

SENATE BILL NO. 139—SENATORS SCHEIBLE AND D. HARRIS

FEBRUARY 22, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria. (BDR 57-54)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 13, 14)  
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to insurance; requiring certain health insurance to include coverage for the treatment of conditions relating to gender dysphoria; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law requires public and private policies of health insurance regulated  
2 under Nevada law to include certain coverage. (NRS 287.010, 287.04335,  
3 422.2712-422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-  
4 689C.169, 689C.194, 689C.1945, 689C.195, 695A.184-695A.1875, 695B.1901-  
5 695B.1948, 695C.1691-695C.176, 695G.162-695G.177) Existing law also requires  
6 employers to provide certain benefits to employees, including the coverage required  
7 for health insurers, if the employer provides health benefits for its employees. (NRS  
8 608.1555) **Sections 1, 3, 4, 6-8, 11 and 13-15** of this bill: (1) require certain public  
9 and private policies of health insurance and health care plans, including Medicaid,  
10 to cover the treatment of conditions relating to gender dysphoria, gender  
11 incongruence and other disorders of sexual development; and (2) authorize those  
12 policies and plans to prescribe requirements that must be satisfied before the insurer  
13 will cover surgical treatment for conditions relating to gender dysphoria, gender  
14 incongruence and other disorders of sexual development for persons who are less  
15 than 17 years of age. **Sections 2, 5, 9, 10 and 12** of this bill make conforming  
16 changes to indicate the placement of **sections 1, 4, 8 and 15** in the Nevada Revised  
17 Statutes.



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

1 **Section 1.** Chapter 689A of NRS is hereby amended by  
2 adding thereto a new section to read as follows:

3 *1. An insurer that issues a policy of health insurance shall*  
4 *include in the policy coverage for the medically necessary*  
5 *treatment of conditions relating to gender dysphoria, gender*  
6 *incongruence and other disorders of sexual development. Such*  
7 *coverage must include, without limitation, coverage of medically*  
8 *necessary psychosocial and surgical intervention and any other*  
9 *medically necessary treatment for such disorders provided by:*

10 (a) *Endocrinologists;*

11 (b) *Pediatric endocrinologists;*

12 (c) *Social workers;*

13 (d) *Psychiatrists;*

14 (e) *Psychologists;*

15 (f) *Gynecologists;*

16 (g) *Plastic surgeons; and*

17 (h) *Any other providers of medically necessary services for the*  
18 *treatment of gender dysphoria, gender incongruence and other*  
19 *disorders of sexual development.*

20 *2. An insurer that issues a policy of health insurance may*  
21 *prescribe requirements that must be satisfied before the insurer*  
22 *covers surgical treatment of conditions relating to gender*  
23 *dysphoria, gender incongruence and other disorders of sexual*  
24 *development for an insured who is less than 17 years of age. Such*  
25 *requirements may include, without limitation, requirements that:*

26 (a) *The treatment must be recommended by a psychologist,*  
27 *psychiatrist or other mental health professional;*

28 (b) *The treatment must be recommended by a physician;*

29 (c) *The insured must provide a written expression of the desire*  
30 *of the insured to undergo the treatment; and*

31 (d) *A written plan for treatment that covers at least 1 year must*  
32 *be developed and approved by at least two providers of health care.*

33 *3. An insurer shall make a reasonable effort to ensure that*  
34 *the benefits required by subsection 1 are made available to an*  
35 *insured through a provider of health care who participates in the*  
36 *network plan of the insurer. If, after a reasonable effort, the*  
37 *insurer is unable to make such benefits available through such a*  
38 *provider of health care, the insurer must cover the benefits when*  
39 *provided to an insured through a provider of health care who does*  
40 *not participate in the network of the plan of the insurer.*

41 *4. A policy of health insurance subject to the provisions of*  
42 *this chapter that is delivered, issued for delivery or renewed on or*



1 after July 1, 2021, has the legal effect of including the coverage  
2 required by subsection 1, and any provision of the policy that  
3 conflicts with the provisions of this section is void.

4 5. As used in this section:

5 (a) "Gender dysphoria" means distress or impairment in  
6 social, occupational or other areas of functioning caused by a  
7 marked difference between the gender identity or expression of a  
8 person and the sex assigned to the person at birth which lasts at  
9 least 6 months and is shown by at least two of the following:

10 (1) A marked difference between gender identity or  
11 expression and primary or secondary sex characteristics or  
12 anticipated secondary sex characteristics in young adolescents.

13 (2) A strong desire to be rid of primary or secondary sex  
14 characteristics because of a marked difference between such sex  
15 characteristics and gender identity or expression or a desire to  
16 prevent the development of anticipated secondary sex  
17 characteristics in young adolescents.

18 (3) A strong desire for the primary or secondary sex  
19 characteristics of the gender opposite from the sex assigned at  
20 birth.

21 (4) A strong desire to be of the opposite gender or a gender  
22 different from the sex assigned at birth.

23 (5) A strong desire to be treated as the opposite gender or a  
24 gender different from the sex assigned at birth.

25 (6) A strong conviction of experiencing typical feelings and  
26 reactions of the opposite gender or a gender different from the sex  
27 assigned at birth.

28 (b) "Medically necessary" means health care services or  
29 products that a prudent provider of health care would provide to a  
30 patient to prevent, diagnose or treat an illness, injury or disease, or  
31 any symptoms thereof, that are necessary and:

32 (1) Provided in accordance with generally accepted  
33 standards of medical practice;

34 (2) Clinically appropriate with regard to type, frequency,  
35 extent, location and duration;

36 (3) Not primarily provided for the convenience of the  
37 patient or provider of health care;

38 (4) Required to improve a specific health condition of a  
39 patient or to preserve the existing state of health of the patient;  
40 and

41 (5) The most clinically appropriate level of health care that  
42 may be safely provided to the patient.

43 ↪ A provider of health care prescribing, ordering, recommending  
44 or providing a health care service or product does not, by itself,  
45 make that health care service or product medically necessary.



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

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

9 **Sec. 2.** NRS 689A.330 is hereby amended to read as follows:

10 689A.330 If any policy is issued by a domestic insurer for  
11 delivery to a person residing in another state, and if the insurance  
12 commissioner or corresponding public officer of that other state has  
13 informed the Commissioner that the policy is not subject to approval  
14 or disapproval by that officer, the Commissioner may by ruling  
15 require that the policy meet the standards set forth in NRS 689A.030  
16 to 689A.320, inclusive ~~§~~, *and section 1 of this act.*

17 **Sec. 3.** Chapter 689B of NRS is hereby amended by adding  
18 thereto a new section to read as follows:

19 *1. An insurer that issues a policy of group health insurance*  
20 *shall include in the policy coverage for the medically necessary*  
21 *treatment of conditions relating to gender dysphoria, gender*  
22 *incongruence and other disorders of sexual development. Such*  
23 *coverage must include, without limitation, coverage of medically*  
24 *necessary psychosocial and surgical intervention and any other*  
25 *medically necessary treatment for such disorders provided by:*

26 (a) *Endocrinologists;*

27 (b) *Pediatric endocrinologists;*

28 (c) *Social workers;*

29 (d) *Psychiatrists;*

30 (e) *Psychologists;*

31 (f) *Gynecologists;*

32 (g) *Plastic surgeons; and*

33 (h) *Any other providers of medically necessary services for the*  
34 *treatment of gender dysphoria, gender incongruence and other*  
35 *disorders of sexual development.*

36 *2. An insurer that issues a policy of group health insurance*  
37 *may prescribe requirements that must be satisfied before the*  
38 *insurer covers surgical treatment of conditions relating to gender*  
39 *dysphoria, gender incongruence and other disorders of sexual*  
40 *development for an insured who is less than 17 years of age. Such*  
41 *requirements may include, without limitation, requirements that:*

42 (a) *The treatment must be recommended by a psychologist,*  
43 *psychiatrist or other mental health professional;*

44 (b) *The treatment must be recommended by a physician;*



1 (c) *The insured must provide a written expression of the desire*  
2 *of the insured to undergo the treatment; and*

3 (d) *A written plan for treatment that covers at least 1 year must*  
4 *be developed and approved by at least two providers of health care.*

5 3. *An insurer shall make a reasonable effort to ensure that*  
6 *the benefits required by subsection 1 are made available to an*  
7 *insured through a provider of health care who participates in the*  
8 *network plan of the insurer. If, after a reasonable effort, the*  
9 *insurer is unable to make such benefits available through such a*  
10 *provider of health care, the insurer must cover the benefits when*  
11 *provided to an insured through a provider of health care who does*  
12 *not participate in the network of the plan of the insurer.*

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

18 5. *As used in this section:*

19 (a) *“Gender dysphoria” means distress or impairment in*  
20 *social, occupational or other areas of functioning caused by a*  
21 *marked difference between the gender identity or expression of a*  
22 *person and the sex assigned to the person at birth which lasts at*  
23 *least 6 months and is shown by at least two of the following:*

24 (1) *A marked difference between gender identity or*  
25 *expression and primary or secondary sex characteristics or*  
26 *anticipated secondary sex characteristics in young adolescents.*

27 (2) *A strong desire to be rid of primary or secondary sex*  
28 *characteristics because of a marked difference between such sex*  
29 *characteristics and gender identity or expression or a desire to*  
30 *prevent the development of anticipated secondary sex*  
31 *characteristics in young adolescents.*

32 (3) *A strong desire for the primary or secondary sex*  
33 *characteristics of the gender opposite from the sex assigned at*  
34 *birth.*

35 (4) *A strong desire to be of the opposite gender or a gender*  
36 *different from the sex assigned at birth.*

37 (5) *A strong desire to be treated as the opposite gender or a*  
38 *gender different from the sex assigned at birth.*

39 (6) *A strong conviction of experiencing typical feelings and*  
40 *reactions of the opposite gender or a gender different from the sex*  
41 *assigned at birth.*

42 (b) *“Medically necessary” means health care services or*  
43 *products that a prudent provider of health care would provide to a*  
44 *patient to prevent, diagnose or treat an illness, injury or disease, or*  
45 *any symptoms thereof, that are necessary and:*



1 (1) *Provided in accordance with generally accepted*  
2 *standards of medical practice;*

3 (2) *Clinically appropriate with regard to type, frequency,*  
4 *extent, location and duration;*

5 (3) *Not primarily provided for the convenience of the*  
6 *patient or provider of health care;*

7 (4) *Required to improve a specific health condition of a*  
8 *patient or to preserve the existing state of health of the patient;*  
9 *and*

10 (5) *The most clinically appropriate level of health care that*  
11 *may be safely provided to the patient.*

12 ↪ *A provider of health care prescribing, ordering, recommending*  
13 *or approving a health care service or product does not, by itself,*  
14 *make that health care service or product medically necessary.*

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

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

23 **Sec. 4.** Chapter 689C of NRS is hereby amended by adding  
24 thereto a new section to read as follows:

25 1. *A carrier that issues a health benefit plan shall include in*  
26 *the health benefit plan coverage for the medically necessary*  
27 *treatment of conditions relating to gender dysphoria, gender*  
28 *incongruence and other disorders of sexual development. Such*  
29 *coverage must include, without limitation, coverage of medically*  
30 *necessary psychosocial and surgical intervention and any other*  
31 *medically necessary treatment for such disorders provided by:*

32 (a) *Endocrinologists;*

33 (b) *Pediatric endocrinologists;*

34 (c) *Social workers;*

35 (d) *Psychiatrists;*

36 (e) *Psychologists;*

37 (f) *Gynecologists;*

38 (g) *Plastic surgeons; and*

39 (h) *Any other providers of medically necessary services for the*  
40 *treatment of gender dysphoria, gender incongruence and other*  
41 *disorders of sexual development.*

42 2. *A carrier that issues a health benefit plan may prescribe*  
43 *requirements that must be satisfied before the carrier covers*  
44 *surgical treatment of conditions relating to gender dysphoria,*  
45 *gender incongruence and other disorders of sexual development*



1 *for an insured who is less than 17 years of age. Such requirements*  
2 *may include, without limitation, requirements that:*

3 *(a) The treatment must be recommended by a psychologist,*  
4 *psychiatrist or other mental health professional;*

5 *(b) The treatment must be recommended by a physician;*

6 *(c) The insured must provide a written expression of the desire*  
7 *of the insured to undergo the treatment; and*

8 *(d) A written plan for treatment that covers at least 1 year must*  
9 *be developed and approved by at least two providers of health care.*

10 3. *A carrier shall make a reasonable effort to ensure that the*  
11 *benefits required by subsection 1 are made available to an insured*  
12 *through a provider of health care who participates in the network*  
13 *plan of the carrier. If, after a reasonable effort, the carrier is*  
14 *unable to make such benefits available through such a provider of*  
15 *health care, the carrier must cover the benefits when provided to*  
16 *an insured through a provider of health care who does not*  
17 *participate in the network of the plan of the carrier.*

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

23 5. *As used in this section:*

24 *(a) "Gender dysphoria" means distress or impairment in*  
25 *social, occupational or other areas of functioning caused by a*  
26 *marked difference between the gender identity or expression of a*  
27 *person and the sex assigned to the person at birth which lasts at*  
28 *least 6 months and is shown by at least two of the following:*

29 *(1) A marked difference between gender identity or*  
30 *expression and primary or secondary sex characteristics or*  
31 *anticipated secondary sex characteristics in young adolescents.*

32 *(2) A strong desire to be rid of primary or secondary sex*  
33 *characteristics because of a marked difference between such sex*  
34 *characteristics and gender identity or expression or a desire to*  
35 *prevent the development of anticipated secondary sex*  
36 *characteristics in young adolescents.*

37 *(3) A strong desire for the primary or secondary sex*  
38 *characteristics of the gender opposite from the sex assigned at*  
39 *birth.*

40 *(4) A strong desire to be of the opposite gender or a gender*  
41 *different from the sex assigned at birth.*

42 *(5) A strong desire to be treated as the opposite gender or a*  
43 *gender different from the sex assigned at birth.*



1           ***(6) A strong conviction of experiencing typical feelings and***  
2 ***reactions of the opposite gender or a gender different from the sex***  
3 ***assigned at birth.***

4           ***(b) "Medically necessary" means health care services or***  
5 ***products that a prudent provider of health care would provide to a***  
6 ***patient to prevent, diagnose or treat an illness, injury or disease, or***  
7 ***any symptoms thereof, that are necessary and:***

8           ***(1) Provided in accordance with generally accepted***  
9 ***standards of medical practice;***

10           ***(2) Clinically appropriate with regard to type, frequency,***  
11 ***extent, location and duration;***

12           ***(3) Not primarily provided for the convenience of the***  
13 ***patient or provider of health care;***

14           ***(4) Required to improve a specific health condition of a***  
15 ***patient or to preserve the existing state of health of the patient;***  
16 ***and***

17           ***(5) The most clinically appropriate level of health care that***  
18 ***may be safely provided to the patient.***

19           ***↳ A provider of health care prescribing, ordering, recommending***  
20 ***or approving a health care service or product does not, by itself,***  
21 ***make that health care service or product medically necessary.***

22           ***(c) "Network plan" means a health benefit plan offered by a***  
23 ***carrier under which the financing and delivery of medical care,***  
24 ***including items and services paid for as medical care, are***  
25 ***provided, in whole or in part, through a defined set of providers***  
26 ***under contract with the carrier. The term does not include an***  
27 ***arrangement for the financing of premiums.***

28           ***(d) "Provider of health care" has the meaning ascribed to it in***  
29 ***NRS 629.031.***

30           **Sec. 5.** NRS 689C.425 is hereby amended to read as follows:

31           689C.425 A voluntary purchasing group and any contract  
32 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
33 inclusive, are subject to the provisions of NRS 689C.015 to  
34 689C.355, inclusive, ***and section 4 of this act***, to the extent  
35 applicable and not in conflict with the express provisions of NRS  
36 687B.408 and 689C.360 to 689C.600, inclusive.

37           **Sec. 6.** Chapter 695A of NRS is hereby amended by adding  
38 thereto a new section to read as follows:

39           ***1. A society that issues a benefit contract shall include in the***  
40 ***benefit contract coverage for the medically necessary treatment of***  
41 ***conditions relating to gender dysphoria, gender incongruence and***  
42 ***other disorders of sexual development. Such coverage must***  
43 ***include, without limitation, coverage of medically necessary***  
44 ***psychosocial and surgical intervention and any other medically***  
45 ***necessary treatment for such disorders provided by:***





- 1 (a) *Endocrinologists;*
- 2 (b) *Pediatric endocrinologists;*
- 3 (c) *Social workers;*
- 4 (d) *Psychiatrists;*
- 5 (e) *Psychologists;*
- 6 (f) *Gynecologists;*
- 7 (g) *Plastic surgeons; and*
- 8 (h) *Any other providers of medically necessary services for the*
- 9 *treatment of gender dysphoria, gender incongruence and other*
- 10 *disorders of sexual development.*

11 2. *A society that issues a benefit contract may prescribe*

12 *requirements that must be satisfied before the society covers*

13 *surgical treatment of conditions relating to gender dysphoria,*

14 *gender incongruence and other disorders of sexual development*

15 *for an insured who is less than 17 years of age. Such requirements*

16 *may include, without limitation, requirements that:*

- 17 (a) *The treatment must be recommended by a psychologist,*
- 18 *psychiatrist or other mental health professional;*
- 19 (b) *The treatment must be recommended by a physician;*
- 20 (c) *The insured must provide a written expression of the desire*
- 21 *of the insured to undergo the treatment; and*
- 22 (d) *A written plan for treatment that covers at least 1 year must*
- 23 *be developed and approved by at least two providers of health care.*

24 3. *A society shall make a reasonable effort to ensure that the*

25 *benefits required by subsection 1 are made available to an insured*

26 *through a provider of health care who participates in the network*

27 *plan of the society. If, after a reasonable effort, the society is*

28 *unable to make such benefits available through such a provider of*

29 *health care, the society must cover the benefits when provided to*

30 *an insured through a provider of health care who does not*

31 *participate in the network of the plan of the society.*

32 4. *A benefit contract subject to the provisions of this chapter*

33 *that is delivered, issued for delivery or renewed on or after July 1,*

34 *2021, has the legal effect of including the coverage required by*

35 *subsection 1, and any provision of the benefit contract that*

36 *conflicts with the provisions of this section is void.*

37 5. *As used in this section:*

38 (a) *“Gender dysphoria” means distress or impairment in*

39 *social, occupational or other areas of functioning caused by a*

40 *marked difference between the gender identity or expression of a*

41 *person and the sex assigned to the person at birth which lasts at*

42 *least 6 months and is shown by at least two of the following:*

43 (1) *A marked difference between gender identity or*

44 *expression and primary or secondary sex characteristics or*

45 *anticipated secondary sex characteristics in young adolescents.*



1 (2) *A strong desire to be rid of primary or secondary sex*  
2 *characteristics because of a marked difference between such sex*  
3 *characteristics and gender identity or expression or a desire to*  
4 *prevent the development of anticipated secondary sex*  
5 *characteristics in young adolescents.*

6 (3) *A strong desire for the primary or secondary sex*  
7 *characteristics of the gender opposite from the sex assigned at*  
8 *birth.*

9 (4) *A strong desire to be of the opposite gender or a gender*  
10 *different from the sex assigned at birth.*

11 (5) *A strong desire to be treated as the opposite gender or a*  
12 *gender different from the sex assigned at birth.*

13 (6) *A strong conviction of experiencing typical feelings and*  
14 *reactions of the opposite gender or a gender different from the sex*  
15 *assigned at birth.*

16 (b) *“Medically necessary” means health care services or*  
17 *products that a prudent provider of health care would provide to a*  
18 *patient to prevent, diagnose or treat an illness, injury or disease, or*  
19 *any symptoms thereof, that are necessary and:*

20 (1) *Provided in accordance with generally accepted*  
21 *standards of medical practice;*

22 (2) *Clinically appropriate with regard to type, frequency,*  
23 *extent, location and duration;*

24 (3) *Not primarily provided for the convenience of the*  
25 *patient or provider of health care;*

26 (4) *Required to improve a specific health condition of a*  
27 *patient or to preserve the existing state of health of the patient;*  
28 *and*

29 (5) *The most clinically appropriate level of health care that*  
30 *may be safely provided to the patient.*

31 ↪ *A provider of health care prescribing, ordering, recommending*  
32 *or approving a health care service or product does not, by itself,*  
33 *make that health care service or product medically necessary.*

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

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

42 **Sec. 7.** Chapter 695B of NRS is hereby amended by adding  
43 thereto a new section to read as follows:

44 1. *A hospital or medical services corporation that issues a*  
45 *policy of health insurance shall include in the policy coverage for*



1 *the medically necessary treatment of conditions relating to gender*  
2 *dysphoria, gender incongruence and other disorders of sexual*  
3 *development. Such coverage must include, without limitation,*  
4 *coverage of medically necessary psychosocial and surgical*  
5 *intervention and any other medically necessary treatment for such*  
6 *disorders provided by:*

- 7 (a) *Endocrinologists;*
- 8 (b) *Pediatric endocrinologists;*
- 9 (c) *Social workers;*
- 10 (d) *Psychiatrists;*
- 11 (e) *Psychologists;*
- 12 (f) *Gynecologists;*
- 13 (g) *Plastic surgeons; and*
- 14 (h) *Any other providers of medically necessary services for the*

15 *treatment of gender dysphoria, gender incongruence and other*  
16 *disorders of sexual development.*

17 2. *An hospital or medical services corporation that issues a*  
18 *policy of health insurance may prescribe requirements that must*  
19 *be satisfied before the hospital or medical services corporation*  
20 *covers surgical treatment of conditions relating to gender*  
21 *dysphoria, gender incongruence and other disorders of sexual*  
22 *development for an insured who is less than 17 years of age. Such*  
23 *requirements may include, without limitation, requirements that:*

- 24 (a) *The treatment must be recommended by a psychologist,*
- 25 *psychiatrist or other mental health professional;*
- 26 (b) *The treatment must be recommended by a physician;*
- 27 (c) *The insured must provide a written expression of the desire*
- 28 *of the insured to undergo the treatment; and*
- 29 (d) *A written plan for treatment that covers at least 1 year must*
- 30 *be developed and approved by at least two providers of health care.*

31 3. *A hospital or medical services corporation shall make a*  
32 *reasonable effort to ensure that the benefits required by subsection*  
33 *1 are made available to an insured through a provider of health*  
34 *care who participates in the network plan of the hospital or*  
35 *medical services corporation. If, after a reasonable effort, the*  
36 *hospital or medical services corporation is unable to make such*  
37 *benefits available through such a provider of health care, the*  
38 *hospital or medical services corporation must cover the benefits*  
39 *when provided to an insured through a provider of health care*  
40 *who does not participate in the network of the plan of the hospital*  
41 *or medical services corporation.*

42 4. *A policy of health insurance subject to the provisions of*  
43 *this chapter that is delivered, issued for delivery or renewed on or*  
44 *after July 1, 2021, has the legal effect of including the coverage*



1 *required by subsection 1, and any provision of the policy that*  
2 *conflicts with the provisions of this section is void.*

3 *5. As used in this section:*

4 *(a) "Gender dysphoria" means distress or impairment in*  
5 *social, occupational or other areas of functioning caused by a*  
6 *marked difference between the gender identity or expression of a*  
7 *person and the sex assigned to the person at birth which lasts at*  
8 *least 6 months and is shown by at least two of the following:*

9 *(1) A marked difference between gender identity or*  
10 *expression and primary or secondary sex characteristics or*  
11 *anticipated secondary sex characteristics in young adolescents.*

12 *(2) A strong desire to be rid of primary or secondary sex*  
13 *characteristics because of a marked difference between such sex*  
14 *characteristics and gender identity or expression or a desire to*  
15 *prevent the development of anticipated secondary sex*  
16 *characteristics in young adolescents.*

17 *(3) A strong desire for the primary or secondary sex*  
18 *characteristics of the gender opposite from the sex assigned at*  
19 *birth.*

20 *(4) A strong desire to be of the opposite gender or a gender*  
21 *different from the sex assigned at birth.*

22 *(5) A strong desire to be treated as the opposite gender or a*  
23 *gender different from the sex assigned at birth.*

24 *(6) A strong conviction of experiencing typical feelings and*  
25 *reactions of the opposite gender or a gender different from the sex*  
26 *assigned at birth.*

27 *(b) "Medically necessary" means health care services or*  
28 *products that a prudent provider of health care would provide to a*  
29 *patient to prevent, diagnose or treat an illness, injury or disease, or*  
30 *any symptoms thereof, that are necessary and:*

31 *(1) Provided in accordance with generally accepted*  
32 *standards of medical practice;*

33 *(2) Clinically appropriate with regard to type, frequency,*  
34 *extent, location and duration;*

35 *(3) Not primarily provided for the convenience of the*  
36 *patient or provider of health care;*

37 *(4) Required to improve a specific health condition of a*  
38 *patient or to preserve the existing state of health of the patient;*  
39 *and*

40 *(5) The most clinically appropriate level of health care that*  
41 *may be safely provided to the patient.*

42 *↳ A provider of health care prescribing, ordering, recommending*  
43 *or approving a health care service or product does not, by itself,*  
44 *make that health care service or product medically necessary.*



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

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

10 **Sec. 8.** Chapter 695C of NRS is hereby amended by adding  
11 thereto a new section to read as follows:

12 1. A health maintenance organization that issues a health  
13 care plan shall include in the health care plan coverage for the  
14 medically necessary treatment of conditions relating to gender  
15 dysphoria, gender incongruence and other disorders of sexual  
16 development. Such coverage must include, without limitation,  
17 coverage of medically necessary psychosocial and surgical  
18 intervention and any other medically necessary treatment for such  
19 disorders provided by:

- 20 (a) Endocrinologists;
- 21 (b) Pediatric endocrinologists;
- 22 (c) Social workers;
- 23 (d) Psychiatrists;
- 24 (e) Psychologists;
- 25 (f) Gynecologists;
- 26 (g) Plastic surgeons; and

27 (h) Any other providers of medically necessary services for the  
28 treatment of gender dysphoria, gender incongruence and other  
29 disorders of sexual development.

30 2. A health maintenance organization that issues a health  
31 care plan may prescribe requirements that must be satisfied before  
32 the health maintenance organization covers surgical treatment of  
33 conditions relating to gender dysphoria, gender incongruence and  
34 other disorders of sexual development for an enrollee who is less  
35 than 17 years of age. Such requirements may include, without  
36 limitation, requirements that:

- 37 (a) The treatment must be recommended by a psychologist,  
38 psychiatrist or other mental health professional;
- 39 (b) The treatment must be recommended by a physician;
- 40 (c) The enrollee must provide a written expression of the desire  
41 of the enrollee to undergo the treatment; and
- 42 (d) A written plan for treatment that covers at least 1 year must  
43 be developed and approved by at least two providers of health care.

44 3. A health maintenance organization shall make a  
45 reasonable effort to ensure that the benefits required by subsection



1 *I are made available to an enrollee through a provider of health*  
2 *care who participates in the network plan of the health*  
3 *maintenance organization. If, after a reasonable effort, the*  
4 *health maintenance organization is unable to make those benefits*  
5 *available through such a provider of health care, the health*  
6 *maintenance organization must cover the benefits when provided*  
7 *to an enrollee through a provider of health care who does not*  
8 *participate in the network of the plan of the health maintenance*  
9 *organization.*

10 4. *A health care plan subject to the provisions of this chapter*  
11 *that is delivered, issued for delivery or renewed on or after July 1,*  
12 *2021, has the legal effect of including the coverage required by*  
13 *subsection 1, and any provision of the plan that conflicts with the*  
14 *provisions of this section is void.*

15 5. *As used in this section:*

16 (a) *“Gender dysphoria” means distress or impairment in*  
17 *social, occupational or other areas of functioning caused by a*  
18 *marked difference between the gender identity or expression of a*  
19 *person and the sex assigned to the person at birth which lasts at*  
20 *least 6 months and is shown by at least two of the following:*

21 (1) *A marked difference between gender identity or*  
22 *expression and primary or secondary sex characteristics or*  
23 *anticipated secondary sex characteristics in young adolescents.*

24 (2) *A strong desire to be rid of primary or secondary sex*  
25 *characteristics because of a marked difference between such sex*  
26 *characteristics and gender identity or expression or a desire to*  
27 *prevent the development of anticipated secondary sex*  
28 *characteristics in young adolescents.*

29 (3) *A strong desire for the primary or secondary sex*  
30 *characteristics of the gender opposite from the sex assigned at*  
31 *birth.*

32 (4) *A strong desire to be of the opposite gender or a gender*  
33 *different from the sex assigned at birth.*

34 (5) *A strong desire to be treated as the opposite gender or a*  
35 *gender different from the sex assigned at birth.*

36 (6) *A strong conviction of experiencing typical feelings and*  
37 *reactions of the opposite gender or a gender different from the sex*  
38 *assigned at birth.*

39 (b) *“Medically necessary” means health care services or*  
40 *products that a prudent provider of health care would provide to a*  
41 *patient to prevent, diagnose or treat an illness, injury or disease, or*  
42 *any symptoms thereof, that are necessary and:*

43 (1) *Provided in accordance with generally accepted*  
44 *standards of medical practice;*



1           (2) *Clinically appropriate with regard to type, frequency,*  
2 *extent, location and duration;*

3           (3) *Not primarily provided for the convenience of the*  
4 *patient or provider of health care;*

5           (4) *Required to improve a specific health condition of a*  
6 *patient or to preserve the existing state of health of the patient;*  
7 *and*

8           (5) *The most clinically appropriate level of health care that*  
9 *may be safely provided to the patient.*

10          ↪ *A provider of health care prescribing, ordering, recommending*  
11 *or approving a health care service or product does not, by itself,*  
12 *make that health care service or product medically necessary.*

13          (c) *“Network plan” means a health care plan offered by a*  
14 *health maintenance organization under which the financing and*  
15 *delivery of medical care, including items and services paid for as*  
16 *medical care, are provided, in whole or in part, through a defined*  
17 *set of providers under contract with the health maintenance*  
18 *organization. The term does not include an arrangement for the*  
19 *financing of premiums.*

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

22          **Sec. 9.** NRS 695C.050 is hereby amended to read as follows:

23          695C.050 1. Except as otherwise provided in this chapter or  
24 in specific provisions of this title, the provisions of this title are not  
25 applicable to any health maintenance organization granted a  
26 certificate of authority under this chapter. This provision does not  
27 apply to an insurer licensed and regulated pursuant to this title  
28 except with respect to its activities as a health maintenance  
29 organization authorized and regulated pursuant to this chapter.

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

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

37          4. The provisions of NRS 695C.110, 695C.125, 695C.1691,  
38 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to  
39 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,  
40 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and  
41 695C.265 do not apply to a health maintenance organization that  
42 provides health care services through managed care to recipients of  
43 Medicaid under the State Plan for Medicaid or insurance pursuant to  
44 the Children’s Health Insurance Program pursuant to a contract with  
45 the Division of Health Care Financing and Policy of the Department



1 of Health and Human Services. This subsection does not exempt a  
2 health maintenance organization from any provision of this chapter  
3 for services provided pursuant to any other contract.

4 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,  
5 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,  
6 695C.1735, 695C.1745 and 695C.1757 *and section 8 of this act*  
7 apply to a health maintenance organization that provides health care  
8 services through managed care to recipients of Medicaid under the  
9 State Plan for Medicaid.

10 **Sec. 10.** NRS 695C.330 is hereby amended to read as follows:

11 695C.330 1. The Commissioner may suspend or revoke any  
12 certificate of authority issued to a health maintenance organization  
13 pursuant to the provisions of this chapter if the Commissioner finds  
14 that any of the following conditions exist:

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

22 (b) The health maintenance organization issues evidence of  
23 coverage or uses a schedule of charges for health care services  
24 which do not comply with the requirements of NRS 695C.1691 to  
25 695C.200, inclusive, or 695C.207 ~~§~~ *or section 8 of this act;*

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

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

30 (1) Does not meet the requirements of subsection 1 of NRS  
31 695C.080; or

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

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

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

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

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





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

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

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

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

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

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

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

21 4. If the certificate of authority of a health maintenance  
22 organization is revoked, the organization shall proceed, immediately  
23 following the effective date of the order of revocation, to wind up its  
24 affairs and shall conduct no further business except as may be  
25 essential to the orderly conclusion of the affairs of the organization.  
26 It shall engage in no further advertising or solicitation of any kind.  
27 The Commissioner may, by written order, permit such further  
28 operation of the organization as the Commissioner may find to be in  
29 the best interest of enrollees to the end that enrollees are afforded  
30 the greatest practical opportunity to obtain continuing coverage for  
31 health care.

32 **Sec. 11.** Chapter 695G of NRS is hereby amended by adding  
33 thereto a new section to read as follows:

34 *1. A managed care organization that issues a health care*  
35 *plan shall include in the health care plan coverage for the*  
36 *medically necessary treatment of conditions relating to gender*  
37 *dysphoria, gender incongruence and other disorders of sexual*  
38 *development. Such coverage must include, without limitation,*  
39 *coverage of medically necessary psychosocial and surgical*  
40 *intervention and any other medically necessary treatment for such*  
41 *disorders provided by:*

- 42 (a) *Endocrinologists;*  
43 (b) *Pediatric endocrinologists;*  
44 (c) *Social workers;*  
45 (d) *Psychiatrists;*



1 (e) *Psychologists;*  
2 (f) *Gynecologists;*  
3 (g) *Plastic surgeons; and*  
4 (h) *Any other providers of medically necessary services for the*  
5 *treatment of gender dysphoria, gender incongruence and other*  
6 *disorders of sexual development.*

7 2. *A managed care organization that issues a health care*  
8 *plan may prescribe requirements that must be satisfied before the*  
9 *managed care organization covers surgical treatment of*  
10 *conditions relating to gender dysphoria, gender incongruence and*  
11 *other disorders of sexual development for an insured who is less*  
12 *than 17 years of age. Such requirements may include, without*  
13 *limitation, requirements that:*

14 (a) *The treatment must be recommended by a psychologist,*  
15 *psychiatrist or other mental health professional;*

16 (b) *The treatment must be recommended by a physician;*

17 (c) *The insured must provide a written expression of the desire*  
18 *of the insured to undergo the treatment; and*

19 (d) *A written plan for treatment that covers at least 1 year must*  
20 *be developed and approved by at least two providers of health care.*

21 3. *A managed care organization shall make a reasonable*  
22 *effort to ensure that the benefits required by subsection 1 are*  
23 *made available to an insured through a provider of health care*  
24 *who participates in the network plan of the managed care*  
25 *organization. If, after a reasonable effort, the managed*  
26 *care organization is unable to make such benefits available*  
27 *through such a provider of health care, the managed care*  
28 *organization must cover the benefits when provided to an insured*  
29 *through a provider of health care who does not participate in the*  
30 *network of the plan of the managed care organization.*

31 4. *A health care plan subject to the provisions of this chapter*  
32 *that is delivered, issued for delivery or renewed on or after July 1,*  
33 *2021, has the legal effect of including the coverage required by*  
34 *subsection 1, and any provision of the plan that conflicts with the*  
35 *provisions of this section is void.*

36 5. *As used in this section:*

37 (a) *“Gender dysphoria” means distress or impairment in*  
38 *social, occupational or other areas of functioning caused by a*  
39 *marked difference between the gender identity or expression of a*  
40 *person and the sex assigned to the person at birth which lasts at*  
41 *least 6 months and is shown by at least two of the following:*

42 (1) *A marked difference between gender identity or*  
43 *expression and primary or secondary sex characteristics or*  
44 *anticipated secondary sex characteristics in young adolescents.*



1           (2) *A strong desire to be rid of primary or secondary sex*  
2 *characteristics because of a marked difference between such sex*  
3 *characteristics and gender identity or expression or a desire to*  
4 *prevent the development of anticipated secondary sex*  
5 *characteristics in young adolescents.*

6           (3) *A strong desire for the primary or secondary sex*  
7 *characteristics of the gender opposite from the sex assigned at*  
8 *birth.*

9           (4) *A strong desire to be of the opposite gender or a gender*  
10 *different from the sex assigned at birth.*

11           (5) *A strong desire to be treated as the opposite gender or a*  
12 *gender different from the sex assigned at birth.*

13           (6) *A strong conviction of experiencing typical feelings and*  
14 *reactions of the opposite gender or a gender different from the sex*  
15 *assigned at birth.*

16           (b) *“Medically necessary” means health care services or*  
17 *products that a prudent provider of health care would provide to a*  
18 *patient to prevent, diagnose or treat an illness, injury or disease, or*  
19 *any symptoms thereof, that are necessary and:*

20           (1) *Provided in accordance with generally accepted*  
21 *standards of medical practice;*

22           (2) *Clinically appropriate with regard to type, frequency,*  
23 *extent, location and duration;*

24           (3) *Not primarily provided for the convenience of the*  
25 *patient or provider of health care;*

26           (4) *Required to improve a specific health condition of a*  
27 *patient or to preserve the existing state of health of the patient;*  
28 *and*

29           (5) *The most clinically appropriate level of health care that*  
30 *may be safely provided to the patient.*

31           ↳ *A provider of health care prescribing, ordering, recommending*  
32 *or approving a health care service or product does not, by itself,*  
33 *make that health care service or product medically necessary.*

34           (c) *“Network plan” means a health care plan offered by a*  
35 *managed care organization under which the financing and*  
36 *delivery of medical care, including items and services paid for as*  
37 *medical care, are provided, in whole or in part, through a defined*  
38 *set of providers under contract with the managed care*  
39 *organization. The term does not include an arrangement for the*  
40 *financing of premiums.*

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

43           **Sec. 12.** NRS 232.320 is hereby amended to read as follows:  
44           232.320 1. The Director:



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

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

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

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

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

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

14 (b) Shall administer, through the divisions of the Department,  
15 the provisions of chapters 63, 424, 425, 427A, 432A to 442,  
16 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS  
17 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*  
18 *section 15 of this act*, 422.580, 432.010 to 432.133, inclusive,  
19 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,  
20 and 445A.010 to 445A.055, inclusive, and all other provisions of  
21 law relating to the functions of the divisions of the Department, but  
22 is not responsible for the clinical activities of the Division of Public  
23 and Behavioral Health or the professional line activities of the other  
24 divisions.

25 (c) Shall administer any state program for persons with  
26 developmental disabilities established pursuant to the  
27 Developmental Disabilities Assistance and Bill of Rights Act of  
28 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

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

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



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

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

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

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

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

19 **Sec. 13.** NRS 287.010 is hereby amended to read as follows:

20 287.010 1. The governing body of any county, school  
21 district, municipal corporation, political subdivision, public  
22 corporation or other local governmental agency of the State of  
23 Nevada may:

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

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

39 (c) Provide group life, accident or health coverage through a  
40 self-insurance reserve fund and, where necessary, deduct  
41 contributions to the maintenance of the fund from the compensation  
42 of officers and employees and pay the deductions into the fund. The  
43 money accumulated for this purpose through deductions from the  
44 compensation of officers and employees and contributions of the  
45 governing body must be maintained as an internal service fund as



1 defined by NRS 354.543. The money must be deposited in a state or  
2 national bank or credit union authorized to transact business in the  
3 State of Nevada. Any independent administrator of a fund created  
4 under this section is subject to the licensing requirements of chapter  
5 683A of NRS, and must be a resident of this State. Any contract  
6 with an independent administrator must be approved by the  
7 Commissioner of Insurance as to the reasonableness of  
8 administrative charges in relation to contributions collected and  
9 benefits provided. The provisions of NRS 687B.408, 689B.030 to  
10 689B.050, inclusive, *and section 3 of this act*, 689B.287 and  
11 689B.500 apply to coverage provided pursuant to this paragraph,  
12 except that the provisions of NRS 689B.0378, 689B.03785 and  
13 689B.500 only apply to coverage for active officers and employees  
14 of the governing body, or the dependents of such officers and  
15 employees.

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

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

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

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

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



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

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

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

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

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

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

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

17 **Sec. 14.** NRS 287.04335 is hereby amended to read as  
18 follows:

19 287.04335 If the Board provides health insurance through a  
20 plan of self-insurance, it shall comply with the provisions of NRS  
21 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,  
22 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to  
23 695G.174, inclusive, *and section 11 of this act*, 695G.177,  
24 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive,  
25 and 695G.405, in the same manner as an insurer that is licensed  
26 pursuant to title 57 of NRS is required to comply with those  
27 provisions.

28 **Sec. 15.** Chapter 422 of NRS is hereby amended by adding  
29 thereto a new section to read as follows:

30 *1. The Director shall include in the State Plan for Medicaid a*  
31 *requirement that the State, to the extent authorized by federal law,*  
32 *must pay the nonfederal share of expenditures incurred for the*  
33 *medically necessary treatment of conditions relating to gender*  
34 *dysphoria, gender incongruence and other disorders of sexual*  
35 *development. Such treatment includes, without limitation,*  
36 *psychosocial and surgical intervention and any other medically*  
37 *necessary treatment for these disorders provided by:*

- 38 (a) *Endocrinologists;*  
39 (b) *Pediatric endocrinologists;*  
40 (c) *Social workers;*  
41 (d) *Psychiatrists;*  
42 (e) *Psychologists;*  
43 (f) *Gynecologists;*  
44 (g) *Plastic surgeons; and*



1 (h) Any other providers of medically necessary services for the  
2 treatment of gender dysphoria, gender incongruence and other  
3 disorders of sexual development.

4 2. As used in this section:

5 (a) "Gender dysphoria" means distress or impairment in  
6 social, occupational or other areas of functioning caused by a  
7 marked difference between the gender identity or expression of a  
8 person and the sex assigned to the person at birth which lasts at  
9 least 6 months and is shown by at least two of the following:

10 (1) A marked difference between gender identity or  
11 expression and primary or secondary sex characteristics or  
12 anticipated secondary sex characteristics in young adolescents.

13 (2) A strong desire to be rid of primary or secondary sex  
14 characteristics because of a marked difference between such sex  
15 characteristics and gender identity or expression or a desire to  
16 prevent the development of anticipated secondary sex  
17 characteristics in young adolescents.

18 (3) A strong desire for the primary or secondary sex  
19 characteristics of the gender opposite from the sex assigned at  
20 birth.

21 (4) A strong desire to be of the opposite gender or a gender  
22 different from the sex assigned at birth.

23 (5) A strong desire to be treated as the opposite gender or a  
24 gender different from the sex assigned at birth.

25 (6) A strong conviction of experiencing typical feelings and  
26 reactions of the opposite gender or a gender different from the sex  
27 assigned at birth.

28 (b) "Medically necessary" means health care services or  
29 products that a prudent provider of health care would provide to a  
30 patient to prevent, diagnose or treat an illness, injury or disease, or  
31 any symptoms thereof, that are necessary and:

32 (1) Provided in accordance with generally accepted  
33 standards of medical practice;

34 (2) Clinically appropriate with regard to type, frequency,  
35 extent, location and duration;

36 (3) Not primarily provided for the convenience of the  
37 patient or provider of health care;

38 (4) Required to improve a specific health condition of a  
39 patient or to preserve the existing state of health of the patient;  
40 and

41 (5) The most clinically appropriate level of health care that  
42 may be safely provided to the patient.

43 ↪ A provider of health care prescribing, ordering, recommending  
44 or providing a health care service or product does not, by itself,  
45 make that health care service or product medically necessary.





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

3       **Sec. 16.** The provisions of NRS 354.599 do not apply to any  
4 additional expenses of a local government that are related to the  
5 provisions of this act.

6       **Sec. 17.** This act becomes effective on July 1, 2021.

③







