Amendment No. 368

Assembly Amendment to Assembly Bill No. 180	(BDR 57-857)							
Proposed by: Assembly Committee on Commerce and Labor								
Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No	Digest: Yes							

ASSEMBLY	AC	ΓΙΟΝ	Initial and Date		SENATE ACTIO)N Initi	ial and Date
Adopted		Lost		I	Adopted	Lost	
Concurred In		Not		I	Concurred In	Not	
Receded		Not		I	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.

SRF/EWR Date: 4/19/2021

A.B. No. 180—Revises provisions governing policies of insurance which provide for the payment of expenses which are not covered by Medicare. (BDR 57-857)

ASSEMBLY BILL NO. 180-ASSEMBLYWOMAN HANSEN

FEBRUARY 25, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing policies [of insurance which provide for the payment of expenses which are not covered by] to supplement Medicare. (BDR 57-857)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

EXPLANATION - Matter in **bolded italics** is new; matter between brackets formitted material; is material to be omitted.

AN ACT relating to insurance; requiring the adoption of <u>certain</u> regulations <u>to require insurers offering</u>] <u>governing</u> policies <u>[of insurance which provide for the payment of expenses which are not covered by] to <u>supplement</u> Medicare <u>[to offer at least one such policy to provide coverage to]</u> <u>for certain persons with <u>[a disability;]</u> <u>disabilities;</u> and providing other matters properly relating thereto.</u></u>

Legislative Counsel's Digest:

Existing federal law provides for the Medicare program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are less than 65 years of age. (42 U.S.C. §§ 1395 et seq.) Existing law [requires] authorizes the Commissioner of Insurance to adopt regulations relating to the form, content and sale of policies of insurance which provide for the payment of expenses which are not covered by Medicare. (NRS 687B.430) This bill defines the term "policy to supplement Medicare" to refer to such policies and requires the Commissioner to adopt such regulations.

This bill requires those regulations to require an insurer offering [such a policy] policies to supplement Medicare to offer [at least one such policy to] all policies that: (1) provide coverage for persons who are less than 65 years of age and who qualify for Medicare [because of a] by reason of disability [-]; and (2) are guaranteed to be issued under federal law. This bill additionally requires the Commissioner to adopt regulations that authorize insurers to develop rates for premiums that are specific to such persons.

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

Section 1. NRS 687B.430 is hereby amended to read as follows: 687B.430 1. The Commissioner [may] shall adopt regulations relating to the form, content and sale of policies [of insurance which provide for the payment]

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of expenses which are not covered by to supplement Medicare. The regulations 2 must [require]: 4

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(a) Require each insurer offering [such a policy] policies to supplement

Medicare to offer [at least one such policy to provide] all policies that:

(1) Provide coverage for persons [with a disability] who are less than 65

years of age and eligible for Medicare \ by reason of disability, as prescribed by 42 U.S.C. § 426(b); and

(2) The insurer is required to issue on a guaranteed issue basis under the provisions of 42 U.S.C. § 1395ss.

(b) Authorize insurers to develop rates for premiums that are specific to the persons described in paragraph (a).

The Commissioner may adopt regulations relating to the sale of more than one policy of health insurance to the same person.

As used in this section .:

- (a) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act (42 U.S.C. §§ 1395 et seq.).
- (b) "Policy to supplement Medicare" means a group or individual policy of insurance, or a subscriber contract, other than a policy issued pursuant to section 1876 of the Social Security Act, 42 U.S.C. § 1395mm, or pursuant to a demonstration project that is advertised, marketed or designed primarily as a supplement to the reimbursements provided under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. The term does not include Medicare Advantage plans established under Medicare Part C, 42 U.S.C. §§ 1395w-21 et seq., Outpatient Prescription Drug plans established under Medicare Part D, 42 U.S.C. § 1396r-8, or any Health Care Prepayment Plan that provides benefits pursuant to an agreement under section 1833(a)(1)(A) of the Social Security Act, 42 U.S.C. § 1395l(a)(1)(A).
 - This section becomes effective upon passage and approval. Sec. 2. 1.
 - Section 1 of this act becomes effective:
- (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and
 - (b) On January 1, 2022, for all other purposes.