ASSEMBLY BILL NO. 163–ASSEMBLYMEN BERMAN, OHRENSCHALL, CHOWNING, FREEMAN, SEGERBLOM, CEGAVSKE, WILLIAMS, TIFFANY, EVANS, GIUNCHIGLIANI, BUCKLEY, DE BRAGA, MCCLAIN, VON TOBEL, ANGLE AND KOIVISTO

FEBRUARY 9, 1999

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain policies of health insurance to include coverage for annual mammograms for certain women under 40 years of age. (BDR 57-622)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets **[**~~omitted material~~**]** is material to be omitted.

AN ACT relating to health insurance; requiring certain policies of health insurance to include coverage for annual mammograms for certain women under 40 years of age; and providing other matters properly relating thereto.

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

Section 1. NRS 689A.0405 is hereby amended to read as follows:

689A.0405 1. A policy of health insurance must provide coverage for benefits payable for expenses incurred for:

(a) An annual cytologic screening test for women 18 years of age or older;

(b) A baseline mammogram for women between **[**~~the ages of~~**]** 35 and 40 **[**~~; and~~**]** ***years of age;***

(c) An annual mammogram for women 40 years of age or older **[**~~.~~**]** ***; and***

(d) An annual mammogram for women under 40 years of age:

(1) Who have a personal history of breast cancer;

(2) Who have a personal history of benign breast disease proven by a biopsy;

(3) Who have a grandmother, mother, sister or daughter who has had breast cancer; or

(4) Who do not give birth before they reach 30 years of age.

2. A policy of health insurance must not require an insured to obtain prior authorization for any service provided pursuant to subsection 1.

3. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1989, has the legal effect of including the coverage required by ***paragraphs (a), (b) and (c) of*** subsection 1, and any provision of the policy or the renewal which is in conflict with ***paragraph (a), (b) or (c) of*** subsection 1 is void.

4. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1997, has the legal effect of including the coverage required by paragraphs (a), (b) and (c) of subsection 1, and subsection 2, and any provision of the policy or the renewal which is in conflict with paragraph (a), (b) or (c) of subsection 1, or subsection 2 is void.

5. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsections 1 and 2, and any provision of the policy or the renewal which is in conflict with subsection 1 or 2 is void.

Sec. 2. NRS 689B.0374 is hereby amended to read as follows:

689B.0374 1. A policy of group health insurance must provide coverage for benefits payable for expenses incurred for:

(a) An annual cytologic screening test for women 18 years of age or older;

(b) A baseline mammogram for women between ~~[the ages of]~~ 35 and 40 ~~[; and]~~ ***years of age;***

(c) An annual mammogram for women 40 years of age or older ~~[.]~~ ***; and***

(d) An annual mammogram for women under 40 years of age:

(1) Who have a personal history of breast cancer;

(2) Who have a personal history of benign breast disease proven by a biopsy;

(3) Who have a grandmother, mother, sister or daughter who has had breast cancer; or

(4) Who do not give birth before they reach 30 years of age.

2. A policy of group health insurance must not require an insured to obtain prior authorization for any service provided pursuant to subsection 1.

3. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1989, has the legal effect of including the coverage required by ***paragraphs (a), (b) and (c) of*** subsection 1, and any provision of the policy or the renewal which is in conflict with ***paragraph (a), (b) or (c) of*** subsection 1 is void.

4. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1997, has the legal effect of including the coverage required by paragraphs (a), (b) and (c) of subsection 1, and subsection 2, and any provision of the policy or the renewal which is in conflict with paragraph (a), (b) or (c) of subsection 1, or subsection 2 is void.

5. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsections 1 and 2, and any provision of the policy or the renewal which is in conflict with subsection 1 or 2 is void.

Sec. 3. NRS 695B.1912 is hereby amended to read as follows:

695B.1912 1. A policy of health insurance issued by a hospital or medical service corporation must provide coverage for benefits payable for expenses incurred for:

(a) An annual cytologic screening test for women 18 years of age or older;

(b) A baseline mammogram for women between ~~[the ages of]~~ 35 and 40 ~~[; and]~~ ***years of age;***

(c) An annual mammogram for women 40 years of age or older ~~[.]~~ ***; and***

(d) An annual mammogram for women under 40 years of age:

(1) Who have a personal history of breast cancer;

(2) Who have a personal history of benign breast disease proven by a biopsy;

(3) Who have a grandmother, mother, sister or daughter who has had breast cancer; or

(4) Who do not give birth before they reach 30 years of age.

2. A policy of health insurance issued by a hospital or medical service corporation must not require an insured to obtain prior authorization for any service provided pursuant to subsection 1.

3. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1989, has the legal effect of including the coverage required by ***paragraphs (a), (b) and (c) of*** subsection 1, and any provision of the policy or the renewal which is in conflict with ***paragraph (a), (b) or (c) of*** subsection 1 is void.

4. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1997, has the legal effect of including the coverage required by paragraphs (a), (b) and (c) of subsection 1, and subsection 2, and any provision of the policy or the renewal which is in conflict with paragraph (a), (b) or (c) of subsection 1, or subsection 2 is void.

5. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsections 1 and 2, and any provision of the policy or the renewal which is in conflict with subsection 1 or 2 is void.

Sec. 4. NRS 695C.1735 is hereby amended to read as follows:

695C.1735 1. A health maintenance plan must provide coverage for benefits payable for expenses incurred for:

(a) An annual cytologic screening test for women 18 years of age or older;

(b) A baseline mammogram for women between ~~[the ages of]~~ 35 and 40 ~~[; and]~~ ***years of age;***

(c) An annual mammogram for women 40 years of age or older ~~[.]~~ ***; and***

(d) An annual mammogram for women under 40 years of age:

(1) Who have a personal history of breast cancer;

(2) Who have a personal history of benign breast disease proven by a biopsy;

(3) Who have a grandmother, mother, sister or daughter who has had breast cancer; or

(4) Who do not give birth before they reach 30 years of age.

2. A health maintenance plan must not require an insured to obtain prior authorization for any service provided pursuant to subsection 1.

3. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1989, has the legal effect of including the coverage required by ***paragraphs (a), (b) and (c) of*** subsection 1, and any provision of the policy or the renewal which is in conflict with ***paragraph (a), (b) or (c) of*** subsection 1 is void.

4. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1997, has the legal effect of including the coverage required by paragraphs (a), (b) and (c) of subsection 1, and subsection 2, and any provision of the policy or the renewal which is in conflict with paragraph (a), (b) or (c) of subsection 1, or subsection 2 is void.

5. A policy subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsections 1 and 2, and any provision of the policy or the renewal which is in conflict with subsection 1 or 2 is void.

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