

Amendment No. 453

Senate Amendment to Senate Bill No. 381

(BDR 38-809)

Proposed by: Senate Committee on Health and Education**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 381 (§ 2).

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 dashed underlining is newly added transitory language.

CLP/SLP



Date: 4/17/2009

S.B. No. 381—Revises provisions governing the immunization of children against certain diseases. (BDR 38-809)



SENATE BILL NO. 381—COMMITTEE ON HEALTH AND EDUCATION

MARCH 23, 2009

Referred to Committee on Health and Education

SUMMARY—Revises provisions governing the immunization of children against certain diseases. (BDR 38-809)

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

CONTAINS UNFUNDED MANDATE (§ 2)
(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 public health; requiring the Director of the Department of Health and Human Services to include coverage for certain immunizations of children; ***authorizing the Health Division of the Department and the county, city, town and district boards of health to contract with insurers to provide certain immunizations;*** requiring policies of health insurance to provide coverage for certain immunizations of children; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides that, subject to certain exceptions, a child must be immunized against certain diseases before the child may be enrolled in a public or private school or admitted to a child care facility in this State. (NRS 392.435, 394.192, 432A.230) Existing law requires certain public and private health care plans and policies of insurance to provide coverage for the human papillomavirus vaccine. (NRS 287.0272, 422.2718, 689A.044, 689B.0313, 695B.1925, 695C.1745, 695G.171)

Section 1 of this bill requires the Director of the Department of Health and Human Services to include in the State Plan for Medicaid the provision of immunizations to children. ~~and provides that the Plan may not require payment of a deductible, copayment or coinsurance for the immunizations.~~ ***Section 4 of this bill authorizes the Health Division of the Department and the county, city, town and district boards of health to enter into contract with insurers to provide certain immunizations. Section 4 also limits the amount such an insurer may charge for immunizations provided pursuant to such a contract.*** **Section 2** of this bill requires that plans of self-insurance provided by certain governmental agencies include coverage, ~~without requiring payment of a deductible, copayment or coinsurance,~~ for certain immunizations administered to children. ~~Sections 4, 6, 7, 9 and 10~~ ***11*** 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 the same coverage for the administration of immunizations to children.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

~~*1.1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenses incurred for administering any immunization recommended by the State Board of Health or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services to a child who is less than 18 years of age.*~~

~~*2. The State Plan must not require payment of a deductible, copayment or coinsurance for the provision of benefits pursuant to this section.*~~

Sec. 2. Chapter 287 of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada provides health insurance through a plan of self-insurance, the plan must provide coverage for benefits payable for expenses incurred for administering any immunization recommended by the State Board of Health or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services to a child who is less than 18 years of age.

~~*2. [A plan of self-insurance described in subsection 1 must not require payment of a deductible, copayment or coinsurance for the provision of benefits pursuant to this section.]*~~

~~*3. A plan of self-insurance described in subsection 1 which is delivered, issued for delivery or renewed on or after July 1, 2009, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.*~~

Sec. 3. 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 11 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. 4. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Health Division and the county, city, town and district boards of health may enter into a contract with an insurer to provide immunizations to persons insured by that insurer, including, without limitation, immunizations provided through a clinic for immunizations pursuant to NRS 439.535.

2. If an insurer enters into a contract pursuant to subsection 1, the insurer shall not require payment of a deductible, copayment or coinsurance for the provision of immunizations under the contract in an amount which exceeds the deductible, copayment or coinsurance required by the insurer for that immunization provided by any other provider of health care who has contracted with the insurer.

3. The State Board of Health shall adopt regulations to carry out the provisions of this section.

1 4. As used in this section, "insurer" means an insurer or organization that
2 issues:

3 (a) A policy of individual health insurance in accordance with chapter 689A
4 of NRS;

5 (b) A policy of group health insurance in accordance with chapter 689B of
6 NRS;

7 (c) A policy of health insurance by a hospital or medical service corporation
8 in accordance with chapter 695B of NRS;

9 (d) A health care plan by a health maintenance organization in accordance
10 with chapter 695C of NRS;

11 (e) A health care plan by a managed care organization in accordance with
12 chapter 695G of NRS;

13 (f) A health insurance plan through a plan of self-insurance in accordance
14 with chapter 287 of NRS; or

15 (g) An employee welfare benefit plan providing medical care as defined in 29
16 U.S.C. § 1002 in accordance with the Employee Retirement Income Security Act
17 of 1974, 29 U.S.C. § 1161 et seq.

18 ~~[Sec. 4.]~~ Sec. 5. Chapter 689A of NRS is hereby amended by adding
19 thereto a new section to read as follows:

20 1. A policy of health insurance providing coverage on an expense-incurred
21 basis must provide coverage for benefits payable for expenses incurred for
22 administering any immunization recommended by the State Board of Health or
23 the Centers for Disease Control and Prevention of the United States Department
24 of Health and Human Services to a child who is less than 18 years of age.

25 ~~2. [A policy of health insurance must not require payment of a deductible,~~
26 ~~copayment or coinsurance for the provision of benefits pursuant to this section.~~

27 ~~3.]~~ 3.] A policy subject to the provisions of this chapter which is delivered,
28 issued for delivery or renewed on or after July 1, 2009, has the legal effect of
29 including the coverage required by this section, and any provision of the policy or
30 the renewal which is in conflict with this section is void.

31 ~~[Sec. 5.]~~ Sec. 6. NRS 689A.330 is hereby amended to read as follows:

32 689A.330 If any policy is issued by a domestic insurer for delivery to a
33 person residing in another state, and if the insurance commissioner or
34 corresponding public officer of that other state has informed the Commissioner that
35 the policy is not subject to approval or disapproval by that officer, the
36 Commissioner may by ruling require that the policy meet the standards set forth in
37 NRS 689A.030 to 689A.320, inclusive ~~[.]~~, and section ~~[4.]~~ 5 of this act.

38 ~~[Sec. 6.]~~ Sec. 7. Chapter 689B of NRS is hereby amended by adding
39 thereto a new section to read as follows:

40 1. A policy of group health insurance must provide coverage for benefits
41 payable for expenses incurred for administering any immunization recommended
42 by the State Board of Health or the Centers for Disease Control and Prevention
43 of the United States Department of Health and Human Services to a child who is
44 less than 18 years of age.

45 ~~2. [A policy of group health insurance must not require payment of a~~
46 ~~deductible, copayment or coinsurance for the provision of benefits pursuant to~~
47 ~~this section.~~

48 ~~3.]~~ 3.] A policy subject to the provisions of this chapter which is delivered,
49 issued for delivery or renewed on or after July 1, 2009, has the legal effect of
50 including the coverage required by this section, and any provision of the policy or
51 the renewal which is in conflict with this section is void.

52 ~~[Sec. 7.]~~ Sec. 8. Chapter 695B of NRS is hereby amended by adding
53 thereto a new section to read as follows:

1 1. A policy of health insurance issued by a hospital or medical service
2 corporation must provide coverage for benefits payable for expenses incurred for
3 administering any immunization recommended by the State Board of Health or
4 the Centers for Disease Control and Prevention of the United States Department
5 of Health and Human Services to a child who is less than 18 years of age.

6 2. ~~A policy of health insurance must not require payment of a deductible,~~
7 ~~copayment or coinsurance for the provision of benefits pursuant to this section.~~
8 ~~3.1~~ A policy subject to the provisions of this chapter which is delivered,
9 issued for delivery or renewed on or after July 1, 2009, has the legal effect of
10 including the coverage required by this section, and any provision of the policy or
11 the renewal which is in conflict with this section is void.

12 ~~Sec. 8.1~~ Sec. 9. Chapter 695C of NRS is hereby amended by adding
13 thereto a new section to read as follows:

14 1. A health care plan of a health maintenance organization must provide
15 coverage for benefits payable for expenses incurred for administering any
16 immunization recommended by the State Board of Health or the Centers for
17 Disease Control and Prevention of the United States Department of Health and
18 Human Services to a child who is less than 18 years of age.

19 2. ~~A health care plan of a health maintenance organization must not~~
20 ~~require payment of a deductible, copayment or coinsurance for the provision of~~
21 ~~benefits pursuant to this section.~~

22 ~~3.1~~ Any evidence of coverage subject to the provisions of this chapter which
23 is delivered, issued for delivery or renewed on or after July 1, 2009, has the legal
24 effect of including the coverage required by this section, and any provision of the
25 evidence of coverage or the renewal which is in conflict with this section is void.

26 ~~Sec. 9.1~~ Sec. 10. NRS 695C.330 is hereby amended to read as follows:

27 695C.330 1. The Commissioner may suspend or revoke any certificate of
28 authority issued to a health maintenance organization pursuant to the provisions of
29 this chapter if he finds that any of the following conditions exist:

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

36 (b) The health maintenance organization issues evidence of coverage or uses a
37 schedule of charges for health care services which do not comply with the
38 requirements of NRS 695C.1691 to 695C.200, inclusive, and section ~~9.1~~ 2 of this
39 act, or 695C.207;

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

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

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

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

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

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

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

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

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

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, 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. 10.~~ **Sec. 11.** 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 benefits payable for expenses incurred for administering any immunization recommended by the State Board of Health or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services to a child who is less than 18 years of age.

~~2. A health care plan issued by a managed care organization must not require payment of a deductible, copayment or coinsurance for the provision of benefits pursuant to this section.~~

~~3.~~ *Any evidence of coverage for a health care plan subject to the provisions of this chapter which is delivered, issued for delivery or renewed on or after July 1, 2009, has the legal effect of including the coverage required by this section, and any provision of the evidence of coverage or the renewal which is in conflict with this section is void.*

~~Sec. 11.~~ **Sec. 12.** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

~~Sec. 12.~~ **Sec. 13.** This act becomes effective on July 1, 2009.