2018 Legislative Summary

AB83 Sections Effective Immediately

Sections 98, 110, 112 and 114 amending NRS 689A.630, 689B.560, 689C.310 and 689C.470

NRS 689A.630(2)

NRS 689A.630(2)

(a) The individual carrier notifies the Commissioner ~~[and the chief regulatory officer for insurance in each state in which it is licensed]~~ of its decision pursuant to this subsection to discontinue ~~[the issuance and renewal of the form of]~~ the product at least 60 days before the individual carrier notifies the persons covered by the discontinued ~~[insurance]~~ product pursuant to paragraph (b).

(b) The individual carrier notifies each person covered by the discontinued ~~[insurance, the Commissioner and the chief regulatory officer for insurance in each state in which a person covered by the discontinued insurance is known to reside]~~ product of the decision of the individual carrier to discontinue offering ~~[the form of]~~ the product. The notice must be made to persons covered by the discontinued ~~[insurance]~~ product at least ~~**[180]**~~ **90** days before the date on which the individual carrier will discontinue offering ~~[the form of]~~ the product.

Related Q&As

Q: Given the change in law, can a carrier withdraw 60 day product discontinuation letters already submitted to the Commissioner?

A: Yes, if done prior to the expiration of the 60 day period

Q: Since a carrier may decide whether to withdraw a discontinuation letter, can plans be added to a risk pool after a rate filing is submitted?

A: No, the Division will not allow the addition of plans after 6/12 for Exchange carriers and after 7/17 for off Exchange carriers

Can a carrier remove a plan from its proposed 2018 risk pool?

A carrier may remove an existing 2017 plan from its proposed 2018 risk pool following rate filing submission if a letter expressing the intention to discontinue the plan is submitted to the Commissioner at least 60 days prior to sending a 90 day notice of discontinuation to affected policyholders. If, after sending such a 60 day letter to the Commissioner, a carrier decides not to remove the plan from the 2018 risk pool, the carrier must either retract or amend the letter before the expiration of the 60 days. A carrier may remove new plans (not part of its current 2017 risk pool) from its proposed 2018 risk pool no later than September 20th.

Discontinuation Timeline for Exchange Carriers

• June 12th	Rate filings due
• July 29th	Last day for a carrier to notify DOI of its intention to discontinue 2017 plans
• July 31st	Final rate decisions to carriers
• August 4th	Modified URRT due to DOI (if applicable)
• September 20th	Revised URRT due to DOI (if removing plans)
• September 27th	Discontinuation notices mailed to affected policyholders, last day to withdraw or amend 60 day letter to Commissioner (if letter submitted on 7/29)

Discontinuation Timeline for Off Exchange Carriers

• July 17th	Rate filings due
• July 29th	Last day for a carrier to notify DOI of its intention to discontinue 2017 plans
• September 13th	Final rate decisions to carriers
• September 20th	Modified (if applicable) or revised (if removing plans) URRT due to DOI
• September 27th	Discontinuation notices mailed to affected policyholders, last day to withdraw or amend 60 day letter to Commissioner (if letter submitted on 7/29)

AB83 Sections Effective 7/1/2017

- Section 36: Removes a carrier's right to a reconsideration pursuant to NRS 686B.110 following disapproval of a proposed health rate change
- Sections 66-84: Requirements for carriers with contracted providers
- Section 92: Part I and Part III of all health rate filings are confidential
- Sections 109 & 113: Allows EPO plans in all market segments

Informational Provider Contract Template Filings Due 7/1/2017

- Section 66: Contract must describe mechanism by which a provider will be notified which services are covered and for which the provider will be responsible, including any restrictions or conditions on the health care services
- Section 67: Contract must include provision substantially similar to provision of this section
- Section 68: Contract must prohibit provider from collecting money from covered person owed by insolvent carrier
- Section 70: Contract must require carrier to notify providers of insolvency
- Section 71: Carrier required to inform providers of applicable administrative policies and programs
- Section 72: Carrier shall not incent providers to deliver health care services less than those which are medically necessary

Informational Provider Contract Template Filings Due 7/1/2017

- Section 73: Carrier shall not prohibit providers from discussing treatment options or advocating on behalf of a covered person
- Section 74: Contract must require providers to make health records available to appropriate state and federal authorities
- Section 77: Contract must prohibit assignment or delegation of rights and responsibilities without prior written consent
- Section 78: Providers must furnish covered services without regard to a covered person's participation in a publicly financed program of health care services
- Section 79: Carrier must notify providers of obligation to collect applicable cost share from a covered person, or notify covered person of the financial obligations for health care services that are not covered
- Section 80: Carrier shall not penalize providers for reporting to state or federal authorities

Informational Provider Contract Template Filings Due 7/1/2017

- Section 81: Carrier shall establish a mechanism by which providers may, in a timely manner at the time health care services are to be provided, determine whether a covered person is within a grace period for the payment of premium during which the carrier may hold a claim for health care services pending receipt of premium payment
- Section 82: Carrier shall establish procedures for the resolution of administrative, payment or other disputes between a provider and the carrier
- Section 83: Carrier must, in a timely manner, notify providers of any changes to provisions of the contract that would result in a material change in the contract. The contract must define what is to be considered timely notice and what is to be considered a material change
- Section 84: Carrier must notify providers of the status and inclusion on any list of providers maintained by the carrier

SB233 Effective 1/1/2018

- Mandates health care benefits
  - Up to a 12 month supply for FDA approved contraceptives
  - No cost share for at least one drug in each of 18 methods of contraception listed in bill
  - A carrier shall not use medical management techniques to require an insured to use a method of contraception
  - A carrier may require higher cost share if insured refuses to accept a therapeutic equivalent of a drug
  - Screenings, counseling programs, vaccinations and well-woman visits

SB233 No Cost Share Methods

1) Voluntary sterilization for women
2) Surgical sterilization implants for women
3) Implantable rods
4) Copper-based intrauterine devices
5) Progesterone-based intrauterine devices
6) Injections
7) Combined estrogen- and progestin-based drugs
8) Progestin-based drugs
9) Extended- or continuous-regimen drugs

SB233 No Cost Share Methods

10) Estrogen- and progestin-based patches
11) Vaginal contraceptive rings
12) Diaphragms with spermicide
13) Sponges with spermicide
14) Cervical caps with spermicide
15) Female condoms
16) Spermicide
17) Combined estrogen- and progestin-based drugs for emergency contraception
18) Ulipristal acetate for emergency contraception

SB262 Effective 1/1/2018

- Every payment made, pursuant to a policy of health insurance, to pay for treatment relating solely to mental health or the abuse of alcohol or drugs must be made directly to the provider of health care that provides the treatment if the provider
  - Is an out-of-network provider; and
  - Has delivered a written assignment of benefits to the carrier

Other New Health Related Laws

- AB381- Effective 1/1/2019, a small group carrier shall only move a prescription drug from lower cost tier to a higher cost tier on January 1st and July 1st
  - Exception made if drug is replaced by a generic
- AB304- Effective 7/1/2017, changes definition of “autism spectrum disorder”

Other Health Related Bills Pending

- AB408-Effective 1/1/2018, would prohibit medical underwriting
- SB539- Effective 1/1/2018, would require PBMs to report to the DOI rebates received for drugs used to treat diabetes
- AB374- Effective 1/1/2019, would allow state to enter into contracts with carriers to provide coverage to persons who enroll in Nevada Care Plan within Medicaid
- AB382- Effective 1/1/2018, would protect insureds from surprise billing and would create mediation process for carriers and out-of-network providers
- SB394- Effective passage and approval, would require HMOs to provide specific claims data to large employers