
SENATE BILL NO. 183—SENATOR MATHEWS

FEBRUARY 20, 2003

JOINT SPONSOR: ASSEMBLYWOMAN GIBBONS

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain policies of health insurance and health care plans to include coverage for screening examinations and tests for colorectal cancer. (BDR 57-726)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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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; requiring certain policies of health insurance and health care plans to include coverage for screening examinations and tests for colorectal cancer; and providing other matters properly relating thereto.

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

- 1 **Section 1.** Chapter 689A of NRS is hereby amended by
2 adding thereto a new section to read as follows:
3 ***1. A policy of health insurance must provide coverage for***
4 ***screening examinations and tests for colorectal cancer at regular***
5 ***intervals for any person insured under the policy who:***
6 ***(a) Is 50 years of age or older; or***
7 ***(b) Is less than 50 years of age and:***
8 ***(1) Is at high risk for colorectal cancer; or***
9 ***(2) Exhibits symptoms that indicate a need for screening***
10 ***examinations and tests for colorectal cancer at regular intervals.***
11 ***2. The coverage for screening examinations and tests for***
12 ***colorectal cancer required by this section includes, without***
13 ***limitation:***



- 1 (a) *A fecal occult blood test;*
- 2 (b) *A flexible sigmoidoscopy;*
- 3 (c) *A colonoscopy;*
- 4 (d) *A barium enema;*
- 5 (e) *Any other screening examination or test for colorectal*
- 6 *cancer which is consistent with accepted medical practices and*
- 7 *procedures; or*
- 8 (f) *Any combination of screening examinations and tests set*
- 9 *forth in paragraphs (a) to (e), inclusive.*
- 10 3. *The physician of the insured person shall, in consultation*
- 11 *with the insured person, determine the appropriate screening*
- 12 *examinations and tests for colorectal cancer for that person and*
- 13 *the frequency of those examinations and tests.*
- 14 4. *An insurer who delivers or issues for delivery a policy of*
- 15 *health insurance shall:*
- 16 (a) *Include in the disclosure required pursuant to NRS*
- 17 *689A.390 notice to each policyholder and subscriber under the*
- 18 *policy of the availability of the benefits required by this section;*
- 19 *and*
- 20 (b) *Provide the coverage required by this section subject to the*
- 21 *same deductible, copayment, coinsurance and other such*
- 22 *conditions for coverage that are required under the policy.*
- 23 5. *A policy of health insurance subject to the provisions of*
- 24 *this chapter that is delivered, issued for delivery or renewed on or*
- 25 *after October 1, 2003, has the legal effect of including the*
- 26 *coverage required by this section, and any provision of the policy*
- 27 *that conflicts with the provisions of this section is void.*
- 28 6. *For the purposes of this section, a person shall be deemed*
- 29 *to be "at high risk for colorectal cancer" if the person has:*
- 30 (a) *A family history of polyps, including, without limitation,*
- 31 *familial adenomatous polyposis;*
- 32 (b) *A family history of colon cancer, including, without*
- 33 *limitation, hereditary nonpolyposis colon cancer;*
- 34 (c) *A family history of breast, ovarian or endometrial cancer;*
- 35 (d) *Chronic inflammatory bowel disease; or*
- 36 (e) *A medical history, lifestyle or ethnic background which*
- 37 *causes the person's physician to believe the person is at an*
- 38 *elevated risk for colorectal cancer.*
- 39 **Sec. 2.** NRS 689A.330 is hereby amended to read as follows:
- 40 689A.330 If any policy is issued by a domestic insurer for
- 41 delivery to a person residing in another state, and if the Insurance
- 42 Commissioner or corresponding public officer of that other state has
- 43 informed the Commissioner that the policy is not subject to approval
- 44 or disapproval by that officer, the Commissioner may by ruling



1 require that the policy meet the standards set forth in NRS 689A.030
2 to 689A.320, inclusive ~~H~~, and *section 1 of this act*.

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

5 *1. A policy of group health insurance must provide coverage*
6 *for screening examinations and tests for colorectal cancer at*
7 *regular intervals for any person insured under the policy who:*

- 8 (a) *Is 50 years of age or older; or*
9 (b) *Is less than 50 years of age and:*
10 (1) *Is at high risk for colorectal cancer; or*
11 (2) *Exhibits symptoms that indicate a need for screening*
12 *examinations and tests for colorectal cancer at regular intervals.*

13 *2. The coverage for screening examinations and tests for*
14 *colorectal cancer required by this section includes, without*
15 *limitation:*

- 16 (a) *A fecal occult blood test;*
17 (b) *A flexible sigmoidoscopy;*
18 (c) *A colonoscopy;*
19 (d) *A barium enema;*
20 (e) *Any other screening examination or test for colorectal*
21 *cancer which is consistent with accepted medical practices and*
22 *procedures; or*
23 (f) *Any combination of screening examinations and tests set*
24 *forth in paragraphs (a) to (e), inclusive.*

25 *3. The physician of the insured person shall, in consultation*
26 *with the insured person, determine the appropriate screening*
27 *examinations and tests for colorectal cancer for that person and*
28 *the frequency of those examinations and tests.*

29 *4. An insurer who delivers or issues for delivery a policy of*
30 *group health insurance shall:*

31 (a) *Include in the disclosure required pursuant to NRS*
32 *689B.027 notice to each group policyholder of the availability of*
33 *the benefits required by this section; and*

34 (b) *Provide the coverage required by this section subject to the*
35 *same deductible, copayment, coinsurance and other such*
36 *conditions for coverage that are required under the policy.*

37 *5. A policy of health insurance subject to the provisions of*
38 *this chapter that is delivered, issued for delivery or renewed on or*
39 *after October 1, 2003, has the legal effect of including the*
40 *coverage required by this section, and any provision of the policy*
41 *that conflicts with the provisions of this section is void.*

42 *6. For the purposes of this section, a person shall be deemed*
43 *to be "at high risk for colorectal cancer" if the person has:*

44 (a) *A family history of polyps, including, without limitation,*
45 *familial adenomatous polyposis;*



- 1 ***(b) A family history of colon cancer, including, without***
- 2 ***limitation, hereditary nonpolyposis colon cancer;***
- 3 ***(c) A family history of breast, ovarian or endometrial cancer;***
- 4 ***(d) Chronic inflammatory bowel disease; or***
- 5 ***(e) A medical history, lifestyle or ethnic background which***
- 6 ***causes the person's physician to believe the person is at an***
- 7 ***elevated risk for colorectal cancer.***

8 **Sec. 4.** Chapter 695B of NRS is hereby amended by adding
9 thereto a new section to read as follows:

10 ***1. A policy of health insurance issued by a medical services***
11 ***corporation must provide coverage for screening examinations***
12 ***and tests for colorectal cancer at regular intervals for any person***
13 ***insured under the policy who:***

- 14 ***(a) Is 50 years of age or older; or***
- 15 ***(b) Is less than 50 years of age and:***
 - 16 ***(1) Is at high risk for colorectal cancer; or***
 - 17 ***(2) Exhibits symptoms that indicate a need for screening***
 - 18 ***examinations and tests for colorectal cancer at regular intervals.***

19 ***2. The coverage for screening examinations and tests for***
20 ***colorectal cancer required by this section includes, without***
21 ***limitation:***

- 22 ***(a) A fecal occult blood test;***
- 23 ***(b) A flexible sigmoidoscopy;***
- 24 ***(c) A colonoscopy;***
- 25 ***(d) A barium enema;***
- 26 ***(e) Any other screening examination or test for colorectal***
- 27 ***cancer which is consistent with accepted medical practices and***
- 28 ***procedures; or***
- 29 ***(f) Any combination of screening examinations and tests set***
- 30 ***forth in paragraphs (a) to (e), inclusive.***

31 ***3. The physician of the insured person shall, in consultation***
32 ***with the insured person, determine the appropriate screening***
33 ***examinations and tests for colorectal cancer for that person and***
34 ***the frequency of those examinations and tests.***

35 ***4. A medical services corporation that delivers or issues for***
36 ***delivery a policy of health insurance shall:***

- 37 ***(a) Include in the disclosure required pursuant to NRS***
- 38 ***695B.172 notice of the availability of the benefits required by this***
- 39 ***section to each person insured under the policy; and***
- 40 ***(b) Provide the coverage required by this section subject to the***
- 41 ***same deductible, copayment, coinsurance and other such***
- 42 ***conditions for coverage that are required under the policy.***

43 ***5. A policy of health insurance subject to the provisions of***
44 ***this chapter that is delivered, issued for delivery or renewed on or***
45 ***after October 1, 2003, has the legal effect of including the***



1 *coverage required by this section, and any provision of the policy*
2 *that conflicts with the provisions of this section is void.*

3 *6. For the purposes of this section, a person shall be deemed*
4 *to be "at high risk for colorectal cancer" if the person has:*

5 *(a) A family history of polyps, including, without limitation,*
6 *familial adenomatous polyposis;*

7 *(b) A family history of colon cancer, including, without*
8 *limitation, hereditary nonpolyposis colon cancer;*

9 *(c) A family history of breast, ovarian or endometrial cancer;*

10 *(d) Chronic inflammatory bowel disease; or*

11 *(e) A medical history, lifestyle or ethnic background which*
12 *causes the person's physician to believe the person is at an*
13 *elevated risk for colorectal cancer.*

14 **Sec. 5.** Chapter 695C of NRS is hereby amended by adding
15 thereto a new section to read as follows:

16 *1. A health care plan issued by a health maintenance*
17 *organization must provide coverage for screening examinations*
18 *and tests for colorectal cancer at regular intervals for any person*
19 *insured under the plan who:*

20 *(a) Is 50 years of age or older; or*

21 *(b) Is less than 50 years of age and:*

22 *(1) Is at high risk for colorectal cancer; or*

23 *(2) Exhibits symptoms that indicate a need for screening*
24 *examinations and tests for colorectal cancer at regular intervals.*

25 *2. The coverage for screening examinations and tests for*
26 *colorectal cancer required by this section includes, without*
27 *limitation:*

28 *(a) A fecal occult blood test;*

29 *(b) A flexible sigmoidoscopy;*

30 *(c) A colonoscopy;*

31 *(d) A barium enema;*

32 *(e) Any other screening examination or test for colorectal*
33 *cancer which is consistent with accepted medical practices and*
34 *procedures; or*

35 *(f) Any combination of screening examinations and tests set*
36 *forth in paragraphs (a) to (e), inclusive.*

37 *3. The physician of the insured person shall, in consultation*
38 *with the insured person, determine the appropriate screening*
39 *examinations and tests for colorectal cancer for that person and*
40 *the frequency of those examinations and tests.*

41 *4. A health maintenance organization that delivers or issues*
42 *for delivery a health care plan shall:*

43 *(a) Include in the disclosure required pursuant to NRS*
44 *695C.193 notice of the availability of the benefits required by this*
45 *section to each person insured under the plan; and*



1 ***(b) Provide the coverage required by this section subject to the***
2 ***same deductible, copayment, coinsurance and other such***
3 ***conditions for coverage that are required under the plan.***

4 ***5. A health care plan subject to the provisions of this chapter***
5 ***that is delivered, issued for delivery or renewed on or after***
6 ***October 1, 2003, has the legal effect of including the coverage***
7 ***required by this section, and any provision of the plan that***
8 ***conflicts with the provisions of this section is void.***

9 ***6. For the purposes of this section, a person shall be deemed***
10 ***to be "at high risk for colorectal cancer" if the person has:***

11 ***(a) A family history of polyps, including, without limitation,***
12 ***familial adenomatous polyposis;***

13 ***(b) A family history of colon cancer, including, without***
14 ***limitation, hereditary nonpolyposis colon cancer;***

15 ***(c) A family history of breast, ovarian or endometrial cancer;***

16 ***(d) Chronic inflammatory bowel disease; or***

17 ***(e) A medical history, lifestyle or ethnic background which***
18 ***causes the person's physician to believe the person is at an***
19 ***elevated risk for colorectal cancer.***

20 **Sec. 6.** NRS 695C.050 is hereby amended to read as follows:

21 695C.050 1. Except as otherwise provided in this chapter or
22 in specific provisions of this title, the provisions of this title are not
23 applicable to any health maintenance organization granted a
24 certificate of authority under this chapter. This provision does not
25 apply to an insurer licensed and regulated pursuant to this title
26 except with respect to its activities as a health maintenance
27 organization authorized and regulated pursuant to this chapter.

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

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

35 4. The provisions of NRS 695C.110, 695C.170 to 695C.200,
36 inclusive, 695C.250 and 695C.265 do not apply to a health
37 maintenance organization that provides health care services through
38 managed care to recipients of Medicaid under the state plan for
39 Medicaid or insurance pursuant to the Children's Health Insurance
40 Program pursuant to a contract with the Division of Health Care
41 Financing and Policy of the Department of Human Resources. This
42 subsection does not exempt a health maintenance organization from
43 any provision of this chapter for services provided pursuant to any
44 other contract.



1 5. The provisions of NRS 695C.1694 and 695C.1695 *and*
2 *section 5 of this act* apply to a health maintenance organization that
3 provides health care services through managed care to recipients of
4 Medicaid under the state plan for Medicaid.

5 **Sec. 7.** NRS 695C.330 is hereby amended to read as follows:

6 695C.330 1. The Commissioner may suspend or revoke any
7 certificate of authority issued to a health maintenance organization
8 pursuant to the provisions of this chapter if he finds that any of the
9 following conditions exist:

10 (a) The health maintenance organization is operating
11 significantly in contravention of its basic organizational document,
12 its health care plan or in a manner contrary to that described in and
13 reasonably inferred from any other information submitted pursuant
14 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
15 to those submissions have been filed with and approved by the
16 Commissioner;

17 (b) The health maintenance organization issues evidence of
18 coverage or uses a schedule of charges for health care services
19 which do not comply with the requirements of NRS 695C.170 to
20 695C.200, inclusive, or 695C.1694, 695C.1695 or 695C.207 ~~or~~ *or*
21 *section 5 of this act*;

22 (c) The health care plan does not furnish comprehensive health
23 care services as provided for in NRS 695C.060;

24 (d) The State Board of Health certifies to the Commissioner that
25 the health maintenance organization:

26 (1) Does not meet the requirements of subsection 2 of NRS
27 695C.080; or

28 (2) Is unable to fulfill its obligations to furnish health care
29 services as required under its health care plan;

30 (e) The health maintenance organization is no longer financially
31 responsible and may reasonably be expected to be unable to meet its
32 obligations to enrollees or prospective enrollees;

33 (f) The health maintenance organization has failed to put into
34 effect a mechanism affording the enrollees an opportunity to
35 participate in matters relating to the content of programs pursuant to
36 NRS 695C.110;

37 (g) The health maintenance organization has failed to put into
38 effect the system for complaints required by NRS 695C.260 in a
39 manner reasonably to dispose of valid complaints;

40 (h) The health maintenance organization or any person on its
41 behalf has advertised or merchandised its services in an untrue,
42 misrepresentative, misleading, deceptive or unfair manner;

43 (i) The continued operation of the health maintenance
44 organization would be hazardous to its enrollees; or



1 (j) The health maintenance organization has otherwise failed to
2 comply substantially with the provisions of this chapter.

3 2. A certificate of authority must be suspended or revoked only
4 after compliance with the requirements of NRS 695C.340.

5 3. If the certificate of authority of a health maintenance
6 organization is suspended, the health maintenance organization shall
7 not, during the period of that suspension, enroll any additional
8 groups or new individual contracts, unless those groups or persons
9 were contracted for before the date of suspension.

10 4. If the certificate of authority of a health maintenance
11 organization is revoked, the organization shall proceed, immediately
12 following the effective date of the order of revocation, to wind up its
13 affairs and shall conduct no further business except as may be
14 essential to the orderly conclusion of the affairs of the organization.
15 It shall engage in no further advertising or solicitation of any kind.
16 The Commissioner may by written order permit such further
17 operation of the organization as he may find to be in the best interest
18 of enrollees to the end that enrollees are afforded the greatest
19 practical opportunity to obtain continuing coverage for health care.

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

22 *1. A health care plan issued by a managed care organization*
23 *must provide coverage for screening examinations and tests for*
24 *colorectal cancer at regular intervals for any person insured*
25 *under the plan who:*

- 26 (a) *Is 50 years of age or older; or*
27 (b) *Is less than 50 years of age and:*
28 (1) *Is at high risk for colorectal cancer; or*
29 (2) *Exhibits symptoms that indicate a need for screening*
30 *examinations and tests for colorectal cancer at regular intervals.*

31 *2. The coverage for screening examinations and tests for*
32 *colorectal cancer required by this section includes, without*
33 *limitation:*

- 34 (a) *A fecal occult blood test;*
35 (b) *A flexible sigmoidoscopy;*
36 (c) *A colonoscopy;*
37 (d) *A barium enema;*
38 (e) *Any other screening examination or test for colorectal*
39 *cancer which is consistent with accepted medical practices and*
40 *procedures; or*

41 (f) *Any combination of screening examinations and tests set*
42 *forth in paragraphs (a) to (e), inclusive.*

43 *3. The physician of the insured person shall, in consultation*
44 *with the insured person, determine the appropriate screening*



1 *examinations and tests for colorectal cancer for that person and*
2 *the frequency of those examinations and tests.*

3 *4. A managed care organization that delivers or issues for*
4 *delivery a health care plan specified in subsection 1 shall:*

5 *(a) Include in the disclosure required pursuant to NRS*
6 *695C.193 notice of the availability of the benefits required by this*
7 *section to each person insured under the plan; and*

8 *(b) Provide the coverage required by this section subject to the*
9 *same deductible, copayment, coinsurance and other such*
10 *conditions for coverage that are required under the plan.*

11 *5. A health care plan subject to the provisions of this chapter*
12 *that is delivered, issued for delivery or renewed on or after*
13 *October 1, 2003, has the legal effect of including the coverage*
14 *required by this section, and any provision of the plan that*
15 *conflicts with the provisions of this section is void.*

16 *6. For the purposes of this section, a person shall be deemed*
17 *to be "at high risk for colorectal cancer" if the person has:*

18 *(a) A family history of polyps, including, without limitation,*
19 *familial adenomatous polyposis;*

20 *(b) A family history of colon cancer, including, without*
21 *limitation, hereditary nonpolyposis colon cancer;*

22 *(c) A family history of breast, ovarian or endometrial cancer;*

23 *(d) Chronic inflammatory bowel disease; or*

24 *(e) A medical history, lifestyle or ethnic background which*
25 *causes the person's physician to believe the person is at an*
26 *elevated risk for colorectal cancer.*

27 **Sec. 9.** NRS 287.010 is hereby amended to read as follows:

28 287.010 1. The governing body of any county, school
29 district, municipal corporation, political subdivision, public
30 corporation or other public agency of the State of Nevada may:

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

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



1 (c) Provide group life, accident or health coverage through a
2 self-insurance reserve fund and, where necessary, deduct
3 contributions to the maintenance of the fund from the compensation
4 of officers and employees and pay the deductions into the fund. The
5 money accumulated for this purpose through deductions from
6 the compensation of officers and employees and contributions of the
7 governing body must be maintained as an internal service fund as
8 defined by NRS 354.543. The money must be deposited in a state or
9 national bank or credit union authorized to transact business in the
10 State of Nevada. Any independent administrator of a fund created
11 under this section is subject to the licensing requirements of chapter
12 683A of NRS, and must be a resident of this state. Any contract
13 with an independent administrator must be approved by the
14 Commissioner of Insurance as to the reasonableness of
15 administrative charges in relation to contributions collected and
16 benefits provided. The provisions of NRS 689B.030 to 689B.050,
17 inclusive, and 689B.575 *and section 3 of this act* apply to coverage
18 provided pursuant to this paragraph, except that the provisions of
19 NRS 689B.0359 do not apply to such coverage.

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

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

32 **Sec. 10.** NRS 287.04335 is hereby amended to read as
33 follows:

34 287.04335 If the Board provides health insurance through a
35 plan of self-insurance, it shall comply with the provisions of *section*
36 *8 of this act and* NRS 689B.255, 695G.150, 695G.160, 695G.170
37 and 695G.200 to 695G.230, inclusive, in the same manner as an
38 insurer that is licensed pursuant to title 57 of NRS is required to
39 comply with those provisions.

