Senate Bill No. 159–Senator Kieckhefer

CHAPTER.....

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:

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

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

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

Section 1. NRS 689A.0403 is hereby amended to read as follows:

689A.0403 1. Each policy of health insurance must include a procedure for binding arbitration to resolve disputes concerning independent medical evaluations pursuant to the rules of the American Arbitration Association.

2. If an insurer, for any final determination of benefits or care, requires an independent evaluation of the medical ***, dental*** or chiropractic care of any person for whom such care is covered under the terms of the contract of insurance, only a physician ***, dentist*** or chiropractor who is certified to practice in the same field of practice as the primary treating physician ***, dentist*** or chiropractor or who is formally educated in that field may conduct the independent evaluation.

3. The independent evaluation must include a physical examination of the patient, unless the patient is deceased, and a personal review of all X rays and reports prepared by the primary treating physician ***, dentist*** or chiropractor. A certified copy of all reports of findings must be sent to the primary treating physician ***, dentist*** or chiropractor and the insured person within 10 working days after the evaluation. If the insured person disagrees with the finding of the evaluation, the insured person must submit an appeal to the insurer pursuant to the procedure for binding arbitration set

forth in the policy of insurance within 30 days after the insured person receives the finding of the evaluation. Upon its receipt of an appeal, the insurer shall so notify in writing the primary treating physician ***, dentist*** or chiropractor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 5. This act becomes effective:

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

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