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Insurance; Assignment of Benefits

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Although prior law required annual benefits for drug abuse treatment, the benefits for alcohol abuse treatment were limited to two courses of treatment during the insured’s lifetime. Under Chapter 621, coverage will be based on annual benefits for both alcohol and drug abuse treatment but will be limited to three courses of treatment during the insured’s lifetime. Furthermore, an insured is entitled to benefits only if treatment is received in either a certified facility for the treatment of alcohol or drug abuse, or a licensed hospital or health care facility. Finally, Chapter 621 establishes an advisory committee on insurance for the treatment of alcoholism and drug abuse.

7. 1983 Nev. Stat. c. 621, §2, at 2034. Pursuant to Chapter 621 the Governor must appoint thirteen members representing various areas of the insurance industry, government, and business. The committee’s responsibilities include (1) reviewing the insurance law relating to coverage for the cost of treatment for alcohol and drug abuse, (2) reviewing the structure and use of benefits and methods for containing costs, (3) suggesting ways to encourage employers to create programs to identify employees needing treatment, (4) reviewing and developing procedures for certifying personnel, accreditation programs, and licensing facilities, and (5) preparing annual recommendations for the legislature and Governor. 1983 Nev. Stat. c. 621, §3, at 2035.

Insurance; assignment of benefits


Existing law provides that the insurer under a blanket, group, or
individual policy \(^3\) of health insurance \(^4\) may reserve the option to pay benefits directly to the hospital or person rendering the health services. \(^5\) With the enactment of Chapter 364, a provision may be included in a blanket or group health insurance policy requiring the insurer to pay the indemnities directly to the hospital or person rendering the health services if the insured submits a written request. \(^6\) In addition, Chapter 364 gives the insured the right to assign benefits to the provider of health care under an individual health insurance policy. \(^7\)

Once the insurer under any of these policies receives a copy of the assignment, Chapter 364 mandates that the benefits be paid to the assignee. \(^8\) The payment of benefits to the insured after receipt of a copy of assignment does not relieve the insurer of the obligation to pay the assignee. \(^9\) Consequently, the insurer must also pay the assignee upon receiving notice of incorrect payment. \(^10\)

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3. *Id.* §689A.030 (scope of the policy of health insurance); *see also id.* §689A.020 (a policy of health insurance does not include group or blanket health insurance).
4. *Id.* §681A.030 (definition of health insurance).
5. *Id.* §§689A.130, 689B.040, 689B.100.
10. *Id.*

### Insurance; insurance for boxers and wrestlers

**NEV. REV. STAT.** §467.— (new); §467.125 (amended).
S.B. 358 (Committee on Judiciary); 1983 STAT. Ch 515

Under prior law, the Nevada Athletic Commission could require insurance coverage for the costs of medical care necessitated by injuries received by a boxer or wrestler while preparing for or engaging in a boxing or wrestling contest or exhibition. \(^1\) With the enactment of Chapter 515, coverage for injuries sustained while preparing for a contest or exhibition is no longer required. \(^2\) In addition, the amount of coverage that must be obtained before a boxer or wrestler may engage in contests or exhibitions has been increased from $1,000 to $5,000. \(^3\)

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