

CHAPTER.....

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:

Existing federal law prohibits discrimination on the basis of a disability in places of public accommodation. Existing federal law defines “public accommodation” to include certain private entities, including a professional office of a health care provider, hospital or other service establishment. (42 U.S.C. §§ 12101 et seq.) Existing state law similarly: (1) declares as its public policy the right of all people to have access to places of public accommodation without discrimination, distinction or restriction because of disability; and (2) makes it unlawful for places of public accommodation to discriminate against a person based on disability. (NRS 233.010, 651.050, 651.070) In alignment with federal law, existing state law defines “public accommodation” to include any office of a provider of health care, hospital or other service establishment. (NRS 651.050)

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



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

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

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

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

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

(1) Referral to an organ transplant center;

(2) Diagnostic tests;

(3) Evaluation of eligibility for an organ transplant;

(4) Surgery; and

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

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



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

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

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

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

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

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

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

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

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

5. Nothing in this section shall be deemed to require a provider of medical or related services to perform any medical service or other service related to an organ transplant, including,



without limitation, making any referral or recommendation, that the provider of medical or related services determines is medically inappropriate.

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

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

8. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

(k) "Provider of medical or related services" means a provider of health care, a medical facility, a facility for the dependent, the Department of Corrections, a city or county jail or any person who



provides medical services to a person incarcerated in a prison or a city or county jail.

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

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

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

Sec. 3. 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 6 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. 4. 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 9 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. 5. 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 section 17 of this act* and 695G.405, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

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

1. The Administrator shall include in the regulations adopted pursuant to NRS 422.2368 a provision prohibiting the State from:



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

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

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

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

2. *As used in this section:*

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

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

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

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

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

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

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

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

2. *As used in this section:*

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



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

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

Sec. 8. 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 **H**, *and section 7 of this act.*

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

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

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

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

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

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

2. As used in this section:

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

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

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



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

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

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

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

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

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

2. As used in this section:

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

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

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

Sec. 11. 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, to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive **[H]**, and section 10 of this act.

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

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

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



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

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

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

2. As used in this section:

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

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

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

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

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

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

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

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

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

2. As used in this section:

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

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



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

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

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

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

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

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

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

2. As used in this section:

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

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

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

Sec. 15. 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 section 14 of this act* 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 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. 16. 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 14 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. 17. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

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

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

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

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

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

2. As used in this section:

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

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

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

Sec. 18. 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.

