Amendment No. 441

Assembly Amendment to Assembly Bill No. 145 (BDR 57-1068)

Proposed by: Assembly Committee on Commerce and Labor

Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date
Adopted ☐	Lost ☐	_____	Adopted ☐	Lost ☐	_____
Concurred In ☐	Not ☐	_____	Concurred In ☐	Not ☐	_____
Receded ☐	Not ☐	_____	Receded ☐	Not ☐	_____

EXPLANATION: Matter in (1) ***blue bold italics*** is new language in the original bill; (2) ***green bold italic underlining*** is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) **green bold** is newly added transitory language.

TMC/BJE Date: 4/17/2007

A.B. No. 145—Requiring certain services to be covered by policies of health insurance and health care plans. (BDR 57-1068)

ASSEMBLY BILL NO. 145–ASSEMBLYMAN HARDY

FEBRUARY 22, 2007

Referred to Committee on Commerce and Labor

SUMMARY—~~[Requiring certain services to be covered by policies of]~~ **Revises provisions governing the assignment of benefits for** health insurance **.** ~~[and health care plans.]~~ (BDR 57-1068)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

~

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

AN ACT relating to health insurance; ~~[requiring that a policy of health insurance or a health care plan provide coverage for services provided by certain providers of specialized health care;]~~ **revising provisions governing the assignment of benefits;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

~~[Existing law allows health insurers to require that insured persons obtain prior authorization from the insurer for health care that the insurer may be required to pay for. (NRS 687B.225) Sections 2-6 of this bill require health insurance policies or health care plans to allow a person covered by the policy to have covered access to specialized, in-state health care provided that the cost of the in-state care is not more than the cost of identical, out-of-state care.]~~ **This bill prohibits an insurer or other entity that is obligated to pay benefits for services provided to a person by a hospital or other provider of health care to make such payments directly to the person if the insurer or other entity has notice that the person has assigned the benefits to the hospital or other provider of health care.**

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

Delete existing sections 1 through 6 of this bill and replace with the following new section 1:

Section 1. **Chapter 679A of NRS is hereby amended by adding thereto a new section to read as follows:**

1. Notwithstanding any specific statute to the contrary, an insurer or other entity that is obligated to pay benefits for services provided to a person by a hospital or other provider of health care, or to reimburse a person for the costs of such services, shall not make the payment directly to the person if an itemized statement for the services is submitted to the insurer or other entity which clearly

indicates that the right of the person to those benefits has been assigned to the hospital or other provider of health care.

2. If an insurer or other entity that has notice of such an assignment makes payment directly to the person in violation of subsection 1, the payment:

(a) Does not release the insurer or other entity from liability to pay the hospital or other provider of health care to which the benefits have been assigned; and

(b) Is not a defense to any action by the hospital or other provider of health care against the insurer or other entity to collect the assigned benefits.