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Susan Bell, Legal Secretary  
State of Nevada Division of Insurance  
1818 East College Parkway, Suite 103  
Carson City, NV 89706-7986

Re: LCB File No. R054-20

Dear Ms. Bell:

A regulation adopted by the Commissioner of Insurance has been filed today with the Secretary of State pursuant to NRS 233B.067 or 233B.0675, as appropriate. As provided in NRS 233B.070, this regulation becomes effective upon filing, unless otherwise indicated.

Enclosed are two copies of the regulation bearing the stamp of the Secretary of State which indicates that it has been filed. One copy is for your records and the other is for delivery to the State Library and Archives Administrator pursuant to subsection 6 of NRS 233B.070.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bryan J. Fernley".

Bryan J. Fernley  
Legislative Counsel

Eric W. Robbins  
Principal Deputy Legislative Counsel

Risa B. Lang  
Chief Deputy Legislative Counsel

BJF/slj  
Enclosure

SECRETARY OF STATE  
FILING DATA

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2020 JUL 2 PM2:33

**Form For Filing  
Administrative Regulations**

**Agency**

**Dept. of Business and Industry**

**Division of Insurance**

**R054-20**

FOR EMERGENCY  
REGULATIONS ONLY

**Effective date** \_\_\_\_\_

**Expiration date** \_\_\_\_\_

\_\_\_\_\_  
**Governor's signature**

**Classification:**    ☐ PROPOSED    ☒ ADOPTED BY AGENCY    ☐ EMERGENCY

**Brief description of action**    Regulation concerning COVID-19 Prevention and Containment.

**Authority citation other than 233B**    §§1-8, NRS 414.070, 679B.120 and 679B.130.

**Notice date**    5/29/2020

**Date of Adoption by Agency**    7/2/2020

**Hearing date**    6/30/2020

**APPROVED REGULATION OF THE  
COMMISSIONER OF INSURANCE**

**LCB File No. R054-20**

Filed July 2, 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.



# **LEGISLATIVE REVIEW OF ADOPTED REGULATIONS INFORMATIONAL STATEMENT AS REQUIRED BY NRS 233B.066**

LCB FILE NO. R054-20

The following statement is submitted by the State of Nevada, Department of Business and Industry, Division of Insurance ("Division") for adopted amendments to Nevada Administrative Code ("NAC") Chapters 689A, 689B, 689C, 695A, 695B, 695C, and 695G.

1. A clear and concise explanation of the need for the adopted regulation.

*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. A description of how public comment was solicited, a summary of public response, and an explanation of how other interested persons may obtain a copy of the summary.

- (a) A description of how public comment was solicited:

*Public comment was solicited by e-mailing the proposed regulation, notice of workshop and notice of intent to act upon the regulation to persons on the Division's mailing list requesting notification of proposed regulations. The documents were also made available on the website of the Division, <http://doi.nv.gov>, the website of the Nevada Legislature, <http://www.leg.state.nv.us>, and the State of Nevada Public Notice website, <http://www.notice.nv.gov>.*

*Public comment was also solicited at the workshop held on June 15, 2020, and at the hearing held on June 30, 2020. The public workshop and hearing were held via teleconference pursuant to Governor Sisolak's March 22, 2020 Declaration of Emergency Directive 006 which suspended the requirement contained in NRS 241.023.1(b) that there be a physical location designated for meetings of public bodies to mitigate the possible exposure or transmission of COVID-19 (Coronavirus).*

- (b) A summary of the public response:

*The Division received public comment at both the workshop and hearing related to the proposed regulation. The public comment related specifically to the limitations on medical management, the circumstances under which COVID-19 must be covered, the no additional cost for non-formulary prescription drugs, and potential balance billing for out-of-network providers.*

- (c) An explanation of how other interested persons may obtain a copy of the summary:

The summary in part 2(b) above reflects the comments and testimony that transpired with regard to regulation R054-20. A copy of said summary may be obtained by contacting Jeremy Gladstone, Assistant Chief Examiner of the Life and Health Section, at (775) 687-0729 or [jgladstone@doi.nv.gov](mailto:jgladstone@doi.nv.gov). This summary will also be made available by e-mail request to [insinfo@doi.nv.gov](mailto:insinfo@doi.nv.gov).

3. The number of persons who:

- (a) Attended the hearing: 12
- (b) Testified at the hearing: 3
- (c) Submitted to the agency written statements: 2

4. A list of names and contact information, including telephone number, business address, business telephone number, electronic mail address, and name of entity or organization represented, for each person identified above in #3 (b) and (c), as provided to the agency:

Testified at the hearing:

Name	Entity/Organization Represented	Business Address	Telephone No./ Business Telephone No.	E-Mail Address
Tray Abney	America's Health Insurance Plans (AHIP)	601 Pennsylvania Ave NW S Bldg Suite 500 Washington, DC 20004	202-778-3200	<a href="mailto:tray@abneytauchen.com">tray@abneytauchen.com</a>
Tom Clark	NV Association of Health Plans	P.O. Box 15836 Las Vegas, NV 89114	775-829-1400	<a href="mailto:tom@tomclarksolutions.com">tom@tomclarksolutions.com</a>
Bill Welch	NV Hospital Association	5190 Neil Road, Suite 400 Reno, NV 89502	775-827-0184	<a href="mailto:bill@nvha.net">bill@nvha.net</a>

Submitted to the agency written statements:

Name	Entity/Organization Represented	Business Address	Telephone No./ Business Telephone No.	E-Mail Address
Philip Ramirez	Prominence Health Plan	1510 Meadow Wood Lane Reno, NV 89502	775-770-9348	philip.ramirez@uhsinc.com
Tom Clark	NV Association of Health Plans	P.O. Box 15836 Las Vegas, NV 89114	775-829-1400	tom@tomclarksolutions.com

5. A description of how comment was solicited from affected businesses, a summary of their responses, and an explanation of how other interested persons may obtain a copy of the summary.

*Comments were solicited from affected businesses in the same manner as they were solicited from the public. Please see the description, summary and explanation provided above in response to question #2.*

*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.*

6. If after consideration of public comment the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

*The Division reviewed the comments received and provided clarifying testimony to address the issues raised. The clarification addressed the majority of the concerns raised during public comment and the Division is moving forward with the language as written in the LCB draft dated May 26, 2020 to ensure Nevadans have the necessary access to medical services throughout the state of emergency caused by the COVID-19 pandemic.*

7. (a) The estimated economic effect of the adopted regulation on the business which it is to regulate:

(1) Both adverse and beneficial effects: *The Division does not anticipate any benefit to the businesses which this regulation is meant to regulate. The regulation will result in increased and unplanned costs to the health insurers required to comply with this regulation but the Division does not anticipate a long-term*



*adverse impact.*

(2) Both immediate and long-term effects: *In the immediate, the regulation will result in increased and unplanned costs to the health insurers required to comply with this regulation but the Division does not anticipate a long-term adverse impact.*

(b) The estimated economic effect of the adopted regulation on the public:

(1) Both adverse and beneficial effects: *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. The Division does not anticipate an immediate adverse impact on the public, however, 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.*

(2) Both immediate and long-term effects: *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.*

*From a long-term perspective, 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.*

8. The estimated cost to the agency for enforcement of the adopted regulation.

*None.*

9. A description of any regulations of other state or government 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, 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.*

10. If the regulation includes provisions that are more stringent than a federal regulation which regulates the same activity, a summary of those 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.*

11. If the regulation establishes a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

*Not applicable, as this regulation does not establish a new fee or increase an existing fee.*