

ASSEMBLY BILL NO. 127—ASSEMBLYWOMAN JAUREGUI

FEBRUARY 9, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing Medicare supplemental policies. (BDR 57-467)

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; prohibiting an insurer from treating Medicare supplemental policies differently for certain purposes relating to the payment of commissions; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing federal law establishes the Medicare program, which is a public health  
2 insurance program for persons 65 years of age and older and specified persons with  
3 disabilities who are under 65 years of age. (42 U.S.C. §§ 1395 et seq.) Existing  
4 federal regulations define the term “Medicare supplemental policy” to mean a  
5 policy offered by a private insurer that is primarily designed to pay expenses not  
6 reimbursed under Medicare because of certain limitations under Medicare. (42  
7 C.F.R. § 403.205) Existing law requires an insurer offering a Medicare  
8 supplemental policy or the Public Employees’ Benefits Program or any local  
9 government that provides a similar policy for public employees to offer an open  
10 enrollment period for persons covered by such policies, during which the insurer or  
11 governmental entity is prohibited from placing certain restrictions on the issuance  
12 of such a policy. (NRS 287.010, 287.04335, 687B.352, 695B.320) Existing federal  
13 law requires the issuance of a Medicare supplemental policy under certain  
14 circumstances, under which such a policy is considered to be guaranteed issue. (42  
15 U.S.C. § 1395ss) This bill prohibits an insurer or other person or entity from  
16 varying the commission paid for the sale of Medicare supplemental policies, paying  
17 differential commissions for the sale of Medicare supplemental policies or  
18 otherwise treating Medicare supplemental policies differently for the purposes of  
19 commission for any reason, including: (1) because the Medicare supplemental  
20 policy is issued during the open enrollment period or classified as guaranteed issue;  
21 or (2) because of the age, health status, claims experience, receipt of health care or  
22 medical condition of the insured.



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

1     **Section 1.** NRS 687B.352 is hereby amended to read as  
2 follows:

3     687B.352 1. An insurer that issues a Medicare supplemental  
4 policy shall offer to a person currently insured under any such  
5 policy an annual open enrollment period commencing with the first  
6 day of the birthday month of the person and remaining open for at  
7 least 60 days thereafter, during which the person may purchase any  
8 Medicare supplemental policy made available by the insurer in this  
9 State that includes the same or lesser benefits. Innovative benefits,  
10 as described in 42 U.S.C. § 1395ss(p)(4)(B), must not be considered  
11 when determining whether a Medicare supplemental policy includes  
12 the same benefits as or lesser benefits than another such policy.

13     2. During the open enrollment period offered pursuant to  
14 subsection 1, an insurer shall not deny or condition the issuance or  
15 effectiveness, or discriminate in the price of coverage, of a Medicare  
16 supplemental policy based on the health status, claims experience,  
17 receipt of health care or medical condition of a person described in  
18 subsection 1.

19     3. At least 30 days before the beginning of the open enrollment  
20 period offered pursuant to subsection 1 but not more than 60 days  
21 before the beginning of that period, an insurer that issues a Medicare  
22 supplemental policy shall notify each person to whom the open  
23 enrollment period applies of:

24     (a) The dates on which the open enrollment period begins and  
25 ends and the rights of the person established by the provisions of  
26 this section; and

27     (b) Any modification to the benefits provided by the policy  
28 under which the person is currently insured or adjustment to the  
29 premiums charged for that policy.

30     4. *An insurer or other person or entity shall not vary the*  
31 *commission paid for the sale of Medicare supplemental policies,*  
32 *pay differential commissions for the sale of Medicare*  
33 *supplemental policies or otherwise treat Medicare supplemental*  
34 *policies differently for the purposes of commission for any reason,*  
35 *including, without limitation:*

36     (a) *Because a Medicare supplemental policy was purchased*  
37 *during the open enrollment period offered pursuant to*  
38 *subsection 1;*

39     (b) *Because a Medicare supplemental policy is classified as*  
40 *guaranteed issue under 42 U.S.C. § 1395ss or any other applicable*  
41 *federal or state law or regulations; or*



1       (c) *Because of the age, health status, claims experience,*  
2 *receipt of health care or medical condition of the insured.*

3       5. As used in this section, “Medicare supplemental policy” has  
4 the meaning ascribed to it in 42 C.F.R. § 403.205 and additionally  
5 includes policies offered by public entities that otherwise meet the  
6 requirements of that section.

7       **Sec. 2.** This act becomes effective on July 1, 2023.

