

Amendment No. 498

Senate Amendment to Senate Bill No. 409	(BDR 57-1077)
<b>Proposed by:</b> Senator Titus	
<b>Amends:</b> Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date
Adopted	<input type="checkbox"/>	Lost <input type="checkbox"/>	Adopted	<input type="checkbox"/>	Lost <input type="checkbox"/>
Concurred In	<input type="checkbox"/>	Not <input type="checkbox"/>	Concurred In	<input type="checkbox"/>	Not <input type="checkbox"/>
Receded	<input type="checkbox"/>	Not <input type="checkbox"/>	Receded	<input type="checkbox"/>	Not <input type="checkbox"/>

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.

BJE



Date: 4/16/2007

S.B. No. 409—Requires policies of health insurance and health plans to provide coverage for a vaccine to protect against cervical cancer.  
(BDR 57-1077)



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:**

**Sections 2 and 5-8** 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 maintenance plans 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 and 10 of this bill require that plans of self insurance provided by certain governmental agencies include the same coverage.]~~ **Section 10 of this bill requires the Public Employees' Benefits Program to include the same coverage in any plan of self-insurance the Program provides. 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.

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 and 5 to 8, inclusive, 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.

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

*1. A policy of 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.*

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

*4. For the purposes of this section, "human papillomavirus 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

1 approval of the Commissioner, may omit from the policy any inapplicable  
2 provision or part of a provision, and shall modify any inconsistent provision or part  
3 of a provision in such a manner as to make the provision as contained in the policy  
4 consistent with the coverage provided by the policy.

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

6 689A.330 If any policy is issued by a domestic insurer for delivery to a  
7 person residing in another state, and if the insurance commissioner or  
8 corresponding public officer of that other state has informed the Commissioner that  
9 the policy is not subject to approval or disapproval by that officer, the  
10 Commissioner may by ruling require that the policy meet the standards set forth in  
11 NRS 689A.030 to 689A.320, inclusive ~~H~~, and *section 2 of this act*.

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

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

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

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

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

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

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

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

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

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

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

52 *1. A health maintenance plan must provide coverage for benefits payable*  
53 *for expenses incurred for administering the human papillomavirus vaccine to*

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

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

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

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

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

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

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

27 3. An evidence of coverage for a health care plan subject to the provisions  
28 of this chapter which is delivered, issued for delivery or renewed on or after July  
29 1, 2007, has the legal effect of including the coverage required by subsection 1,  
30 and any provision of the evidence of coverage or the renewal thereof which is in  
31 conflict with subsection 1 is void.

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

36 ~~**Sec. 9.** [Chapter 287 of NRS is hereby amended by adding thereto a new  
37 section to read as follows:~~

38 ~~1. If the governing body of any county, school district, municipal  
39 corporation, political subdivision, public corporation or other local governmental  
40 agency of the State of Nevada provides health insurance through a plan of self-  
41 insurance, the plan must provide coverage for benefits payable for expenses  
42 incurred for administering the human papillomavirus vaccine to women and girls  
43 at such ages as recommended for vaccination by a competent authority,  
44 including, without limitation, the Centers for Disease Control and Prevention of  
45 the United States Department of Health and Human Services, the Food and Drug  
46 Administration or the manufacturer of the vaccine.~~

47 ~~2. The plan of self insurance must not require an insured to obtain prior  
48 authorization for any service provided pursuant to subsection 1.~~

49 ~~3. A plan of self insurance described in subsection 1 which is delivered,  
50 issued for delivery or renewed on or after July 1, 2007, has the legal effect of  
51 including the coverage required by subsection 1, and any provision of the plan  
52 which is in conflict with subsection 1 is void.~~

~~4. For the purposes of this section, "human papillomavirus 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.~~ (Deleted by amendment.)

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

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

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

*1. The Director shall include in the State Plan for Medicaid a requirement that the State shall pay the nonfederal share of 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.*

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

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