

SENATE BILL NO. 409—SENATORS TITUS,
WIENER AND WOODHOUSE

MARCH 19, 2007

JOINT SPONSORS: ASSEMBLYWOMEN ALLEN, PARNELL, BUCKLEY,
SMITH, GERHARDT, GANSERT, KIRKPATRICK, KOIVISTO,
LESLIE AND PIERCE

Referred to Committee on Commerce and Labor

SUMMARY—Requires policies of health insurance and health plans to provide coverage for a vaccine to protect against cervical cancer. (BDR 57-1077)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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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 insurance; requiring policies of health insurance to provide coverage for the human papillomavirus vaccine to protect against cervical cancer; requiring the Director of the Department of Health and Human Services to include coverage for the human papillomavirus vaccine in the State Plan for Medicaid; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 **Sections 2 and 5-8** of this bill require policies of individual health insurance,
2 policies of group health insurance, policies of health insurance issued by a hospital
3 or medical service corporation, health maintenance plans and health care plans
4 issued by managed care organizations to provide coverage for expenses incurred for
5 the human papillomavirus vaccine administered to women and girls in this State.
6 The policies of health insurance may not require the insured women and girls to
7 receive prior authorization for the vaccine. The human papillomavirus vaccine is
8 defined as either the currently available Quadrivalent Human Papillomavirus
9 Recombinant Vaccine or any successor it may have which is approved by the Food
10 and Drug Administration for the prevention of the human papillomavirus or
11 cervical cancer. **Section 10** of this bill requires the Public Employees' Benefits
12 Program to include the same coverage in any plan of self-insurance the Program
13 provides. **Section 11** of this bill requires that the Director of the Department of



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14 Health and Human Services include coverage for the human papillomavirus
15 vaccine in the State Plan for Medicaid.

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

1 **Section 1.** NRS 687B.225 is hereby amended to read as
2 follows:

3 687B.225 1. Except as otherwise provided in NRS
4 689A.0405, 689A.0413, 689B.031, 689B.0374, 695B.1912,
5 695B.1914, 695C.1713, 695C.1735 and 695G.170, *and sections 2*
6 *and 5 to 8, inclusive, of this act*, any contract for group, blanket or
7 individual health insurance or any contract by a nonprofit hospital,
8 medical or dental service corporation or organization for dental care
9 which provides for payment of a certain part of medical or dental
10 care may require the insured or member to obtain prior authorization
11 for that care from the insurer or organization. The insurer or
12 organization shall:

13 (a) File its procedure for obtaining approval of care pursuant to
14 this section for approval by the Commissioner; and

15 (b) Respond to any request for approval by the insured or
16 member pursuant to this section within 20 days after it receives the
17 request.

18 2. The procedure for prior authorization may not discriminate
19 among persons licensed to provide the covered care.

20 **Sec. 2.** Chapter 689A of NRS is hereby amended by adding
21 thereto a new section to read as follows:

22 1. *A policy of health insurance must provide coverage for*
23 *benefits payable for expenses incurred for administering the*
24 *human papillomavirus vaccine to women and girls at such ages as*
25 *recommended for vaccination by a competent authority, including,*
26 *without limitation, the Centers for Disease Control and Prevention*
27 *of the United States Department of Health and Human Services,*
28 *the Food and Drug Administration or the manufacturer of the*
29 *vaccine.*

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

33 3. *A policy subject to the provisions of this chapter which is*
34 *delivered, issued for delivery or renewed on or after July 1, 2007,*
35 *has the legal effect of including the coverage required by*
36 *subsection 1, and any provision of the policy or the renewal which*
37 *is in conflict with subsection 1 is void.*

38 4. *For the purposes of this section, "human papillomavirus*
39 *vaccine" means the Quadrivalent Human Papillomavirus*



Recombinant Vaccine or its successor which is approved by the Food and Drug Administration for the prevention of human papillomavirus infection and cervical cancer.

Sec. 3. NRS 689A.040 is hereby amended to read as follows:

689A.040 1. Except as ***otherwise*** provided in subsections 2 and 3, each such policy delivered or issued for delivery to any person in this State must contain the provisions specified in NRS 689A.050 to 689A.170, inclusive, ***and section 2 of this act*** in the words in which the provisions appear, except that the insurer may, at its option, substitute for one or more of the provisions corresponding provisions of different wording approved by the Commissioner which are in each instance not less favorable in any respect to the insured or the beneficiary. Each such provision must be preceded individually by the applicable caption shown, or, at the option of the insurer, by such appropriate individual or group captions or subcaptions as the Commissioner may approve.

2. Each policy delivered or issued for delivery in this State after November 1, 1973, must contain a provision, if applicable, setting forth the provisions of NRS 689A.045.

3. If any such provision is in whole or in part inapplicable to or inconsistent with the coverage provided by a particular form of policy, the insurer, with the approval of the Commissioner, may omit from the policy any inapplicable provision or part of a provision, and shall modify any inconsistent provision or part of a provision in such a manner as to make the provision as contained in the policy consistent with the coverage provided by the policy.

Sec. 4. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ***H, and section 2 of this act.***

Sec. 5. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. A policy of group health insurance must provide coverage for benefits payable for expenses incurred for administering the human papillomavirus vaccine to women and girls at such ages as recommended for vaccination by a competent authority, including, without limitation, the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Food and Drug Administration or the manufacturer of the vaccine.



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

4 3. A policy subject to the provisions of this chapter which is
5 delivered, issued for delivery or renewed on or after July 1, 2007,
6 has the legal effect of including the coverage required by
7 subsection 1, and any provision of the policy or the renewal which
8 is in conflict with subsection 1 is void.

9 4. For the purposes of this section, "human papillomavirus
10 vaccine" means the Quadrivalent Human Papillomavirus
11 Recombinant Vaccine or its successor which is approved by the
12 Food and Drug Administration for the prevention of human
13 papillomavirus infection and cervical cancer.

14 **Sec. 6.** Chapter 695B of NRS is hereby amended by adding
15 thereto a new section to read as follows:

16 1. A policy of health insurance issued by a hospital or
17 medical service corporation must provide coverage for benefits
18 payable for expenses incurred for administering the human
19 papillomavirus vaccine to women and girls at such ages as
20 recommended for vaccination by a competent authority, including,
21 without limitation, the Centers for Disease Control and Prevention
22 of the United States Department of Health and Human Services,
23 the Food and Drug Administration or the manufacturer of the
24 vaccine.

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

29 3. A policy subject to the provisions of this chapter which is
30 delivered, issued for delivery or renewed on or after July 1, 2007,
31 has the legal effect of including the coverage required by
32 subsection 1, and any provision of the policy or the renewal which
33 is in conflict with subsection 1 is void.

34 4. For the purposes of this section, "human papillomavirus
35 vaccine" means the Quadrivalent Human Papillomavirus
36 Recombinant Vaccine or its successor which is approved by the
37 Food and Drug Administration for the prevention of human
38 papillomavirus infection and cervical cancer.

39 **Sec. 7.** Chapter 695C of NRS is hereby amended by adding
40 thereto a new section to read as follows:

41 1. A health maintenance plan must provide coverage for
42 benefits payable for expenses incurred for administering the
43 human papillomavirus vaccine to women and girls at such ages as
44 recommended for vaccination by a competent authority, including,
45 without limitation, the Centers for Disease Control and Prevention



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1 of the United States Department of Health and Human Services,
2 the Food and Drug Administration or the manufacturer of the
3 vaccine.

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

7 3. Any evidence of coverage subject to the provisions of this
8 chapter which is delivered, issued for delivery or renewed on or
9 after July 1, 2007, has the legal effect of including the coverage
10 required by subsection 1, and any provision of the evidence of
11 coverage or the renewal which is in conflict with subsection 1 is
12 void.

13 4. For the purposes of this section, "human papillomavirus
14 vaccine" means the Quadrivalent Human Papillomavirus
15 Recombinant Vaccine or its successor which is approved by the
16 Food and Drug Administration for the prevention of human
17 papillomavirus infection and cervical cancer.

18 **Sec. 8.** Chapter 695G of NRS is hereby amended by adding
19 thereto a new section to read as follows:

20 1. A health care plan issued by a managed care organization
21 must provide coverage for benefits payable for expenses incurred
22 for administering the human papillomavirus vaccine to women
23 and girls at such ages as recommended for vaccination by a
24 competent authority, including, without limitation, the Centers for
25 Disease Control and Prevention of the United States Department
26 of Health and Human Services, the Food and Drug
27 Administration or the manufacturer of the vaccine.

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

31 3. An evidence of coverage for a health care plan subject to
32 the provisions of this chapter which is delivered, issued for
33 delivery or renewed on or after July 1, 2007, has the legal effect of
34 including the coverage required by subsection 1, and any
35 provision of the evidence of coverage or the renewal thereof which
36 is in conflict with subsection 1 is void.

37 4. For the purposes of this section, "human papillomavirus
38 vaccine" means the Quadrivalent Human Papillomavirus
39 Recombinant Vaccine or its successor which is approved by the
40 Food and Drug Administration for the prevention of human
41 papillomavirus infection and cervical cancer.

42 **Sec. 9.** (Deleted by amendment.)



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1 **Sec. 10.** NRS 287.04335 is hereby amended to read as
2 follows:

3 287.04335 If the Board provides health insurance through a
4 plan of self-insurance, it shall comply with the provisions of NRS
5 689B.255, 695G.150, 695G.160, 695G.164, 695G.170, 695G.173,
6 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive,
7 and 695G.405, *and section 8 of this act* in the same manner as an
8 insurer that is licensed pursuant to title 57 of NRS is required to
9 comply with those provisions.

10 **Sec. 11.** Chapter 422 of NRS is hereby amended by adding
11 thereto a new section to read as follows:

12 **1. *The Director shall include in the State Plan for Medicaid a***
13 ***requirement that the State shall pay the nonfederal share of***
14 ***expenses incurred for administering the human papillomavirus***
15 ***vaccine to women and girls at such ages as recommended for***
16 ***vaccination by a competent authority, including, without***
17 ***limitation, the Centers for Disease Control and Prevention of***
18 ***the United States Department of Health and Human Services, the***
19 ***Food and Drug Administration or the manufacturer of the***
20 ***vaccine.***

21 **2. *For the purposes of this section, "human papillomavirus***
22 ***vaccine" means the Quadrivalent Human Papillomavirus***
23 ***Recombinant Vaccine or its successor which is approved by the***
24 ***Food and Drug Administration to be used for the prevention of***
25 ***human papillomavirus infection and cervical cancer.***

26 **Sec. 12.** This act becomes effective on July 1, 2007.

