debt.
- d. If the hospital is leased, the lease must require the corporation to reimburse the county over the lease's term the hospital's actual capital investment, adjusting for depreciation and indebtedness.
- e. If any hospital which has been conveyed to a corporation ceases to be used as a hospital, unless the premises so conveyed are sold and the proceeds used to erect or enlarge another hospital for the county, the hospital so conveyed reverts to the ownership of the county.
- f. If any hospital which has been leased to a corporation ceases to be used as a hospital, the lease is terminated.

The requirements for a lease or conveyance to nonprofit organizations are similar to those governing conveyances and leases to "any corporations," except that there is considerably more community and county control left intact. In the case of conveyances, the nonprofit must pay the county an amount equal to the county's actual capital investment, after adjustments, instead of the "appraised value" called for in conveyances to for profit corporations.⁴⁹

⁴⁹N.R.S. § 450.500 [Michie 1996].