

ASSEMBLY BILL NO. 162—ASSEMBLYMEN OHRENSCHALL, BUCKLEY, LESLIE, WOODBURY, CONKLIN; AIZLEY, ANDERSON, ARBERRY, ATKINSON, BOBZIEN, CARPENTER, CHRISTENSEN, CLABORN, DENIS, DONDERO LOOP, GOICOECHEA, GRADY, HAMBRICK, HARDY, HOGAN, HORNE, KIHUEN, KIRKPATRICK, KOIVISTO, MANENDO, MASTROLUCA, MCCLAIN, MORTENSON, MUNFORD, OCEGUERA, PARNELL, PIERCE, SEGERBLOM, SMITH AND STEWART

FEBRUARY 12, 2009

JOINT SPONSORS: SENATORS HORSFORD, SCHNEIDER, LEE, WIENER, TOWNSEND; AMODEI, BREEDEN, CARE, CARLTON, COFFIN, COPENING, NOLAN, PARKS, RHOADS AND WOODHOUSE

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain policies of health insurance and health care plans to provide coverage for screening for and treatment of autism. (BDR 57-44)

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

CONTAINS UNFUNDED MANDATE (§ 9)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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 certain policies of health insurance and health care plans to provide coverage for screening for and treatment of autism; 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, in certain circumstances.
- 4 (NRS 287.027, 287.04335, 689A.04042, 689A.0405, 689B.0367, 689B.0374,



* A B 1 6 2 *

695B.1907, 695B.1912, 695C.1731, 695C.1735, 695G.168) Existing law also requires employers to provide certain benefits to employees, including coverage for the procedures required to be covered by insurers, if the employer provides health benefits for its employees. (NRS 608.1555) Sections 1-10 of this bill require those health care plans and policies of insurance, other than the State Plan for Medicaid, to also provide coverage for the screening for, including the diagnosis of, and the treatment of autism spectrum disorders in certain circumstances.

The provisions of this bill apply prospectively to any policy of insurance or health care plan issued or renewed on or after October 1, 2009.

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

Section 1. 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 screening for autism spectrum disorders and for treatment of autism spectrum disorders.

2. An insurer that offers or issues a policy of health insurance which provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the policy; or

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.

3. An insurer that offers or issues a policy of health insurance which provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the policy; or

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.

4. An insurer shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

5. The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions



1 *that are less favorable to an insured than the monetary limits,*
2 *deductibles or coinsurance provisions which apply to physical*
3 *illness generally under the policy.*

4 6. *A policy subject to the provisions of this chapter that is*
5 *delivered, issued for delivery or renewed on or after October 1,*
6 *2009, 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 7. *As used in this section:*

10 (a) *“Applied behavior analysis” means the design,*
11 *implementation and evaluation of environmental modifications*
12 *using behavioral stimuli and consequences to produce socially*
13 *significant improvement in human behavior, including, without*
14 *limitation, the use of direct observation, measurement and*
15 *functional analysis of the relations between environment and*
16 *behavior.*

17 (b) *“Autism spectrum disorders” means any of the pervasive*
18 *developmental disorders as defined by the most recent edition of*
19 *the Diagnostic and Statistical Manual of Mental Disorders,*
20 *including, without limitation, autistic disorder, Asperger’s*
21 *Disorder and Pervasive Developmental Disorder Not Otherwise*
22 *Specified.*

23 (c) *“Behavioral therapy” means any interactive therapy*
24 *derived from evidence-based research, including, without*
25 *limitation, discrete trial training, early intensive behavioral*
26 *intervention, intensive intervention programs, pivotal response*
27 *training and verbal behavior.*

28 (d) *“Board certified behavior analyst” means a person who*
29 *holds current certification as a board certified behavior analyst*
30 *issued by the Behavior Analyst Certification Board, Inc., or any*
31 *successor in interest to that organization.*

32 (e) *“Evidence-based research” means research that applies*
33 *rigorous, systematic and objective procedures to obtain valid*
34 *knowledge relevant to autism spectrum disorders.*

35 (f) *“Habilitative or rehabilitative care” means counseling,*
36 *guidance and professional services and treatment programs,*
37 *including, without limitation, applied behavior analysis or any*
38 *other behavioral therapy, that are necessary to develop, maintain*
39 *and restore, to the maximum extent practicable, the functioning of*
40 *a person.*

41 (g) *“Medically appropriate” means any care, intervention,*
42 *item, service or treatment which is prescribed, provided or ordered*
43 *by a licensed physician, licensed psychologist or board certified*
44 *behavior analyst in accordance with accepted standards of*
45 *practice and which will, or is reasonably expected to:*



1 (1) *Prevent the onset of an illness, condition, injury or*
2 *disability;*

3 (2) *Reduce or ameliorate the physical, mental or*
4 *developmental effects of an illness, condition, injury or disability;*
5 *or*

6 (3) *Assist to achieve or maintain maximum functioning*
7 *capacity in performing daily activities, taking into account both*
8 *the functional capacity of the recipient and those functional*
9 *capacities that are appropriate for recipients of the same age.*

10 (h) *“Pharmaceutical care” means medications prescribed by a*
11 *licensed physician and any health-related services deemed*
12 *medically appropriate to determine the need or effectiveness of the*
13 *medications.*

14 (i) *“Psychiatric care” means direct or consultative services*
15 *provided by a psychiatrist licensed in the state in which the*
16 *psychiatrist practices.*

17 (j) *“Psychological care” means direct or consultative services*
18 *provided by a psychologist licensed in the state in which the*
19 *psychologist practices.*

20 (k) *“Screening for autism spectrum disorders” means all*
21 *medically appropriate assessments, evaluations or tests to diagnose*
22 *whether a person has an autism spectrum disorder.*

23 (l) *“Therapeutic care” means services provided by licensed or*
24 *certified speech pathologists, occupational therapists and physical*
25 *therapists.*

26 (m) *“Treatment of autism spectrum disorders” means*
27 *habilitative or rehabilitative care, pharmaceutical care, psychiatric*
28 *care, psychological care or therapeutic care prescribed, provided*
29 *or ordered for a person diagnosed with an autism spectrum*
30 *disorder by a licensed physician, licensed psychologist or board*
31 *certified behavior analyst who determines the care to be medically*
32 *appropriate.*

33 **Sec. 2.** NRS 689A.330 is hereby amended to read as follows:

34 689A.330 If any policy is issued by a domestic insurer for
35 delivery to a person residing in another state, and if the insurance
36 commissioner or corresponding public officer of that other state has
37 informed the Commissioner that the policy is not subject to approval
38 or disapproval by that officer, the Commissioner may by ruling
39 require that the policy meet the standards set forth in NRS 689A.030
40 to 689A.320, inclusive **[H]**, *and section 1 of this act.*

41 **Sec. 3.** Chapter 689B of NRS is hereby amended by adding
42 thereto a new section to read as follows:

43 **1.** *A policy of group health insurance must provide coverage*
44 *for screening for autism spectrum disorders and for treatment of*
45 *autism spectrum disorders.*



1 2. An insurer that offers or issues a policy of group health
2 insurance which provides coverage for outpatient care shall not:

3 (a) Require an insured to pay a higher deductible, copayment
4 or coinsurance or require a longer waiting period or other
5 condition for coverage for outpatient care related to autism
6 spectrum disorders than is required for other outpatient care
7 covered by the policy; or

8 (b) Refuse to issue a policy of group health insurance or
9 cancel a policy of group health insurance solely because the
10 person applying for or covered by the policy uses or may use in the
11 future any of the services listed in subsection 1.

12 3. An insurer that offers or issues a policy of group health
13 insurance which provides coverage for prescription drugs shall
14 not:

15 (a) Require an insured to pay a higher deductible, copayment
16 or coinsurance or require a longer waiting period or other
17 condition for coverage for a prescription for an autism spectrum
18 disorder than is required for other prescription drugs covered by
19 the policy; or

20 (b) Refuse to issue a policy of group health insurance or
21 cancel a policy of group health insurance solely because the
22 person applying for or covered by the policy uses or may use in the
23 future any of the services listed in subsection 1.

24 4. An insurer shall not limit the number of visits an insured
25 may make to any person, entity or group for treatment of autism
26 spectrum disorders.

27 5. The coverage required pursuant to this section must not be
28 subject to monetary limits, deductibles or coinsurance provisions
29 that are less favorable to an insured than the monetary limits,
30 deductibles or coinsurance provisions which apply to physical
31 illness generally under the policy.

32 6. A policy subject to the provisions of this chapter that is
33 delivered, issued for delivery or renewed on or after October 1,
34 2009, has the legal effect of including the coverage required by
35 subsection 1, and any provision of the policy or the renewal which
36 is in conflict with subsection 1 is void.

37 7. As used in this section:

38 (a) "Applied behavior analysis" means the design,
39 implementation and evaluation of environmental modifications
40 using behavioral stimuli and consequences to produce socially
41 significant improvement in human behavior, including, without
42 limitation, the use of direct observation, measurement and
43 functional analysis of the relations between environment and
44 behavior.



(b) “Autism spectrum disorders” means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, without limitation, autistic disorder, Asperger’s Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

(c) “Behavioral therapy” means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior.

(d) “Board certified behavior analyst” means a person who holds current certification as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization.

(e) “Evidence-based research” means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

(f) “Habilitative or rehabilitative care” means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis or any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

(g) “Medically appropriate” means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

(1) Prevent the onset of an illness, condition, injury or disability;

(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.

(h) “Pharmaceutical care” means medications prescribed by a licensed physician and any health-related services deemed medically appropriate to determine the need or effectiveness of the medications.

(i) “Psychiatric care” means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.



1 (j) *“Psychological care” means direct or consultative services*
2 *provided by a psychologist licensed in the state in which the*
3 *psychologist practices.*

4 (k) *“Screening for autism spectrum disorders” means all*
5 *medically appropriate assessments, evaluations or tests to diagnose*
6 *whether a person has an autism spectrum disorder.*

7 (l) *“Therapeutic care” means services provided by licensed or*
8 *certified speech pathologists, occupational therapists and physical*
9 *therapists.*

10 (m) *“Treatment of autism spectrum disorders” means*
11 *habilitative or rehabilitative care, pharmaceutical care, psychiatric*
12 *care, psychological care or therapeutic care prescribed, provided*
13 *or ordered for a person diagnosed with an autism spectrum*
14 *disorder by a licensed physician, licensed psychologist or board*
15 *certified behavior analyst who determines the care to be medically*
16 *appropriate.*

17 **Sec. 4.** Chapter 695B of NRS is hereby amended by adding
18 thereto a new section to read as follows:

19 1. *An insurer that offers or issues a contract for hospital or*
20 *medical service must provide coverage for screening for autism*
21 *spectrum disorders and for treatment of autism spectrum*
22 *disorders.*

23 2. *An insurer that offers or issues a contract for hospital or*
24 *medical service which provides coverage for outpatient care shall*
25 *not:*

26 (a) *Require an insured to pay a higher deductible, copayment*
27 *or coinsurance or require a longer waiting period or other*
28 *condition for coverage for outpatient care related to autism*
29 *spectrum disorders than is required for other outpatient care*
30 *covered by the contract; or*

31 (b) *Refuse to issue a contract for hospital or medical service or*
32 *cancel a contract for hospital or medical service solely because the*
33 *person applying for or covered by the contract uses or may use in*
34 *the future any of the services listed in subsection 1.*

35 3. *An insurer that offers or issues a contract for hospital or*
36 *medical service which provides coverage for prescription drugs*
37 *shall not:*

38 (a) *Require an insured to pay a higher deductible, copayment*
39 *or coinsurance or require a longer waiting period or other*
40 *condition for coverage for a prescription for an autism spectrum*
41 *disorder than is required for other prescription drugs covered by*
42 *the contract; or*

43 (b) *Refuse to issue a contract for hospital or medical service or*
44 *cancel a contract for hospital or medical service solely because the*



1 *person applying for or covered by the contract uses or may use in*
2 *the future any of the services listed in subsection 1.*

3 4. *An insurer shall not limit the number of visits an insured*
4 *may make to any person, entity or group for treatment of autism*
5 *spectrum disorders.*

6 5. *The coverage required pursuant to this section must not be*
7 *subject to monetary limits, deductibles or coinsurance provisions*
8 *that are less favorable to an insured than the monetary limits,*
9 *deductibles or coinsurance provisions which apply to physical*
10 *illness generally under the contract.*

11 6. *A contract subject to the provisions of this chapter that is*
12 *delivered, issued for delivery or renewed on or after October 1,*
13 *2009, has the legal effect of including the coverage required by*
14 *subsection 1, and any provision of the contract or the renewal*
15 *which is in conflict with subsection 1 is void.*

16 7. *As used in this section:*

17 (a) *“Applied behavior analysis” means the design,*
18 *implementation and evaluation of environmental modifications*
19 *using behavioral stimuli and consequences to produce socially*
20 *significant improvement in human behavior, including, without*
21 *limitation, the use of direct observation, measurement and*
22 *functional analysis of the relations between environment and*
23 *behavior.*

24 (b) *“Autism spectrum disorders” means any of the pervasive*
25 *developmental disorders as defined by the most recent edition of*
26 *the Diagnostic and Statistical Manual of Mental Disorders,*
27 *including, without limitation, autistic disorder, Asperger’s*
28 *Disorder and Pervasive Developmental Disorder Not Otherwise*
29 *Specified.*

30 (c) *“Behavioral therapy” means any interactive therapy*
31 *derived from evidence-based research, including, without*
32 *limitation, discrete trial training, early intensive behavioral*
33 *intervention, intensive intervention programs, pivotal response*
34 *training and verbal behavior.*

35 (d) *“Board certified behavior analyst” means a person who*
36 *holds current certification as a board certified behavior analyst*
37 *issued by the Behavior Analyst Certification Board, Inc., or any*
38 *successor in interest to that organization.*

39 (e) *“Evidence-based research” means research that applies*
40 *rigorous, systematic and objective procedures to obtain valid*
41 *knowledge relevant to autism spectrum disorders.*

42 (f) *“Habilitative or rehabilitative care” means counseling,*
43 *guidance and professional services and treatment programs,*
44 *including, without limitation, applied behavior analysis or any*
45 *other behavioral therapy, that are necessary to develop, maintain*



1 *and restore, to the maximum extent practicable, the functioning of*
2 *a person.*

3 (g) *“Medically appropriate” means any care, intervention,*
4 *item, service or treatment which is prescribed, provided or ordered*
5 *by a licensed physician, licensed psychologist or board certified*
6 *behavior analyst in accordance with accepted standards of*
7 *practice and which will, or is reasonably expected to:*

8 (1) *Prevent the onset of an illness, condition, injury or*
9 *disability;*

10 (2) *Reduce or ameliorate the physical, mental or*
11 *developmental effects of an illness, condition, injury or disability;*
12 *or*

13 (3) *Assist to achieve or maintain maximum functioning*
14 *capacity in performing daily activities, taking into account both*
15 *the functional capacity of the recipient and those functional*
16 *capacities that are appropriate for recipients of the same age.*

17 (h) *“Pharmaceutical care” means medications prescribed by a*
18 *licensed physician and any health-related services deemed*
19 *medically appropriate to determine the need or effectiveness of the*
20 *medications.*

21 (i) *“Psychiatric care” means direct or consultative services*
22 *provided by a psychiatrist licensed in the state in which the*
23 *psychiatrist practices.*

24 (j) *“Psychological care” means direct or consultative services*
25 *provided by a psychologist licensed in the state in which the*
26 *psychologist practices.*

27 (k) *“Screening for autism spectrum disorders” means all*
28 *medically appropriate assessments, evaluations or tests to diagnose*
29 *whether a person has an autism spectrum disorder.*

30 (l) *“Therapeutic care” means services provided by licensed or*
31 *certified speech pathologists, occupational therapists and physical*
32 *therapists.*

33 (m) *“Treatment of autism spectrum disorders” means*
34 *habilitative or rehabilitative care, pharmaceutical care, psychiatric*
35 *care, psychological care or therapeutic care prescribed, provided*
36 *or ordered for a person diagnosed with an autism spectrum*
37 *disorder by a licensed physician, licensed psychologist or board*
38 *certified behavior analyst who determines the care to be medically*
39 *appropriate.*

40 **Sec. 5.** Chapter 695C of NRS is hereby amended by adding
41 thereto a new section to read as follows:

42 1. *A health care plan issued by a health maintenance*
43 *organization must provide coverage for screening for autism*
44 *spectrum disorders and for treatment of autism spectrum*
45 *disorders.*



2. A health care plan issued by a health maintenance organization that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the plan; or

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

3. A health care plan issued by a health maintenance organization that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the plan; or

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

4. A health maintenance organization shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

5. The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the plan.

6. Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2009, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with subsection 1 is void.

7. As used in this section:

(a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.



(b) “Autism spectrum disorders” means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, without limitation, autistic disorder, Asperger’s Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

(c) “Behavioral therapy” means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior.

(d) “Board certified behavior analyst” means a person who holds current certification as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization.

(e) “Evidence-based research” means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

(f) “Habilitative or rehabilitative care” means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis or any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

(g) “Medically appropriate” means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

(1) Prevent the onset of an illness, condition, injury or disability;

(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.

(h) “Pharmaceutical care” means medications prescribed by a licensed physician and any health-related services deemed medically appropriate to determine the need or effectiveness of the medications.

(i) “Psychiatric care” means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.



(j) *“Psychological care” means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.*

(k) *“Screening for autism spectrum disorders” means all medically appropriate assessments, evaluations or tests to diagnose whether a person has an autism spectrum disorder.*

(l) *“Therapeutic care” means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.*

(m) *“Treatment of autism spectrum disorders” means habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist or board certified behavior analyst who determines the care to be medically appropriate.*

Sec. 6. NRS 695C.050 is hereby amended to read as follows:

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

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

3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt 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 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



1 health care services through managed care to recipients of Medicaid
2 under the State Plan for Medicaid.

3 **Sec. 7.** NRS 695C.330 is hereby amended to read as follows:

4 695C.330 1. The Commissioner may suspend or revoke any
5 certificate of authority issued to a health maintenance organization
6 pursuant to the provisions of this chapter if he finds that any of the
7 following conditions exist:

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

15 (b) The health maintenance organization issues evidence of
16 coverage or uses a schedule of charges for health care services
17 which do not comply with the requirements of NRS 695C.1691 to
18 695C.200, inclusive, *and section 5 of this act*, or 695C.207;

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

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

23 (1) Does not meet the requirements of subsection 2 of NRS
24 695C.080; or

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

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

30 (f) The health maintenance organization has failed to put into
31 effect a mechanism affording the enrollees an opportunity to
32 participate in matters relating to the content of programs pursuant to
33 NRS 695C.110;

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

36 (1) Resolving complaints in a manner reasonably to dispose
37 of valid complaints; and

38 (2) Conducting external reviews of final adverse
39 determinations that comply with the provisions of NRS 695G.241 to
40 695G.310, inclusive;

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



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

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

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

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

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

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

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

1. A health care plan issued by a managed care organization must provide coverage for screening for autism spectrum disorders and for treatment of autism spectrum disorders.

2. A managed care organization that offers or issues a health care plan which provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the plan; or

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

3. A managed care organization that offers or issues a health care plan which provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum



1 *disorder than is required for other prescription drugs covered by*
2 *the plan; or*

3 *(b) Refuse to issue a health care plan or cancel a health care*
4 *plan solely because the person applying for or covered by the plan*
5 *uses or may use in the future any of the services listed in*
6 *subsection 1.*

7 *4. A managed care organization shall not limit the number of*
8 *visits an insured may make to any person, entity or group for*
9 *treatment of autism spectrum disorders.*

10 *5. The coverage required pursuant to this section must not be*
11 *subject to monetary limits, deductibles or coinsurance provisions*
12 *that are less favorable to an insured than the monetary limits,*
13 *deductibles or coinsurance provisions which apply to physical*
14 *illness generally under the plan.*

15 *6. An evidence of coverage subject to the provisions of this*
16 *chapter that is delivered, issued for delivery or renewed on or after*
17 *October 1, 2009, has the legal effect of including the coverage*
18 *required by subsection 1, and any provision of the evidence of*
19 *coverage or the renewal which is in conflict with subsection 1 is*
20 *void.*

21 *7. As used in this section:*

22 *(a) "Applied behavior analysis" means the design,*
23 *implementation and evaluation of environmental modifications*
24 *using behavioral stimuli and consequences to produce socially*
25 *significant improvement in human behavior, including, without*
26 *limitation, the use of direct observation, measurement and*
27 *functional analysis of the relations between environment and*
28 *behavior.*

29 *(b) "Autism spectrum disorders" means any of the pervasive*
30 *developmental disorders as defined by the most recent edition of*
31 *the Diagnostic and Statistical Manual of Mental Disorders,*
32 *including, without limitation, autistic disorder, Asperger's*
33 *Disorder and Pervasive Developmental Disorder Not Otherwise*
34 *Specified.*

35 *(c) "Behavioral therapy" means any interactive therapy*
36 *derived from evidence-based research, including, without*
37 *limitation, discrete trial training, early intensive behavioral*
38 *intervention, intensive intervention programs, pivotal response*
39 *training and verbal behavior.*

40 *(d) "Board certified behavior analyst" means a person who*
41 *holds current certification as a board certified behavior analyst*
42 *issued by the Behavior Analyst Certification Board, Inc., or any*
43 *successor in interest to that organization.*



1 (e) “Evidence-based research” means research that applies
2 rigorous, systematic and objective procedures to obtain valid
3 knowledge relevant to autism spectrum disorders.

4 (f) “Habilitative or rehabilitative care” means counseling,
5 guidance and professional services and treatment programs,
6 including, without limitation, applied behavior analysis or any
7 other behavioral therapy, that are necessary to develop, maintain
8 and restore, to the maximum extent practicable, the functioning of
9 a person.

10 (g) “Medically appropriate” means any care, intervention,
11 item, service or treatment which is prescribed, provided or ordered
12 by a licensed physician, licensed psychologist or board certified
13 behavior analyst in accordance with accepted standards of
14 practice and which will, or is reasonably expected to:

15 (1) Prevent the onset of an illness, condition, injury or
16 disability;

17 (2) Reduce or ameliorate the physical, mental or
18 developmental effects of an illness, condition, injury or disability;
19 or

20 (3) Assist to achieve or maintain maximum functioning
21 capacity in performing daily activities, taking into account both
22 the functional capacity of the recipient and those functional
23 capacities that are appropriate for recipients of the same age.

24 (h) “Pharmaceutical care” means medications prescribed by a
25 licensed physician and any health-related services deemed
26 medically appropriate to determine the need or effectiveness of the
27 medications.

28 (i) “Psychiatric care” means direct or consultative services
29 provided by a psychiatrist licensed in the state in which the
30 psychiatrist practices.

31 (j) “Psychological care” means direct or consultative services
32 provided by a psychologist licensed in the state in which the
33 psychologist practices.

34 (k) “Screening for autism spectrum disorders” means all
35 medically appropriate assessments, evaluations or tests to diagnose
36 whether a person has an autism spectrum disorder.

37 (l) “Therapeutic care” means services provided by licensed or
38 certified speech pathologists, occupational therapists and physical
39 therapists.

40 (m) “Treatment of autism spectrum disorders” means
41 habilitative or rehabilitative care, pharmaceutical care, psychiatric
42 care, psychological care or therapeutic care prescribed, provided
43 or ordered for a person diagnosed with an autism spectrum
44 disorder by a licensed physician, licensed psychologist or board



1 *certified behavior analyst who determines the care to be medically*
2 *appropriate.*

3 **Sec. 9.** Chapter 287 of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *1. The governing body of any county, school district,*
6 *municipal corporation, political subdivision, public corporation or*
7 *other local governmental agency of the State of Nevada that*
8 *provides health insurance through a plan of self-insurance must*
9 *provide coverage for screening for autism spectrum disorders and*
10 *for treatment of autism spectrum disorders.*

11 *2. The governing body of any county, school district,*
12 *municipal corporation, political subdivision, public corporation or*
13 *other local governmental agency of the State of Nevada that*
14 *provides health insurance through a plan of self-insurance which*
15 *provides coverage for outpatient care shall not:*

16 *(a) Require an insured to pay a higher deductible, copayment*
17 *or coinsurance or require a longer waiting period or other*
18 *condition for coverage for outpatient care related to autism*
19 *spectrum disorders than is required for other outpatient care*
20 *covered by the plan; or*

21 *(b) Refuse to issue a plan of self-insurance or cancel a plan of*
22 *self-insurance solely because the person applying for or covered*
23 *by the plan uses or may use in the future any of the services listed*
24 *in subsection 1.*

25 *3. The governing body of any county, school district,*
26 *municipal corporation, political subdivision, public corporation or*
27 *other local governmental agency of the State of Nevada that*
28 *provides health insurance through a plan of self-insurance which*
29 *provides coverage for prescription drugs shall not:*

30 *(a) Require an insured to pay a higher deductible, copayment*
31 *or coinsurance or require a longer waiting period or other*
32 *condition for coverage for a prescription for an autism spectrum*
33 *disorder than is required for other prescription drugs covered by*
34 *the plan; or*

35 *(b) Refuse to issue a plan of self-insurance or cancel a plan of*
36 *self-insurance solely because the person applying for or covered*
37 *by the plan uses or may use in the future any of the services listed*
38 *in subsection 1.*

39 *4. The governing body of any county, school district,*
40 *municipal corporation, political subdivision, public corporation or*
41 *other local governmental agency of the State of Nevada that*
42 *provides health insurance through a plan of self-insurance shall*
43 *not limit the number of visits an insured may make to any person,*
44 *entity or group for treatment of autism spectrum disorders.*



1 5. *The coverage required pursuant to this section must not be*
2 *subject to monetary limits, deductibles or coinsurance provisions*
3 *that are less favorable to an insured than the monetary limits,*
4 *deductibles or coinsurance provisions which apply to physical*
5 *illness generally under the plan.*

6 6. *A plan subject to the provisions of this chapter that is*
7 *delivered, issued for delivery or renewed on or after October 1,*
8 *2009, has the legal effect of including the coverage required by*
9 *subsection 1, and any provision of the plan or the renewal which*
10 *is in conflict with subsection 1 is void.*

11 7. *As used in this section:*

12 (a) *“Applied behavior analysis” means the design,*
13 *implementation and evaluation of environmental modifications*
14 *using behavioral stimuli and consequences to produce socially*
15 *significant improvement in human behavior, including, without*
16 *limitation, the use of direct observation, measurement and*
17 *functional analysis of the relations between environment and*
18 *behavior.*

19 (b) *“Autism spectrum disorders” means any of the pervasive*
20 *developmental disorders as defined by the most recent edition of*
21 *the Diagnostic and Statistical Manual of Mental Disorders,*
22 *including, without limitation, autistic disorder, Asperger’s*
23 *Disorder and Pervasive Developmental Disorder Not Otherwise*
24 *Specified.*

25 (c) *“Behavioral therapy” means any interactive therapy*
26 *derived from evidence-based research, including, without*
27 *limitation, discrete trial training, early intensive behavioral*
28 *intervention, intensive intervention programs, pivotal response*
29 *training and verbal behavior.*

30 (d) *“Board certified behavior analyst” means a person who*
31 *holds current certification as a board certified behavior analyst*
32 *issued by the Behavior Analyst Certification Board, Inc., or any*
33 *successor in interest to that organization.*

34 (e) *“Evidence-based research” means research that applies*
35 *rigorous, systematic and objective procedures to obtain valid*
36 *knowledge relevant to autism spectrum disorders.*

37 (f) *“Habilitative or rehabilitative care” means counseling,*
38 *guidance and professional services and treatment programs,*
39 *including, without limitation, applied behavior analysis or any*
40 *other behavioral therapy, that are necessary to develop, maintain*
41 *and restore, to the maximum extent practicable, the functioning of*
42 *a person.*

43 (g) *“Medically appropriate” means any care, intervention,*
44 *item, service or treatment which is prescribed, provided or ordered*
45 *by a licensed physician, licensed psychologist or board certified*



behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

(1) Prevent the onset of an illness, condition, injury or disability;

(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.

(h) "Pharmaceutical care" means medications prescribed by a licensed physician and any health-related services deemed medically appropriate to determine the need or effectiveness of the medications.

(i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(k) "Screening for autism spectrum disorders" means all medically appropriate assessments, evaluations or tests to diagnose whether a person has an autism spectrum disorder.

(l) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

(m) "Treatment of autism spectrum disorders" means habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist or board certified behavior analyst who determines the care to be medically appropriate.

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.171, 695G.173, 695G.177, 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.



- 1 **Sec. 11.** The provisions of NRS 354.599 do not apply to any
2 additional expenses of a local government that are related to the
3 provisions of this act.

