

Assembly Bill No. 192–Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; revising provisions relating to the reporting of cases of syphilis; requiring, with certain exceptions, the testing of pregnant women for certain sexually transmitted infections; revising provisions concerning the testing and treatment of pregnant women for syphilis; restricting the amount that certain persons and facilities may require a third party insurer to pay for certain testing; revising penalties for failure to comply with provisions concerning testing of pregnant women for sexually transmitted infections; providing a civil penalty; requiring certain third party insurers to cover the testing of pregnant women for certain sexually transmitted infections; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law: (1) requires the State Board of Health to prescribe by regulation the diseases that are known to be communicable; and (2) requires a provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease to report that fact to the local health authority. (NRS 441A.120, 441A.150) **Section 1** of this bill requires the Board to designate syphilis as a communicable disease. **Section 1.2** of this bill requires a report of a pregnant woman who has syphilis to include certain information relating to the treatment, if any, provided to the pregnant woman.

Existing law: (1) generally requires physicians and other persons who attend to a pregnant woman for conditions relating to her pregnancy to conduct a test for syphilis on the pregnant woman during the first and third trimesters of pregnancy; (2) requires a pregnant woman who tests positive for syphilis to receive treatment; and (3) provides that a violation of those requirements is a misdemeanor. (NRS 442.010, 442.020) **Section 1.6** of this bill requires physicians and other persons who attend to pregnant women to make or ensure the performance of an examination and testing of a pregnant woman for *Chlamydia trachomatis*, gonorrhea, hepatitis B and hepatitis C, unless the pregnant woman opts out of such examination and testing. **Section 2** of this bill expands the requirement to test a pregnant woman for syphilis by requiring certain medical facilities, other than a hospital, and an emergency department or labor and delivery unit in a hospital evaluating or treating a pregnant woman to test the pregnant woman for syphilis if the pregnant woman indicates she has not had certain prenatal screenings and tests. **Section 2** additionally removes: (1) a requirement that a pregnant woman infected with syphilis commence treatment and instead requires the person or facility performing the testing to provide or refer for treatment if the woman consents; and (2) a restriction that a pregnant woman is only authorized to refuse testing for syphilis for religious reasons, thereby authorizing a pregnant woman to refuse such testing for any reason. **Section 2** also revises the times at which a pregnant woman must be tested for syphilis. **Section 1.8** of this bill restricts the amount that a physician or other person who attends a pregnant woman, a hospital or other medical facility or a medical laboratory is authorized to require a third party insurer



to pay for the testing and treatment required by **sections 1.6 and 2**. **Section 3** of this bill: (1) replaces the misdemeanor violation for violating syphilis testing requirements with a civil penalty for persons who willfully violate those requirements; and (2) authorizes the imposition of a civil penalty against a person who willfully violates the requirements of **section 1.6** concerning testing for other sexually transmitted infections or the provisions of **section 1.8** restricting the amount that a third party may be billed.

Existing law requires public and private policies of insurance regulated under Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-422.27421, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169, 689C.194, 689C.1945, 689C.195, 695A.184-695A.1875, 695B.1901-695B.1948, 695C.1691-695C.176, 695G.162-695G.177) Existing law also requires employers to provide certain benefits to employees, including the coverage required of health insurers, if the employer provides health benefits for its employees. (NRS 608.1555) **Sections 5-9, 11, 12, 14-17 and 19** of this bill require certain public and private health plans, including Medicaid, to provide coverage without prior authorization for an examination and testing of a pregnant woman for: (1) *Chlamydia trachomatis*, gonorrhea, hepatitis B and hepatitis C in accordance with **section 1.6**; and (2) syphilis in accordance with **section 2**. **Sections 4, 10 and 13** of this bill make conforming changes to indicate the proper placement of **sections 7, 9 and 12** of this bill in the Nevada Revised Statutes. **Section 18** of this bill authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to comply with the requirement of **section 16** of this bill to provide coverage for the examination and testing described in **sections 1.6 and 2**. The Commissioner would also be authorized to take such action against other health insurers who fail to comply with the requirements of **sections 9, 11, 12, 14, 15 and 19** of this bill. (NRS 680A.200)

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

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

Section 1. NRS 441A.120 is hereby amended to read as follows:

441A.120 1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

(a) The diseases which are known to be communicable ~~and~~ , *which must include, without limitation, syphilis.*

(b) The communicable diseases which are known to be sexually transmitted.

(c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.

(d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons



who have been exposed to or have or are suspected of having the disease.

(e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information that such reports must include.

3. The duties set forth in the regulations adopted by the Board pursuant to subsection 1 must be performed by:

(a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or

(b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.

Sec. 1.2. NRS 441A.150 is hereby amended to read as follows:

441A.150 1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. *A report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and:*

(a) If treatment was provided, the type of treatment that was provided; or

(b) If the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact and the information required by the Board pursuant to NRS 441A.120 to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. The Chief Medical Officer or his or her designee shall upload that information to the database of the



program established pursuant to NRS 453.162 if the program allows for the upload of such information.

3. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease or who has suffered or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

4. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

5. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

Sec. 1.4. Chapter 442 of NRS is hereby amended by adding thereto the provisions set forth as sections 1.6 and 1.8 of this act.

Sec. 1.6. *1. Except as otherwise provided in subsection 2, a physician or other person permitted by law to attend upon a pregnant woman during gestation for conditions relating to her pregnancy shall make or ensure the performance of an examination of each pregnant woman to whom he or she attends, including any standard laboratory tests recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, for the discovery of Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C. The physician or other person shall ensure that any necessary samples are taken from the pregnant woman and submitted to a laboratory licensed pursuant to chapter 652 of NRS for the testing required by this subsection.*

2. A pregnant woman may opt out of any testing required by subsection 1.

Sec. 1.8. *1. A physician or other person permitted by law to attend upon a pregnant woman during gestation for conditions relating to her pregnancy shall not require a third party to pay more for any examination or test required by NRS 442.010 or section 1.6 of this act than the lowest rate prescribed in a contract between the third party and a provider of the same type as the physician or other person for the same test or treatment.*



2. A laboratory shall not require a third party to pay more for any test required by NRS 442.010 or section 1.6 of this act than the lowest rate prescribed in a contract between the third party and a laboratory for the same test.

3. A hospital or other facility at which a sample is taken for the purpose of performing a test required by NRS 442.010 or section 1.6 of this act shall not require a third party to pay more for the test than the cost incurred by the hospital or other facility to process the sample, including, without limitation, the cost of sending the sample to a laboratory.

4. As used in this section, "third party" means:

(a) An insurer, as that term is defined in NRS 679B.540;

(b) A health benefit plan, as that term is defined in NRS 687B.470, for employees which provides coverage for prescription drugs;

(c) A participating public agency, as that term is defined in NRS 287.04052, and any other local governmental agency of the State of Nevada which provides a system of health insurance for the benefit of its officers and employees, and the dependents of officers and employees, pursuant to chapter 287 of NRS; or

(d) Any other insurer or organization that provides health coverage or benefits in accordance with state or federal law.

Sec. 2. NRS 442.010 is hereby amended to read as follows:

442.010 1. Except as otherwise provided in subsection ~~{5,}~~ 6, every:

(a) Physician attending a pregnant woman during gestation for conditions relating to her pregnancy shall make an examination, including a standard serological test, for the discovery of syphilis. The physician shall take or cause to be taken a sample of blood of the woman ~~{during the first and third trimesters}~~ at the times prescribed by subsection 2, if applicable, and shall submit the sample to a ~~{qualified}~~ laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.

(b) Person permitted by law to attend upon pregnant women, but not permitted by law to make blood tests in Nevada, shall cause a sample of the blood of the pregnant woman to be taken ~~{during the first and third trimesters}~~ at the times prescribed by subsection 2, if applicable, by a duly licensed physician and submitted to a ~~{qualified}~~ laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.

(c) Non-hospital medical facility or emergency department or labor and delivery unit in a hospital that evaluates or treats a woman of childbearing age shall ensure that:



(1) *The woman is asked if she is pregnant and, if she responds in the affirmative, whether she has had the prenatal screenings and tests recommended by the American College of Obstetricians and Gynecologists or its successor organization; and*

(2) *An examination is made, including a standard serological test, for the discovery of syphilis, if the woman indicates that she is pregnant and has not had the prenatal screenings and tests recommended by the American College of Obstetricians and Gynecologists or its successor organization. The non-hospital medical facility, emergency department or labor and delivery unit shall ensure that a sample of blood of the woman is taken at the times prescribed by subsection 2, if applicable, and shall ensure the submission of the sample to a laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.*

2. ~~[A qualified laboratory is one approved by the State Board of Health.]~~ *An examination for the discovery of syphilis pursuant to subsection 1 must be performed:*

(a) *During the first trimester of pregnancy at the first visit to a physician or other person permitted by law to attend upon pregnant women, a non-hospital medical facility or an emergency department or labor and delivery unit of a hospital or as soon thereafter as practicable;*

(b) *During the third trimester of pregnancy between the 27th and 36th week of gestation or as soon thereafter as practicable; and*

(c) *At delivery for a pregnant woman who:*

(1) *Should be routinely tested for infection with syphilis, as recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;*

(2) *Lives in an area designated by the Division as having high syphilis morbidity;*

(3) *Did not receive prenatal care; or*

(4) *Delivers a stillborn infant after 20 weeks of gestation.*

3. *A qualified serological test for syphilis is one recognized as such by the State Board of Health.*

~~[3.]~~ 4. *If the test is made in a state laboratory, it must be made without charge.*

~~[4.]~~ 5. *If ~~[the]~~ a serological or physical examination test performed pursuant to subsection 1 shows ~~[the]~~ that a pregnant woman is infected with syphilis, ~~[she immediately shall commence treatment for syphilis and shall continue treatment until discharged by a licensed physician.]~~ the physician, other person, non-hospital*



medical facility, emergency department or labor and delivery unit shall:

(a) If the physician, other person, non-hospital medical facility, emergency department or labor and delivery unit is capable of providing treatment for syphilis, seek the consent of the pregnant woman to begin such treatment and, if such consent is obtained, commence treatment; or

(b) If the physician, other person, non-hospital medical facility, emergency department or labor and delivery unit is not capable of providing treatment for syphilis, seek the consent of the pregnant woman to refer her for such treatment and, if such consent is obtained, issue the referral.

~~[5.]~~ 6. If the pregnant woman objects to the taking of the sample of blood or the serological test, ~~[because the test is contrary to the tenets or practices of her religion,]~~ the sample must not be taken and the test must not be performed.

7. *As used in this section, “non-hospital medical facility” means:*

(a) An obstetric center;

(b) An independent center for emergency medical care, as defined in NRS 449.013;

(c) A psychiatric hospital, as defined in NRS 449.0165;

(d) A rural clinic, as defined in NRS 449.0175;

(e) A facility for modified medical detoxification, as defined in NRS 449.00385;

(f) A mobile unit, as defined in NRS 449.01515; and

(g) A community triage center, as defined in NRS 449.0031.

Sec. 3. NRS 442.020 is hereby amended to read as follows:

442.020 ~~[Any]~~

1. *Any person or entity willfully violating any of the provisions of NRS 442.010 ~~[shall be guilty of a misdemeanor.]~~ or sections 1.6 or 1.8 of this act may be assessed a civil penalty of not more than \$500.*

2. *An action for the enforcement of a civil penalty assessed pursuant to this section may be brought in any court of competent jurisdiction by the district attorney of the appropriate county or the Attorney General.*

Sec. 4. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

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



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

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

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

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

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

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and section 7 of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

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

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

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

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

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

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

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



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

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

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

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

Sec. 5. NRS 287.010 is hereby amended to read as follows:

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

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

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

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or



national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, *and section 11 of this act*, 689B.287 and 689B.500 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

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

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

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

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

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local



governmental agency with which the legal services organization has contracted; and

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

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

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

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

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

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

Sec. 6. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, **and section 19 of this act**, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 7. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

The Director shall include in the State Plan for Medicaid a requirement that the State must pay the nonfederal share of expenditures incurred for the examination of a pregnant woman for the discovery of:

1. Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

2. Syphilis in accordance with NRS 442.010.

Sec. 8. NRS 687B.225 is hereby amended to read as follows:

687B.225 1. Except as otherwise provided in NRS 689A.0405, 689A.0413, 689A.044, 689A.0445, 689B.031, 689B.0313, 689B.0317, 689B.0374, 695B.1912, 695B.1914, 695B.1925, 695B.1942, 695C.1713, 695C.1735, 695C.1745, 695C.1751, 695G.170, 695G.171 and 695G.177 **and sections 9, 11, 12, 14, 15, 16 and 19 of this act**, any contract for group, blanket or individual health insurance or any contract by a nonprofit hospital, medical or dental service corporation or organization for



dental care which provides for payment of a certain part of medical or dental care may require the insured or member to obtain prior authorization for that care from the insurer or organization. The insurer or organization shall:

(a) File its procedure for obtaining approval of care pursuant to this section for approval by the Commissioner; and

(b) Respond to any request for approval by the insured or member pursuant to this section within 20 days after it receives the request.

2. The procedure for prior authorization may not discriminate among persons licensed to provide the covered care.

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

1. An insurer that issues a policy of health insurance shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:

(a) Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the insurer; and

(b) Without prior authorization.

3. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

(b) "Network plan" means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

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

Sec. 10. NRS 689A.330 is hereby amended to read as follows:
689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance



commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~§~~, **and section 9 of this act.**

Sec. 11. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer that issues a policy of group health insurance shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:

(a) Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the insurer; and

(b) Without prior authorization.

3. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

(b) "Network plan" means a policy of group health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

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

Sec. 12. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. A carrier that issues a health benefit plan shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:



(a) Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the carrier; and

(b) Without prior authorization.

3. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

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

Sec. 13. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, *and section 12 of this act* to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

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

1. A society that issues a benefit contract shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:

(a) Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the society; and

(b) Without prior authorization.

3. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the contract that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.



(b) *“Network plan” means a benefit contract offered by a society under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the society. The term does not include an arrangement for the financing of premiums.*

(c) *“Provider of health care” has the meaning ascribed to it in NRS 629.031.*

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

1. *A hospital or medical services corporation that issues a policy of health insurance shall provide coverage for the examination of a pregnant woman for the discovery of:*

(a) *Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.*

(b) *Syphilis in accordance with NRS 442.010.*

2. *The coverage required by this section must be provided:*

(a) *Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the hospital or medical services corporation; and*

(b) *Without prior authorization.*

3. *A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.*

4. *As used in this section:*

(a) *“Medical laboratory” has the meaning ascribed to it in NRS 652.060.*

(b) *“Network plan” means a policy of health insurance offered by a hospital or medical services corporation under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the hospital or medical services corporation. The term does not include an arrangement for the financing of premiums.*

(c) *“Provider of health care” has the meaning ascribed to it in NRS 629.031.*



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

1. A health maintenance organization that issues a health care plan shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:

(a) Regardless of whether the benefits are provided to the enrollee by a provider of health care, facility or medical laboratory that participates in the network plan of the health maintenance organization; and

(b) Without prior authorization.

3. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

(b) "Network plan" means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

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

Sec. 17. NRS 695C.050 is hereby amended to read as follows:

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

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



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

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

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

Sec. 18. NRS 695C.330 is hereby amended to read as follows:

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

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

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, *and section 16 of this act* or 695C.207;

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded



the greatest practical opportunity to obtain continuing coverage for health care.

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

1. A managed care organization that issues a health care plan shall provide coverage for the examination of a pregnant woman for the discovery of:

(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in accordance with section 1.6 of this act.

(b) Syphilis in accordance with NRS 442.010.

2. The coverage required by this section must be provided:

(a) Regardless of whether the benefits are provided to the insured by a provider of health care, facility or medical laboratory that participates in the network plan of the managed care organization; and

(b) Without prior authorization.

3. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2021, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

4. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

(b) "Network plan" means a health care plan offered by a managed care organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the managed care organization. The term does not include an arrangement for the financing of premiums.

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

Sec. 20. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 21. This act becomes effective on July 1, 2021.

