#### Amendment No. 760

Assembly Amendment to Senate Bill No. 137 First Reprint (BDR 57-575)								
Proposed by: Assembly Committee on Commerce and Labor								
Amends:	Summary: No	Title: Yes Preamble: No Joint Sponsorsh	nip: No Digest: Yes					

ASSEMBLY	ACT	TION	Initial and Date	SENATE ACTIO	ON Initial and Date
Adopted		Lost	1	Adopted	Lost
Concurred In		Not		Concurred In	Not
Receded		Not		Receded	Not

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of <u>green bold underlining</u> is language proposed to be added in this amendment; (3) <u>red strikethrough</u> is deleted language in the original bill; (4) <u>purple double strikethrough</u> is language proposed to be deleted in this amendment; (5) <u>orange double underlining</u> is deleted language in the original bill proposed to be retained in this amendment.

RAE/JRS Date: 5/15/2015

S.B. No. 137—Enacts provisions governing stand-alone dental benefits and policies of health care. (BDR 57-575)

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## SENATE BILL NO. 137-SENATOR HARDY

## FEBRUARY 11, 2015

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Enacts provisions governing stand-alone dental benefits and policies of health care. (BDR 57-575)

FISCAL NOTE: Effect on Local Government: No.

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; designating a stand-alone dental benefit as the primary policy for certain dental care; prohibiting a health insurer from denying certain claims on the basis that another health insurer has liability to pay the claim; [prohibiting a health insurer from requiring that a claim be submitted directly to a secondary health insurer under certain circumstances; requiring] authorizing the Commissioner of Insurance to adopt certain regulations; and providing other matters properly relating thereto.

#### Legislative Counsel's Digest:

Certain procedures performed by [dentists] an oral and maxillofacial surgeon may be covered by both stand-alone dental benefits and policies of health insurance. Existing law regulates policies of health insurance and stand-alone dental benefits separately, but provides for no coordination of claims between the two. (Chapters 686C, 689A, 689B, 689C, 695A, 695B, 695C and 695D of NRS) This bill defines a "stand-alone dental benefit" to mean any policy of insurance which only pays for or reimburses the costs of certain dental care and which is [not embedded in or included as part of] offered or issued separately from any other policy of health insurance. This bill also requires that for an insurance claim for a procedure provided by [a dentist] an oral and maxillofacial surgeon which may be covered by both the patient's stand-alone dental benefit and policy of health insurance, the stand-alone dental benefit must provide primary coverage. This bill also prohibits a health insurer from [4: (1-4)] denying certain claims for which it has liability on the basis that another health insurer has liability [1: or (2) requiring a separate claim be filed with the other health insurer.] Finally, this bill [requires] authorizes the Commissioner of Insurance to adopt regulations necessary to carry out the provisions of this bill.

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

- **Section 1.** Chapter 686A of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. The following provisions apply to a claim for payment submitted for services provided by fa dentist an oral and maxillofacial surgeon which may be covered, in whole or in part, by a stand-alone dental benefit and a policy of health insurance:
- (a) If a claimant is covered by a stand-alone dental benefit and a policy of health insurance, the stand-alone dental benefit is the primary policy and the claim must be first submitted to the health insurer that issued the stand-alone dental benefit. The issuer of the secondary policy may not reduce benefits based upon payments under the primary policy, except to avoid overpayment to the [dentist.] oral and maxillofacial surgeon.
- (b) Except as otherwise provided in paragraph (a), a health insurer may not deny a claim for which it has liability solely on the basis that another health insurer has liability to pay the claim.
- (e) A health insurer with partial liability for paying a claim may not require the claimant to file a separate claim directly with a secondary health insurer.
- 2. The Commissioner [shall] may adopt regulations necessary to carry out the provisions of this section.
  - 3. As used in this section:

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- (a) ["Health insurer" means a person who is the holder of a certificate of authority issued pursuant to chapter 680A, 695C, 695D or 695F of NRS or a corporation that is the holder of a certificate of authority issued pursuant to chapter 695B of NRS.] "Oral and maxillofacial surgeon" means a dentist who has been issued a specialist's license to practice oral and maxillofacial surgery pursuant to NRS 631.250 and who provides any of the services described in paragraph (c) of subsection 1 of NRS 631.215.
- (b) "Stand-alone dental benefit" means any policy which only pays for or reimburses any part of the cost of dental care, as defined in NRS 695D.030 [. The term does not include such coverage embedded in or included as part of any other, and is offered or issued separately from any policy of health insurance.
  - Sec. 2. (Deleted by amendment.)
    Sec. 3. (Deleted by amendment.)
- Sec. 3.5. The Commissioner of Insurance shall 2016, adopt regulations to earry out the amendatory provi (Deleted by amendment.)
  - **Sec. 4.** This act becomes effective:
  - 1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and
    - 2. On January 1, 2016, for all other purposes.