
SENATE BILL NO. 305—SENATOR HAMMOND

MARCH 22, 2021

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes relating to access to organ transplants for persons with disabilities. (BDR 40-40)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 4, 5)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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; prohibiting certain providers of medical or related services from taking certain actions relating to organ transplants solely on the basis of a person’s disability; limiting the extent to which such a provider is authorized to consider a person’s disability when making recommendations or decisions concerning an organ transplant; requiring such a provider to take certain actions to provide a person with a disability access to any service provided by the provider related to an organ transplant; authorizing a person aggrieved by the failure of such a provider to comply with certain requirements to institute a civil action for injunctive or other appropriate relief; prohibiting an insurer from taking certain actions related to an organ transplant because the insured is a person with a disability; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing federal law prohibits discrimination on the basis of a disability in
2 places of public accommodation. Existing federal law defines “public
3 accommodation” to include certain private entities, including a professional office
4 of a health care provider, hospital or other service establishment. (42 U.S.C. §§
5 12101 et seq.) Existing state law similarly: (1) declares as its public policy the right
6 of all people to have access to places of public accommodation without



7 discrimination, distinction or restriction because of disability; and (2) makes it
8 unlawful for places of public accommodation to discriminate against a person based
9 on disability. (NRS 233.010, 651.050) In alignment with federal law, existing state
10 law defines "public accommodation" to include any office of a provider of health
11 care, hospital or other service establishment. (NRS 651.050)

12 **Section 1** of this bill defines a "provider of medical or related services" to
13 mean a provider of health care, a medical facility, a facility for the dependent, the
14 Department of Corrections, a city or county jail or any person who provides
15 medical services to a person incarcerated in a prison or a city or county jail. **Section**
16 **1:** (1) prohibits a provider of medical or related services from taking certain actions
17 relating to organ transplants solely on the basis of a person's disability; and (2)
18 limits the extent to which a provider of medical or related services is authorized to
19 consider a person's disability when making recommendations or decisions
20 concerning an organ transplant. **Section 1** also requires a provider of medical or
21 related services to take certain actions to provide a person with a disability access
22 to any service provided by the provider related to an organ transplant. Finally,
23 **section 1** authorizes a person aggrieved by the failure of a provider of medical or
24 related services to comply with those requirements to institute a civil action for
25 injunctive or other appropriate relief to prohibit and prevent the violation. **Section 1**
26 requires a court to give priority to such an action. **Section 2** of this bill makes a
27 conforming change to indicate the placement of **section 1** in Nevada Revised
28 Statutes.

29 The federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148,
30 as amended) prohibits an insurer from establishing rules that limit eligibility for a
31 health care plan based on certain health status factors, including, without limitation,
32 preexisting conditions, claims history or genetic information of the insured and also
33 prohibits an insurer from charging a higher premium, deductible or copay based on
34 those health status factors. (42 U.S.C. § 300gg-4) Existing state law similarly
35 prohibits an insurer from denying, limiting or excluding a covered benefit or
36 requiring an insured to pay a higher premium, deductible, coinsurance or copay
37 based on the health status of the insured or the covered spouse or dependent of the
38 insured. (NRS 287.010, 287.04335, 689A.032, 689B.500, 689C.190, 695A.232,
39 695B.183, 695C.050, 695C.1701, 695F.151, 695G.155) **Sections 4-7, 9, 10, 12-14**
40 **and 17** of this bill prohibit Medicaid and all other health insurers from: (1) denying,
41 limiting or seeking reimbursement from an insured for care related to an organ
42 transplant because the insured is a person with a disability; (2) denying a person
43 with a disability eligibility or continued eligibility to enroll or renew coverage to
44 avoid providing the required coverage; (3) reducing or limiting the reimbursement
45 or otherwise penalizing a provider of medical or related services because the
46 provider acted in accordance with **section 1**; or (4) providing monetary or
47 nonmonetary incentives for a provider of medical or related services to induce the
48 provider to provide care in a manner inconsistent with the requirements of **section**
49 **1. Sections 3, 8, 11, 15 and 16** make conforming changes to implement these
50 requirements.

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

1 **Section 1.** Chapter 460 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 *1. A provider of medical or related services shall not, solely*
4 *on the basis of a person's disability:*



1 (a) Determine that the person is ineligible to receive an
2 anatomical gift;

3 (b) Refuse to perform any medical service or other service
4 related to an organ transplant, including, without limitation:

5 (1) Referral to an organ transplant center;

6 (2) Diagnostic tests;

7 (3) Evaluation of eligibility for an organ transplant;

8 (4) Surgery; and

9 (5) Other services required for the care of a transplant
10 patient;

11 (c) Refuse to place the person on a waiting list for an organ
12 transplant if the person is otherwise a suitable candidate for a
13 transplant; or

14 (d) Place the person on a waiting list for an organ transplant
15 in a lower priority position than the position at which the person
16 would have been placed if the person did not have a disability.

17 2. A provider of medical or related services may consider a
18 person's disability when making recommendations or decisions
19 concerning an organ transplant only to the extent that the
20 disability has been found by a physician to be medically relevant to
21 the organ transplant. In making such a determination, a physician
22 shall not consider the inability of the person with a disability to
23 independently comply with the directions of a physician regarding
24 postoperative care to be medically relevant to the organ transplant
25 if, in the opinion of the physician, the person will be able to
26 comply with such directions with the assistance of a person who
27 can reasonably be expected to support or provide service to the
28 person with a disability.

29 3. Except as otherwise provided in subsection 4, a provider of
30 medical or related services shall:

31 (a) Make reasonable modifications to any policy, procedure or
32 practice necessary to provide a person with a disability access to
33 any medical service or other service provided by the provider of
34 medical or related services that is related to an organ transplant.

35 (b) Take any steps necessary to ensure that a person with a
36 disability is not denied any medical service or other service
37 provided by the provider of medical or related services that is
38 related to an organ transplant due to the absence of auxiliary aids
39 or services.

40 (c) Communicate with a supporter named in a supported
41 decision-making agreement pursuant to chapter 162C of NRS to
42 assist the supporter in providing assistance to a person with a
43 disability to gather and access information, make informed
44 decisions and communicate decisions.



1 4. A provider of medical or related services is not required to
2 comply with the requirements of:

3 (a) Paragraph (a) of subsection 3 if the provider of medical or
4 related services determines that making such modifications would
5 fundamentally alter a service.

6 (b) Paragraph (b) or (c) of subsection 3 if the provider of
7 medical or related services determines that performing such
8 actions would fundamentally alter a service or cause an undue
9 hardship on the provider of medical or other related services.

10 5. Nothing in this section shall be deemed to require a
11 provider of medical or related services to perform any medical
12 service or other service related to an organ transplant, including,
13 without limitation, making any referral or recommendation, that
14 the provider of medical or related services determines is medically
15 inappropriate.

16 6. A person aggrieved by a violation of this section may
17 institute a civil action in a court of competent jurisdiction for
18 injunctive or any other appropriate relief to prohibit and prevent
19 the violation. A court shall give priority over other civil actions to
20 an action brought pursuant to this subsection.

21 7. An injunction issued pursuant to subsection 6 does not
22 abrogate and is in addition to any other remedies and penalties
23 that may exist at law or in equity.

24 8. As used in this section:

25 (a) "Anatomical gift" has the meaning ascribed to it in
26 NRS 451.513.

27 (b) "Auxiliary aids or services" means an aid or service that is
28 used to ensure effective communication with a person with a
29 disability, including, without limitation:

30 (1) Qualified interpreters or other effective methods of
31 making aurally delivered information available to a person who is
32 deaf or hard of hearing; and

33 (2) Qualified readers, taped texts, accessible electronic and
34 information technology or other effective methods of making
35 visually delivered materials available to a person who is blind.

36 (c) "Disability" has the meaning ascribed to it in 42 U.S.C. §
37 12102(1).

38 (d) "Facility for the dependent" has the meaning ascribed to it
39 in NRS 449.0045.

40 (e) "Fundamentally alter" means to change so significantly as
41 to alter the essential nature of the services.

42 (f) "Medical facility" has the meaning ascribed to it in
43 NRS 449.0151.

44 (g) "Person who is blind" has the meaning ascribed to it in
45 NRS 426.082.



1 (h) "Person who is deaf" has the meaning ascribed to it in
2 NRS 426.084.

3 (i) "Physician" means a physician licensed pursuant to
4 chapter 630 or 633 of NRS.

5 (j) "Provider of health care" has the meaning ascribed to it in
6 NRS 629.031.

7 (k) "Provider of medical or related services" means a provider
8 of health care, a medical facility, a facility for the dependent, the
9 Department of Corrections, a city or county jail or any person who
10 provides medical services to a person incarcerated in a prison or a
11 city or county jail.

12 (l) "Supporter" has the meaning ascribed to it in
13 NRS 162C.090.

14 **Sec. 2.** NRS 460.100 is hereby amended to read as follows:

15 460.100 As used in NRS 460.100 to 460.150, inclusive, *and*
16 *section 1 of this act*, unless the context otherwise requires, the
17 words and terms defined in NRS 460.110, 460.133 and 460.139
18 have the meanings ascribed to them in those sections.

19 **Sec. 3.** NRS 232.320 is hereby amended to read as follows:

20 232.320 1. The Director:

21 (a) Shall appoint, with the consent of the Governor,
22 administrators of the divisions of the Department, who are
23 respectively designated as follows:

24 (1) The Administrator of the Aging and Disability Services
25 Division;

26 (2) The Administrator of the Division of Welfare and
27 Supportive Services;

28 (3) The Administrator of the Division of Child and Family
29 Services;

30 (4) The Administrator of the Division of Health Care
31 Financing and Policy; and

32 (5) The Administrator of the Division of Public and
33 Behavioral Health.

34 (b) Shall administer, through the divisions of the Department,
35 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
36 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
37 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
38 *section 6 of this act*, 422.580, 432.010 to 432.133, inclusive,
39 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
40 and 445A.010 to 445A.055, inclusive, and all other provisions of
41 law relating to the functions of the divisions of the Department, but
42 is not responsible for the clinical activities of the Division of Public
43 and Behavioral Health or the professional line activities of the other
44 divisions.



1 (c) Shall administer any state program for persons with
2 developmental disabilities established pursuant to the
3 Developmental Disabilities Assistance and Bill of Rights Act of
4 2000, 42 U.S.C. §§ 15001 et seq.

5 (d) Shall, after considering advice from agencies of local
6 governments and nonprofit organizations which provide social
7 services, adopt a master plan for the provision of human services in
8 this State. The Director shall revise the plan biennially and deliver a
9 copy of the plan to the Governor and the Legislature at the
10 beginning of each regular session. The plan must:

11 (1) Identify and assess the plans and programs of the
12 Department for the provision of human services, and any
13 duplication of those services by federal, state and local agencies;

14 (2) Set forth priorities for the provision of those services;

15 (3) Provide for communication and the coordination of those
16 services among nonprofit organizations, agencies of local
17 government, the State and the Federal Government;

18 (4) Identify the sources of funding for services provided by
19 the Department and the allocation of that funding;

20 (5) Set forth sufficient information to assist the Department
21 in providing those services and in the planning and budgeting for the
22 future provision of those services; and

23 (6) Contain any other information necessary for the
24 Department to communicate effectively with the Federal
25 Government concerning demographic trends, formulas for the
26 distribution of federal money and any need for the modification of
27 programs administered by the Department.

28 (e) May, by regulation, require nonprofit organizations and state
29 and local governmental agencies to provide information regarding
30 the programs of those organizations and agencies, excluding
31 detailed information relating to their budgets and payrolls, which the
32 Director deems necessary for the performance of the duties imposed
33 upon him or her pursuant to this section.

34 (f) Has such other powers and duties as are provided by law.

35 2. Notwithstanding any other provision of law, the Director, or
36 the Director's designee, is responsible for appointing and removing
37 subordinate officers and employees of the Department.

38 **Sec. 4.** NRS 287.010 is hereby amended to read as follows:

39 287.010 1. The governing body of any county, school
40 district, municipal corporation, political subdivision, public
41 corporation or other local governmental agency of the State of
42 Nevada may:

43 (a) Adopt and carry into effect a system of group life, accident
44 or health insurance, or any combination thereof, for the benefit of its
45 officers and employees, and the dependents of officers and



1 employees who elect to accept the insurance and who, where
2 necessary, have authorized the governing body to make deductions
3 from their compensation for the payment of premiums on the
4 insurance.

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

13 (c) Provide group life, accident or health coverage through a
14 self-insurance reserve fund and, where necessary, deduct
15 contributions to the maintenance of the fund from the compensation
16 of officers and employees and pay the deductions into the fund. The
17 money accumulated for this purpose through deductions from the
18 compensation of officers and employees and contributions of the
19 governing body must be maintained as an internal service fund as
20 defined by NRS 354.543. The money must be deposited in a state or
21 national bank or credit union authorized to transact business in the
22 State of Nevada. Any independent administrator of a fund created
23 under this section is subject to the licensing requirements of chapter
24 683A of NRS, and must be a resident of this State. Any contract
25 with an independent administrator must be approved by the
26 Commissioner of Insurance as to the reasonableness of
27 administrative charges in relation to contributions collected and
28 benefits provided. The provisions of NRS 687B.408, 689B.030 to
29 689B.050, inclusive, *and section 9 of this act*, 689B.287
30 689B.500 apply to coverage provided pursuant to this paragraph,
31 except that the provisions of NRS 689B.0378, 689B.03785 and
32 689B.500 only apply to coverage for active officers and employees
33 of the governing body, or the dependents of such officers and
34 employees.

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

41 2. If a school district offers group insurance to its officers and
42 employees pursuant to this section, members of the board of trustees
43 of the school district must not be excluded from participating in the
44 group insurance. If the amount of the deductions from compensation



1 required to pay for the group insurance exceeds the compensation to
2 which a trustee is entitled, the difference must be paid by the trustee.

3 3. In any county in which a legal services organization exists,
4 the governing body of the county, or of any school district,
5 municipal corporation, political subdivision, public corporation or
6 other local governmental agency of the State of Nevada in the
7 county, may enter into a contract with the legal services
8 organization pursuant to which the officers and employees of the
9 legal services organization, and the dependents of those officers and
10 employees, are eligible for any life, accident or health insurance
11 provided pursuant to this section to the officers and employees, and
12 the dependents of the officers and employees, of the county, school
13 district, municipal corporation, political subdivision, public
14 corporation or other local governmental agency.

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

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

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

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

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

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

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

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

36 **Sec. 5.** NRS 287.04335 is hereby amended to read as follows:

37 287.04335 If the Board provides health insurance through a
38 plan of self-insurance, it shall comply with the provisions of NRS
39 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,
40 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to
41 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive,
42 695G.241 to 695G.310, inclusive, *and section 17 of this act* and
43 695G.405, in the same manner as an insurer that is licensed pursuant
44 to title 57 of NRS is required to comply with those provisions.



1 **Sec. 6.** Chapter 422 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 **1. The Director shall include in the State Plan for Medicaid a**
4 **provision prohibiting the State from:**

5 **(a) Denying, limiting or seeking reimbursement from an**
6 **insured for care related to an organ transplant because the**
7 **insured is a person with a disability;**

8 **(b) Denying a person with a disability eligibility or continued**
9 **eligibility to enroll or renew coverage to avoid providing coverage**
10 **in accordance with this section;**

11 **(c) Reducing or limiting the reimbursement of or otherwise**
12 **penalizing a provider of medical or related services because the**
13 **provider of medical or related services acted in accordance with**
14 **section 1 of this act; or**

15 **(d) Providing monetary or nonmonetary incentives for a**
16 **provider of medical or related services to induce the provider of**
17 **medical or related services to provide care to an insured in a**
18 **manner inconsistent with section 1 of this act.**

19 **2. As used in this section:**

20 **(a) "Disability" has the meaning ascribed to it in 42 U.S.C. §**
21 **12102(1).**

22 **(b) "Provider of medical or related services" has the meaning**
23 **ascribed to it in section 1 of this act.**

24 **Sec. 7.** Chapter 689A of NRS is hereby amended by adding
25 thereto a new section to read as follows:

26 **1. An insurer that offers or issues a policy of health**
27 **insurance that includes coverage for anatomical gifts, organ**
28 **transplants or treatments or services related to an organ**
29 **transplant shall not:**

30 **(a) Deny, limit or seek reimbursement from an insured for**
31 **care related to an organ transplant because the insured is a person**
32 **with a disability;**

33 **(b) Deny a person with a disability eligibility or continued**
34 **eligibility to enroll or renew coverage to avoid providing coverage**
35 **in accordance with this section;**

36 **(c) Reduce or limit the reimbursement of or otherwise penalize**
37 **a provider of medical or related services because the provider of**
38 **medical or related services acted in accordance with section 1 of**
39 **this act; or**

40 **(d) Provide monetary or nonmonetary incentives for a provider**
41 **of medical or related services to induce the provider of medical or**
42 **related services to provide care to an insured in a manner**
43 **inconsistent with section 1 of this act.**

44 **2. As used in this section:**



1 (a) *“Anatomical gift” has the meaning ascribed to it in*
2 *NRS 451.513.*

3 (b) *“Disability” has the meaning ascribed to it in 42 U.S.C. §*
4 *12102(1).*

5 (c) *“Provider of medical or related services” has the meaning*
6 *ascribed to it in section 1 of this act.*

7 **Sec. 8.** NRS 689A.330 is hereby amended to read as follows:

8 689A.330 If any policy is issued by a domestic insurer for
9 delivery to a person residing in another state, and if the insurance
10 commissioner or corresponding public officer of that other state has
11 informed the Commissioner that the policy is not subject to approval
12 or disapproval by that officer, the Commissioner may by ruling
13 require that the policy meet the standards set forth in NRS 689A.030
14 to 689A.320, inclusive ~~§~~, *and section 7 of this act.*

15 **Sec. 9.** Chapter 689B of NRS is hereby amended by adding
16 thereto a new section to read as follows:

17 *1. An insurer that offers or issues a policy of group health*
18 *insurance that includes coverage for anatomical gifts, organ*
19 *transplants or treatments or services related to an organ*
20 *transplant shall not:*

21 (a) *Deny, limit or seek reimbursement from an insured for*
22 *care related to an organ transplant because the insured is a person*
23 *with a disability;*

24 (b) *Deny a person with a disability eligibility or continued*
25 *eligibility to enroll or renew coverage to avoid providing coverage*
26 *in accordance with this section;*

27 (c) *Reduce or limit the reimbursement of or otherwise penalize*
28 *a provider of medical or related services because the provider of*
29 *medical or related services acted in accordance with section 1 of*
30 *this act; or*

31 (d) *Provide monetary or nonmonetary incentives for a provider*
32 *of medical or related services to induce the provider of medical or*
33 *related services to provide care to an insured in a manner*
34 *inconsistent with section 1 of this act.*

35 **2.** *As used in this section:*

36 (a) *“Anatomical gift” has the meaning ascribed to it in*
37 *NRS 451.513.*

38 (b) *“Disability” has the meaning ascribed to it in 42 U.S.C. §*
39 *12102(1).*

40 (c) *“Provider of medical or related services” has the meaning*
41 *ascribed to it in section 1 of this act.*



1 **Sec. 10.** Chapter 689C of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 **1. A carrier that offers or issues a health benefit plan that**
4 **includes coverage for anatomical gifts, organ transplants or**
5 **treatments or services related to an organ transplant shall not:**

6 **(a) Deny, limit or seek reimbursement from an enrollee for**
7 **care related to an organ transplant because the enrollee is a**
8 **person with a disability;**

9 **(b) Deny a person with a disability eligibility or continued**
10 **eligibility to enroll or renew coverage to avoid providing coverage**
11 **in accordance with this section;**

12 **(c) Reduce or limit the reimbursement of or otherwise penalize**
13 **a provider of medical or related services because the provider of**
14 **medical or related services acted in accordance with section 1 of**
15 **this act; or**

16 **(d) Provide monetary or nonmonetary incentives for a provider**
17 **of medical or related services to induce the provider of medical or**
18 **related services to provide care to an enrollee in a manner**
19 **inconsistent with section 1 of this act.**

20 **2. As used in this section:**

21 **(a) "Anatomical gift" has the meaning ascribed to it in**
22 **NRS 451.513.**

23 **(b) "Disability" has the meaning ascribed to it in 42 U.S.C. §**
24 **12102(1).**

25 **(c) "Provider of medical or related services" has the meaning**
26 **ascribed to it in section 1 of this act.**

27 **Sec. 11.** NRS 689C.425 is hereby amended to read as follows:

28 689C.425 A voluntary purchasing group and any contract
29 issued to such a group pursuant to NRS 689C.360 to 689C.600,
30 inclusive, are subject to the provisions of NRS 689C.015 to
31 689C.355, inclusive, to the extent applicable and not in conflict with
32 the express provisions of NRS 687B.408 and 689C.360 to
33 689C.600, inclusive **[H]**, **and section 10 of this act.**

34 **Sec. 12.** Chapter 695A of NRS is hereby amended by adding
35 thereto a new section to read as follows:

36 **1. A society that offers or issues a benefit contract that**
37 **includes coverage for anatomical gifts, organ transplants or**
38 **treatments or services related to an organ transplant shall not:**

39 **(a) Deny, limit or seek reimbursement from an insured for**
40 **care related to an organ transplant because the insured is a person**
41 **with a disability;**

42 **(b) Deny a person with a disability eligibility or continued**
43 **eligibility to enroll or renew coverage to avoid providing coverage**
44 **in accordance with this section;**



1 (c) *Reduce or limit the reimbursement of or otherwise penalize*
2 *a provider of medical or related services because the provider of*
3 *medical or related services acted in accordance with section 1 of*
4 *this act; or*

5 (d) *Provide monetary or nonmonetary incentives for a provider*
6 *of medical or related services to induce the provider of medical or*
7 *related services to provide care to an insured in a manner*
8 *inconsistent with section 1 of this act.*

9 2. *As used in this section:*

10 (a) *“Anatomical gift” has the meaning ascribed to it in*
11 *NRS 451.513.*

12 (b) *“Disability” has the meaning ascribed to it in 42 U.S.C. §*
13 *12102(1).*

14 (c) *“Provider of medical or related services” has the meaning*
15 *ascribed to it in section 1 of this act.*

16 **Sec. 13.** Chapter 695B of NRS is hereby amended by adding
17 thereto a new section to read as follows:

18 1. *An insurer that offers a contract for hospital or*
19 *medical services that includes coverage for anatomical gifts, organ*
20 *transplants or treatments or services related to an organ*
21 *transplant shall not:*

22 (a) *Deny, limit or seek reimbursement from an insured for*
23 *care related to an organ transplant because the insured is a person*
24 *with a disability;*

25 (b) *Deny a person with a disability eligibility or continued*
26 *eligibility to enroll or renew coverage to avoid providing coverage*
27 *in accordance with this section;*

28 (c) *Reduce or limit the reimbursement of or otherwise penalize*
29 *a provider of medical or related services because the provider of*
30 *medical or related services acted in accordance with section 1 of*
31 *this act; or*

32 (d) *Provide monetary or nonmonetary incentives for a provider*
33 *of medical or related services to induce the provider of medical or*
34 *related services to provide care to an insured in a manner*
35 *inconsistent with section 1 of this act.*

36 2. *As used in this section:*

37 (a) *“Anatomical gift” has the meaning ascribed to it in*
38 *NRS 451.513.*

39 (b) *“Disability” has the meaning ascribed to it in 42 U.S.C. §*
40 *12102(1).*

41 (c) *“Provider of medical or related services” has the meaning*
42 *ascribed to it in section 1 of this act.*



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

3 1. *A health maintenance organization that offers or issues a*
4 *health care plan that includes coverage for anatomical gifts, organ*
5 *transplants or treatments or services related to an organ*
6 *transplant shall not:*

7 (a) *Deny, limit or seek reimbursement from an enrollee for*
8 *care related to an organ transplant because the enrollee is a*
9 *person with a disability;*

10 (b) *Deny a person with a disability eligibility or continued*
11 *eligibility to enroll or renew coverage to avoid providing coverage*
12 *in accordance with this section;*

13 (c) *Reduce or limit the reimbursement of or otherwise penalize*
14 *a provider of medical or related services because the provider of*
15 *medical or related services acted in accordance with section 1 of*
16 *this act; or*

17 (d) *Provide monetary or nonmonetary incentives for a provider*
18 *of medical or related services to induce the provider of medical or*
19 *related services to provide care to an enrollee in a manner*
20 *inconsistent with section 1 of this act.*

21 2. *As used in this section:*

22 (a) *“Anatomical gift” has the meaning ascribed to it in*
23 *NRS 451.513.*

24 (b) *“Disability” has the meaning ascribed to it in 42 U.S.C. §*
25 *12102(1).*

26 (c) *“Provider of medical or related services” has the meaning*
27 *ascribed to it in section 1 of this act.*

28 **Sec. 15.** NRS 695C.050 is hereby amended to read as follows:

29 695C.050 1. Except as otherwise provided in this chapter or
30 in specific provisions of this title, the provisions of this title are not
31 applicable to any health maintenance organization granted a
32 certificate of authority under this chapter. This provision does not
33 apply to an insurer licensed and regulated pursuant to this title
34 except with respect to its activities as a health maintenance
35 organization authorized and regulated pursuant to this chapter.

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

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

43 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
44 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
45 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,



1 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, *and*
2 *section 14 of this act* and 695C.265 do not apply to a health
3 maintenance organization that provides health care services through
4 managed care to recipients of Medicaid under the State Plan for
5 Medicaid or insurance pursuant to the Children's Health Insurance
6 Program pursuant to a contract with the Division of Health Care
7 Financing and Policy of the Department of Health and Human
8 Services. This subsection does not exempt a health maintenance
9 organization from any provision of this chapter for services
10 provided pursuant to any other contract.

11 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
12 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,
13 695C.1735, 695C.1745 and 695C.1757 apply to a health
14 maintenance organization that provides health care services through
15 managed care to recipients of Medicaid under the State Plan for
16 Medicaid.

17 **Sec. 16.** NRS 695C.330 is hereby amended to read as follows:

18 695C.330 1. The Commissioner may suspend or revoke any
19 certificate of authority issued to a health maintenance organization
20 pursuant to the provisions of this chapter if the Commissioner finds
21 that any of the following conditions exist:

22 (a) The health maintenance organization is operating
23 significantly in contravention of its basic organizational document,
24 its health care plan or in a manner contrary to that described in and
25 reasonably inferred from any other information submitted pursuant
26 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
27 to those submissions have been filed with and approved by the
28 Commissioner;

29 (b) The health maintenance organization issues evidence of
30 coverage or uses a schedule of charges for health care services
31 which do not comply with the requirements of NRS 695C.1691 to
32 695C.200, inclusive, *and section 14 of this act* or 695C.207;

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

35 (d) The Commissioner certifies that the health maintenance
36 organization:

37 (1) Does not meet the requirements of subsection 1 of NRS
38 695C.080; or

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

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

44 (f) The health maintenance organization has failed to put into
45 effect a mechanism affording the enrollees an opportunity to



1 participate in matters relating to the content of programs pursuant to
2 NRS 695C.110;

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

5 (1) Resolving complaints in a manner reasonably to dispose
6 of valid complaints; and

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

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

13 (i) The continued operation of the health maintenance
14 organization would be hazardous to its enrollees or creditors or to
15 the general public;

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

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

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

22 3. If the certificate of authority of a health maintenance
23 organization is suspended, the health maintenance organization shall
24 not, during the period of that suspension, enroll any additional
25 groups or new individual contracts, unless those groups or persons
26 were contracted for before the date of suspension.

27 4. If the certificate of authority of a health maintenance
28 organization is revoked, the organization shall proceed, immediately
29 following the effective date of the order of revocation, to wind up its
30 affairs and shall conduct no further business except as may be
31 essential to the orderly conclusion of the affairs of the organization.
32 It shall engage in no further advertising or solicitation of any kind.
33 The Commissioner may, by written order, permit such further
34 operation of the organization as the Commissioner may find to be in
35 the best interest of enrollees to the end that enrollees are afforded
36 the greatest practical opportunity to obtain continuing coverage for
37 health care.

38 **Sec. 17.** Chapter 695G of NRS is hereby amended by adding
39 thereto a new section to read as follows:

40 ***1. A managed care organization that offers or issues a health***
41 ***care plan that includes coverage for anatomical gifts, organ***
42 ***transplants or treatments or services related to an organ***
43 ***transplant shall not:***



1 (a) Deny, limit or seek reimbursement from an insured for
2 care related to an organ transplant because the insured is a person
3 with a disability;

4 (b) Deny a person with a disability eligibility or continued
5 eligibility to enroll or renew coverage to avoid providing coverage
6 in accordance with this section;

7 (c) Reduce or limit the reimbursement of or otherwise penalize
8 a provider of medical or related services because the provider of
9 medical or related services acted in accordance with section 1 of
10 this act; or

11 (d) Provide monetary or nonmonetary incentives for a provider
12 of medical or related services to induce the provider of medical or
13 related services to provide care to an insured in a manner
14 inconsistent with section 1 of this act.

15 2. As used in this section:

16 (a) "Anatomical gift" has the meaning ascribed to it in
17 NRS 451.513.

18 (b) "Disability" has the meaning ascribed to it in 42 U.S.C. §
19 12102(1).

20 (c) "Provider of medical or related services" has the meaning
21 ascribed to it in section 1 of this act.

22 **Sec. 18.** The provisions of NRS 354.599 do not apply to any
23 additional expenses of a local government that are related to the
24 provisions of this act.

