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.

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 the Commissioner of Insurance to adopt certain regulations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1

10

11

12

13

14

Certain procedures performed by dentists 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 any other policy of health insurance. This bill also requires that for an insurance claim for a procedure provided by a dentist 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: (1) denying certain claims for which it has liability on the basis that another health insurer has liability; or (2) requiring a separate claim be filed with the other health insurer. Finally, this bill requires 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 a dentist 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.
- (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.
- (c) 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 adopt regulations necessary to carry out the provisions of this section.
 - 3. As used in this section:
- (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.
- (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 policy of health insurance.
 - **Sec. 2.** (Deleted by amendment.)
 - Sec. 3. (Deleted by amendment.)
- **Sec. 3.5.** The Commissioner of Insurance shall, on or before January 1, 2016, adopt regulations to carry out the amendatory provisions of this act.
 - **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.

30



