Amendment No. 511

Senate Amendment to Senate Bill No. 200 (BDR 57-43)

Proposed by: Senate Committee on Commerce and Labor

Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date
Adopted ☐	Lost ☐		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 **green bold underlining** is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

DP/WLK Date: 4/20/2019

S.B. No. 200—Requires health insurers to provide coverage for certain services and equipment. (BDR 57-43)

SENATE BILL NO. 200–SENATORS SPEARMAN, PARKS; HARRIS AND SCHEIBLE

FEBRUARY 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Requires health insurers to provide coverage for certain services and equipment. (BDR 57-43)

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 health care; requiring certain health insurance policies, health care plans and benefit plans and contracts to include coverage for certain services, devices **, accessories** and supplies relating to hearing **[**~~aids and cochlear implants~~**]** **devices** for certain persons; **[**~~requiring the State Plan for Medicaid and the Children's Health Insurance Program to include coverage for children for certain services, devices and supplies relating to hearing aids and cochlear implants;~~**]** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Sections **[**~~2, 4, 5, 10-13 and 15-17~~**]** **2.5, 4.5, 5.5, 10.5, 11.5, 12.5 and 15.5** of this bill require coverage for certain services, devices **, accessories** and supplies relating to hearing **[**~~aids~~**]** **devices** to be included for persons who are covered in: (1) policies of health insurance, policies of group health insurance and contracts for hospital or medical services which are offered or issued by insurers; (2) health benefit plans which are offered or issued by carriers; (3) benefit contracts which are offered or issued by fraternal benefit societies; **and** (4) health care plans which are offered by health maintenance organizations or managed care organizations **. [**~~; and (5) policies of group health insurance which are purchased for certain public officers and employees. Sections 2, 4, 5, 10-13 and 15-17 also require coverage for certain services, devices and supplies relating to cochlear implants for children who are covered in such policies, plans and contracts.~~

~~Existing law requires this State to develop a State Plan for Medicaid which includes, without limitation, a list of the medical services provided to Medicaid recipients. (42 U.S.C. § 1396a; NRS 422.063) Section 18 of this bill requires the Director of the Department of Health and Human Services to include in the State Plan for Medicaid and in the Children's Health Insurance Program a requirement that the State pay the nonfederal share of expenditures for certain services, devices and supplies relating to hearing aids and cochlear implants which are incurred on behalf of a child who is covered in the Plan or Program, as applicable.~~**]**

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

Section 1. NRS 686B.080 is hereby amended to read as follows:

686B.080 1. Except as otherwise provided in subsections 2 to 5, inclusive, each filing and any supporting information filed under NRS 686B.010 to 686B.1799, inclusive, must, as soon as filed, be open to public inspection at any reasonable time. Copies may be obtained by any person on request and upon payment of a reasonable charge therefor.

2. All rates for health benefit plans available for purchase by individuals and small employers are considered proprietary and constitute trade secrets, and are not subject to disclosure by the Commissioner to persons outside the Division except as agreed to by the carrier or as ordered by a court of competent jurisdiction.

3. The provisions of subsection 2 expire annually on the date 30 days before open enrollment.

4. Except in cases of violations of NRS 689A.010 to 689A.740, inclusive, or 689C.015 to 689C.355, inclusive, ***and section ~~[5]~~ 5.5 of this act,*** the unified rate review template and rate filing documentation used by carriers servicing the individual and small employer markets are considered proprietary and constitute a trade secret, and are not subject to disclosure by the Commissioner to persons outside the Division except as agreed to by the carrier or as ordered by a court of competent jurisdiction.

5. An insurer providing blanket health insurance in accordance with the provisions of chapter 689B of NRS shall make all information concerning rates available to the Commissioner upon request. Such information is considered proprietary and constitutes a trade secret and is not subject to disclosure by the Commissioner to persons outside the Division except as agreed by the insurer or as ordered by a court of competent jurisdiction.

6. For the purposes of this section:

(a) "Open enrollment" has the meaning ascribed to it in 45 C.F.R. § 147.104(b)(1)(ii).

(b) "Rate filing documentation" and "unified rate review template" have the meanings ascribed to them in 45 C.F.R. § 154.215.

Sec. 2. ~~[Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, an insurer that offers or issues a policy of health insurance shall include in the policy coverage for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the policyholder or subscriber by his or her provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~*(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the policyholder or subscriber;*~~

~~*(e) If the policy provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and*~~

~~*(f) If the policy provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:*~~

~~(1) Otologic examination;~~
~~(2) Audiological evaluation;~~
~~(3) Physical examination;~~
~~(4) Psychological evaluation;~~
~~(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and~~
~~(6) Postoperative follow-up evaluation and rehabilitation.~~
~~2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:~~
~~(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;~~
~~(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and~~
~~(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.~~
~~3. Coverage required pursuant to subsection 1 is not required to include:~~
~~(a) Routine maintenance of a hearing aid device; or~~
~~(b) Batteries in excess of four per hearing aid per month, except when medically necessary.~~
~~4. The provisions of this section do not prohibit, preempt or discourage any policy that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.~~
~~5. A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.~~
~~6. As used in this section, "child" means a person 18 years of age or younger.]~~ (Deleted by amendment.)

Sec. 2.5. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A policy of health insurance must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

Sec. 3. 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 ~~[2]~~ 2.5 of this act.*

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

~~1. Except as otherwise provided in subsection 3, an insurer that offers or issues a policy of group health insurance shall include in the policy coverage for:~~
~~(a) Hearing screening tests;~~

~~(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;~~

~~(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);~~

~~(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;~~

~~(e) If the policy provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and~~

~~(f) If the policy provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:~~

~~(1) Otologic examination;~~

~~(2) Audiological evaluation;~~

~~(3) Physical examination;~~

~~(4) Psychological evaluation;~~

~~(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and~~

~~(6) Postoperative follow-up evaluation and rehabilitation.~~

~~2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:~~

~~(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;~~

~~(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and~~

~~(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.~~

~~3. Coverage required pursuant to subsection 1 is not required to include:~~

~~(a) Routine maintenance of a hearing aid device; or~~

~~(b) Batteries in excess of four per hearing aid per month, except when medically necessary.~~

~~4. The provisions of this section do not prohibit, preempt or discourage any policy that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.~~

~~5. A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.~~

~~6. As used in this section, "child" means a person 18 years of age or younger.~~ **(Deleted by amendment.)**

Sec. 4.5. **Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:**

1. A policy of group health insurance must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and

any provision of the policy or the renewal which is in conflict with this section is void.

Sec. 5. ~~[Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, a carrier that offers or issues a health benefit plan shall include in the plan coverage for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~*(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;*~~

~~*(e) If the plan provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and*~~

~~*(f) If the plan provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:*~~

~~*(1) Otologic examination;*~~

~~*(2) Audiological evaluation;*~~

~~*(3) Physical examination;*~~

~~*(4) Psychological evaluation;*~~

~~*(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and*~~

~~*(6) Postoperative follow-up evaluation and rehabilitation.*~~

~~*2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:*~~

~~*(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;*~~

~~*(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and*~~

~~*(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.*~~

~~*3. Coverage required pursuant to subsection 1 is not required to include:*~~

~~*(a) Routine maintenance of a hearing aid device; or*~~

~~*(b) Batteries in excess of four per hearing aid per month, except when medically necessary.*~~

~~*4. The provisions of this section do not prohibit, preempt or discourage any plan that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.*~~

~~*5. A plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.*~~

~~*6. As used in this section, "child" means a person 18 years of age or younger.]*~~ **(Deleted by amendment.)**

Sec. 5.5. **Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:**

1. A health benefit plan must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the health benefit plan or the renewal which is in conflict with this section is void.

Sec. 6. NRS 689C.155 is hereby amended to read as follows:

689C.155 The Commissioner may adopt regulations to carry out the provisions of NRS 689C.109 to 689C.143, inclusive, 689C.156 to 689C.159, inclusive, 689C.165, 689C.183, 689C.187, 689C.191 to 689C.198, inclusive, 689C.203, 689C.207, 689C.265, 689C.325, 689C.355 and 689C.610 to 689C.940, inclusive, ***and section ~~[5]~~ 5.5 of this act*** and to ensure that rating practices used by carriers serving small employers are consistent with those sections, including regulations that:

1. Ensure that differences in rates charged for health benefit plans by such carriers are reasonable and reflect only differences in the designs of the plans, the terms of the coverage, the amount contributed by the employers to the cost of coverage and differences based on the rating factors established by the carrier.

2. Prescribe the manner in which rating factors may be used by such carriers.

Sec. 7. NRS 689C.156 is hereby amended to read as follows:

689C.156 1. As a condition of transacting business in this State with small employers, a carrier shall actively market to a small employer each health benefit plan which is actively marketed in this State by the carrier to any small employer in this State. A carrier shall be deemed to be actively marketing a health benefit plan when it makes available any of its plans to a small employer that is not currently receiving coverage under a health benefit plan issued by that carrier.

2. A carrier shall issue to a small employer any health benefit plan marketed in accordance with this section if the eligible small employer applies for the plan and agrees to make the required premium payments and satisfy the other reasonable provisions of the health benefit plan that are not inconsistent with NRS 689C.015 to 689C.355, inclusive, ***and section ~~[5]~~ 5.5 of this act*** and 689C.610 to 689C.940, inclusive, except that a carrier is not required to issue a health benefit plan to a self-employed person who is covered by, or is eligible for coverage under, a health benefit plan offered by another employer.

3. If a health benefit plan marketed pursuant to this section provides, delivers, arranges for, pays for or reimburses any cost of health care services through managed care, the carrier shall provide a system for resolving any complaints of an employee concerning those health care services that complies with the provisions of NRS 695G.200 to 695G.310, inclusive.

Sec. 8. NRS 689C.193 is hereby amended to read as follows:

689C.193 1. A carrier shall not place any restriction on a small employer or an eligible employee or a dependent of the eligible employee as a condition of being a participant in or a beneficiary of a health benefit plan that is inconsistent with NRS 689C.015 to 689C.355, inclusive ~~[.]~~ ***, and section ~~[5]~~ 5.5 of this act.***

2. A carrier that offers health insurance coverage to small employers pursuant to this chapter shall not establish rules of eligibility, including, but not limited to, rules which define applicable waiting periods, for the initial or continued enrollment under a health benefit plan offered by the carrier that are based on the

following factors relating to the eligible employee or a dependent of the eligible employee:

(a) Health status.

(b) Medical condition, including physical and mental illnesses, or both.

(c) Claims experience.

(d) Receipt of health care.

(e) Medical history.

(f) Genetic information.

(g) Evidence of insurability, including conditions which arise out of acts of domestic violence.

(h) Disability.

3. Except as otherwise provided in NRS 689C.190, the provisions of subsection 1 do not require a carrier to provide particular benefits other than those that would otherwise be provided under the terms of the health benefit plan or coverage.

4. As a condition of enrollment or continued enrollment under a health benefit plan, a carrier shall not require any person to pay a premium or contribution that is greater than the premium or contribution for a similarly situated person covered by similar coverage on the basis of any factor described in subsection 2 in relation to the person or a dependent of the person.

5. Nothing in this section:

(a) Restricts the amount that a small employer may be charged for coverage by a carrier;

(b) Prevents a carrier from establishing premium discounts or rebates or from modifying otherwise applicable copayments or deductibles in return for adherence by the insured person to programs of health promotion and disease prevention; or

(c) Precludes a carrier from establishing rules relating to employer contribution or group participation when offering health insurance coverage to small employers in this State.

6. As used in this section:

(a) "Contribution" means the minimum employer contribution toward the premium for enrollment of participants and beneficiaries in a health benefit plan.

(b) "Group participation" means the minimum number of participants or beneficiaries that must be enrolled in a health benefit plan in relation to a specified percentage or number of eligible persons or employees of the employer.

Sec. 9. 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 ~~[5]~~ 5.5 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. 10. ~~[Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, a society that offers or issues a benefit contract shall include in the contract coverage for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;~~

~~(e) If the contract provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and~~

~~(f) If the contract provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:~~

~~(1) Otologic examination;~~

~~(2) Audiological evaluation;~~

~~(3) Physical examination;~~

~~(4) Psychological evaluation;~~

~~(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and~~

~~(6) Postoperative follow-up evaluation and rehabilitation.~~

~~2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:~~

~~(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;~~

~~(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and~~

~~(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.~~

~~3. Coverage required pursuant to subsection 1 is not required to include:~~

~~(a) Routine maintenance of a hearing aid device; or~~

~~(b) Batteries in excess of four per hearing aid per month, except when medically necessary.~~

~~4. The provisions of this section do not prohibit, preempt or discourage any contract that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.~~

~~5. A contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.~~

~~6. As used in this section, "child" means a person 18 years of age or younger.~~] (Deleted by amendment.)

Sec. 10.5. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A benefit contract must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the benefit contract or the renewal which is in conflict with this section is void.

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

~~*1. Except as otherwise provided in subsection 3, an insurer that offers or issues a contract for hospital or medical services shall include in the contract coverage for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~*(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;*~~

~~*(e) If the contract provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and*~~

~~*(f) If the contract provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:*~~

~~*(1) Otologic examination;*~~

~~*(2) Audiological evaluation;*~~

~~*(3) Physical examination;*~~

~~*(4) Psychological evaluation;*~~

~~*(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and*~~

~~*(6) Postoperative follow-up evaluation and rehabilitation.*~~

~~*2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:*~~

~~*(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;*~~

~~*(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and*~~

~~*(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.*~~

~~*3. Coverage required pursuant to subsection 1 is not required to include:*~~

~~*(a) Routine maintenance of a hearing aid device; or*~~

~~*(b) Batteries in excess of four per hearing aid per month, except when medically necessary.*~~

~~*4. The provisions of this section do not prohibit, preempt or discourage any contract that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.*~~

~~*5. A contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.*~~

~~*6. As used in this section, "child" means a person 18 years of age or younger.]*~~ **(Deleted by amendment.)**

Sec. 11.5. **Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:**

1. A contract for hospital or medical services must include coverage for a hearing device and any related device, supplies, accessory and service which are

medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A contract for hospital or medical services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the contract for hospital or medical services or the renewal which is in conflict with this section is void.

Sec. 12. ~~[Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, a health maintenance organization that offers or issues a health care plan shall include in the plan coverage for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~*(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;*~~

~~*(e) If the plan provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and*~~

~~*(f) If the plan provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:*~~

~~*(1) Otologic examination;*~~

~~*(2) Audiological evaluation;*~~

~~*(3) Physical examination;*~~

~~*(4) Psychological evaluation;*~~

~~*(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and*~~

~~*(6) Postoperative follow-up evaluation and rehabilitation.*~~

~~*2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:*~~

~~*(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;*~~

~~*(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and*~~

~~*(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.*~~

~~*3. Coverage required pursuant to subsection 1 is not required to include:*~~

~~*(a) Routine maintenance of a hearing aid device; or*~~

~~*(b) Batteries in excess of four per hearing aid per month, except when medically necessary.*~~

~~*4. The provisions of this section do not prohibit, preempt or discourage any plan that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.*~~

~~*5. A plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of*~~

~~*including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.*~~

~~*6. As used in this section, "child" means a person 18 years of age or younger.]*~~ **(Deleted by amendment.)**

Sec. 12.5. **Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:**

1. A health care plan must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an enrollee who is less than 18 years of age.

2. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the health care plan or the renewal which is in conflict with this section is void.

Sec. 13. 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 certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

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

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

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and 695C.265 ***and section 12.5 of this act*** do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and 695C.1757 ~~*[and section 12 of this act]*~~ apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 14. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless

any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, ***and section ~~[12]~~ 12.5 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. 15. ~~[Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, a managed care organization that offers or issues a health care plan shall include in the plan coverage for:*~~

~~(a) Hearing screening tests;~~

~~(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the insured by his or her provider of health care;~~

~~(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);~~

~~(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the insured;~~

~~(e) If the plan provides coverage for a child, bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and~~

~~(f) If the plan provides coverage for a child, services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:~~

~~(1) Otologic examination;~~

~~(2) Audiological evaluation;~~

~~(3) Physical examination;~~

~~(4) Psychological evaluation;~~

~~(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and~~

~~(6) Postoperative follow up evaluation and rehabilitation.~~

~~2. Coverage required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 is limited to services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:~~

~~(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;~~

~~(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and~~

~~(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.~~

~~3. Coverage required pursuant to subsection 1 is not required to include:~~

~~(a) Routine maintenance of a hearing aid device; or~~

~~(b) Batteries in excess of four per hearing aid per month, except when medically necessary.~~

~~4. The provisions of this section do not prohibit, preempt or discourage any health care plan that provides coverage for the services, devices and supplies described in this section that is more generous than the requirements of this section.~~

~~5. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.~~

~~6. As used in this section, "child" means a person 18 years of age or younger.~~] (Deleted by amendment.)

Sec. 15.5. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. A health care plan must include coverage for a hearing device and any related device, supplies, accessory and service which are medically necessary, including, without limitation, ear molds, batteries, retention accessories and personal frequency modulated services that are prescribed for an insured who is less than 18 years of age.

2. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2020, has the legal effect of including the coverage required by this section, and any provision of the health care plan or the renewal which is in conflict with this section is void.

Sec. 16. ~~[NRS 287.010 is hereby amended to read as follows:~~

~~287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may:~~

~~(a) Adopt and carry into effect a system of group life, accident or health insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.~~

~~(b) Purchase group policies of life, accident or health insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.~~

~~(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, and 689B.287~~ ***and section 4 of this act*** ~~apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378 and 689B.03785 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.~~

~~(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.~~

~~2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.~~

~~3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization~~

~~pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.~~

~~4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:~~

~~(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and~~

~~(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.~~

~~5. A contract that is entered into pursuant to subsection 3:~~

~~(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.~~

~~(b) Does not become effective unless approved by the Commissioner.~~

~~(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.~~

~~6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.]~~ **(Deleted by amendment.)**

Sec. 17. ~~[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, 695C.150, 695C.160, 695C.162, 695C.164, 695C.1645, 695C.1665, 695C.167, 695C.170 to 695C.173, inclusive, 695C.177, 695C.200 to 695C.230, inclusive, 695C.241 to 695C.310, inclusive, and 695C.405~~ ~~[,]~~ ~~*and section 15 of this act,*~~ ~~in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.]~~ **(Deleted by amendment.)**

Sec. 18. ~~[Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*1. Except as otherwise provided in subsection 3, the Director shall include in the State Plan for Medicaid and in the Children's Health Insurance Program a requirement that the State pay the nonfederal share of expenditures incurred on behalf of a child for:*~~

~~*(a) Hearing screening tests;*~~

~~*(b) Hearing aid devices and related supplies for the type and brand of hearing aid device that is prescribed for the child by the child's provider of health care;*~~

~~*(c) Except as otherwise provided in paragraph (a) of subsection 3, maintenance and repair of a hearing aid device described in paragraph (b);*~~

~~*(d) Replacement of a hearing aid device described in paragraph (b) that is lost or broken if not less than 12 months have elapsed since the date on which the device was issued to the child;*~~

~~*(e) Bilateral and unilateral cochlear and auditory brainstem implants when determined to be medically necessary for a child with profound hearing impairment; and*~~

~~*(f) Services related to cochlear and auditory brainstem implants described in paragraph (e), including, without limitation:*~~

~~*(1) Otologic examination;*~~

~~*(2) Audiological evaluation;*~~

~~(3) Physical examination;~~
~~(4) Psychological evaluation;~~
~~(5) Surgical implantation of the cochlear and auditory brainstem implant devices; and~~
~~(6) Postoperative follow-up evaluation and rehabilitation.~~
~~2. Payments required pursuant to paragraphs (a) to (d), inclusive, of subsection 1 are limited to expenditures for services, devices and supplies as described in paragraphs (a) to (d), inclusive, of subsection 1 that are provided or prescribed by:~~
~~(a) Physicians who are licensed to practice medicine pursuant to chapter 630 or 633 of NRS;~~
~~(b) Audiologists who are licensed pursuant to chapter 637B of NRS; and~~
~~(c) Hearing aid specialists who are licensed pursuant to chapter 637B of NRS.~~
~~3. Payments required pursuant to subsection 1 shall not include expenditures for:~~
~~(a) Routine maintenance of a hearing aid device;~~
~~(b) Batteries in excess of four per hearing aid per month, except when medically necessary; or~~
~~(c) Repair or replacement of a hearing aid device if the child is no longer eligible for the State Plan for Medicaid or the Children's Health Insurance Program.~~
~~4. As used in this section, "child" means a person 18 years of age or younger.]~~ **(Deleted by amendment.)**

Sec. 19. NRS 608.1577 is hereby amended to read as follows:

608.1577 1. An employer shall notify his or her employees of the employer's intent to accept a policy of group life, dental or health insurance which covers the employees.

2. If an employer is the policyholder of a policy of group life, dental or health insurance which covers his or her employees, the employer shall notify the insurer and employees of his or her intent to terminate, reduce or modify substantially any benefit under the policy, or to change insurers.

3. If an employer is the policyholder or contract holder under a policy or contract issued pursuant to chapter 689B, 695A, 695B, 695C, 695D or 695F of NRS, or NRS 689C.015 to 689C.590, inclusive, ***and section ~~[5]~~ 5.5 of this act*** and which provides benefits for his or her employees, the employer shall, if applicable, notify the employees of:

(a) The employer's inability to pay a premium when due; and

(b) The employer's intention to stop paying premiums.

4. Any notice required pursuant to this section must be:

(a) Given at least 15 days before the:

(1) Acceptance of, change in or termination of benefits or insurers; or

(2) Next unpaid premium is due; and

(b) Conspicuously posted at the place of employment or given in another manner which ensures that all employees will receive the information.

Sec. 20. This act becomes effective:

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

2. On January 1, 2020, for all other purposes.