ASSEMBLY BILL NO. 511—COMMITTEE ON COMMERCE AND LABOR

MARCH 24, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to insurance. (BDR 57-697)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

EXPLANATION - Matter in bolded italics is new; matter between brackets formitted material is material to be omitted.

AN ACT relating to insurance; revising provisions relating to reimbursement for certain treatment and services provided by certain providers of health care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law entitles an insured to reimbursement for treatment by a chiropractic physician if a policy of individual health insurance, policy of group health insurance, nonprofit corporation contract for hospital, medical and dental services or evidence of coverage of a health maintenance organization provides coverage for treatment of an illness which is within the authorized scope of practice of a qualified chiropractic physician. Existing law also contains similar provisions applicable to: (1) a person who performs acupuncture; (2) a licensed psychologist; (3) a licensed marriage and family therapist or licensed clinical professional counselor; (4) a licensed associate in social work, social worker, master social worker, independent social worker or clinical social worker; (5) a licensed podiatrist; (6) a licensed clinical drug and alcohol counselor; and (7) certain registered nurses under certain circumstances. (NRS 608.1575, 689A.0475-689A.0495, 689B.038-689B.0397, 689B.045, 689B.049, 695B.1951-695B.199, 695C.1765-695C.179) Sections 1-16, 17-24 and 25-33 of this bill revise those provisions to entitle the insured or the provider who provided treatment to the insured, as applicable, to reimbursement for the treatment provided. Existing law authorizes a person insured under a policy of individual health

Existing law authorizes a person insured under a policy of individual health insurance or policy of group or blanket health insurance to assign his or her right to benefits, under certain circumstances, to the provider of health care who provided the services covered by the policy. (NRS 689A.135, 689B.040, 689B.100) **Sections 16.5** and 24.5 of this bill similarly authorize a person insured under a contract for hospital medical or dental services issued by a nonprofit hospital, medical or dental services corporation or a health care plan issued by a health maintenance organization to make such an assignment.



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

Section 1. NRS 689A.0475 is hereby amended to read as follows:

689A.0475 If any policy of health insurance provides coverage for acupuncture performed by a physician, the insured [is entitled to reimbursement for acupuncture performed by] or a person who is licensed pursuant to chapter 634A of NRS [.] and performs acupuncture on the insured, as applicable, is entitled to reimbursement for the acupuncture performed.

Sec. 2. NRS 689A.048 is hereby amended to read as follows:

689A.048 If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a qualified psychologist, the insured [is entitled to reimbursement for treatments by] or a licensed psychologist [.] who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 3. NRS 689A.0483 is hereby amended to read as follows: 689A.0483 If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed marriage and family therapist or licensed clinical professional counselor, the insured [is entitled to reimbursement for treatment by] or a marriage and family therapist or clinical professional counselor who is licensed pursuant to chapter 641A of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 4. NRS 689A.0485 is hereby amended to read as follows: 689A.0485 If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a licensed associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker, the insured [is entitled to reimbursement for treatment by] or an associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker who is licensed pursuant to chapter 641B of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 5. NRS 689A.0487 is hereby amended to read as follows: 689A.0487 1. If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified podiatrist, the insured [is entitled to reimbursement for treatments by] or a podiatrist who is licensed pursuant to chapter 635 of NRS [...] and who provides such





treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

2. The terms of the policy must not limit:

- (a) Coverage for treatments by a podiatrist to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a podiatrist to an amount less than that reimbursed for similar treatments by other physicians.

Sec. 6. NRS 689A.049 is hereby amended to read as follows:

689A.049 1. If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified chiropractic physician, the insured [is entitled to reimbursement for treatments by] or a chiropractic physician who is licensed pursuant to chapter 634 of NRS [...] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

- 2. The terms of the policy must not limit:
- (a) Coverage for treatments by a chiropractic physician to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a chiropractic physician to an amount less than that reimbursed for similar treatments by other physicians.

Sec. 7. NRS 689A.0493 is hereby amended to read as follows:

689A.0493 If any policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed clinical alcohol and drug counselor, the insured [is entitled to reimbursement for treatment by] or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS [unless] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided, including, without limitation, if the clinical alcohol and drug counselor must be directly reimbursed pursuant to:

- 1. An assignment of benefits described in NRS 687B.409; or
- 2. Any other applicable assignment of benefits.

Sec. 8. NRS 689A.0495 is hereby amended to read as follows:

689A.0495 1. If any policy of health insurance provides coverage for services which are within the authorized scope of practice of a registered nurse who is authorized pursuant to chapter 632 of NRS to perform additional acts in an emergency or under other special conditions as prescribed by the State Board of Nursing, and which are reimbursed when provided by another provider of health care, the insured [is entitled to reimbursement for services provided by such] or a registered nurse [.] who provides such services to the insured, as applicable, is entitled to reimbursement for the services provided.

2. The terms of the policy must not limit:





- (a) Coverage for services provided by such a registered nurse to a number of occasions less than for services provided by another provider of health care.
- (b) Reimbursement for services provided by such a registered nurse to an amount less than that reimbursed for similar services provided by another provider of health care.
- 3. An insurer is not required to pay for services provided by such a registered nurse which duplicate services provided by another provider of health care.
 - **Sec. 9.** NRS 689B.038 is hereby amended to read as follows:
- 689B.038 If any policy of group health insurance provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a qualified psychologist, the insured [is entitled to reimbursement for treatment by] or a licensed psychologist [.] who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.
- **Sec. 10.** NRS 689B.0383 is hereby amended to read as follows:

689B.0383 If any policy of group health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed marriage and family therapist or licensed clinical professional counselor, the insured [is entitled to reimbursement for treatment by] or a marriage and family therapist or clinical professional counselor who is licensed pursuant to chapter 641A of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 11. NRS 689B.0385 is hereby amended to read as follows:

689B.0385 If any policy of group health insurance provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a licensed associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker, the insured [is entitled to reimbursement for treatment by an associate in social work] or a social worker, a master social worker, an independent social worker or a clinical social worker who is licensed pursuant to chapter 641B of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 12. NRS 689B.039 is hereby amended to read as follows:

689B.039 1. If any group policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified chiropractic physician, the insured [is entitled to reimbursement for treatments by] or a chiropractic physician who is licensed pursuant to chapter 634 of NRS [...] and





who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

2. The terms of the policy must not limit:

- (a) Coverage for treatments by a chiropractic physician to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a chiropractic physician to an amount less than that charged for similar treatments by other physicians.
- **Sec. 13.** NRS 689B.0393 is hereby amended to read as follows:
- 689B.0393 1. If any group policy of health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified podiatrist, the insured [is entitled to reimbursement for treatments by] or a podiatrist who is licensed pursuant to chapter 635 of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.
 - 2. The terms of the policy must not limit:
- (a) Coverage for treatments by a podiatrist to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a podiatrist to an amount less than that reimbursed for similar treatments by other physicians.
- **Sec. 14.** NRS 689B.0397 is hereby amended to read as follows:
- 689B.0397 If any policy of group health insurance provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed clinical alcohol and drug counselor, the insured [is entitled to reimbursement for treatment by] or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS [unless] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided, including, without limitation, if the clinical alcohol and drug counselor must be directly reimbursed pursuant to:
 - 1. An assignment of benefits described in NRS 687B.409; or
 - 2. Any other applicable assignment of benefits.
 - **Sec. 15.** NRS 689B.045 is hereby amended to read as follows:
- 689B.045 1. If any group policy of health insurance provides coverage for services which are within the authorized scope of practice of a registered nurse who is authorized pursuant to chapter 632 of NRS to perform additional acts in an emergency or under other special conditions as prescribed by the State Board of Nursing, and which are reimbursed when provided by another provider of health care, the insured [is entitled to reimbursement for services provided by such] or a registered nurse [.] who provides such





services to the insured, as applicable, is entitled to reimbursement for the services provided.

2. The terms of the policy must not limit:

- (a) Coverage for services provided by such a registered nurse to a number of occasions less than for services provided by another provider of health care.
- (b) Reimbursement for services provided by such a registered nurse to an amount less than that reimbursed for similar services provided by another provider of health care.
- 3. An insurer is not required to pay for services provided by such a registered nurse which duplicate services provided by another provider of health care.

Sec. 16. NRS 689B.049 is hereby amended to read as follows:

689B.049 If any policy of group health insurance provides coverage for acupuncture performed by a physician, the insured [is entitled to reimbursement for acupuncture performed by] or a person who is licensed pursuant to chapter 634A of NRS [.] and performs acupuncture on the insured, as applicable, is entitled to reimbursement for the acupuncture performed.

- **Sec. 16.5.** Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. A person insured under a contract for hospital, medical or dental services may assign his or her right to benefits to the provider of health care who provided the services covered by the contract. The nonprofit hospital, medical or dental service corporation shall pay all the benefits or the part of the benefits assigned by the insured to the person designated by the insured. A payment made pursuant to this subsection discharges the obligation of the corporation to pay those benefits.
- 2. If the insured makes an assignment under this section, but the corporation after receiving a copy of the assignment pays the benefits to the insured, the corporation shall also pay those benefits to the provider of health care who received the assignment as soon as the corporation receives notice of the incorrect payment.
- 3. For the purpose of this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.
- **Sec. 17.** NRS 695B.1951 is hereby amended to read as follows:
- 695B.1951 1. If any contract for hospital or medical services provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified podiatrist, the insured [is entitled to reimbursement for treatments by] or a podiatrist who is licensed pursuant to chapter 635 of NRS [.] and who provides such





treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

2. The terms of the policy must not limit:

- (a) Coverage for treatments by a podiatrist to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a podiatrist to an amount less than that reimbursed for similar treatments by other physicians.
- **Sec. 18.** NRS 695B.1955 is hereby amended to read as follows:

695B.1955 If any contract for hospital or medical service provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed clinical alcohol and drug counselor, the insured [is entitled to reimbursement for treatment by] or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS [unless] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided, including, without limitation, if the clinical alcohol and drug counselor must be directly reimbursed pursuant to:

- 1. An assignment of benefits described in NRS 687B.409; or
- 2. Any other applicable assignment of benefits.

Sec. 19. NRS 695B.196 is hereby amended to read as follows:

695B.196 If any contract for hospital or medical services provides coverage for acupuncture performed by a physician, the insured [is entitled to reimbursement for acupuncture performed by] or a person who is licensed pursuant to chapter 634A of NRS [.] and performs acupuncture on the insured, as applicable, is entitled to reimbursement for the acupuncture performed.

Sec. 20. NRS 695B.197 is hereby amended to read as follows:

695B.197 If any contract for hospital or medical service provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a qualified psychologist, the insured [is entitled to reimbursement for treatments by] or a licensed psychologist [.] who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 21. NRS 695B.1973 is hereby amended to read as follows:

695B.1973 If any contract for hospital or medical service provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed marriage and family therapist or licensed clinical professional counselor, the insured [is entitled to reimbursement for treatment by] or a marriage and family therapist or clinical professional counselor who is licensed pursuant to chapter 641A of NRS [...] and who provides such treatment to the





insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 22. NRS 695B.1975 is hereby amended to read as follows:

695B.1975 If any contract for hospital or medical service provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a licensed associate in social work, social worker, master social worker, independent social worker or clinical social worker, the insured [is entitled to reimbursement for treatment by] or an associate in social work, social worker, master social worker, independent social worker or clinical social worker who is licensed pursuant to chapter 641B of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 23. NRS 695B.198 is hereby amended to read as follows:

695B.198 1. If any contract for hospital or medical service provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified chiropractic physician, the insured [is entitled to reimbursement for treatments by] or a chiropractic physician who is licensed pursuant to chapter 634 of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

- 2. The terms of the policy must not limit:
- (a) Coverage for treatments by a chiropractic physician to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a chiropractic physician to an amount less than that charged for similar treatments by other physicians.

Sec. 24. NRS 695B.199 is hereby amended to read as follows:

695B.199 1. If any contract for medical service provides coverage for services which are within the authorized scope of practice of a registered nurse who is authorized pursuant to chapter 632 of NRS to perform additional acts in an emergency or under other special conditions as prescribed by the State Board of Nursing, and which are reimbursed when provided by another provider of health care, the insured [is entitled to reimbursement for services provided by such] or a registered nurse [.] who provides such services to the insured, as applicable, is entitled to reimbursement for the services provided.

- 2. The terms of the contract must not limit:
- (a) Coverage for services provided by such a registered nurse to a number of occasions less than for services provided by another provider of health care.





- (b) Reimbursement for services provided by such a registered nurse to an amount less than that reimbursed for similar services provided by another provider of health care.
- 3. An insurer is not required to pay for services provided by such a registered nurse which duplicate services provided by another provider of health care.
- **Sec. 24.5.** Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. A person insured under a health care plan may assign his or her right to benefits to the provider of health care who provided the services covered by the plan. The health maintenance organization shall pay all the benefits or the part of the benefits assigned by the insured to the person designated by the insured. A payment made pursuant to this subsection discharges the obligation of the health maintenance organization to pay those benefits.
- 2. If the insured makes an assignment under this section, but the health maintenance organization after receiving a copy of the assignment pays the benefits to the insured, the health maintenance organization shall also pay those benefits to the provider of health care who received the assignment as soon as the insurer receives notice of the incorrect payment.
- 3. For the purpose of this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.
- **Sec. 25.** NRS 695C.1765 is hereby amended to read as follows:
- 695C.1765 If any evidence of coverage provides coverage for acupuncture performed by a physician, the insured [is entitled to reimbursement for acupuncture performed by] or a person who is licensed pursuant to chapter 634A of NRS [.] and performs acupuncture on the insured, as applicable, is entitled to reimbursement for the acupuncture performed.
 - Sec. 26. NRS 695C.177 is hereby amended to read as follows:
- 695C.177 If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a qualified psychologist, the insured [is entitled to reimbursement for treatments by] or a licensed psychologist [.] who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.
- **Sec. 27.** NRS 695C.1773 is hereby amended to read as follows:
- 695C.1773 If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed marriage and family therapist or licensed clinical professional counselor, the insured [is entitled to





reimbursement for treatment by] or a marriage and family therapist or clinical professional counselor who is licensed pursuant to chapter 641A of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 28. NRS 695C.1775 is hereby amended to read as follows:

695C.1775 If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of the practice of a licensed associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker, the insured [is entitled to reimbursement for treatment by] or an associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker who is licensed pursuant to chapter 641B of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

Sec. 29. NRS 695C.178 is hereby amended to read as follows:

695C.178 1. If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified chiropractic physician, the insured [is entitled to reimbursement for treatments by] or a chiropractic physician who is licensed pursuant to chapter 634 of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

- 2. The terms of the policy must not limit:
- (a) Coverage for treatments by a chiropractic physician to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a chiropractic physician to an amount less than that charged for similar treatments by other physicians.

Sec. 30. NRS 695C.1783 is hereby amended to read as follows:

695C.1783 1. If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of practice of a qualified podiatrist, the insured [is entitled to reimbursement for treatments by] or a podiatrist who is licensed pursuant to chapter 635 of NRS [.] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided.

- 2. The terms of the policy must not limit:
- (a) Coverage for treatments by a podiatrist to a number less than for treatments by other physicians.
- (b) Reimbursement for treatments by a podiatrist to an amount less than that reimbursed for similar treatments by other physicians.





Sec. 31. NRS 695C.1789 is hereby amended to read as follows:

695C.1789 If any evidence of coverage provides coverage for treatment [of an illness] which is within the authorized scope of practice of a licensed clinical alcohol and drug counselor, the insured [is entitled to reimbursement for treatment by] or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS [unless] and who provides such treatment to the insured, as applicable, is entitled to reimbursement for the treatment provided, including, without limitation, if the clinical alcohol and drug counselor must be directly reimbursed pursuant to:

- 1. An assignment of benefits described in NRS 687B.409; or
- 2. Any other applicable assignment of benefits.

Sec. 32. NRS 695C.179 is hereby amended to read as follows:

695C.179 1. If any evidence of coverage provides coverage for services which are within the authorized scope of practice of a registered nurse who is authorized pursuant to chapter 632 of NRS to perform additional acts in an emergency or under other special conditions as prescribed by the State Board of Nursing, and which are reimbursed when provided by another provider of health care, the insured [is entitled to reimbursement for services provided by such] or a registered nurse [.] who provides such services to the insured, as applicable, is entitled to reimbursement for the services provided.

- 2. The terms of the evidence of coverage must not limit:
- (a) Coverage for services provided by such a registered nurse to a number of occasions less than for services provided by another provider of health care.
- (b) Reimbursement for services provided by such a registered nurse to an amount less than that reimbursed for similar services provided by another provider of health care.
- 3. An insurer is not required to pay for services provided by such a registered nurse which duplicate services provided by another provider of health care.

Sec. 33. NRS 608.1575 is hereby amended to read as follows:

608.1575 1. If an employer provides health benefits for his or her employees which include coverage for services which are within the authorized scope of practice of a registered nurse who is authorized pursuant to chapter 632 of NRS to perform additional acts in an emergency or under other special conditions as prescribed by the State Board of Nursing, and which are reimbursed when provided by another provider of health care, the [employees are entitled to reimbursement for services provided by such] employee or a registered nurse [.] who provides such services to an employee,



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as applicable, is entitled to reimbursement for the services provided.

- 2. The benefits provided by the employer must not limit:
- (a) Coverage for services provided by such a registered nurse to a number of occasions less than for services provided by another provider of health care.
- (b) Reimbursement for services provided by such a registered nurse to an amount less than that reimbursed for similar services provided by another provider of health care.
- 3. The employer is not required to pay for services provided by such a registered nurse which duplicate services provided by another provider of health care.
 - **Sec. 34.** This act becomes effective on January 1, 2026.





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