

STEPHEN F. SISOLAK
Governor

STATE OF NEVADA

TERRY REYNOLDS
Director

BARBARA D. RICHARDSON
Commissioner



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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**NOTICE OF INTENT TO ACT UPON REGULATION
AND
HEARING AGENDA**

Notice of Hearing for the Adoption, Amendment or Repeal of Regulations of
The Department of Business and Industry, Division of Insurance

The State of Nevada, Department of Business and Industry, Division of Insurance (“Division”) will hold a public hearing as follows:

Date: June 30, 2020
Time: 10:00 a.m.
Location: (775) 687-7638 **NOTE: This meeting will be held via teleconference only.***

*Pursuant to Governor Sisolak’s March 22, 2020 Declaration of Emergency Directive 006, the requirement contained in NRS 241.023.1(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended in order to mitigate the possible exposure or transmission of COVID-19 (Coronavirus). Accordingly, anyone planning to participate must participate by using the teleconference number. Meeting materials are available on the Division’s website at: <http://doi.nv.gov>.

The purpose of the hearing is to receive comments from all interested persons regarding the adoption, amendment or repeal of regulations pertaining to chapters 689A, 689B, 689C, 695A, 695B, 695C, and 695G of the Nevada Administrative Code (“NAC”).

The following information is provided pursuant to the requirements of Nevada Revised Statutes (“NRS”) 233B.0603:

LCB File No. R054-20. COVID-19 PREVENTION AND CONTAINMENT.

A regulation relating to health insurance; requiring a health insurer to provide certain coverage and information relating to COVID-19; and providing other matters properly relating thereto.

- (1) Why is the regulation necessary and what is its purpose?

This regulation seeks to continue to protect Nevadans by extending the emergency regulation that was promulgated on March 5, 2020, related to the COVID-19 pandemic. Given the fluid nature of this situation and the opened-ended timeline related to COVID-19, it has yet to be determined how and when this pandemic will end. As COVID-19 continues to spread throughout the world, it is essential that the Nevada Community take preventive measures to limit the spread of the virus in Nevada. The Division has determined that the cost of testing for COVID-19 may create a situation where Nevadans put off seeking medical services to determine if they have the virus due to costs they would incur for such medical services. Additionally, the Division believes having health insurers share useful information about benefits and options for medical services would help consumers and providers. Finally, the Division seeks to ensure that Nevadans can continue to get their needed prescriptions at normal costs despite disruptions to supplies in prescriptions.

- (2) What are the terms or substance of the proposed regulation?

The intent of this regulation is to limit the cost barriers that may prevent consumers from seeking diagnosis for COVID-19 by prohibiting health insurers from imposing out-of-pocket costs for a provider office, urgent care center, or emergency room visit when the purpose of the visit is to be tested for COVID-19. Furthermore, the regulation requires that no out-of-pocket costs be imposed for the testing of COVID-19 and for the COVID-19 immunization when one becomes available. In addition to reducing the potential cost barriers for consumers, the regulation is intended to inform consumers of the available benefits, options for medical advice and treatment through telehealth, and preventive measures related to COVID-19 by requiring the health insurers to issue guidance to consumers. Lastly, the regulation intends to ensure consumers are able to continue getting their needed prescriptions—at no additional cost to members—in the event of supply-chain delays and disruptions that occur as a result of the pandemic.

- (3) What is the anticipated impact of the regulation on the problem(s)?

The Division anticipates that the regulation will assist in Nevada's effort to contain COVID-19. While the emergency regulation provides a short-term solution for assisting Nevadans with access to COVID-19 related medical services, insurance benefits and services information, and prescription drug shortages, the uncertainty surrounding the length of this pandemic requires that the Division look beyond the 120-day window of the emergency regulation.

- (4) Do other regulations address the same problem(s)?

An emergency regulation took effect on March 5, 2020, to provide a short-term solution for assisting Nevadans with access to COVID-19 related medical services, insurance benefits and services information, and needed prescription drugs. The emergency regulation expires 120 from the date the emergency regulation was signed. No other regulations address these issues.

- (5) Are alternate forms of regulation sufficient to address the problem(s)?

No.

- (6) What value does the regulation have to the public?

Consumers can seek diagnosis, testing, and immunization, once available, without concern for costs to them. The guidance required to be issued by insurers included in the regulation will allow consumers to be more informed about coverage as it relates to COVID-19, which will make them better prepared and ultimately limit the spread of the virus. The final piece of the regulation also ensures that consumers will have access to needed prescriptions regardless of what supply disruptions may occur during the pandemic.

(7) What is the anticipated economic benefit of the regulation?

a. Public

1. Immediate: *Reducing the immediate barriers to getting medical services related to identifying COVID-19 for consumers of health plans will allow for faster identification of cases. This should help limit the spread of COVID-19, which will eventually allow economic activity to resume for all members of the public.*
2. Long Term: *The provisions of this regulation will assist in the containment of COVID-19 which is necessary to end this pandemic and restore normal economic activity. The ability to contain COVID-19 at its earliest stages will play a major role in the long-term health of Nevada's citizens. Removal of a cost barrier to the public's seeking early testing will greatly impact the public's long-term outlook, as will the cost of immunization once that option is available.*

b. Insurance Business

1. Immediate: *None*
2. Long Term: *None*

c. Small Businesses

1. Immediate: *This regulation will provide an immediate benefit to Nevada businesses because their Nevada employees can seek testing when the employees' health care provider determines such test is necessary, without concern for cost, which will minimize the risk of spread of COVID-19 at the small business location.*
2. Long Term: *Limiting the impact of COVID-19 in Nevada during its earliest stages will have a substantial impact on business and Nevada's economy in the long-term. Making COVID-19 immunizations readily available to the public once the treatment is available will provide a major impact in the fight against this virus.*

d. Small Communities

1. Immediate: *Reducing the immediate barriers to getting medical services related to identifying COVID-19 for consumers of health plans will allow for faster identification of cases. This will limit the spread of COVID-19 to all members of the public.*
2. Long Term: *The identification and containment of COVID-19 will allow for a quicker response to the current pandemic and ultimately allow small communities to return to normal economic activities. The ability to contain COVID-19 at its earliest stages will play a major role in the long-term health of Nevada's citizens. Removal of a cost barrier to the public's seeking early testing will greatly impact the public's long-term outlook, as will the cost of immunization once that option is available. This is especially needed in smaller communities where medical services may be less available.*

e. Government Entities

1. Immediate: *None*
2. Long Term: *The identification and containment of COVID-19 will allow for a quicker response to the current pandemic and ultimately allow the public and economy to return to normal activities.*

(8) What is the anticipated adverse impact, if any?

a. Public

1. Immediate: *The Division does not anticipate an adverse impact on the public.*

2. Long Term: *The cost of insurance may increase in future years to offset losses incurred during the pandemic, since insurance carriers will have to recoup losses to ensure solvency.*
 - b. Insurance Business
 1. Immediate: *The regulations will result in increased and unplanned costs to the health insurers required to comply with this regulation.*
 2. Long Term: *This should not have a long-term adverse impact on insurers.*
 - c. Small Businesses
 1. Immediate: *The Division does not anticipate an adverse impact.*
 2. Long Term: *The Division does not anticipate a long-term adverse impact.*
 - d. Small Communities
 1. Immediate: *No adverse impact is anticipated by this regulation.*
 2. Long Term: *No adverse impact is anticipated by this regulation.*
 - e. Government Entities
 1. Immediate: *No adverse impact is anticipated by this regulation.*
 2. Long Term: *No adverse impact is anticipated by this regulation.*
- (9) What is the anticipated cost of the regulation, both direct and indirect?
- a. Enactment: *The Division does not anticipate any additional costs from the proposed regulations.*
 - b. Enforcement: *The Division currently has procedures in place to monitor the requirements of health insurers' products and activities and does not anticipate additional costs for enforcing the proposed regulations.*
 - c. Compliance: *The Division does not anticipate an additional cost.*

- (10) Does the regulation establish a new fee or increase an existing fee?

The regulation does not create a new fee or increase an existing fee.

- (11) Provide a statement which identifies the methods used by the agency in determining the impact of the proposed regulation on a small business, prepared pursuant to subsection 3 of NRS 233B.0608.

The Division relied on the language of the proposed regulation, which is directed at health insurance carriers, as well as its expertise in insurance, to determine the impact on small businesses. The Division's Life and Health Section and members of the ACA Team discussed the regulation's impact upon small businesses, and they do not anticipate an impact on small businesses. The regulation currently exists as an emergency regulation, which was approved by the Governor on March 5, 2020, and, to date, the Division has not received comments that the emergency regulation has impacted small businesses.

- (12) Provide a description of any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates, and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, state the name of the regulating federal agency.

The Governor adopted an emergency regulation of the Division on March 5, 2020, which sets forth the provisions in this proposed permanent regulation. Other than the emergency regulation, there are no regulations of other state or local governmental agencies that overlap or duplicate the proposed regulation.

The federal government enacted the Families First Coronavirus Response Act (H.R.6201) on March 17, 2020, which imposes a similar requirement of the proposed regulation related to medical services and testing related to COVID-19. Notably, however, the federal law does not include the provisions related to guidance for consumers and the prescription disruption protections that are included in the provisions of this regulation.

(13) If the regulation is required pursuant to federal law, provide a citation and description of the federal law.

The regulation is not required pursuant to federal law.

(14) If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, provide a summary of such provisions.

The proposed regulation requires health insurance carriers to inform consumers and providers of the available benefits, options for medical advice and treatment through telehealth, and preventive measures related to COVID-19 by requiring the health insurers to issue guidance to consumers. It also includes additional provisions intended to ensure that consumers can continue getting their needed prescriptions, despite supply-chain disruptions, at no additional cost to members.

Persons wishing to comment upon the proposed actions of the Division may appear via teleconference or may address their comments, data, views or arguments, in written form, to the Division via email (regs@doi.nv.gov) or mail (1818 East College Parkway, Suite 103, Carson City, Nevada 89706). **Written submissions must be received by the Division on or before June 10, 2020.** If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Division may proceed immediately to act upon any written submissions.

A copy of this notice and the regulation to be adopted, amended or repealed is available online as follows:

Division of Insurance website: <http://doi.nv.gov>
Nevada Legislature website: <http://www.leg.state.nv.us>
State of Nevada Public Notice website: <http://www.notice.nv.gov>.

for inspection by members of the public. This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, on the Internet at <https://www.leg.state.nv.us/register/>. Copies of this notice and the proposed regulation will be mailed to members of the public upon request. A reasonable fee may be charged for copies if it is deemed necessary. This does not apply to a public body subject to the Open Meeting Law.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Notice of the hearing was provided via electronic means as follows:

To all persons on the Division's e-mail list for noticing of administrative regulations.
Division of Insurance website: <http://doi.nv.gov>
Nevada Legislature website: <https://www.leg.state.nv.us/>
State of Nevada Public Notice website: <https://notice.nv.gov/>

Members of the public who would like additional information about the proposed regulation may contact Susan Bell, Legal Secretary, via e-mail to suebell@doi.nv.gov.

Members of the public who are disabled and require special accommodations or assistance at the hearing are requested to notify the Division in writing, no later than five (5) working days before the hearing, via email to suebell@doi.nv.gov.

DATED this 29th day of May 2020.



BARBARA D. RICHARDSON
Commissioner of Insurance

State of Nevada
Department of Business and Industry
Division of Insurance

AGENDA

June 30, 2020

10:00 a.m.

Call (775) 687-7638

This public hearing shall take place by teleconference only.

1. Open Hearing: R054-20.
2. Presentation, Discussion and Adoption of Proposed Regulation. (For Possible Action)

LCB File No. R054-20. COVID-19 PREVENTION AND CONTAINMENT.

A regulation relating to health insurance; requiring a health insurer to provide certain coverage and information relating to COVID-19; and providing other matters properly relating thereto.

3. Public Comment.
4. Close Hearing: R054-20.

Supporting public material for this hearing may be requested from Susan Bell, Legal Secretary, Nevada Division of Insurance by phone or email ((775) 687-0704 or suebell@doi.nv.gov).

Note: Any agenda item may be taken out of order; items may be combined for consideration by the public body; items may be pulled or removed from the agenda at any time; and, discussion relating to an item may be delayed or continued at any time. The Hearing Officer, within his/her discretion, may allow for public comment on individual agenda items. Public comment may be limited to three minutes per speaker.

Members of the public are encouraged to submit written comments for the record.

We are pleased to make reasonable accommodations for attendees with disabilities. Please notify the Division in writing, no later than five (5) working days before the workshop via email to suebell@doi.nv.gov.

Notices for this hearing have been provided via electronic means as follows:

Notice of the hearing was provided via electronic means as follows:

To all persons on the Division's e-mail list for noticing of administrative regulations.

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State of Nevada Public Notice website: <https://notice.nv.gov/>

**STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE**

**Determination of Necessity of Small Business Impact Statement
NRS 233B.0608(1)**

LCB File No. R054-20:
COVID-19 Prevention and Containment Regulation

A regulation relating to insurance; prohibiting cost-sharing for preventive services related to COVID-19; requiring health insurers to inform consumers and providers on matters related to COVID-19; and requiring health insurers to provide coverage for off-formulary prescriptions in certain circumstances.

EFFECTIVE DATE OF REGULATION:

This regulation takes effect immediately to replace the Emergency Regulation promulgated on March 5, 2020 and shall remain in effect until the State of Emergency in Response to COVID-19 is lifted.

1. BACKGROUND.

The regulation is proposed under the authority of NRS 679B.130. The Division of Insurance (“Division”) proposes to make permanent the Emergency Regulation adopted by the Governor on March 5, 2020, since the State of Emergency in Response to COVID-19 is likely to continue beyond the 120-day period of the Emergency Regulation. The proposed regulation amends NAC 687B and relates to the containment and prevention of COVID-19, and other matters relating thereto. As COVID-19 continues to spread throughout the world, it is essential that the Nevada Community take preventive measures to stop the spread of the virus in Nevada. The Division has determined that testing for COVID-19 may create a situation where Nevadans put off seeking medical services to determine if they have the virus due to costs they would incur for such medical services. Additionally, the Division believes having health insurers share information about benefits and options for medical services related to COVID-19 would help consumers and providers. Finally, the Division seeks to ensure Nevadans are able to continue getting their needed prescriptions due to supply-chain delays and disruptions that occur as a result of COVID-19.

2. DESCRIPTION OF SOLICITATION SHOWING A CONCERTED EFFORT. NRS 233B.0608(1).

The regulation already exists as an emergency regulation, which was approved by the Governor on March 5, 2020. Given the closure of non-essential businesses in Nevada and the unusual circumstances leading to the promulgation of the emergency regulation, the Division is proceeding with the permanent regulation to support efforts of COVID-19 containment and prevention for the duration of the Governor’s State of Emergency in Response to COVID-19. The Division relies on the research and analysis of Division staff to determine the impact on small businesses.

3. DOES THE PROPOSED REGULATION IMPOSE A DIRECT AND SIGNIFICANT ECONOMIC BURDEN UPON A SMALL BUSINESS OR DIRECTLY RESTRICT THE FORMATION, OPERATION OR EXPANSION OF A SMALL BUSINESS? NRS 233B.0608(1).

NO YES

4. HOW WAS THAT CONCLUSION REACHED? NRS 233B.0608(3).

The Division does not anticipate the regulation to impact small businesses directly. Given the current economic situation caused by the COVID-19 pandemic and the significant impact to small businesses, the proposed regulation is intended to limit the spread of COVID-19 and ultimately help end this pandemic as soon as possible so that small businesses can return to normal activity. The Division also considered the impact of the emergency regulation currently in place.

I, BARBARA D. RICHARDSON, Commissioner of Insurance for the State of Nevada, hereby certify that, to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and that the information contained in this statement is accurate. (NRS 233B.0608(3))

May 28, 2020

(DATE)



BARBARA D. RICHARDSON
Commissioner of Insurance

Small Business Impact Statement
NRS 233B.0608(2)-(4) and 233B.0609

LCB File No. R054-20:
COVID-19 Prevention and Containment Regulation

A regulation relating to insurance; prohibiting cost-sharing for preventive services related to COVID-19; requiring health insurers to inform consumers and providers on matters related to COVID-19; and requiring health insurers to provide coverage for off-formulary prescriptions in certain circumstances.

1. SUMMARY OF COMMENTS RECEIVED FROM SMALL BUSINESSES. NRS 233B.0609(1)(a).

Given the closure of non-essential businesses in Nevada and the need to move forward with the proposed regulation, the Division was unable to perform its usual survey process to small business contacts and relied on the research and analysis of Division staff to determine the impact on small businesses. The Division will include the small business community in the rule making process and will take any comments or feedback from interested parties and incorporate these into our analysis on the small business impact.

2. HOW WAS THE ANALYSIS CONDUCTED? NRS 233B.0609(1)(b).

Division personnel deemed subject matter experts analyzed the small business impact. Upon receipt of comments from the small business community, the Division personnel responsible for this analysis will review the comments and adjust the anticipated small business impact as needed. The Division also considered the impact of the emergency regulation currently in place.

3. ESTIMATED ECONOMIC EFFECT ON SMALL BUSINESSES THE REGULATION IS TO REGULATE. NRS 233B.0609(1)(c).

No economic effect is anticipated. The identification and containment of COVID-19 will allow for a quicker response to the current pandemic. These actions coupled with the actions by the Governor and other state agencies are intended to help the Nevada community return to normal economic activities. The Division also considered the impact of the emergency regulation currently in place and found no economic effect.

4. METHODS CONSIDERED TO REDUCE IMPACT ON SMALL BUSINESSES. NRS 233B.0609(1)(d).

This regulation was discussed within the Division's Life and Health Section and the ACA Group, and the Division does not anticipate an impact on small businesses. The Division also considered the impact of the emergency regulation currently in place.

5. ESTIMATED COST OF ENFORCEMENT. NRS 233B.0609(1)(e).

The Division currently has procedures in place to monitor the requirements of health insurer's products and activities and does not anticipate any additional costs from the proposed regulations. The Division, therefore, does not anticipate additional costs for enforcing the provisions of this regulation.

6. FEE CHANGES. NRS 233B.0609(1)(f).

No new or additional fees are established.

7. DUPLICATIVE PROVISIONS. NRS 233B.0609(1)(g).

There are no other regulations that overlap or duplicate the regulation.

8. REASONS FOR CONCLUSIONS. NRS 233B.0609(1)(h).

Based on analysis performed by Division staff, the Division anticipates no significant impact on small business from the proposed regulation.

I, BARBARA D. RICHARDSON, Commissioner of Insurance for the State of Nevada, hereby certify to the best of my knowledge or belief a concerted effort was made to determine the impact of the proposed regulation on small businesses and that this statement was prepared properly and the information contained herein is accurate. (NRS 233B.0609(2))

May 28, 2020

(DATE)



BARBARA D. RICHARDSON
Commissioner of Insurance

**REVISED PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R054-20

May 26, 2020

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

AUTHORITY: §§1-8, NRS 414.070, 679B.120 and 679B.130.

A REGULATION relating to health insurance; requiring a health insurer to provide certain coverage and information relating to COVID-19; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law allows an agency to adopt an emergency regulation without following the process for adopting a permanent regulation by submitting a statement of the emergency to the Governor. (NRS 233B.0613) If the Governor endorses the statement of emergency, the regulation becomes effective immediately upon filing the regulation with the Office of the Secretary of State. (NRS 233B.070) An emergency regulation is effective for not more than 120 days and may only be submitted through the process for an emergency regulation one time. For the regulation to continue, the agency must adopt a permanent regulation which is substantially similar to the emergency regulation in accordance with the procedures set forth in the Administrative Procedures Act within 120 days, after which the emergency regulation automatically expires. (NRS 233B.0613) On March 5, 2020, the Commissioner of Insurance submitted an emergency regulation along with a statement of emergency for the adoption of a regulation which was endorsed by the Governor. This regulation is submitted to replace that emergency regulation.

On March 12, 2020, the Governor declared a state of emergency due to the COVID-19 pandemic. (Declaration of Emergency for COVID-19, issued on March 12, 2020) Existing law authorizes the Governor to perform and exercise such functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population during a state of emergency or declaration of disaster. (NRS 414.070) The Nevada Insurance Code: (1) provides that the Commissioner of Insurance has such powers and duties as may be provided by the laws of this State; and (2) authorizes the Commissioner to adopt regulations as necessary to administer the Code. (NRS 679B.120, 679B.130) The Code prescribes separate requirements for: (1) individual health insurance; (2) group health insurance; (3) health insurance for small employers; (4) fraternal benefit societies; (5) nonprofit corporations for hospital or medical services; (6) health maintenance organizations; and (7) managed care organizations. (Chapters 689A, 689B, 689C, 695A, 695B, 695C and 695G of NRS) **Sections 1-7** of this regulation

prohibit each of those types of health insurer from imposing cost sharing or medical management techniques to restrict access by an insured to screening, testing or a vaccine for COVID-19. **Sections 1-7** also require such a health insurer to provide to each insured and provider of health care that participates in the network plan of the insurer with information concerning certain benefits and services related to COVID-19. Finally, **sections 1-7** require such an insurer to cover a prescription drug that is not included in the formulary of the insurer if: (1) no drug included in the formulary is available that would be effective to treat the condition; and (2) the unavailability of such drugs is due to a disruption in the supply of the drugs. **Section 8** of this regulation: (1) declares the purpose of this regulation; and (2) provides that this regulation expires on the same date as the state of emergency.

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

1. An insurer that issues a policy of health insurance shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. An insurer that issues a policy of health insurance shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the insurer.

3. An insurer that issues a policy of health insurance that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) "Hospital" has the meaning ascribed to it in NRS 449.012.

(b) "Independent center for emergency medical care" has the meaning ascribed to it in NRS 449.013.

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

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

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

(f) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 2. Chapter 689B of NAC is hereby amended by adding thereto a new section to read as follows:

1. An insurer that issues a policy of group health insurance shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. An insurer that issues a policy of group health insurance shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the insurer.

3. An insurer that issues a policy of group health insurance that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) *“Hospital” has the meaning ascribed to it in NRS 449.012.*

(b) *“Independent center for emergency medical care” has the meaning ascribed to it in NRS 449.013.*

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

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

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

(f) *“Telehealth” has the meaning ascribed to it in NRS 629.515.*

Sec. 3. Chapter 689C of NAC is hereby amended by adding thereto a new section to read as follows:

1. *A carrier that issues a health benefit plan shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:*

(a) *A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;*

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. A carrier that issues a health benefit plan shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the carrier.

3. A carrier that issues a health benefit plan that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) "Hospital" has the meaning ascribed to it in NRS 449.012.

(b) "Independent center for emergency medical care" has the meaning ascribed to it in NRS 449.013.

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

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

(e) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

(f) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 4. Chapter 695A of NAC is hereby amended by adding thereto a new section to read as follows:

1. A society that issues a benefit contract shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. A society that issues a benefit contract shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the society.

3. *A society that issues a benefit contract that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:*

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. *As used in this section:*

(a) "Hospital" has the meaning ascribed to it in NRS 449.012.

(b) "Independent center for emergency medical care" has the meaning ascribed to it in NRS 449.013.

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

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

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

(f) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 5. Chapter 695B of NAC is hereby amended by adding thereto a new section to read as follows:

1. An insurer that issues a contract for hospital or medical services shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. An insurer that issues a contract for hospital or medical services shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the insurer.

3. An insurer that issues a contract for hospital or medical services that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) *“Hospital” has the meaning ascribed to it in NRS 449.012.*

(b) *“Independent center for emergency medical care” has the meaning ascribed to it in NRS 449.013.*

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

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

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

(f) *“Telehealth” has the meaning ascribed to it in NRS 629.515.*

Sec. 6. Chapter 695C of NAC is hereby amended by adding thereto a new section to read as follows:

1. A health maintenance organization that issues a health care plan shall not require an enrollee to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an enrollee to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the enrollee has COVID-19;

(b) A test to determine whether the enrollee has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the enrollee from contracting COVID-19.

2. A health maintenance organization that issues a health care plan shall provide information concerning available benefits, options for medical advice and treatment through telehealth and preventative measures related to COVID-19 to each enrollee and provider of health care that participates in the network plan of the health maintenance organization.

3. A health maintenance organization that issues a health care plan that provides coverage for prescription drugs and uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the enrollee if:

(a) No prescription drug that is effective in treating the enrollee and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) "Hospital" has the meaning ascribed to it in NRS 449.012.

(b) "Independent center for emergency medical care" has the meaning ascribed to it in NRS 449.013.

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

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

(e) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

(f) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 7. Chapter 695G of NAC is hereby amended by adding thereto a new section to read as follows:

1. A managed care organization that issues a health care plan shall not require an insured to pay a higher deductible or any copayment, coinsurance or other form of cost-sharing for or use any medical management technique to restrict access by an insured to:

(a) A visit to the office of a provider of health care, an urgent care center, an independent center for emergency medical care, the emergency room of a hospital or a COVID-19 screening or testing site, if the purpose of the visit is to determine whether the insured has COVID-19;

(b) A test to determine whether the insured has COVID-19 if the attending provider of health care determines, in accordance with generally accepted medical standards, that the test is appropriate; or

(c) A vaccine to prevent the insured from contracting COVID-19.

2. A managed care organization that issues a health care plan shall provide information concerning available benefits, options for medical advice and treatment through telehealth

and preventative measures related to COVID-19 to each insured and provider of health care that participates in the network plan of the managed care organization.

3. A managed care organization that issues a health care plan that provides coverage for prescription drugs which uses a formulary shall cover a prescription drug that is not included in the formulary at no additional cost to the insured if:

(a) No prescription drug that is effective in treating the insured and included in the formulary is available; and

(b) The prescription drug is not available because of a disruption in the supply of those drugs.

4. As used in this section:

(a) “Hospital” has the meaning ascribed to it in NRS 449.012.

(b) “Independent center for emergency medical care” has the meaning ascribed to it in NRS 449.013.

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

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

(e) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

(f) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 8. This regulation:

1. Is adopted for the purpose of collaborating in the worldwide effort to contain COVID-19 and ensuring adequate access to prescription drugs if the COVID-19 pandemic or related events disrupt the supply chain for prescription drugs.

2. Expires by limitation on the date on which the emergency declared in the Declaration of Emergency for COVID-19 issued by Governor Steve Sisolak on March 12, 2020, expires.