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FIRST REPRINT

A.B. 472

ASSEMBLY BILL NO. 472—COMMITTEE ON
HEALTH AND HUMAN SERVICES

MARCH 25, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to insurance coverage of maternity care. (BDR 57-812)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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; prohibiting an insurer from denying certain coverage for maternity care because the insured acts as a gestational carrier; deeming a child carried by a gestational carrier to be the child of the intended parent for certain purposes; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits an individual or group insurance plan from denying coverage or restricting benefits for any length of stay in a hospital in connection with childbirth to less than 48 hours after a vaginal delivery or 96 hours after a cesarean section, unless otherwise recommended by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics. (NRS 689A.0425, 689B.520, 689C.194) **Sections 1, 3, 4, 6-9, 11 and 14** of this bill: (1) prohibit any insurer, excluding Medicaid and insurance provided by local governments for their employees, from denying, limiting or seeking reimbursement for maternity care because the insured acts as a gestational carrier; and (2) require a child carried by a gestational carrier to be deemed, for purposes relating to a policy of health insurance, to be the child of the person or persons who manifest the intent to be legally bound as the parent of the child. **Sections 2, 5 and 10** of this bill make conforming changes.



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

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

1. An insurer that offers or issues a policy of health insurance that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the policy of health insurance.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

Sec. 2. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive **[]**, *and section 1 of this act.*

Sec. 3. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer that offers or issues a policy of group health insurance that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the policy of group health insurance.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

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

1. A carrier that offers or issues a health benefit plan that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the health benefit plan.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.



Sec. 5. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, *and section 4 of this act* to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 6. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A society that offers or issues a benefit contract that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the benefit contract.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

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

1. An insurer that offers or issues a contract for hospital or medical services that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the contract for hospital or medical services.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

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

1. A health maintenance organization that offers or issues a health care plan that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the enrollee is acting as a gestational carrier.

2. If an enrollee acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the health care plan.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

Sec. 9. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a



1 certificate of authority under this chapter. This provision does not
2 apply to an insurer licensed and regulated pursuant to this title
3 except with respect to its activities as a health maintenance
4 organization authorized and regulated pursuant to this chapter.

5 2. Solicitation of enrollees by a health maintenance
6 organization granted a certificate of authority, or its representatives,
7 must not be construed to violate any provision of law relating to
8 solicitation or advertising by practitioners of a healing art.

9 3. Any health maintenance organization authorized under this
10 chapter shall not be deemed to be practicing medicine and is exempt
11 from the provisions of chapter 630 of NRS.

12 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
13 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
14 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
15 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, *and*
16 *section 8 of this act* and 695C.265 do not apply to a health
17 maintenance organization that provides health care services through
18 managed care to recipients of Medicaid under the State Plan for
19 Medicaid or insurance pursuant to the Children's Health Insurance
20 Program pursuant to a contract with the Division of Health Care
21 Financing and Policy of the Department of Health and Human
22 Services. This subsection does not exempt a health maintenance
23 organization from any provision of this chapter for services
24 provided pursuant to any other contract.

25 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
26 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and
27 695C.1757 apply to a health maintenance organization that provides
28 health care services through managed care to recipients of Medicaid
29 under the State Plan for Medicaid.

30 **Sec. 10.** NRS 695C.330 is hereby amended to read as follows:
31 695C.330 1. The Commissioner may suspend or revoke any
32 certificate of authority issued to a health maintenance organization
33 pursuant to the provisions of this chapter if the Commissioner finds
34 that any of the following conditions exist:

35 (a) The health maintenance organization is operating
36 significantly in contravention of its basic organizational document,
37 its health care plan or in a manner contrary to that described in and
38 reasonably inferred from any other information submitted pursuant
39 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
40 to those submissions have been filed with and approved by the
41 Commissioner;

42 (b) The health maintenance organization issues evidence of
43 coverage or uses a schedule of charges for health care services
44 which do not comply with the requirements of NRS 695C.1691 to
45 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 Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 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 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 or creditors or to the general public;

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

Sec. 11. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. A managed care organization that offers or issues a health care plan that includes coverage for maternity care shall not deny, limit or seek reimbursement for maternity care because the insured is acting as a gestational carrier.

2. If an insured acts as a gestational carrier, the child shall be deemed to be a child of the intended parent, as defined in NRS 126.590, for purposes related to the health care plan.

3. As used in this section, "gestational carrier" has the meaning ascribed to it in NRS 126.580.

Sec. 12. (Deleted by amendment.)

Sec. 13. (Deleted by amendment.)

Sec. 14. 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 687B.409, 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, *and section 11 of this act* and 695G.405, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 15. (Deleted by amendment.)

Sec. 16. (Deleted by amendment.)

Sec. 17. This act becomes effective on January 1, 2020.

