



Executive Briefing: Stakeholder Perspectives on AB282, AB290, AB315

Date: April 2025

Prepared for: Legislative and Healthcare Policy Leaders

Subject: Expert Feedback on:

AB282 (Billing Error Resolution)

AB290 (Prior Authorization Reform)

AB315 (Notarized Signature)

AB 282: Billing Error Resolution Procedures

Overview:

AB 282 requires healthcare providers or facilities to review and correct billing errors reported by patients and to refund any confirmed overpayments within 60 days.

Stakeholder Split: Mixed views — majority support in principle, but divided on implementation.

Supportive Stakeholders (Outright or Qualified Approval)

- Supporters cite value in patient protections, accountability, and supporting consumers through the state's Consumer Assistance Program.
- Emphasize improved transparency, faster refunds, and potential cost savings by eliminating billing inaccuracies.

Oppositional Stakeholders (Qualified/Outright Disapproval)

- Detractors raise concerns over disproportionate administrative burdens, potential for unfair provider penalties, and unclear definitions of billing error responsibility.
- The 60-day turnaround is considered unrealistic due to insurance complexity; an extension to 90 days is recommended.

Consensus Recommendations:

- Clarify scope of provider responsibility and ensure billing companies are held accountable.
- Extend timeline for resolution to 90 days.
- Define standard for what constitutes a "billing error" to prevent misuse.



AB 290: Prior Authorization Reform

Overview:

AB 290 modernizes the prior authorization process, requiring timely determinations, transparency in criteria, and clinical relevance in decision-making.

Stakeholder Split: Broad consensus — strong support with technical implementation refinements suggested.

Supportive Stakeholders (Outright or Qualified Approval)

- Stakeholders applaud standardization, shorter decision timelines, and mandatory use of licensed professionals in authorization decisions.
- Highlight expected reductions in treatment delays, improved transparency, and alignment with URAC accreditation standards.

Concerns & Recommendations

- Some note administrative burden and complexity of compliance, especially if standards vary from federal programs like Medicaid/Medicare.

Recommend:

- Requiring like-specialty reviewers for clinical decisions.
- Piloting reforms before statewide rollout.
- Creating standardized forms and processes across all insurers.
- Addressing appeal timelines, external review rights, and medical information submission.

Consensus Recommendation:

Broad support exists for prior authorization reform, but successful implementation hinges on clear regulatory alignment, provider education, and equitable review processes.



AB 315: Notarized Signature Requirement for Medicaid Provider Enrollment

Overview:

Requires identity verification through notarized or digitally validated signatures during Medicaid provider enrollment.

Stakeholder Split: Unanimous support with phased implementation and technical accommodations recommended.

Supportive Stakeholders:

- Seen as a strong fraud prevention measure.
- Cited benefits include reduced misuse of provider identities, enhanced system integrity, and improved trust in Medicaid.

Concerns:

- Some note administrative burden and possible enrollment delays.

Recommendations:

- Phase-in implementation.
- Allow digital alternatives to notarization.
- Provide training and technical assistance to providers.

Cross-Cutting Consideration: Administrative Burden

Across all three bills, stakeholders emphasized the need to:

- Avoid overburdening providers with additional administrative processes.
- Ensure shared responsibility with billing firms and insurers.
- Protect access to care by making compliance practical for small and rural practices.

Strategic Next Steps

1. Amend AB 282 to clarify responsibilities and extend refund window.
2. Align AB 290 with existing UR standards and enforce equitable implementation.
3. Roll out AB 315 gradually with digital support systems.
4. Consider bundling administrative oversight reforms into coordinated legislation with stakeholder engagement.



Conclusion:

AB 282 and AB 290 enjoy general support but need refinements to ensure fair, practical, and enforceable standards. AB 315 is broadly seen as a necessary step to combat Medicaid fraud. Thoughtful implementation and collaborative refinement will be essential for success.

Who is the IPHC?

*The **Interprofessional Healthcare Policy Council (IHPC)** is a visionary alliance of leaders representing Nevada's most influential voices in medicine, public health, law, policy, and healthcare innovation. With more than 300 years of collective experience, the Council brings together a powerful and diverse network of experts working at the intersection of healthcare delivery, system reform, and public policy.*

Our members include:

- *Board-certified physicians and medical executives who have led hospitals, health systems, and state-level clinical programs.*
- *Legal and regulatory specialists with deep expertise in healthcare law, compliance, licensing, and governance.*
- *Public and behavioral health leaders advancing integrated models of care, workforce expansion, and community-based services.*
- *Executives in health IT and data interoperability building scalable, technology-enabled care infrastructure.*
- *Strategists and consultants who shape health plan operations, benefit design, and population health initiatives.*

IHPC is dedicated to fostering a process of inclusive deliberation, ensuring that all unique expertise and perspectives are considered fairly and equitably. At the heart of its mission is a commitment to producing nonpartisan, unbiased recommendations that maximize positive community impact—free from organizational or political influence.

From improving access to behavioral health services and strengthening emergency response systems, to shaping legislation and optimizing care coordination, IHPC members are united by a bold mission: To create actionable, sustainable policy solutions that elevate care delivery and health outcomes across Nevada.

As an interprofessional body, IHPC is uniquely positioned to bridge silos, align stakeholders, and deliver insights