

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)

~

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, dispense and administer 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, dispense and administer such drugs without a  
9 prescription from a practitioner. **Section 1** authorizes a pharmacist who is covered  
10 by sufficient liability coverage, as defined by regulations adopted by the Board, to  
11 take the actions authorized by the protocol. **Section 2** of this bill provides that the  
12 practice of pharmacy includes actions authorized by the protocol. **Section 8.5** of  
13 this bill makes a conforming change to account for the provisions of **section 1**  
14 authorizing a pharmacist to dispense a drug that has not been prescribed by a  
15 practitioner. The Board would be authorized to suspend or revoke the registration  
16 of a pharmacist who orders or conducts a laboratory test or prescribes, dispenses or



17 administers drugs under the protocol issued pursuant to **section 1** without  
18 complying with the provisions of the 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, dispensing and administering by a  
24 pharmacist in accordance with **section 1** at a rate equal to that provided to a  
25 physician, physician assistant or advanced practice registered nurse for similar  
26 services. **Sections 3, 11 and 14** of this bill make conforming changes to indicate  
27 the placement of **sections 6, 10 and 13**, respectively, of this bill in the Nevada  
28 Revised Statutes. **Section 19** of this bill authorizes the Commissioner of Insurance  
29 to suspend or revoke the certificate of a health maintenance organization that fails  
30 to comply with the requirements of **section 17** of this bill. The Commissioner  
31 would also be authorized to take such action against other health insurers who fail  
32 to comply with the requirements of **sections 10, 12, 13, 15, 16 and 20** of this bill.  
33 (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, dispense and administer any drug described in*  
12 *paragraph (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 ~~1.~~ **(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, dispensing and administering of drugs for*  
22 *preventing the acquisition of human immunodeficiency virus and*  
23 *ordering and conducting laboratory tests necessary for therapy*  
24 *that uses such drugs pursuant to the protocol prescribed pursuant*  
25 *to section 1 of 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.** (Deleted by amendment.)

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

9 683A.179 1. A pharmacy benefit manager shall not:

10 (a) Prohibit a pharmacist or pharmacy from providing  
11 information to a covered person concerning:

12 (1) The amount of any copayment or coinsurance for a  
13 prescription drug; or

14 (2) The availability of a less expensive alternative or generic  
15 drug including, without limitation, information concerning clinical  
16 efficacy of such a drug;

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

20 (c) Prohibit a pharmacy from offering or providing delivery  
21 services directly to a covered person as an ancillary service of the  
22 pharmacy; or

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

28 2. The provisions of this section:

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

33 (b) Do not apply to an institutional pharmacy, as defined in NRS  
34 639.0085, or a pharmacist working in such a pharmacy as an  
35 employee or independent contractor.

36 3. As used in this section, "network plan" means a health  
37 benefit plan offered by a health carrier under which the financing  
38 and delivery of medical care is provided, in whole or in part,  
39 through a defined set of providers under contract with the carrier.  
40 The term does not include an arrangement for the financing of  
41 premiums.

42 **Sec. 9.** (Deleted by amendment.)



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) *Drugs 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 may subject the benefits required by subsection*  
20       *1 to reasonable medical management techniques.*

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

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

29       6. *As used in this section:*

30       (a) *“Medical management technique” means a practice which*  
31       *is used to control the cost or use of health care services or*  
32       *prescription drugs. The term includes, without limitation, the use*  
33       *of step therapy, prior authorization and categorizing drugs and*  
34       *devices based on cost, type or method of administration.*

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

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

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

44       689A.330 If any policy is issued by a domestic insurer for  
45       delivery to a person residing in another state, and if the insurance



1 commissioner or corresponding public officer of that other state has  
2 informed the Commissioner that the policy is not subject to approval  
3 or disapproval by that officer, the Commissioner may by ruling  
4 require that the policy meet the standards set forth in NRS 689A.030  
5 to 689A.320, inclusive ~~[ ]~~, and section 10 of this act.

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

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

10 *(a) Drugs approved by the United States Food and Drug  
11 Administration for preventing the acquisition of human  
12 immunodeficiency virus;*

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

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

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

24 *3. An insurer may subject the benefits required by subsection  
25 1 to reasonable medical management techniques.*

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

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

35 *6. As used in this section:*

36 *(a) "Medical management technique" means a practice which  
37 is used to control the cost or use of health care services or  
38 prescription drugs. The term includes, without limitation, the use  
39 of step therapy, prior authorization and categorizing drugs and  
40 devices based on cost, type or method of administration.*

41 *(b) "Network plan" means a policy of group health insurance  
42 offered by an insurer under which the financing and delivery of  
43 medical care, including items and services paid for as medical  
44 care, are provided, in whole or in part, through a defined set of*



1 *providers under contract with the insurer. The term does not*  
2 *include an arrangement for the financing of premiums.*

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

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

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

9 (a) *Drugs approved by the United States Food and Drug*  
10 *Administration for preventing the acquisition of human*  
11 *immunodeficiency virus;*

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

14 (c) *The services described in section 1 of this act, when*  
15 *provided by a pharmacist who participates in the health benefit*  
16 *plan of the carrier.*

17 **2.** *A carrier that offers or issues a health benefit plan shall*  
18 *reimburse a pharmacist who participates in the health benefit plan*  
19 *of the carrier for the services described in section 1 of this act at a*  
20 *rate equal to the rate of reimbursement provided to a physician,*  
21 *physician assistant or advanced practice registered nurse for*  
22 *similar services.*

23 **3.** *A carrier may subject the benefits required by subsection 1*  
24 *to reasonable medical management techniques.*

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

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

33 **6.** *As used in this section:*

34 (a) *“Medical management technique” means a practice which*  
35 *is used to control the cost or use of health care services or*  
36 *prescription drugs. The term includes, without limitation, the use*  
37 *of step therapy, prior authorization and categorizing drugs and*  
38 *devices based on cost, type or method of administration.*

39 (b) *“Network plan” means a health benefit plan offered by a*  
40 *carrier under which the financing and delivery of medical care,*  
41 *including items and services paid for as medical care, are*  
42 *provided, in whole or in part, through a defined set of providers*  
43 *under contract with the carrier. The term does not include an*  
44 *arrangement for the financing of premiums.*



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

3 **Sec. 14.** NRS 689C.425 is hereby amended to read as follows:  
4 689C.425 A voluntary purchasing group and any contract  
5 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
6 inclusive, are subject to the provisions of NRS 689C.015 to  
7 689C.355, inclusive, *and section 13 of this act* to the extent  
8 applicable and not in conflict with the express provisions of NRS  
9 687B.408 and 689C.360 to 689C.600, inclusive.

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

12 *1. A society that offers or issues a benefit contract shall*  
13 *include in the benefit coverage for:*

14 *(a) Drugs approved by the United States Food and Drug*  
15 *Administration for preventing the acquisition of human*  
16 *immunodeficiency virus;*

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

19 *(c) The services described in section 1 of this act, when*  
20 *provided by a pharmacist who participates in the network plan of*  
21 *the society.*

22 *2. A society that offers or issues a benefit contract shall*  
23 *reimburse a pharmacist who participates in the network plan of*  
24 *the society for the services described in section 1 of this act at a*  
25 *rate equal to the rate of reimbursement provided to a physician,*  
26 *physician assistant or advanced practice registered nurse for*  
27 *similar services.*

28 *3. A society may subject the benefits required by subsection 1*  
29 *to reasonable medical management techniques.*

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

33 *5. A benefit contract subject to the provisions of this chapter*  
34 *that is delivered, issued for delivery or renewed on or after*  
35 *October 1, 2021, has the legal effect of including the coverage*  
36 *required by subsection 1, and any provision of the plan that*  
37 *conflicts with the provisions of this section is void.*

38 *6. As used in this section:*

39 *(a) “Medical management technique” means a practice which*  
40 *is used to control the cost or use of health care services or*  
41 *prescription drugs. The term includes, without limitation, the use*  
42 *of step therapy, prior authorization and categorizing drugs and*  
43 *devices based on cost, type or method of administration.*

44 *(b) “Network plan” means a benefit contract offered by a*  
45 *society under which the financing and delivery of medical care,*



1 *including items and services paid for as medical care, are*  
2 *provided, in whole or in part, through a defined set of providers*  
3 *under contract with the society. The term does not include an*  
4 *arrangement for the financing of premiums.*

5 *(c) "Provider of health care" has the meaning ascribed to it in*  
6 *NRS 629.031.*

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

9 *1. A hospital or medical services corporation that offers or*  
10 *issues a policy of health insurance shall include in the policy*  
11 *coverage for:*

12 *(a) Drugs approved by the United States Food and Drug*  
13 *Administration for preventing the acquisition of human*  
14 *immunodeficiency virus;*

15 *(b) Laboratory testing that is necessary for therapy using such*  
16 *a drug; and*

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

20 *2. A hospital or medical services corporation that offers or*  
21 *issues a policy of health insurance shall reimburse a pharmacist*  
22 *who participates in the network plan of the hospital or medical*  
23 *services corporation for the services described in section 1 of this*  
24 *act at a rate equal to the rate of reimbursement provided to a*  
25 *physician, physician assistant or advanced practice registered*  
26 *nurse for similar services.*

27 *3. A hospital or medical services corporation may subject the*  
28 *benefits required by subsection 1 to reasonable medical*  
29 *management techniques.*

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

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

39 *6. As used in this section:*

40 *(a) "Medical management technique" means a practice which*  
41 *is used to control the cost or use of health care services or*  
42 *prescription drugs. The term includes, without limitation, the use*  
43 *of step therapy, prior authorization and categorizing drugs and*  
44 *devices based on cost, type or method of administration.*



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

10 **Sec. 17.** 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 offers or issues a*  
13 *health care plan shall include in the plan coverage for:*

14 (a) *Drugs approved by the United States Food and Drug*  
15 *Administration for preventing the acquisition of human*  
16 *immunodeficiency virus;*

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

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

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

28 3. *A health maintenance organization may subject the*  
29 *benefits required by subsection 1 to reasonable medical*  
30 *management techniques.*

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

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

40 6. *As used in this section:*

41 (a) *“Medical management technique” means a practice which*  
42 *is used to control the cost or use of health care services or*  
43 *prescription drugs. The term includes, without limitation, the use*  
44 *of step therapy, prior authorization and categorizing drugs and*  
45 *devices based on cost, type or method of administration.*





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

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

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

11 695C.050 1. Except as otherwise provided in this chapter or  
12 in specific provisions of this title, the provisions of this title are not  
13 applicable to any health maintenance organization granted a  
14 certificate of authority under this chapter. This provision does not  
15 apply to an insurer licensed and regulated pursuant to this title  
16 except with respect to its activities as a health maintenance  
17 organization authorized and regulated pursuant to this chapter.

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

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

25 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,  
26 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to  
27 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,  
28 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and  
29 695C.265 do not apply to a health maintenance organization that  
30 provides health care services through managed care to recipients of  
31 Medicaid under the State Plan for Medicaid or insurance pursuant to  
32 the Children’s Health Insurance Program pursuant to a contract with  
33 the Division of Health Care Financing and Policy of the Department  
34 of Health and Human Services. This subsection does not exempt a  
35 health maintenance organization from any provision of this chapter  
36 for services provided pursuant to any other contract.

37 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,  
38 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,  
39 695C.1735, 695C.1745 and 695C.1757, *and section 17 of this act*  
40 *apply to a health maintenance organization that provides health care*  
41 *services through managed care to recipients of Medicaid under the*  
42 *State Plan for Medicaid.*

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

44 695C.330 1. The Commissioner may suspend or revoke any  
45 certificate of authority issued to a health maintenance organization





1 pursuant to the provisions of this chapter if the Commissioner finds  
2 that any of the following conditions exist:

3 (a) The health maintenance organization is operating  
4 significantly in contravention of its basic organizational document,  
5 its health care plan or in a manner contrary to that described in and  
6 reasonably inferred from any other information submitted pursuant  
7 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments  
8 to those submissions have been filed with and approved by the  
9 Commissioner;

10 (b) The health maintenance organization issues evidence of  
11 coverage or uses a schedule of charges for health care services  
12 which do not comply with the requirements of NRS 695C.1691 to  
13 695C.200, inclusive, *or section 17 of this act* or 695C.207;

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

16 (d) The Commissioner certifies that the health maintenance  
17 organization:

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

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

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

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

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

31 (1) Resolving complaints in a manner reasonably to dispose  
32 of valid complaints; and

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

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

39 (i) The continued operation of the health maintenance  
40 organization would be hazardous to its enrollees or creditors or to  
41 the general public;

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

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



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

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

8 4. If the certificate of authority of a health maintenance  
9 organization is revoked, the organization shall proceed, immediately  
10 following the effective date of the order of revocation, to wind up its  
11 affairs and shall conduct no further business except as may be  
12 essential to the orderly conclusion of the affairs of the organization.  
13 It shall engage in no further advertising or solicitation of any kind.  
14 The Commissioner may, by written order, permit such further  
15 operation of the organization as the Commissioner may find to be in  
16 the best interest of enrollees to the end that enrollees are afforded  
17 the greatest practical opportunity to obtain continuing coverage for  
18 health care.

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

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

23 *(a) Drugs approved by the United States Food and Drug  
24 Administration for preventing the acquisition of human  
25 immunodeficiency virus;*

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

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

31 *2. A managed care organization that offers or issues a health  
32 care plan shall reimburse a pharmacist who participates in the  
33 network plan of the managed care organization for the services  
34 described in section 1 of this act at a rate equal to the rate of  
35 reimbursement provided to a physician, physician assistant or  
36 advanced practice registered nurse for similar services.*

37 *3. A managed care organization may subject the benefits  
38 required by subsection 1 to reasonable medical management  
39 techniques.*

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

44 *5. A health care plan subject to the provisions of this chapter  
45 that is delivered, issued for delivery or renewed on or after*



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

4 *6. As used in this section:*

5 *(a) "Medical management technique" means a practice which*  
6 *is used to control the cost or use of health care services or*  
7 *prescription drugs. The term includes, without limitation, the use*  
8 *of step therapy, prior authorization and categorizing drugs and*  
9 *devices based on cost, type or method of administration.*

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

17 *(c) "Provider of health care" has the meaning ascribed to it in*  
18 *NRS 629.031.*

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

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

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

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

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

