

SENATE BILL NO. 409—SENATORS TITUS, COFFIN, CARLTON,
HORSFORD, LEE, MATHEWS, NOLAN, RAGGIO, RHOADS,
SCHNEIDER, TOWNSEND, 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—Revises provisions governing insurance coverage for
a vaccine to protect against cervical cancer and
screenings for prostate cancer. (BDR 57-1077)

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

CONTAINS UNFUNDED MANDATE (§§ 9.3, 9.5)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

~

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; requiring certain policies of
health insurance to provide coverage for screenings for
prostate cancer under certain circumstances; and
providing other matters properly relating thereto.

Legislative Counsel's Digest:

- 1 Existing law requires certain public and private health care plans and policies
- 2 of insurance to provide coverage for certain procedures, including colorectal cancer
- 3 screenings, cytological screening tests and mammograms, under certain
- 4 circumstances. (NRS 287.027, 287.04335, 689A.04042, 689A.0405, 689B.0367,
- 5 689B.0374, 695B.1907, 695B.1912, 695C.1731, 695C.1735, 695G.168)



Sections 2, 5, 6, 7 and 8 of this bill require policies of individual health insurance, policies of group health insurance, policies of health insurance issued by a hospital or medical service corporation, health care plans of health maintenance organizations and health care plans issued by managed care organizations to provide coverage for expenses incurred for the human papillomavirus vaccine administered to women and girls in this State. The policies of health insurance may not require the insured women and girls to receive prior authorization for the vaccine. The human papillomavirus vaccine is defined as either the currently available Quadrivalent Human Papillomavirus Recombinant Vaccine or any successor it may have which is approved by the Food and Drug Administration for the prevention of the human papillomavirus or cervical cancer. **Sections 9.3 and 10** of this bill require that plans of self-insurance provided by certain governmental agencies include the same coverage. **Section 11** of this bill requires that the Director of the Department of Health and Human Services include coverage for the human papillomavirus vaccine in the State Plan for Medicaid.

Sections 2.5, 5.5, 6.5, 7.5 and 8.5 of this bill require policies of individual health insurance, policies of group health insurance, policies of health insurance issued by a hospital or medical service corporation, health care plans of health maintenance organizations and health care plans issued by managed care organizations that provide coverage for the treatment of prostate cancer also to provide coverage for screening for prostate cancer under certain circumstances. The policies of health insurance may not require an insured person to obtain prior authorization for the screening. **Sections 9.5 and 10** of this bill require that plans of self-insurance provided by certain governmental agencies include the same coverage.

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

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

687B.225 1. Except as otherwise provided in NRS 689A.0405, 689A.0413, 689B.031, 689B.0374, 695B.1912, 695B.1914, 695C.1713, 695C.1735 and 695G.170, *and sections 2, 2.5, 5, 5.5, 6, 6.5, 7, 7.5, 8 and 8.5 of this act*, any contract for group, blanket or individual health insurance or any contract by a nonprofit hospital, medical or dental service corporation or organization for dental care which provides for payment of a certain part of medical or dental care may require the insured or member to obtain prior authorization for that care from the insurer or organization. The insurer or organization shall:

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

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

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



1 **Sec. 1.9.** Chapter 689A of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 and 2.5 of this act.

3 **Sec. 2.** *1. A policy of health insurance must provide*
4 *coverage for benefits payable for expenses incurred for*
5 *administering the human papillomavirus vaccine to women and*
6 *girls at such ages as recommended for vaccination by a competent*
7 *authority, including, without limitation, the Centers for Disease*
8 *Control and Prevention of the United States Department of Health*
9 *and Human Services, the Food and Drug Administration or the*
10 *manufacturer of the vaccine.*

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

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

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

24 **Sec. 2.5.** *1. A policy of health insurance that provides*
25 *coverage for the treatment of prostate cancer must provide*
26 *coverage for prostate cancer screening in accordance with:*

27 *(a) The guidelines concerning prostate cancer screening*
28 *which are published by the American Cancer Society; or*

29 *(b) Other guidelines or reports concerning prostate cancer*
30 *screening which are published by nationally recognized*
31 *professional organizations and which include current or*
32 *prevailing supporting scientific data.*

33 *2. A policy of health insurance that provides coverage for the*
34 *treatment of prostate cancer must not require an insured to obtain*
35 *prior authorization for any service provided pursuant to*
36 *subsection 1.*

37 *3. A policy of health insurance that provides coverage for the*
38 *treatment of prostate cancer which is delivered, issued for delivery*
39 *or renewed on or after July 1, 2007, has the legal effect of*
40 *including the coverage required by subsection 1, and any*
41 *provision of the policy or the renewal which is in conflict with*
42 *subsection 1 is void.*

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

44 689A.040 1. Except as *otherwise* provided in subsections 2
45 and 3, each such policy delivered or issued for delivery to any



* S B 4 0 9 R 2 *

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

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

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

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

22 689A.330 If any policy is issued by a domestic insurer for
23 delivery to a person residing in another state, and if the insurance
24 commissioner or corresponding public officer of that other state has
25 informed the Commissioner that the policy is not subject to approval
26 or disapproval by that officer, the Commissioner may by ruling
27 require that the policy meet the standards set forth in NRS 689A.030
28 to 689A.320, inclusive *[H], and sections 2 and 2.5 of this act.*

29 **Sec. 4.9.** Chapter 689B of NRS is hereby amended by adding
30 thereto the provisions set forth as sections 5 and 5.5 of this act.

31 **Sec. 5. 1.** *A policy of group health insurance must provide*
32 *coverage for benefits payable for expenses incurred for*
33 *administering the human papillomavirus vaccine to women and*
34 *girls at such ages as recommended for vaccination by a competent*
35 *authority, including, without limitation, the Centers for Disease*
36 *Control and Prevention of the United States Department of Health*
37 *and Human Services, the Food and Drug Administration or the*
38 *manufacturer of the vaccine.*

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

42 **3.** *A policy subject to the provisions of this chapter which is*
43 *delivered, issued for delivery or renewed on or after July 1, 2007,*
44 *has the legal effect of including the coverage required by*



1 *subsection 1, and any provision of the policy or the renewal which*
2 *is in conflict with subsection 1 is void.*

3 4. For the purposes of this section, "human papillomavirus
4 vaccine" means the Quadrivalent Human Papillomavirus
5 Recombinant Vaccine or its successor which is approved by the
6 Food and Drug Administration for the prevention of human
7 papillomavirus infection and cervical cancer.

8 **Sec. 5.5.** 1. A policy of group health insurance that
9 provides coverage for the treatment of prostate cancer must
10 provide coverage for prostate cancer screening in accordance
11 with:

12 (a) The guidelines concerning prostate cancer screening
13 which are published by the American Cancer Society; or

14 (b) Other guidelines or reports concerning prostate cancer
15 screening which are published by nationally recognized
16 professional organizations and which include current or
17 prevailing supporting scientific data.

18 2. A policy of group health insurance that provides coverage
19 for the treatment of prostate cancer must not require an insured to
20 obtain prior authorization for any service provided pursuant to
21 subsection 1.

22 3. A policy of group health insurance that provides coverage
23 for the treatment of prostate cancer which is delivered, issued for
24 delivery or renewed on or after July 1, 2007, has the legal effect of
25 including the coverage required by subsection 1, and any
26 provision of the policy or the renewal which is in conflict with
27 subsection 1 is void.

28 **Sec. 5.9.** Chapter 695B of NRS is hereby amended by adding
29 thereto the provisions set forth as sections 6 and 6.5 of this act.

30 **Sec. 6.** 1. A policy of health insurance issued by a hospital
31 or medical service corporation must provide coverage for benefits
32 payable for expenses incurred for administering the human
33 papillomavirus vaccine to women and girls at such ages as
34 recommended for vaccination by a competent authority, including,
35 without limitation, the Centers for Disease Control and Prevention
36 of the United States Department of Health and Human Services,
37 the Food and Drug Administration or the manufacturer of the
38 vaccine.

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

43 3. A policy subject to the provisions of this chapter which is
44 delivered, issued for delivery or renewed on or after July 1, 2007,
45 has the legal effect of including the coverage required by



1 *subsection 1, and any provision of the policy or the renewal which*
2 *is in conflict with subsection 1 is void.*

3 4. For the purposes of this section, "human papillomavirus
4 vaccine" means the Quadrivalent Human Papillomavirus
5 Recombinant Vaccine or its successor which is approved by the
6 Food and Drug Administration for the prevention of human
7 papillomavirus infection and cervical cancer.

8 **Sec. 6.5.** 1. A policy of health insurance issued by a
9 hospital or medical service corporation that provides coverage for
10 the treatment of prostate cancer must provide coverage for
11 prostate cancer screening in accordance with:

12 (a) The guidelines concerning prostate cancer screening
13 which are published by the American Cancer Society; or

14 (b) Other guidelines or reports concerning prostate cancer
15 screening which are published by nationally recognized
16 professional organizations and which include current or
17 prevailing supporting scientific data.

18 2. A policy of health insurance issued by a hospital or
19 medical service corporation that provides coverage for the
20 treatment of prostate cancer must not require an insured to obtain
21 prior authorization for any service provided pursuant to
22 subsection 1.

23 3. A policy of health insurance issued by a hospital or
24 medical service corporation that provides coverage for the
25 treatment of prostate cancer which is delivered, issued for delivery
26 or renewed on or after July 1, 2007, has the legal effect of
27 including the coverage required by subsection 1, and any
28 provision of the policy or the renewal which is in conflict with
29 subsection 1 is void.

30 **Sec. 6.9.** Chapter 695C of NRS is hereby amended by adding
31 thereto the provisions set forth as sections 7 and 7.5 of this act.

32 **Sec. 7.** 1. A health care plan of a health maintenance
33 organization must provide coverage for benefits payable for
34 expenses incurred for administering the human papillomavirus
35 vaccine to women and girls at such ages as recommended for
36 vaccination by a competent authority, including, without
37 limitation, the Centers for Disease Control and Prevention of
38 the United States Department of Health and Human Services, the
39 Food and Drug Administration or the manufacturer of the
40 vaccine.

41 2. A health care plan of a health maintenance organization
42 must not require an insured to obtain prior authorization for any
43 service provided pursuant to subsection 1.

44 3. Any evidence of coverage subject to the provisions of this
45 chapter which is delivered, issued for delivery or renewed on or



1 *after July 1, 2007, has the legal effect of including the coverage*
2 *required by subsection 1, and any provision of the evidence of*
3 *coverage or the renewal which is in conflict with subsection 1 is*
4 *void.*

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

10 **Sec. 7.5.** 1. A health care plan of a health maintenance
11 organization that provides coverage for the treatment of prostate
12 cancer must provide coverage for prostate cancer screening in
13 accordance with:

14 (a) The guidelines concerning prostate cancer screening
15 which are published by the American Cancer Society; or

16 (b) Other guidelines or reports concerning prostate cancer
17 screening which are published by nationally recognized
18 professional organizations and which include current or
19 prevailing supporting scientific data.

20 2. A health care plan of a health maintenance organization
21 that provides coverage for the treatment of prostate cancer must
22 not require an insured to obtain prior authorization for any
23 service provided pursuant to subsection 1.

24 3. Any evidence of coverage for a health care plan of a health
25 maintenance organization that provides coverage for the treatment
26 of prostate cancer which is delivered, issued for delivery or
27 renewed on or after July 1, 2007, has the legal effect of including
28 the coverage required by subsection 1, and any provision of the
29 evidence of coverage or the renewal which is in conflict with
30 subsection 1 is void.

31 **Sec. 7.6.** NRS 695C.050 is hereby amended to read as follows:

32 695C.050 1. Except as otherwise provided in this chapter or
33 in specific provisions of this title, the provisions of this title are not
34 applicable to any health maintenance organization granted a
35 certificate of authority under this chapter. This provision does not
36 apply to an insurer licensed and regulated pursuant to this title
37 except with respect to its activities as a health maintenance
38 organization authorized and regulated pursuant to this chapter.

39 2. Solicitation of enrollees by a health maintenance
40 organization granted a certificate of authority, or its representatives,
41 must not be construed to violate any provision of law relating to
42 solicitation or advertising by practitioners of a healing art.

43 3. Any health maintenance organization authorized under this
44 chapter shall not be deemed to be practicing medicine and is exempt
45 from the provisions of chapter 630 of NRS.



4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170 to 695C.200, inclusive, *and section 7.5 of this act*, 695C.250 and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694, 695C.1695 and 695C.1731 apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 7.7. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if he finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, *and sections 7 and 7.5 of this act*, or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The State Board of Health certifies to the Commissioner that the health maintenance organization:

(1) Does not meet the requirements of subsection 2 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to



* S B 4 0 9 R 2 *

1 participate in matters relating to the content of programs pursuant to
2 NRS 695C.110;

3 (g) The health maintenance organization has failed to put into
4 effect the system required by NRS 695C.260 for:

5 (1) Resolving complaints in a manner reasonably to dispose
6 of valid complaints; and

7 (2) Conducting external reviews of final adverse
8 determinations that comply with the provisions of NRS 695G.241 to
9 695G.310, inclusive;

10 (h) The health maintenance organization or any person on its
11 behalf has advertised or merchandised its services in an untrue,
12 misrepresentative, misleading, deceptive or unfair manner;

13 (i) The continued operation of the health maintenance
14 organization would be hazardous to its enrollees;

15 (j) The health maintenance organization fails to provide the
16 coverage required by NRS 695C.1691; or

17 (k) The health maintenance organization has otherwise failed to
18 comply substantially with the provisions of this chapter.

19 2. A certificate of authority must be suspended or revoked only
20 after compliance with the requirements of NRS 695C.340.

21 3. If the certificate of authority of a health maintenance
22 organization is suspended, the health maintenance organization shall
23 not, during the period of that suspension, enroll any additional
24 groups or new individual contracts, unless those groups or persons
25 were contracted for before the date of suspension.

26 4. If the certificate of authority of a health maintenance
27 organization is revoked, the organization shall proceed, immediately
28 following the effective date of the order of revocation, to wind up its
29 affairs and shall conduct no further business except as may be
30 essential to the orderly conclusion of the affairs of the organization.
31 It shall engage in no further advertising or solicitation of any kind.
32 The Commissioner may, by written order, permit such further
33 operation of the organization as he may find to be in the best interest
34 of enrollees to the end that enrollees are afforded the greatest
35 practical opportunity to obtain continuing coverage for health care.

36 **Sec. 7.9.** Chapter 695G of NRS is hereby amended by adding
37 thereto the provisions set forth as sections 8 and 8.5 of this act.

38 **Sec. 8. 1. A health care plan issued by a managed care**
39 **organization must provide coverage for benefits payable for**
40 **expenses incurred for administering the human papillomavirus**
41 **vaccine to women and girls at such ages as recommended for**
42 **vaccination by a competent authority, including, without**
43 **limitation, the Centers for Disease Control and Prevention of the**
44 **United States Department of Health and Human Services, the**



1 *Food and Drug Administration or the manufacturer of the*
2 *vaccine.*

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

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

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

17 **Sec. 8.5.** 1. *A health care plan issued by a managed care*
18 *organization that provides coverage for the treatment of prostate*
19 *cancer must provide coverage for prostate cancer screening in*
20 *accordance with:*

21 (a) *The guidelines concerning prostate cancer screening*
22 *which are published by the American Cancer Society; or*

23 (b) *Other guidelines or reports concerning prostate cancer*
24 *screening which are published by nationally recognized*
25 *professional organizations and which include current or*
26 *prevailing supporting scientific data.*

27 2. *A health care plan issued by a managed care organization*
28 *that provides coverage for the treatment of prostate cancer must*
29 *not require an insured to obtain prior authorization for any*
30 *service provided pursuant to subsection 1.*

31 3. *Any evidence of coverage for a health care plan issued by a*
32 *managed care organization that provides coverage for the*
33 *treatment of prostate cancer which is delivered, issued for delivery*
34 *or renewed on or after July 1, 2007, has the legal effect of*
35 *including the coverage required by subsection 1, and any*
36 *provision of the evidence of coverage or the renewal which is in*
37 *conflict with subsection 1 is void.*

38 **Sec. 8.9.** Chapter 287 of NRS is hereby amended by adding
39 thereto the provisions set forth as sections 9.3 and 9.5 of this act.

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

41 **Sec. 9.3.** 1. *If the governing body of any county, school*
42 *district, municipal corporation, political subdivision, public*
43 *corporation or other local governmental agency of the State of*
44 *Nevada provides health insurance through a plan of self-*
45 *insurance, the plan must provide coverage for benefits payable for*



* S B 4 0 9 R 2 *

1 *expenses incurred for administering the human papillomavirus*
2 *vaccine to women and girls at such ages as recommended for*
3 *vaccination by a competent authority, including, without*
4 *limitation, the Centers for Disease Control and Prevention of*
5 *the United States Department of Health and Human Services, the*
6 *Food and Drug Administration or the manufacturer of the*
7 *vaccine.*

8 2. *The plan of self-insurance must not require an insured to*
9 *obtain prior authorization for any service provided pursuant to*
10 *subsection 1.*

11 3. *A plan of self-insurance described in subsection 1 which is*
12 *delivered, issued for delivery or renewed on or after July 1, 2007,*
13 *has the legal effect of including the coverage required by*
14 *subsection 1, and any provision of the plan which is in conflict*
15 *with subsection 1 is void.*

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

21 **Sec. 9.5.** 1. *The governing body of any county, school*
22 *district, municipal corporation, political subdivision, public*
23 *corporation or other local governmental agency of the State of*
24 *Nevada which provides health insurance through a plan of self-*
25 *insurance that provides coverage for the treatment of prostate*
26 *cancer shall provide coverage for prostate cancer screening in*
27 *accordance with:*

28 (a) *The guidelines concerning prostate cancer screening*
29 *which are published by the American Cancer Society; or*

30 (b) *Other guidelines or reports concerning prostate cancer*
31 *screening which are published by nationally recognized*
32 *professional organizations and which include current or*
33 *prevailing supporting scientific data.*

34 2. *A plan of self-insurance that provides coverage for the*
35 *treatment of prostate cancer must not require an insured to obtain*
36 *prior authorization for any service provided pursuant to*
37 *subsection 1.*

38 3. *A plan of self-insurance that provides coverage for the*
39 *treatment of prostate cancer which is offered, delivered, issued for*
40 *delivery or renewed on or after July 1, 2007, has the legal effect of*
41 *including the coverage required by subsection 1, and any*
42 *provision of the plan or the renewal which is in conflict with*
43 *subsection 1 is void.*



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 sections 8 and 8.5 of this act* in the same
8 manner as an insurer that is licensed pursuant to title 57 of NRS is
9 required to 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. 11.5.** The provisions of NRS 354.599 do not apply to any
27 additional expenses of a local government that are related to the
28 provisions of this act.

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

