

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.

~

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 and supplies relating to hearing aids and cochlear implants 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:**

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

13       Existing law requires this State to develop a State Plan for Medicaid which  
14 includes, without limitation, a list of the medical services provided to Medicaid  
15 recipients. (42 U.S.C. § 1396a; NRS 422.063) **Section 18** of this bill requires the  
16 Director of the Department of Health and Human Services to include in the State  
17 Plan for Medicaid and in the Children’s Health Insurance Program a requirement  
18 that the State pay the nonfederal share of expenditures for certain services, devices



19 and supplies relating to hearing aids and cochlear implants which are incurred on  
20 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:

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

3     686B.080 1. Except as otherwise provided in subsections 2 to  
4 5, inclusive, each filing and any supporting information filed under  
5 NRS 686B.010 to 686B.1799, inclusive, must, as soon as filed, be  
6 open to public inspection at any reasonable time. Copies may be  
7 obtained by any person on request and upon payment of a  
8 reasonable charge therefor.

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

14     3. The provisions of subsection 2 expire annually on the date  
15 30 days before open enrollment.

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

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

31     6. For the purposes of this section:

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

34     (b) "Rate filing documentation" and "unified rate review  
35 template" have the meanings ascribed to them in 45 C.F.R.  
36 § 154.215.



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

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

6       (a) *Hearing screening tests;*

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

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

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

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

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

24           (1) *Otologic examination;*

25           (2) *Audiological evaluation;*

26           (3) *Physical examination;*

27           (4) *Psychological evaluation;*

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

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

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

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

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

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

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

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

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



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

5       5. *A policy subject to the provisions of this chapter that is*  
6 *delivered, issued for delivery or renewed on or after January 1,*  
7 *2020, has the legal effect of including the coverage required by*  
8 *this section, and any provision of the policy or the renewal which*  
9 *is in conflict with this section is void.*

10       6. *As used in this section, "child" means a person 18 years of*  
11 *age or younger.*

12       **Sec. 3.** NRS 689A.330 is hereby amended to read as follows:

13       689A.330 If any policy is issued by a domestic insurer for  
14 delivery to a person residing in another state, and if the insurance  
15 commissioner or corresponding public officer of that other state has  
16 informed the Commissioner that the policy is not subject to approval  
17 or disapproval by that officer, the Commissioner may by ruling  
18 require that the policy meet the standards set forth in NRS 689A.030  
19 to 689A.320, inclusive **H**, *and section 2 of this act.*

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

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

25       (a) *Hearing screening tests;*

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

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

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

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

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

43       (1) *Otologic examination;*

44       (2) *Audiological evaluation;*

45       (3) *Physical examination;*



- 1           (4) *Psychological evaluation;*
- 2           (5) *Surgical implantation of the cochlear and auditory*
- 3 *brainstem implant devices; and*
- 4           (6) *Postoperative follow-up evaluation and rehabilitation.*

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

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

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

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

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

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

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

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

24           5. *A policy subject to the provisions of this chapter that is*  
25 *delivered, issued for delivery or renewed on or after January 1,*  
26 *2020, has the legal effect of including the coverage required by*  
27 *this section, and any provision of the policy or the renewal which*  
28 *is in conflict with this section is void.*

29           6. *As used in this section, "child" means a person 18 years of*  
30 *age or younger.*

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

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

36           (a) *Hearing screening tests;*

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

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

43           (d) *Replacement of a hearing aid device described in*  
44 *paragraph (b) that is lost or broken if not less than 12 months*



1 *have elapsed since the date on which the device was issued to the*  
2 *insured;*

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

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

10 *(1) Otologic examination;*

11 *(2) Audiological evaluation;*

12 *(3) Physical examination;*

13 *(4) Psychological evaluation;*

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

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

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

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

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

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

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

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

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

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

36 *5. A plan subject to the provisions of this chapter that is*  
37 *delivered, issued for delivery or renewed on or after January 1,*  
38 *2020, has the legal effect of including the coverage required by*  
39 *this section, and any provision of the plan or the renewal which is*  
40 *in conflict with this section is void.*

41 *6. As used in this section, "child" means a person 18 years of*  
42 *age or younger.*

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

44 689C.155 The Commissioner may adopt regulations to carry  
45 out the provisions of NRS 689C.109 to 689C.143, inclusive,



1 689C.156 to 689C.159, inclusive, 689C.165, 689C.183, 689C.187,  
2 689C.191 to 689C.198, inclusive, 689C.203, 689C.207, 689C.265,  
3 689C.325, 689C.355 and 689C.610 to 689C.940, inclusive, *and*  
4 *section 5 of this act* and to ensure that rating practices used by  
5 carriers serving small employers are consistent with those sections,  
6 including regulations that:

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

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

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

15 689C.156 1. As a condition of transacting business in this  
16 State with small employers, a carrier shall actively market to a small  
17 employer each health benefit plan which is actively marketed in this  
18 State by the carrier to any small employer in this State. A carrier  
19 shall be deemed to be actively marketing a health benefit plan when  
20 it makes available any of its plans to a small employer that is not  
21 currently receiving coverage under a health benefit plan issued by  
22 that carrier.

23 2. A carrier shall issue to a small employer any health benefit  
24 plan marketed in accordance with this section if the eligible small  
25 employer applies for the plan and agrees to make the required  
26 premium payments and satisfy the other reasonable provisions of the  
27 health benefit plan that are not inconsistent with NRS 689C.015 to  
28 689C.355, inclusive, *and section 5 of this act* and 689C.610 to  
29 689C.940, inclusive, except that a carrier is not required to issue a  
30 health benefit plan to a self-employed person who is covered by, or  
31 is eligible for coverage under, a health benefit plan offered by  
32 another employer.

33 3. If a health benefit plan marketed pursuant to this section  
34 provides, delivers, arranges for, pays for or reimburses any cost of  
35 health care services through managed care, the carrier shall provide  
36 a system for resolving any complaints of an employee concerning  
37 those health care services that complies with the provisions of NRS  
38 695G.200 to 695G.310, inclusive.

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

40 689C.193 1. A carrier shall not place any restriction on a  
41 small employer or an eligible employee or a dependent of the  
42 eligible employee as a condition of being a participant in or a  
43 beneficiary of a health benefit plan that is inconsistent with NRS  
44 689C.015 to 689C.355, inclusive **[H]**, *and section 5 of this act*.



1 2. A carrier that offers health insurance coverage to small  
2 employers pursuant to this chapter shall not establish rules of  
3 eligibility, including, but not limited to, rules which define  
4 applicable waiting periods, for the initial or continued enrollment  
5 under a health benefit plan offered by the carrier that are based on  
6 the following factors relating to the eligible employee or a  
7 dependent of the eligible employee:

8 (a) Health status.

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

11 (c) Claims experience.

12 (d) Receipt of health care.

13 (e) Medical history.

14 (f) Genetic information.

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

17 (h) Disability.

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

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

28 5. Nothing in this section:

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

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

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

38 6. As used in this section:

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

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





1       **Sec. 9.** NRS 689C.425 is hereby amended to read as follows:  
2       689C.425 A voluntary purchasing group and any contract  
3 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
4 inclusive, are subject to the provisions of NRS 689C.015 to  
5 689C.355, inclusive, *and section 5 of this act* to the extent  
6 applicable and not in conflict with the express provisions of NRS  
7 687B.408 and 689C.360 to 689C.600, inclusive.

8       **Sec. 10.** Chapter 695A of NRS is hereby amended by adding  
9 thereto a new section to read as follows:

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

13       (a) *Hearing screening tests;*

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

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

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

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

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

31       (1) *Otologic examination;*

32       (2) *Audiological evaluation;*

33       (3) *Physical examination;*

34       (4) *Psychological evaluation;*

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

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

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

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

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



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

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

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

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

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

12 5. *A contract subject to the provisions of this chapter that is*  
13 *delivered, issued for delivery or renewed on or after January 1,*  
14 *2020, has the legal effect of including the coverage required by*  
15 *this section, and any provision of the contract or the renewal*  
16 *which is in conflict with this section is void.*

17 6. *As used in this section, "child" means a person 18 years of*  
18 *age or younger.*

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

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

24 (a) *Hearing screening tests;*

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

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

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

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

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

42 (1) *Otologic examination;*

43 (2) *Audiological evaluation;*

44 (3) *Physical examination;*

45 (4) *Psychological evaluation;*



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

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

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

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

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

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

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

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

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

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

23           5. *A contract subject to the provisions of this chapter that is*  
24 *delivered, issued for delivery or renewed on or after January 1,*  
25 *2020, has the legal effect of including the coverage required by*  
26 *this section, and any provision of the contract or the renewal*  
27 *which is in conflict with this section is void.*

28           6. *As used in this section, "child" means a person 18 years of*  
29 *age or younger.*

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

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

35           (a) *Hearing screening tests;*

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

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

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



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

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

8 (1) *Otologic examination;*

9 (2) *Audiological evaluation;*

10 (3) *Physical examination;*

11 (4) *Psychological evaluation;*

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

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

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

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

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

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

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

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

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

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

34 5. *A plan subject to the provisions of this chapter that is*  
35 *delivered, issued for delivery or renewed on or after January 1,*  
36 *2020, has the legal effect of including the coverage required by*  
37 *this section, and any provision of the plan or the renewal which is*  
38 *in conflict with this section is void.*

39 6. *As used in this section, "child" means a person 18 years of*  
40 *age or younger.*

41 **Sec. 13.** NRS 695C.050 is hereby amended to read as follows:

42 695C.050 1. Except as otherwise provided in this chapter or  
43 in specific provisions of this title, the provisions of this title are not  
44 applicable to any health maintenance organization granted a  
45 certificate of authority under this chapter. This provision does not



1 apply to an insurer licensed and regulated pursuant to this title  
2 except with respect to its activities as a health maintenance  
3 organization authorized and regulated pursuant to this chapter.

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

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

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

23 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,  
24 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and  
25 695C.1757 *and section 12 of this act* apply to a health maintenance  
26 organization that provides health care services through managed  
27 care to recipients of Medicaid under the State Plan for Medicaid.

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

29 695C.330 1. The Commissioner may suspend or revoke any  
30 certificate of authority issued to a health maintenance organization  
31 pursuant to the provisions of this chapter if the Commissioner finds  
32 that any of the following conditions exist:

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

40 (b) The health maintenance organization issues evidence of  
41 coverage or uses a schedule of charges for health care services  
42 which do not comply with the requirements of NRS 695C.1691 to  
43 695C.200, inclusive, *and section 12 of this act* or 695C.207;

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



1 (d) The Commissioner certifies that the health maintenance  
2 organization:

3 (1) Does not meet the requirements of subsection 1 of NRS  
4 695C.080; or

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

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

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

14 (g) The health maintenance organization has failed to put into  
15 effect the system required by NRS 695C.260 for:

16 (1) Resolving complaints in a manner reasonably to dispose  
17 of valid complaints; and

18 (2) Conducting external reviews of adverse determinations  
19 that comply with the provisions of NRS 695G.241 to 695G.310,  
20 inclusive;

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

24 (i) The continued operation of the health maintenance  
25 organization would be hazardous to its enrollees or creditors or to  
26 the general public;

27 (j) The health maintenance organization fails to provide the  
28 coverage required by NRS 695C.1691; or

29 (k) The health maintenance organization has otherwise failed to  
30 comply substantially with the provisions of this chapter.

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

33 3. If the certificate of authority of a health maintenance  
34 organization is suspended, the health maintenance organization shall  
35 not, during the period of that suspension, enroll any additional  
36 groups or new individual contracts, unless those groups or persons  
37 were contracted for before the date of suspension.

38 4. If the certificate of authority of a health maintenance  
39 organization is revoked, the organization shall proceed, immediately  
40 following the effective date of the order of revocation, to wind up its  
41 affairs and shall conduct no further business except as may be  
42 essential to the orderly conclusion of the affairs of the organization.  
43 It shall engage in no further advertising or solicitation of any kind.  
44 The Commissioner may, by written order, permit such further  
45 operation of the organization as the Commissioner may find to be in



1 the best interest of enrollees to the end that enrollees are afforded  
2 the greatest practical opportunity to obtain continuing coverage for  
3 health care.

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

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

9 *(a) Hearing screening tests;*

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

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

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

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

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

27 *(1) Otologic examination;*

28 *(2) Audiological evaluation;*

29 *(3) Physical examination;*

30 *(4) Psychological evaluation;*

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

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

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

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

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

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

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



- 1 (a) *Routine maintenance of a hearing aid device; or*
- 2 (b) *Batteries in excess of four per hearing aid per month,*
- 3 *except when medically necessary.*

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

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

13 6. *As used in this section, "child" means a person 18 years of*  
14 *age or younger.*

15 **Sec. 16.** NRS 287.010 is hereby amended to read as follows:

16 287.010 1. The governing body of any county, school  
17 district, municipal corporation, political subdivision, public  
18 corporation or other local governmental agency of the State of  
19 Nevada may:

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

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

35 (c) Provide group life, accident or health coverage through a  
36 self-insurance reserve fund and, where necessary, deduct  
37 contributions to the maintenance of the fund from the compensation  
38 of officers and employees and pay the deductions into the fund. The  
39 money accumulated for this purpose through deductions from the  
40 compensation of officers and employees and contributions of the  
41 governing body must be maintained as an internal service fund as  
42 defined by NRS 354.543. The money must be deposited in a state or  
43 national bank or credit union authorized to transact business in the  
44 State of Nevada. Any independent administrator of a fund created  
45 under this section is subject to the licensing requirements of chapter





1 683A of NRS, and must be a resident of this State. Any contract  
2 with an independent administrator must be approved by the  
3 Commissioner of Insurance as to the reasonableness of  
4 administrative charges in relation to contributions collected and  
5 benefits provided. The provisions of NRS 687B.408, 689B.030 to  
6 689B.050, inclusive, and 689B.287 *and section 4 of this act* apply  
7 to coverage provided pursuant to this paragraph, except that the  
8 provisions of NRS 689B.0378 and 689B.03785 only apply to  
9 coverage for active officers and employees of the governing body,  
10 or the dependents of such officers and employees.

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

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

23 3. In any county in which a legal services organization exists,  
24 the governing body of the county, or of any school district,  
25 municipal corporation, political subdivision, public corporation or  
26 other local governmental agency of the State of Nevada in the  
27 county, may enter into a contract with the legal services  
28 organization pursuant to which the officers and employees of the  
29 legal services organization, and the dependents of those officers and  
30 employees, are eligible for any life, accident or health insurance  
31 provided pursuant to this section to the officers and employees, and  
32 the dependents of the officers and employees, of the county, school  
33 district, municipal corporation, political subdivision, public  
34 corporation or other local governmental agency.

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

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

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

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



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

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

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

8 6. As used in this section, "legal services organization" means  
9 an organization that operates a program for legal aid and receives  
10 money pursuant to NRS 19.031.

11 **Sec. 17.** NRS 287.04335 is hereby amended to read as  
12 follows:

13 287.04335 If the Board provides health insurance through a  
14 plan of self-insurance, it shall comply with the provisions of NRS  
15 687B.409, 689B.255, 695G.150, 695G.160, 695G.162, 695G.164,  
16 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173,  
17 inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to  
18 695G.310, inclusive, and 695G.405 ~~§~~ and section 15 of this act, in  
19 the same manner as an insurer that is licensed pursuant to title 57 of  
20 NRS is required to comply with those provisions.

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

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

28 (a) *Hearing screening tests;*

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

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

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

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

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

44 (1) *Otologic examination;*

45 (2) *Audiological evaluation;*



- 1           (3) *Physical examination;*
- 2           (4) *Psychological evaluation;*
- 3           (5) *Surgical implantation of the cochlear and auditory*
- 4 *brainstem implant devices; and*
- 5           (6) *Postoperative follow-up evaluation and rehabilitation.*

6           2. *Payments required pursuant to paragraphs (a) to (d),*  
7 *inclusive, of subsection 1 are limited to expenditures for services,*  
8 *devices and supplies as described in paragraphs (a) to (d),*  
9 *inclusive, of subsection 1 that are provided or prescribed by:*

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

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

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

16           3. *Payments required pursuant to subsection 1 shall not*  
17 *include expenditures for:*

18          (a) *Routine maintenance of a hearing aid device;*

19          (b) *Batteries in excess of four per hearing aid per month,*  
20 *except when medically necessary; or*

21          (c) *Repair or replacement of a hearing aid device if the child is*  
22 *no longer eligible for the State Plan for Medicaid or the*  
23 *Children's Health Insurance Program.*

24           4. *As used in this section, "child" means a person 18 years of*  
25 *age or younger.*

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

27           608.1577 1. An employer shall notify his or her employees of  
28 the employer's intent to accept a policy of group life, dental or  
29 health insurance which covers the employees.

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

35           3. If an employer is the policyholder or contract holder under a  
36 policy or contract issued pursuant to chapter 689B, 695A, 695B,  
37 695C, 695D or 695F of NRS, or NRS 689C.015 to 689C.590,  
38 inclusive, **and section 5 of this act** and which provides benefits for  
39 his or her employees, the employer shall, if applicable, notify the  
40 employees of:

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

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

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

44          (a) Given at least 15 days before the:



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

3 (2) Next unpaid premium is due; and

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

7 **Sec. 20.** This act becomes effective:

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

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

