

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; 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 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, 6-8 and 10** 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.



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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. 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 10 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.



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1 **Sec. 4.** Chapter 689A of NRS is hereby amended by adding
2 thereto a new section to read as follows:

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

9 ***2. A policy of health insurance must not require payment of a***
10 ***deductible, copayment or coinsurance for the provision of benefits***
11 ***pursuant to this section.***

12 ***3. A policy subject to the provisions of this chapter which is***
13 ***delivered, issued for delivery or renewed on or after July 1, 2009,***
14 ***has the legal effect of including the coverage required by this***
15 ***section, and any provision of the policy or the renewal which is in***
16 ***conflict with this section is void.***

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

18 689A.330 If any policy is issued by a domestic insurer for
19 delivery to a person residing in another state, and if the insurance
20 commissioner or corresponding public officer of that other state has
21 informed the Commissioner that the policy is not subject to approval
22 or disapproval by that officer, the Commissioner may by ruling
23 require that the policy meet the standards set forth in NRS 689A.030
24 to 689A.320, inclusive ***H***, and section 4 of this act.

25 **Sec. 6.** Chapter 689B of NRS is hereby amended by adding
26 thereto a new section to read as follows:

27 ***1. A policy of group health insurance must provide coverage***
28 ***for benefits payable for expenses incurred for administering any***
29 ***immunization recommended by the State Board of Health or the***
30 ***Centers for Disease Control and Prevention of the United States***
31 ***Department of Health and Human Services to a child who is less***
32 ***than 18 years of age.***

33 ***2. A policy of group health insurance must not require***
34 ***payment of a deductible, copayment or coinsurance for the***
35 ***provision of benefits pursuant to this section.***

36 ***3. A policy subject to the provisions of this chapter which is***
37 ***delivered, issued for delivery or renewed on or after July 1, 2009,***
38 ***has the legal effect of including the coverage required by this***
39 ***section, and any provision of the policy or the renewal which is in***
40 ***conflict with this section is void.***

41 **Sec. 7.** Chapter 695B of NRS is hereby amended by adding
42 thereto a new section to read as follows:

43 ***1. A policy of health insurance issued by a hospital or***
44 ***medical service corporation must provide coverage for benefits***
45 ***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 policy of health insurance must not require payment of a deductible, copayment or coinsurance for the provision of benefits pursuant to this section.

3. A policy 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 policy or the renewal which is in conflict with this section is void.

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

1. A health care plan of a health maintenance 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 of a health maintenance 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 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. 9. 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 section 8 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 participate in matters relating 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



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1 operation of the organization as he may find to be in the best interest
2 of enrollees to the end that enrollees are afforded the greatest
3 practical opportunity to obtain continuing coverage for health care.

4 **Sec. 10.** Chapter 695G of NRS is hereby amended by adding
5 thereto a new section to read as follows:

6 *1. A health care plan issued by a managed care organization*
7 *must provide coverage for benefits payable for expenses incurred*
8 *for administering any immunization recommended by the State*
9 *Board of Health or the Centers for Disease Control and*
10 *Prevention of the United States Department of Health and Human*
11 *Services to a child who is less than 18 years of age.*

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

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

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

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

