

SENATE BILL NO. 325—SENATOR SETTELMAYER

MARCH 22, 2021

Referred to Committee on Health and Human Services

SUMMARY—Establishes provisions relating to preventing the acquisition of human immunodeficiency virus. (BDR 54-632)

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

CONTAINS UNFUNDED MANDATE (§§ 4, 5)
(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 health care; requiring the State Board of Pharmacy to prescribe a protocol authorizing a pharmacist to prescribe and dispense drugs to prevent the acquisition of human immunodeficiency virus and perform certain laboratory tests; requiring certain health plans to include coverage for such drugs and testing; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law defines the term “practice of pharmacy” for the purpose of
2 determining which activities require a person to be registered and regulated by the
3 State Board of Pharmacy as a pharmacist. (NRS 639.0124) **Section 1** of this bill
4 requires the State Board of Pharmacy to prescribe a protocol to allow a pharmacist
5 to: (1) order any laboratory test necessary for therapy that uses a drug approved by
6 the United States Food and Drug Administration for preventing the acquisition of
7 human immunodeficiency virus; (2) conduct such tests as necessary for such
8 therapy; and (3) prescribe and dispense such drugs without a prescription from a
9 practitioner. **Section 1** authorizes a pharmacist who is covered by sufficient liability
10 coverage, as defined by regulations adopted by the Board, to take the actions
11 authorized by the protocol. **Section 2** of this bill provides that the practice of
12 pharmacy includes actions authorized by the protocol. **Section 8.5** of this bill
13 makes a conforming change to account for the provisions of **section 1** authorizing a
14 pharmacist to dispense a drug that has not been prescribed by a practitioner. The
15 Board would be authorized to suspend or revoke the registration of a pharmacist
16 who orders or conducts a laboratory test or prescribes or dispenses drugs under the



17 protocol issued pursuant to **section 1** without complying with the provisions of the
18 protocol. (NRS 639.210)

19 **Sections 4-7, 10, 12, 13, 15-17 and 20** of this bill require public and private
20 health plans, including Medicaid and health plans for state and local government
21 employees, to: (1) provide coverage for drugs that prevent the acquisition of human
22 immunodeficiency virus and any related laboratory or diagnostic procedures; and
23 (2) reimburse laboratory testing, prescribing and dispensing by a pharmacist in
24 accordance with **section 1** at a rate equal to that provided to a physician, physician
25 assistant or advanced practice registered nurse for similar services. **Sections 4, 5, 8-**
26 **10, 12, 13, 15-17 and 20** of this bill prohibit such a health plan from requiring prior
27 authorization or step therapy. **Sections 3, 11 and 14** of this bill make conforming
28 changes to indicate the placement of **sections 6, 10 and 13**, respectively, of this bill
29 in the Nevada Revised Statutes. **Section 19** of this bill authorizes the Commissioner
30 of Insurance to suspend or revoke the certificate of a health maintenance
31 organization that fails to comply with the requirements of **section 17** of this bill.
32 The Commissioner would also be authorized to take such action against other
33 health insurers who fail to comply with the requirements of **sections 10, 12, 13, 15,**
34 **16 and 20** of this bill. (NRS 680A.200)

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

1 **Section 1.** Chapter 639 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 *1. To the extent authorized by federal law, a pharmacist who*
4 *meets the requirements prescribed by the Board pursuant to*
5 *subsection 2 may, in accordance with the requirements of the*
6 *protocol prescribed pursuant to subsection 2:*

7 *(a) Order and perform laboratory tests that are necessary for*
8 *therapy that uses a drug approved by the United States Food and*
9 *Drug Administration for preventing the acquisition of human*
10 *immunodeficiency virus; and*

11 *(b) Prescribe and dispense any drug described in paragraph*
12 *(a) to a patient.*

13 **2. The Board shall adopt regulations:**

14 *(a) Requiring a pharmacist who takes the actions authorized*
15 *by this section to be covered by adequate liability insurance, as*
16 *determined by the Board; and*

17 *(b) Establishing a protocol for the actions authorized by this*
18 *section.*

19 **Sec. 2.** NRS 639.0124 is hereby amended to read as follows:

20 639.0124 **1.** "Practice of pharmacy" includes, but is not
21 limited to, the:

22 ~~[H-]~~ **(a)** Performance or supervision of activities associated with
23 manufacturing, compounding, labeling, dispensing and distributing
24 of a drug, including the receipt, handling and storage of
25 prescriptions and other confidential information relating to patients.



1 ~~[2.]~~ (b) Interpretation and evaluation of prescriptions or orders
2 for medicine.

3 ~~[3.]~~ (c) Participation in drug evaluation and drug research.

4 ~~[4.]~~ (d) Advising of the therapeutic value, reaction, drug
5 interaction, hazard and use of a drug.

6 ~~[5.]~~ (e) Selection of the source, storage and distribution of a
7 drug.

8 ~~[6.]~~ (f) Maintenance of proper documentation of the source,
9 storage and distribution of a drug.

10 ~~[7.]~~ (g) Interpretation of clinical data contained in a person's
11 record of medication.

12 ~~[8.]~~ (h) Development of written guidelines and protocols in
13 collaboration with a practitioner which are intended for a patient in a
14 licensed medical facility or in a setting that is affiliated with a
15 medical facility where the patient is receiving care and which
16 authorize collaborative drug therapy management. The written
17 guidelines and protocols must comply with NRS 639.2629.

18 ~~[9.]~~ (i) Implementation and modification of drug therapy,
19 administering drugs and ordering and performing tests in
20 accordance with a collaborative practice agreement.

21 *(j) Prescribing and dispensing of drugs for preventing the*
22 *acquisition of human immunodeficiency virus and ordering and*
23 *conducting laboratory tests necessary for therapy that uses such*
24 *drugs pursuant to the protocol prescribed pursuant to section 1 of*
25 *this act.*

26 ~~[]~~

27 2. The term does not include the changing of a prescription by
28 a pharmacist or practitioner without the consent of the prescribing
29 practitioner, except as otherwise provided in NRS 639.2583 ~~[]~~ *and*
30 *section 1 of this act.*

31 **Sec. 3.** NRS 232.320 is hereby amended to read as follows:

32 232.320 1. The Director:

33 (a) Shall appoint, with the consent of the Governor,
34 administrators of the divisions of the Department, who are
35 respectively designated as follows:

36 (1) The Administrator of the Aging and Disability Services
37 Division;

38 (2) The Administrator of the Division of Welfare and
39 Supportive Services;

40 (3) The Administrator of the Division of Child and Family
41 Services;

42 (4) The Administrator of the Division of Health Care
43 Financing and Policy; and

44 (5) The Administrator of the Division of Public and
45 Behavioral Health.



1 (b) Shall administer, through the divisions of the Department,
2 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
3 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
4 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
5 *section 6 of this act*, 422.580, 432.010 to 432.133, inclusive,
6 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
7 and 445A.010 to 445A.055, inclusive, and all other provisions of
8 law relating to the functions of the divisions of the Department, but
9 is not responsible for the clinical activities of the Division of Public
10 and Behavioral Health or the professional line activities of the other
11 divisions.

12 (c) Shall administer any state program for persons with
13 developmental disabilities established pursuant to the
14 Developmental Disabilities Assistance and Bill of Rights Act of
15 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

26 (3) Provide for communication and the coordination of those
27 services among nonprofit organizations, agencies of local
28 government, the State and the Federal Government;

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

31 (5) Set forth sufficient information to assist the Department
32 in providing those services and in the planning and budgeting for the
33 future provision of those services; and

34 (6) Contain any other information necessary for the
35 Department to communicate effectively with the Federal
36 Government concerning demographic trends, formulas for the
37 distribution of federal money and any need for the modification of
38 programs administered by the Department.

39 (e) May, by regulation, require nonprofit organizations and state
40 and local governmental agencies to provide information regarding
41 the programs of those organizations and agencies, excluding
42 detailed information relating to their budgets and payrolls, which the
43 Director deems necessary for the performance of the duties imposed
44 upon him or her pursuant to this section.

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



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

4 **Sec. 4.** NRS 287.010 is hereby amended to read as follows:

5 287.010 1. The governing body of any county, school
6 district, municipal corporation, political subdivision, public
7 corporation or other local governmental agency of the State of
8 Nevada may:

9 (a) Adopt and carry into effect a system of group life, accident
10 or health insurance, or any combination thereof, for the benefit of its
11 officers and employees, and the dependents of officers and
12 employees who elect to accept the insurance and who, where
13 necessary, have authorized the governing body to make deductions
14 from their compensation for the payment of premiums on the
15 insurance.

16 (b) Purchase group policies of life, accident or health insurance,
17 or any combination thereof, for the benefit of such officers and
18 employees, and the dependents of such officers and employees, as
19 have authorized the purchase, from insurance companies authorized
20 to transact the business of such insurance in the State of Nevada,
21 and, where necessary, deduct from the compensation of officers and
22 employees the premiums upon insurance and pay the deductions
23 upon the premiums.

24 (c) Provide group life, accident or health coverage through a
25 self-insurance reserve fund and, where necessary, deduct
26 contributions to the maintenance of the fund from the compensation
27 of officers and employees and pay the deductions into the fund. The
28 money accumulated for this purpose through deductions from the
29 compensation of officers and employees and contributions of the
30 governing body must be maintained as an internal service fund as
31 defined by NRS 354.543. The money must be deposited in a state or
32 national bank or credit union authorized to transact business in the
33 State of Nevada. Any independent administrator of a fund created
34 under this section is subject to the licensing requirements of chapter
35 683A of NRS, and must be a resident of this State. Any contract
36 with an independent administrator must be approved by the
37 Commissioner of Insurance as to the reasonableness of
38 administrative charges in relation to contributions collected and
39 benefits provided. The provisions of NRS 687B.408, 689B.030 to
40 689B.050, inclusive, *and section 12 of this act*, 689B.287 and
41 689B.500 apply to coverage provided pursuant to this paragraph,
42 except that the provisions of NRS 689B.0378, 689B.03785 and
43 689B.500 only apply to coverage for active officers and employees
44 of the governing body, or the dependents of such officers and
45 employees.



1 (d) Defray part or all of the cost of maintenance of a self-
2 insurance fund or of the premiums upon insurance. The money for
3 contributions must be budgeted for in accordance with the laws
4 governing the county, school district, municipal corporation,
5 political subdivision, public corporation or other local governmental
6 agency of the State of Nevada.

7 2. If a school district offers group insurance to its officers and
8 employees pursuant to this section, members of the board of trustees
9 of the school district must not be excluded from participating in the
10 group insurance. If the amount of the deductions from compensation
11 required to pay for the group insurance exceeds the compensation to
12 which a trustee is entitled, the difference must be paid by the trustee.

13 3. In any county in which a legal services organization exists,
14 the governing body of the county, or of any school district,
15 municipal corporation, political subdivision, public corporation or
16 other local governmental agency of the State of Nevada in the
17 county, may enter into a contract with the legal services
18 organization pursuant to which the officers and employees of the
19 legal services organization, and the dependents of those officers and
20 employees, are eligible for any life, accident or health insurance
21 provided pursuant to this section to the officers and employees, and
22 the dependents of the officers and employees, of the county, school
23 district, municipal corporation, political subdivision, public
24 corporation or other local governmental agency.

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

27 (a) Shall be deemed, solely for the purposes of this section, to be
28 officers and employees of the county, school district, municipal
29 corporation, political subdivision, public corporation or other local
30 governmental agency with which the legal services organization has
31 contracted; and

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

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

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

39 (b) Does not become effective unless approved by the
40 Commissioner.

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

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



1 **Sec. 5.** NRS 287.04335 is hereby amended to read as follows:
2 287.04335 If the Board provides health insurance through a
3 plan of self-insurance, it shall comply with the provisions of NRS
4 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,
5 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to
6 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive,
7 695G.241 to 695G.310, inclusive, and 695G.405, **and section 20 of**
8 **this act** in the same manner as an insurer that is licensed pursuant to
9 title 57 of NRS is required to comply with those provisions.

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

12 *The Director shall include in the State Plan for Medicaid a*
13 *requirement that the State pay the nonfederal share of*
14 *expenditures incurred for:*

15 1. *Any laboratory testing that is necessary for therapy that*
16 *uses a drug approved by the United States Food and Drug*
17 *Administration for preventing the acquisition of human*
18 *immunodeficiency virus; and*

19 2. *The services of a pharmacist described in section 1 of this*
20 *act. The State must provide reimbursement for such services at a*
21 *rate equal to the rate of reimbursement provided to a physician,*
22 *physician assistant or advanced practice registered nurse for*
23 *similar services.*

24 **Sec. 7.** NRS 422.4025 is hereby amended to read as follows:

25 422.4025 1. The Department shall:

26 (a) By regulation, develop a list of preferred prescription drugs
27 to be used for the Medicaid program and the Children's Health
28 Insurance Program, and each public or nonprofit health benefit plan
29 that elects to use the list of preferred prescription drugs as its
30 formulary pursuant to NRS 287.012, 287.0433 or 687B.407; and

31 (b) Negotiate and enter into agreements to purchase the drugs
32 included on the list of preferred prescription drugs on behalf of the
33 health benefit plans described in paragraph (a) or enter into a
34 contract pursuant to NRS 422.4053 with a pharmacy benefit
35 manager or health maintenance organization, as appropriate, to
36 negotiate such agreements.

37 2. The Department shall, by regulation, establish a list of
38 prescription drugs which must be excluded from any restrictions that
39 are imposed by the Medicaid program on drugs that are on the list of
40 preferred prescription drugs established pursuant to subsection 1.
41 The list established pursuant to this subsection must include,
42 without limitation:

43 (a) Prescription drugs that are prescribed for the treatment of the
44 human immunodeficiency virus or acquired immunodeficiency



1 syndrome, including, without limitation, protease inhibitors and
2 antiretroviral medications;

3 (b) Antirejection medications for organ transplants;

4 (c) Antihemophilic medications; and

5 (d) Any prescription drug which the Board identifies as
6 appropriate for exclusion from any restrictions that are imposed by
7 the Medicaid program on drugs that are on the list of preferred
8 prescription drugs.

9 3. The regulations must provide that the Board makes the final
10 determination of:

11 (a) Whether a class of therapeutic prescription drugs is included
12 on the list of preferred prescription drugs and is excluded from any
13 restrictions that are imposed by the Medicaid program on drugs that
14 are on the list of preferred prescription drugs;

15 (b) Which therapeutically equivalent prescription drugs will be
16 reviewed for inclusion on the list of preferred prescription drugs and
17 for exclusion from any restrictions that are imposed by the Medicaid
18 program on drugs that are on the list of preferred prescription drugs;
19 and

20 (c) Which prescription drugs should be excluded from any
21 restrictions that are imposed by the Medicaid program on drugs that
22 are on the list of preferred prescription drugs based on continuity of
23 care concerning a specific diagnosis, condition, class of therapeutic
24 prescription drugs or medical specialty.

25 4. The list of preferred prescription drugs established pursuant
26 to subsection 1 must include, without limitation ~~[- any]~~ :

27 (a) *Any* prescription drug determined by the Board to be
28 essential for treating sickle cell disease and its variants ~~[-]~~ ; and

29 (b) *Prescription drugs to prevent the acquisition of human*
30 *immunodeficiency virus.*

31 5. The regulations must provide that each new pharmaceutical
32 product and each existing pharmaceutical product for which there is
33 new clinical evidence supporting its inclusion on the list of preferred
34 prescription drugs must be made available pursuant to the Medicaid
35 program with prior authorization until the Board reviews the product
36 or the evidence.

37 6. On or before February 1 of each year, the Department shall:

38 (a) Compile a report concerning the agreements negotiated
39 pursuant to paragraph (b) of subsection 1 and contracts entered into
40 pursuant to NRS 422.4053 which must include, without limitation,
41 the financial effects of obtaining prescription drugs through those
42 agreements and contracts, in total and aggregated separately for
43 agreements negotiated by the Department, contracts with a
44 pharmacy benefit manager and contracts with a health maintenance
45 organization; and



1 (b) Post the report on an Internet website maintained by the
2 Department and submit the report to the Director of the Legislative
3 Counsel Bureau for transmittal to:

4 (1) In odd-numbered years, the Legislature; or

5 (2) In even-numbered years, the Legislative Commission.

6 **Sec. 8.** NRS 422.403 is hereby amended to read as follows:

7 422.403 1. The Department shall, by regulation, establish and
8 manage the use by the Medicaid program of step therapy and prior
9 authorization for prescription drugs.

10 2. The Drug Use Review Board shall:

11 (a) Advise the Department concerning the use by the Medicaid
12 program of step therapy and prior authorization for prescription
13 drugs;

14 (b) Develop step therapy protocols and prior authorization
15 policies and procedures for use by the Medicaid program for
16 prescription drugs; and

17 (c) Review and approve, based on clinical evidence and best
18 clinical practice guidelines and without consideration of the cost of
19 the prescription drugs being considered, step therapy protocols used
20 by the Medicaid program for prescription drugs.

21 3. The Department shall not require the Drug Use Review
22 Board to develop, review or approve prior authorization policies or
23 procedures necessary for the operation of the list of preferred
24 prescription drugs developed pursuant to NRS 422.4025.

25 4. The Department shall accept recommendations from the
26 Drug Use Review Board as the basis for developing or revising step
27 therapy protocols and prior authorization policies and procedures
28 used by the Medicaid program for prescription drugs.

29 *5. The Department shall not require a recipient of Medicaid*
30 *to undergo step therapy for a prescription drug for the prevention*
31 *of human immunodeficiency virus.*

32 **Sec. 8.5.** NRS 683A.179 is hereby amended to read as
33 follows:

34 683A.179 1. A pharmacy benefit manager shall not:

35 (a) Prohibit a pharmacist or pharmacy from providing
36 information to a covered person concerning:

37 (1) The amount of any copayment or coinsurance for a
38 prescription drug; or

39 (2) The availability of a less expensive alternative or generic
40 drug including, without limitation, information concerning clinical
41 efficacy of such a drug;

42 (b) Penalize a pharmacist or pharmacy for providing the
43 information described in paragraph (a) or selling a less expensive
44 alternative or generic drug to a covered person;



1 (c) Prohibit a pharmacy from offering or providing delivery
2 services directly to a covered person as an ancillary service of the
3 pharmacy; or

4 (d) If the pharmacy benefit manager manages a pharmacy
5 benefits plan that provides coverage through a network plan, charge
6 a copayment or coinsurance for a prescription drug in an amount
7 that is greater than the total amount paid to a pharmacy that is in the
8 network of providers under contract with the third party.

9 2. The provisions of this section:

10 (a) Must not be construed to authorize a pharmacist to dispense
11 a drug that has not been prescribed by a practitioner, as defined in
12 NRS 639.0125 ~~H~~, *except to the extent authorized by section 1 of*
13 *this act.*

14 (b) Do not apply to an institutional pharmacy, as defined in NRS
15 639.0085, or a pharmacist working in such a pharmacy as an
16 employee or independent contractor.

17 3. As used in this section, “network plan” means a health
18 benefit plan offered by a health carrier under which the financing
19 and delivery of medical care is provided, in whole or in part,
20 through a defined set of providers under contract with the carrier.
21 The term does not include an arrangement for the financing of
22 premiums.

23 **Sec. 9.** NRS 687B.225 is hereby amended to read as follows:

24 687B.225 1. Except as otherwise provided in NRS
25 689A.0405, 689A.0413, 689A.044, 689A.0445, 689B.031,
26 689B.0313, 689B.0317, 689B.0374, 695B.1912, 695B.1914,
27 695B.1925, 695B.1942, 695C.1713, 695C.1735, 695C.1745,
28 695C.1751, 695G.170, 695G.171 and 695G.177, *and sections 10,*
29 *12, 13, 15, 16 and 19 of this act,* any contract for group, blanket or
30 individual health insurance or any contract by a nonprofit hospital,
31 medical or dental service corporation or organization for dental care
32 which provides for payment of a certain part of medical or dental
33 care may require the insured or member to obtain prior authorization
34 for that care from the insurer or organization. The insurer or
35 organization shall:

36 (a) File its procedure for obtaining approval of care pursuant to
37 this section for approval by the Commissioner; and

38 (b) Respond to any request for approval by the insured or
39 member pursuant to this section within 20 days after it receives the
40 request.

41 2. The procedure for prior authorization may not discriminate
42 among persons licensed to provide the covered care.



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

3 1. *An insurer that offers or issues a policy of health*
4 *insurance shall include in the policy coverage for:*

5 (a) *Any drug approved by the United States Food and Drug*
6 *Administration for preventing the acquisition of human*
7 *immunodeficiency virus;*

8 (b) *Laboratory testing that is necessary for therapy that uses*
9 *such a drug; and*

10 (c) *The services described in section 1 of this act, when*
11 *provided by a pharmacist who participates in the network plan of*
12 *the insurer.*

13 2. *An insurer that offers or issues a policy of health*
14 *insurance shall reimburse a pharmacist who participates in the*
15 *network plan of the insurer for the services described in section 1*
16 *of this act at a rate equal to the rate of reimbursement provided to*
17 *a physician, physician assistant or advanced practice registered*
18 *nurse for similar services.*

19 3. *An insurer shall not require an insured to undergo step*
20 *therapy or receive prior authorization in order to receive the*
21 *benefits required by subsection 1.*

22 4. *An insurer shall ensure that the benefits required by*
23 *subsection 1 are made available to an insured through a provider*
24 *of health care who participates in the network plan of the insurer.*

25 5. *A policy of health insurance subject to the provisions of*
26 *this chapter that is delivered, issued for delivery or renewed on or*
27 *after October 1, 2021, has the legal effect of including the*
28 *coverage required by subsection 1, and any provision of the policy*
29 *that conflicts with the provisions of this section is void.*

30 6. *As used in this section:*

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

37 (b) *“Provider of health care” has the meaning ascribed to it in*
38 *NRS 629.031.*

39 **Sec. 11.** NRS 689A.330 is hereby amended to read as follows:

40 689A.330 If any policy is issued by a domestic insurer for
41 delivery to a person residing in another state, and if the insurance
42 commissioner or corresponding public officer of that other state has
43 informed the Commissioner that the policy is not subject to approval
44 or disapproval by that officer, the Commissioner may by ruling



1 require that the policy meet the standards set forth in NRS 689A.030
2 to 689A.320, inclusive ~~H~~, and section 10 of this act.

3 **Sec. 12.** Chapter 689B of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *1. An insurer that offers or issues a policy of group health
6 insurance shall include in the policy coverage for:*

7 *(a) Any drug approved by the United States Food and Drug
8 Administration for preventing the acquisition of human
9 immunodeficiency virus;*

10 *(b) Laboratory testing that is necessary for therapy that uses
11 such a drug; and*

12 *(c) The services described in section 1 of this act, when
13 provided by a pharmacist who participates in the network plan of
14 the insurer.*

15 *2. An insurer that offers or issues a policy of group health
16 insurance shall reimburse a pharmacist who participates in the
17 network plan of the insurer for the services described in section 1
18 of this act at a rate equal to the rate of reimbursement provided to
19 a physician, physician assistant or advanced practice registered
20 nurse for similar services.*

21 *3. An insurer shall not require an insured to undergo step
22 therapy or receive prior authorization in order to receive the
23 benefits required by subsection 1.*

24 *4. An insurer shall ensure that the benefits required by
25 subsection 1 are made available to an insured through a provider
26 of health care who participates in the network plan of the insurer.*

27 *5. A policy of group health insurance subject to the
28 provisions of this chapter that is delivered, issued for delivery or
29 renewed on or after October 1, 2021, has the legal effect of
30 including the coverage required by subsection 1, and any
31 provision of the policy that conflicts with the provisions of this
32 section is void.*

33 *6. As used in this section:*

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

40 *(b) "Provider of health care" has the meaning ascribed to it in
41 NRS 629.031.*

42 **Sec. 13.** Chapter 689C of NRS is hereby amended by adding
43 thereto a new section to read as follows:

44 *1. A carrier that offers or issues a health benefit plan shall
45 include in the plan coverage for:*



1 (a) Any drug approved by the United States Food and Drug
2 Administration for preventing the acquisition of human
3 immunodeficiency virus;

4 (b) Laboratory testing that is necessary for therapy that uses
5 such a drug; and

6 (c) The services described in section 1 of this act, when
7 provided by a pharmacist who participates in the health benefit
8 plan of the carrier.

9 2. A carrier that offers or issues a health benefit plan shall
10 reimburse a pharmacist who participates in the health benefit plan
11 of the carrier for the services described in section 1 of this act at a
12 rate equal to the rate of reimbursement provided to a physician,
13 physician assistant or advanced practice registered nurse for
14 similar services.

15 3. A carrier shall not require an insured to undergo step
16 therapy or receive prior authorization in order to receive the
17 benefits required by subsection 1.

18 4. A carrier shall ensure that the benefits required by
19 subsection 1 are made available to an insured through a provider
20 of health care who participates in the network plan of the carrier.

21 5. A health benefit plan subject to the provisions of this
22 chapter that is delivered, issued for delivery or renewed on or after
23 October 1, 2021, has the legal effect of including the coverage
24 required by subsection 1, and any provision of the plan that
25 conflicts with the provisions of this section is void.

26 6. As used in this section:

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

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

35 **Sec. 14.** NRS 689C.425 is hereby amended to read as follows:

36 689C.425 A voluntary purchasing group and any contract
37 issued to such a group pursuant to NRS 689C.360 to 689C.600,
38 inclusive, are subject to the provisions of NRS 689C.015 to
39 689C.355, inclusive, *and section 13 of this act* to the extent
40 applicable and not in conflict with the express provisions of NRS
41 687B.408 and 689C.360 to 689C.600, inclusive.

42 **Sec. 15.** Chapter 695A of NRS is hereby amended by adding
43 thereto a new section to read as follows:

44 1. A society that offers or issues a benefit contract shall
45 include in the benefit coverage for:



1 (a) Any drug approved by the United States Food and Drug
2 Administration for preventing the acquisition of human
3 immunodeficiency virus;

4 (b) Laboratory testing that is necessary for therapy that uses
5 such a drug; and

6 (c) The services described in section 1 of this act, when
7 provided by a pharmacist who participates in the network plan of
8 the society.

9 2. A society that offers or issues a benefit contract shall
10 reimburse a pharmacist who participates in the network plan of
11 the society for the services described in section 1 of this act at a
12 rate equal to the rate of reimbursement provided to a physician,
13 physician assistant or advanced practice registered nurse for
14 similar services.

15 3. A society shall not require an insured to undergo step
16 therapy or receive prior authorization in order to receive the
17 benefits required by subsection 1.

18 4. A society shall ensure that the benefits required by
19 subsection 1 are made available to an insured through a provider
20 of health care who participates in the network plan of the society.

21 5. A benefit contract subject to the provisions of this chapter
22 that is delivered, issued for delivery or renewed on or after
23 October 1, 2021, has the legal effect of including the coverage
24 required by subsection 1, and any provision of the plan that
25 conflicts with the provisions of this section is void.

26 6. As used in this section:

27 (a) "Network plan" means a benefit contract offered by a
28 society under which the financing and delivery of medical care,
29 including items and services paid for as medical care, are
30 provided, in whole or in part, through a defined set of providers
31 under contract with the society. The term does not include an
32 arrangement for the financing of premiums.

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

35 **Sec. 16.** Chapter 695B of NRS is hereby amended by adding
36 thereto a new section to read as follows:

37 1. A hospital or medical services corporation that offers or
38 issues a policy of health insurance shall include in the policy
39 coverage for:

40 (a) Any drug approved by the United States Food and Drug
41 Administration for preventing the acquisition of human
42 immunodeficiency virus;

43 (b) Laboratory testing that is necessary for therapy using such
44 a drug; and



1 (c) *The services described in section 1 of this act, when*
2 *provided by a pharmacist who participates in the network plan of*
3 *the hospital or medical services corporation.*

4 2. *A hospital or medical services corporation that offers or*
5 *issues a policy of health insurance shall reimburse a pharmacist*
6 *who participates in the network plan of the hospital or medical*
7 *services corporation for the services described in section 1 of this*
8 *act at a rate equal to the rate of reimbursement provided to a*
9 *physician, physician assistant or advanced practice registered*
10 *nurse for similar services.*

11 3. *A hospital or medical services corporation shall not require*
12 *an insured to undergo step therapy or receive prior authorization*
13 *in order to receive the benefits required by subsection 1.*

14 4. *A hospital or medical services corporation shall ensure*
15 *that the benefits required by subsection 1 are made available to an*
16 *insured through a provider of health care who participates in the*
17 *network plan of the hospital or medical services corporation.*

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

23 6. *As used in this section:*

24 (a) *“Network plan” means a policy of health insurance offered*
25 *by a hospital or medical services corporation under which the*
26 *financing and delivery of medical care, including items and*
27 *services paid for as medical care, are provided, in whole or in part,*
28 *through a defined set of providers under contract with the hospital*
29 *or medical services corporation. The term does not include an*
30 *arrangement for the financing of premiums.*

31 (b) *“Provider of health care” has the meaning ascribed to it in*
32 *NRS 629.031.*

33 **Sec. 17.** Chapter 695C of NRS is hereby amended by adding
34 thereto a new section to read as follows:

35 1. *A health maintenance organization that offers or issues a*
36 *health care plan shall include in the plan coverage for:*

37 (a) *Any drug approved by the United States Food and Drug*
38 *Administration for preventing the acquisition of human*
39 *immunodeficiency virus;*

40 (b) *Laboratory testing that is necessary for therapy that uses*
41 *such a drug; and*

42 (c) *The services described in section 1 of this act, when*
43 *provided by a pharmacist who participates in the network plan of*
44 *the health maintenance organization.*



1 2. *A health maintenance organization that offers or issues a*
2 *health care plan shall reimburse a pharmacist who participates in*
3 *the network plan of the health maintenance organization for the*
4 *services described in section 1 of this act at a rate equal to the rate*
5 *of reimbursement provided to a physician, physician assistant or*
6 *advanced practice registered nurse for similar services.*

7 3. *A health maintenance organization shall not require an*
8 *enrollee to undergo step therapy or receive prior authorization in*
9 *order to receive the benefits required by subsection 1.*

10 4. *A health maintenance organization shall ensure that the*
11 *benefits required by subsection 1 are made available to an enrollee*
12 *through a provider of health care who participates in the network*
13 *plan of the health maintenance organization.*

14 5. *A health care plan subject to the provisions of this chapter*
15 *that is delivered, issued for delivery or renewed on or after*
16 *October 1, 2021, has the legal effect of including the coverage*
17 *required by subsection 1, and any provision of the plan that*
18 *conflicts with the provisions of this section is void.*

19 6. *As used in this section:*

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

27 (b) *“Provider of health care” has the meaning ascribed to it in*
28 *NRS 629.031.*

29 **Sec. 18.** NRS 695C.050 is hereby amended to read as follows:

30 695C.050 1. Except as otherwise provided in this chapter or
31 in specific provisions of this title, the provisions of this title are not
32 applicable to any health maintenance organization granted a
33 certificate of authority under this chapter. This provision does not
34 apply to an insurer licensed and regulated pursuant to this title
35 except with respect to its activities as a health maintenance
36 organization authorized and regulated pursuant to this chapter.

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

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

44 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
45 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to



1 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
2 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and
3 695C.265 do not apply to a health maintenance organization that
4 provides health care services through managed care to recipients of
5 Medicaid under the State Plan for Medicaid or insurance pursuant to
6 the Children's Health Insurance Program pursuant to a contract with
7 the Division of Health Care Financing and Policy of the Department
8 of Health and Human Services. This subsection does not exempt a
9 health maintenance organization from any provision of this chapter
10 for services provided pursuant to any other contract.

11 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
12 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,
13 695C.1735, 695C.1745 and 695C.1757, *and section 17 of this act*
14 apply to a health maintenance organization that provides health care
15 services through managed care to recipients of Medicaid under the
16 State Plan for Medicaid.

17 **Sec. 19.** NRS 695C.330 is hereby amended to read as follows:

18 695C.330 1. The Commissioner may suspend or revoke any
19 certificate of authority issued to a health maintenance organization
20 pursuant to the provisions of this chapter if the Commissioner finds
21 that any of the following conditions exist:

22 (a) The health maintenance organization is operating
23 significantly in contravention of its basic organizational document,
24 its health care plan or in a manner contrary to that described in and
25 reasonably inferred from any other information submitted pursuant
26 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
27 to those submissions have been filed with and approved by the
28 Commissioner;

29 (b) The health maintenance organization issues evidence of
30 coverage or uses a schedule of charges for health care services
31 which do not comply with the requirements of NRS 695C.1691 to
32 695C.200, inclusive, *or section 17 of this act* or 695C.207;

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

35 (d) The Commissioner certifies that the health maintenance
36 organization:

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

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

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

44 (f) The health maintenance organization has failed to put into
45 effect a mechanism affording the enrollees an opportunity to



1 participate in matters relating to the content of programs pursuant to
2 NRS 695C.110;

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

5 (1) Resolving complaints in a manner reasonably to dispose
6 of valid complaints; and

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

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

13 (i) The continued operation of the health maintenance
14 organization would be hazardous to its enrollees or creditors or to
15 the general public;

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

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

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

22 3. If the certificate of authority of a health maintenance
23 organization is suspended, the health maintenance organization shall
24 not, during the period of that suspension, enroll any additional
25 groups or new individual contracts, unless those groups or persons
26 were contracted for before the date of suspension.

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

38 **Sec. 20.** Chapter 695G of NRS is hereby amended by adding
39 thereto a new section to read as follows:

40 ***1. A managed care organization that offers or issues a health***
41 ***care plan shall include in the plan coverage for:***

42 ***(a) Any drug approved by the United States Food and Drug***
43 ***Administration for preventing the acquisition of human***
44 ***immunodeficiency virus;***



1 (b) *Laboratory testing that is necessary for therapy that uses*
2 *such a drug; and*

3 (c) *The services described in section 1 of this act, when*
4 *provided by a pharmacist who participates in the network plan of*
5 *the managed care organization.*

6 2. *A managed care organization that offers or issues a health*
7 *care plan shall reimburse a pharmacist who participates in the*
8 *network plan of the managed care organization for the services*
9 *described in section 1 of this act at a rate equal to the rate of*
10 *reimbursement provided to a physician, physician assistant or*
11 *advanced practice registered nurse for similar services.*

12 3. *A managed care organization shall not require an insured*
13 *to undergo step therapy or receive prior authorization in order to*
14 *receive the benefits required by subsection 1.*

15 4. *A managed care organization shall ensure that the benefits*
16 *required by subsection 1 are made available to an insured through*
17 *a provider of health care who participates in the network plan of*
18 *the managed care organization.*

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

24 6. *As used in this section:*

25 (a) *“Network plan” means a health care plan offered by a*
26 *managed care organization under which the financing and*
27 *delivery of medical care, including items and services paid for as*
28 *medical care, are provided, in whole or in part, through a defined*
29 *set of providers under contract with the managed care*
30 *organization. The term does not include an arrangement for the*
31 *financing of premiums.*

32 (b) *“Provider of health care” has the meaning ascribed to it in*
33 *NRS 629.031.*

34 **Sec. 21.** The provisions of NRS 354.599 do not apply to any
35 additional expenses of a local government that are related to the
36 provisions of this act.

37 **Sec. 22.** 1. This section becomes effective upon passage and
38 approval.

39 2. Sections 1 to 21, inclusive, of this act become effective:

40 (a) Upon passage and approval for the purpose of adopting any
41 regulations and performing any other preparatory administrative
42 tasks that are necessary to carry out the provisions of this act; and

43 (b) On October 1, 2021, for all other purposes.



