

SENATE BILL NO. 159—SENATOR KIECKHEFER

FEBRUARY 16, 2015

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to insurance.
(BDR 57-829)

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; revising provisions for the arbitration of disputes concerning independent medical evaluations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law requires every policy of health insurance, policy of group or
2 blanket health insurance, contract for hospital or medical services and evidence of
3 coverage to include a procedure for the arbitration of disputes related to an
4 independent medical evaluation of a treating physician's or chiropractor's diagnosis
5 and care of a patient. (NRS 689A.0403, 689B.270, 695B.182, 695C.265) This bill
6 requires such policies, contracts and evidence to include such a procedure for dental
7 care provided by a dentist.

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

1 **Section 1.** NRS 689A.0403 is hereby amended to read as
2 follows:
3 689A.0403 1. Each policy of health insurance must include a
4 procedure for binding arbitration to resolve disputes concerning
5 independent medical evaluations pursuant to the rules of the
6 American Arbitration Association.
7 2. If an insurer, for any final determination of benefits or care,
8 requires an independent evaluation of the medical , *dental* or
9 chiropractic care of any person for whom such care is covered under
10 the terms of the contract of insurance, only a physician , *dentist* or



* S B 1 5 9 *

1 chiropractor who is certified to practice in the same field of practice
2 as the primary treating physician , *dentist* or chiropractor or who is
3 formally educated in that field may conduct the independent
4 evaluation.

5 3. The independent evaluation must include a physical
6 examination of the patient, unless the patient is deceased, and a
7 personal review of all X rays and reports prepared by the primary
8 treating physician , *dentist* or chiropractor. A certified copy of all
9 reports of findings must be sent to the primary treating physician ,
10 *dentist* or chiropractor and the insured person within 10 working
11 days after the evaluation. If the insured person disagrees with the
12 finding of the evaluation, the insured person must submit an appeal
13 to the insurer pursuant to the procedure for binding arbitration set
14 forth in the policy of insurance within 30 days after the insured
15 person receives the finding of the evaluation. Upon its receipt of an
16 appeal, the insurer shall so notify in writing the primary treating
17 physician , *dentist* or chiropractor.

18 4. The insurer shall not limit or deny coverage for care related
19 to a disputed claim while the dispute is in arbitration, except that, if
20 the insurer prevails in the arbitration, the primary treating physician
21 , *dentist* or chiropractor may not recover any payment from either
22 the insurer, insured person or the patient for services that the
23 primary treating physician , *dentist* or chiropractor provided to the
24 patient after receiving written notice from the insurer pursuant to
25 subsection 3 concerning the appeal of the insured person.

26 **Sec. 2.** NRS 689B.270 is hereby amended to read as follows:

27 689B.270 1. Each policy of group or blanket health insurance
28 must include a procedure for binding arbitration to resolve disputes
29 concerning independent medical evaluations pursuant to the rules of
30 the American Arbitration Association.

31 2. If an insurer, for any final determination of benefits or care,
32 requires an independent evaluation of the medical , *dental* or
33 chiropractic care of any person for whom such care is covered under
34 the terms of a policy of group or blanket health insurance, only a
35 physician , *dentist* or chiropractor who is certified to practice in the
36 same field of practice as the primary treating physician , *dentist* or
37 chiropractor or who is formally educated in that field may conduct
38 the independent evaluation.

39 3. The independent evaluation must include a physical
40 examination of the patient, unless the patient is deceased, and a
41 personal review of all X rays and reports prepared by the primary
42 treating physician , *dentist* or chiropractor. A certified copy of all
43 reports of findings must be sent to the primary treating physician ,
44 *dentist* or chiropractor and the insured person within 10 working
45 days after the evaluation. If the insured person disagrees with the



1 finding of the evaluation, the insured person must submit an appeal
2 to the insurer pursuant to the procedure for binding arbitration set
3 forth in the policy of insurance within 30 days after receiving the
4 finding of the evaluation. Upon its receipt of an appeal, the insurer
5 shall so notify in writing the primary treating physician , *dentist* or
6 chiropractor.

7 4. The insurer shall not limit or deny coverage for care related
8 to a disputed claim while the dispute is in arbitration, except that, if
9 the insurer prevails in the arbitration, the primary treating physician
10 , *dentist* or chiropractor may not recover any payment from either
11 the insurer, insured person or the patient for services that the
12 primary treating physician , *dentist* or chiropractor provided to the
13 patient after receiving written notice from the insurer pursuant to
14 subsection 3 concerning the appeal of the insured person.

15 **Sec. 3.** NRS 695B.182 is hereby amended to read as follows:

16 695B.182 1. Each contract for hospital or medical services
17 must include a procedure for binding arbitration to resolve disputes
18 concerning independent medical evaluations pursuant to the rules of
19 the American Arbitration Association.

20 2. If a corporation subject to the provisions of this chapter, for
21 any final determination of benefits or care, requires an independent
22 evaluation of the medical , *dental* or chiropractic care of any person
23 for whom such care is covered under a contract for hospital or
24 medical services, only a physician , *dentist* or chiropractor who is
25 certified to practice in the same field of practice as the primary
26 treating physician , *dentist* or chiropractor or who is formally
27 educated in that field may conduct the independent evaluation.

28 3. The independent evaluation must include a physical
29 examination of the patient, unless the patient is deceased, and a
30 personal review of all X rays and reports prepared by the primary
31 treating physician , *dentist* or chiropractor. A certified copy of all
32 reports of findings must be sent to the primary treating physician ,
33 *dentist* or chiropractor and the insured person within 10 working
34 days after the evaluation. If the insured person disagrees with the
35 finding of the evaluation, the insured person must submit an appeal
36 to the insurer pursuant to the procedure for binding arbitration set
37 forth in the contract for services within 30 days after the insured
38 person receives the finding of the evaluation. Upon its receipt of an
39 appeal, the insurer shall so notify in writing the primary treating
40 physician , *dentist* or chiropractor.

41 4. The insurer shall not limit or deny coverage for care related
42 to a disputed claim while the dispute is in arbitration, except that, if
43 the insurer prevails in the arbitration, the primary treating physician
44 , *dentist* or chiropractor may not recover any payment from either
45 the insurer, insured person or the patient for services that the



1 primary treating physician , *dentist* or chiropractor provided to the
2 patient after receiving written notice from the insurer pursuant to
3 subsection 3 concerning the appeal of the insured person.

4 **Sec. 4.** NRS 695C.265 is hereby amended to read as follows:

5 695C.265 1. If a health maintenance organization, for any
6 final determination of benefits or care, requires an independent
7 evaluation of the medical , *dentist* or chiropractic care of any person
8 for whom such care is provided under the evidence of coverage:

9 (a) The evidence of coverage must include a procedure for
10 binding arbitration to resolve disputes concerning independent
11 medical evaluations pursuant to the rules of the American
12 Arbitration Association; and

13 (b) Only a physician , *dentist* or chiropractor who is certified to
14 practice in the same field of practice as the primary treating
15 physician , *dentist* or chiropractor or who is formally educated in
16 that field may conduct the independent evaluation.

17 2. The independent evaluation must include a physical
18 examination of the patient, unless the patient is deceased, and a
19 personal review of all X rays and reports prepared by the primary
20 treating physician , *dentist* or chiropractor. A certified copy of all
21 reports of findings must be sent to the primary treating physician ,
22 *dentist* or chiropractor and the insured person within 10 working
23 days after the evaluation. If the insured person disagrees with the
24 finding of the evaluation, the insured person must submit an appeal
25 to the insurer pursuant to the procedure for binding arbitration set
26 forth in the evidence of coverage within 30 days after the insured
27 person receives the finding of the evaluation. Upon its receipt of an
28 appeal, the insurer shall so notify in writing the primary treating
29 physician , *dentist* or chiropractor.

30 3. The insurer shall not limit or deny coverage for care related
31 to a disputed claim while the dispute is in arbitration, except that, if
32 the insurer prevails in the arbitration, the primary treating physician
33 , *dentist* or chiropractor may not recover any payment from either
34 the insurer, insured person or the patient for services that the
35 primary treating physician , *dentist* or chiropractor provided to the
36 patient after receiving written notice from the insurer pursuant to
37 subsection 2 concerning the appeal of the insured person.

38 **Sec. 5.** This act becomes effective:

39 1. Upon passage and approval for the purpose of adopting
40 regulations or performing any preparatory administrative tasks that
41 are necessary to carry out the provisions of this act; and

42 2. On January 1, 2016, for all other purposes.

