Nevada Strategies to
Prevent Medical Debt

Balance Billing and Short-Term Insurance

The federal No Surprises Act (NSA) protects patients from surprise medical bills (also referred to as "balance bills"), which are unexpected costs from out-of-network providers. Under the federal legislation, patients receiving emergency care or who are unknowingly treated by out-of-network providers during an in-network procedure are only required to pay the in-network cost-sharing amount for services provided. Effective January 1, 2022, the No Surprises Act applies to most health plans but not all care sites and services. States can legislate additional protections for balance bills not covered under the NSA, such as for ground ambulances, or limit the number of short-term, limited duration health plans available in the state, which traditionally cover fewer services putting enrollees at greater risk of incurring balance bills. Strategies examine in this section include:

Prohibitions on Balance Billing for Ground Ambulance Services

Prohibitions on Short-Term, Limited Duration Health Plans

Charity Care and Community Benefit Requirements

This section reviews state laws aimed at preventing medical debt, including mandates for hospitals and health care providers to offer financial assistance policies, screen patients for insurance and charity care eligibility, and inform patients of charity care policies before collecting payment. Strategies examined in this section include:

Mandated Hospital Charity Care

Hospital Charity Care Screening Requirements

Hospital Charity Care Notification Requirements

Hospital Community Benefit Reporting Requirements

Reducing Financial Consequences

This section examines how a state regulates providers' ability to collect medical debt once it has been incurred. States can mitigate the financial harm of medical debt by regulating how and when providers and collection agencies pursue repayment or by limited aggressive collection actions. Strategies examined in this section include:

Mandated Waiting Period Prior to Sending a Bill to Collections

Limits on Liens or Foreclosures due to Medical Debt

Limits on Wage Garnishment due to Medical Debt

Limits on the Amount of Interest Charged to Medical Debt

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	⊗ Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	⊗ Short-term, limited duration health plans are not prohibited or eliminated	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Nevada requires hospitals in counties with two or more licensed hospitals, each with more than 100 beds, to provide charity care to uninsured patients earning below 35% of the federal poverty level and ineligible for public assistance. This currently applies only to hospitals in Clark and Washoe counties. Large hospitals are also required to offer a 30% discount on hospital services to uninsured inpatients who are ineligible for public assistance and make reasonable payment arrangements within 30 days of receiving a notice.
Hospital Charity Care Screening Requirements	State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Large hospitals in Nevada are required to include a notice of available discounts on the first hospital bill sent to the patient after discharge, explaining the criteria for eligibility.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals with more than 100 beds in Nevada are required to annually report community benefit expenses, policies for discounted services to the uninsured, and collection methods to the Nevada Department of Health and Human Services.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Nevada hospitals must wait to begin collection efforts until after submitting a bill to the health insurance company or public program (e.g., Medicaid, CHIP) and receiving a determination on payment. Collection efforts can only begin, and interest may only accrue, 30 days after the responsible party is sent a bill stating the amount owed.
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	Nevada law prohibits hospitals and debt collectors from foreclosing on a patient's home to collect medical debt.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	State consumer protections against wage garnishment exceed federal protections.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Interest on medical debts can be charged at a rate up to the prime rate plus 2%, with adjustments allowed twice a year.

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