REVISED PROPOSED REGULATION OF THE

COMMISSIONER OF INSURANCE

LCB File No. R129-24

January 21, 2026

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

AUTHORITY: § 1, NRS 679B.130 and 687B.490.

A REGULATION relating to insurance; revising the requirements that a network plan made available for sale in this State must satisfy in order for the Commissioner of Insurance to determine that the network plan is adequate; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Commissioner of Insurance to regulate insurance in this State. (NRS 679B.130) Existing law requires a health carrier that offers coverage in the small employer group or individual market to demonstrate to the Commissioner the capacity to deliver services adequately before making any network plan available for sale in this State. (NRS 687B.490) Existing regulations set forth certain minimum requirements that a network plan must satisfy for the Commissioner to determine that the network plan is adequate for sale in this State. Existing regulations require a network plan, in order for the Commissioner to determine the plan is adequate, to contain evidence that the network plan provides reasonable access to at least one provider in certain specialty areas for at least 90 percent of enrollees by complying with certain maximum time and distance standards that an individual should have to travel to see a provider of health care based on certain area designations. (NAC 687B.768) For network plans that are qualified health plans, this regulation revises: (1) the list of required specialty areas, including by distinguishing between provider specialty type and facility specialty type; and (2) the maximum time and distance standards. This regulation preserves the requirements in existing regulations for network plans which are not qualified health plans.

Existing regulations require a network plan, in order for the Commissioner to determine the network plan is adequate, to contain evidence that the network plan offers contracts in good faith to all available Indian health care providers in the service area of the network plan. (NAC 687B.768) This regulation additionally requires a network plan to offer contracts in good faith to all available federally-qualified health centers and rural health clinics in the service area of the network plan.

Section 1. NAC 687B.768 is hereby amended to read as follows:

687B.768 1. In order for the Commissioner to determine that a network plan made available for sale in this State is adequate, the network plan must contain, at a minimum:

(a) ~~[Evidence]~~ ***For a network plan which is a qualified health plan, in accordance with the requirements of 45 C.F.R. § 156.230, evidence*** that the network plan provides reasonable access to at least one provider in the ***provider*** specialty ~~[area]~~ ***type or facility specialty type, as applicable,*** listed in the following ~~[table]~~ ***tables*** for at least 90 percent of enrollees by complying with the area designations for the maximum time and distance standards in the following ~~[table:]~~ ***tables:***

Provider Specialty ~~[Area]~~ ***Type***	Maximum Time and Distance Standards (Minutes/Miles)			
	Metro	Micro	Rural	Counties with Extreme Access Considerations (CEAC)
~~[Primary Care~~	~~15/10~~	~~30/20~~	~~40/30~~	~~70/60]~~
Allergy and Immunology	***45/30***	***80/60***	***90/75***	***125/110***
Cardiology	***30/20***	***50/35***	***75/60***	***95/85***
Cardiothoracic Surgery	***60/40***	***100/75***	***110/90***	***145/30***
Chiropractor	***45/30***	***80/60***	***90/75***	***125/110***
Dental	***45/30***	***80/60***	***90/75***	***125/110***
Dermatology	***45/30***	***60/45***	***75/60***	***110/100***
Emergency Medicine	***45/30***	***80/60***	***75/60***	***110/100***

Endocrinology	60/40	100/75	110/90	145/130
ENT/Otolaryngology	***45/30***	***80/60***	***90/75***	***125/110***
Gastroenterology	***45/30***	***60/45***	***75/60***	***110/100***
General Surgery	***30/20***	***50/35***	***75/60***	***95/85***
Gynecology, OB/GYN	***15/10***	***30/20***	***40/30***	***70/60***
Infectious Diseases	60/40	100/75	110/90	145/130
Nephrology	***45/30***	***80/60***	***90/75***	***125/110***
Neurology	***45/30***	***60/45***	***75/60***	***110/100***
Neurosurgery	***60/40***	***100/75***	***110/90***	***145/130***
Occupational Therapy	***45/30***	***80/60***	***75/60***	***110/100***
Oncology - ~~[Medical/Surgery]~~ ***Medical/Surgical***	45/30	60/45	75/60	110/100
Oncology - ~~[Radiation/Radiology]~~ ***Radiation***	60/40	100/75	110/90	145/130
Ophthalmology	***30/20***	***50/35***	***75/60***	***95/85***
Orthopedic Surgery	***30/20***	***50/35***	***75/60***	***95/85***
Outpatient Clinical Behavioral Health (licensed, accredited or	***15/10***	***30/20***	***40/30***	***70/60***

certified professionals)				
Physical Medicine and Rehabilitation	*45/30*	*80/60*	*90/75*	*125/110*
Physical Therapy	*45/30*	*80/60*	*75/60*	*110/100*
Plastic Surgery	*60/40*	*100/75*	*110/90*	*145/130*
Podiatry	*45/30*	*60/45*	*75/60*	*110/100*
Primary Care - Adult	*15/10*	*30/20*	*40/30*	*70/60*
Primary Care - Pediatric	*15/10*	*30/20*	*40/30*	*70/60*
~~[Psychiatrist]~~ *Psychiatry*	45/30	60/45	75/60	110/100
~~[Psychologist]~~ *Pulmonology*	45/30	60/45	75/60	110/100
~~[Licensed Clinical Social Workers (LCSW)~~	~~45/30~~	~~60/45~~	~~75/60~~	~~110/100~~
~~Pediatrics~~	~~25/15~~	~~30/20~~	~~40/30~~	~~105/90]~~
Rheumatology	60/40	100/75	110/90	145/130
Speech Therapy	*45/30*	*80/60*	*75/60*	*110/100*
Urology	*45/30*	*60/45*	*75/60*	*110/100*
Vascular Surgery	*60/40*	*100/75*	*110/90*	*145/130*

Facility Specialty Type	*Maximum Time and Distance Standards (Minutes/Miles)*

	Metro	***Micro***	***Rural***	***Counties with Extreme Access Considerations (CEAC)***
Acute Inpatient Hospitals ***(must have Emergency Services available 24/7)***	45/30	80/60	75/60	110/100
~~[Outpatient Dialysis~~	~~45/30~~	~~80/60~~	~~90/75~~	~~125/110]~~
Cardiac Catheterization Services	***60/40***	***160/120***	***145/120***	***155/140***
Cardiac Surgery Program	***60/40***	***160/120***	***145/120***	***155/140***
Critical Care Services - Intensive Care Units (ICU)	***45/30***	***160/120***	***145/120***	***155/140***
Diagnostic Radiology (free-standing, hospital outpatient, ambulatory health facilities with Diagnostic Radiology)	***45/30***	***80/60***	***75/60***	***110/100***
Inpatient or Residential	***70/45***	***100/75***	***90/75***	***155/140***

Behavioral Health Facility Services				
Mammography	***45/30***	***80/60***	***75/60***	***110/100***
Outpatient Infusion/Chemotherapy	***45/30***	***80/60***	***75/60***	***110/100***
Skilled Nursing Facilities	***45/30***	***80/60***	***75/60***	***95/85***
Surgical Services (outpatient or ASC)	***45/30***	***80/60***	***75/60***	***110/100***
Urgent Care	***45/30***	***80/60***	***75/60***	***110/100***

(b) ***For a network plan which is not a qualified health plan, evidence that the network plan provides reasonable access to at least one provider in the specialty area listed in the following table for at least 90 percent of enrollees by complying with the area designations for the maximum time and distance standards in the following table:***

Specialty Area	***Maximum Time and Distance Standards (Minutes/Miles)***			
	Metro	***Micro***	***Rural***	***Counties with Extreme Access Considerations (CEAC)***
Primary Care	***15/10***	***30/20***	***40/30***	***70/60***

Endocrinology	***60/40***	***100/75***	***110/90***	***145/130***
Infectious Diseases	***60/40***	***100/75***	***110/90***	***145/130***
Oncology - Medical/Surgery	***45/30***	***60/45***	***75/60***	***110/100***
Oncology - Radiation/Radiology	***60/40***	***100/75***	***110/90***	***145/130***
Psychiatrist	***45/30***	***60/45***	***75/60***	***110/100***
Psychologist	***45/30***	***60/45***	***75/60***	***110/100***
Licensed Clinical Social Workers (LCSW)	***45/30***	***60/45***	***75/60***	***110/100***
Pediatrics	***25/15***	***30/20***	***40/30***	***105/90***
Rheumatology	***60/40***	***100/75***	***110/90***	***145/130***
Hospitals	***45/30***	***80/60***	***75/60***	***110/100***
Outpatient Dialysis	***45/30***	***80/60***	***90/75***	***125/110***

(c) Evidence that the network plan:

(1) Contracts with at least 35 percent of the:

(I) Essential community providers in the service area of the network plan that are available to participate in the provider network of the network plan.

(II) Federally-qualified health centers in the service area of the network plan that are available to participate in the provider network of the network plan.

(III) Family planning providers in the service area of the network plan that are available to participate in the provider network of the network plan.

(2) Offers contracts in good faith to all available ***federally-qualified health centers, rural health clinics and*** Indian health care providers in the service area of the network plan, including, without limitation, the Indian Health Service established pursuant to 25 U.S.C. § 1661, Indian Tribes, tribal organizations and urban Indian organizations, as defined in 25 U.S.C. § 1603, which apply the special terms and conditions necessitated by federal statutes and regulations as referenced in the *Model Qualified Health Plan Addendum for Indian Health Care Providers*. A copy of the *Model Qualified Health Plan Addendum for Indian Health Care Providers* may be obtained free of charge at the Internet address ~~[https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy.]~~ ***https://www.qhpcertification.cms.gov/s/Model_QHP_Addendum_Indian_Health_Care_Providers.pdf?v=1.***

(3) Offers contracts in good faith to all available essential community providers in all counties in the service area of the network plan that are designated pursuant to subsection 3 as Counties with Extreme Access Considerations.

(4) Offers contracts in good faith to at least one essential community provider in each category of essential community provider in the following table, in each county in the service area of the network plan, where an essential community provider in that category is available and provides medical or dental services that are covered by the network plan:

Major ECP Category	ECP Provider Types
Family Planning Providers	Title X Family Planning Clinics and Title X

	"Look-Alike" Family Planning Clinics
Federally Qualified Health Centers (FQHCs)	Federally Qualified Health Centers and Federally Qualified Health Center "Look-Alike" Clinics, Outpatient health programs/facilities operated by Indian tribes, tribal organizations, programs operated by Urban Indian Organizations
Hospitals	Disproportionate Share Hospitals (DSH) and DSH-eligible Hospitals, Children's Hospitals, Rural Referral Centers, Sole Community Hospital, Freestanding Cancer Centers, Critical Access Hospitals
Indian Health Care Providers	Indian Health Service providers, Indian Tribes, Tribal organizations, and urban Indian Organizations
Ryan White Providers	Ryan White HIV/AIDS Program Providers
Other ECP Providers	STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics, Community Mental Health Centers, Rural Health Clinics, Substance Use Disorder Treatment Centers, Health centers providing dental services, Rural Emergency Hospitals and other entities that serve predominantly

	low-income, medically underserved individuals

2. To offer a contract in good faith pursuant to paragraph ~~[(b)]~~ ***(c)*** of subsection 1, a network plan must offer contract terms comparable to the terms that a carrier or other person or entity which issues a network plan would offer to a similarly situated provider that is not an essential community provider, except for terms that would not be applicable to an essential community provider, including, without limitation, because of the type of services provided by an essential community provider. A network plan must be able to provide verification of such offers if the Commissioner requests to verify compliance with this policy.

3. For the purposes of this section, the area designations for the maximum time and distance standards are based upon the population size and density parameters of individual counties within the plan's service area. The population and density parameters applied to determine county type designations are listed in the following table:

County Type	Population	Density
Metro	≥ 1,000,000	10 - 999.9/mi^2
	500,000 - 999,999	10 - 1,499.9/mi^2
	200,000 - 499,999	10 - 4,999.9/mi^2
	50,000 - 199,999	100 - 4,999.9/mi^2
	10,000 - 49,999	1,000 - 4,999.9/mi^2
Micro	50,000 - 199,999	10 - 49.9/mi^2
	10,000 - 49,999	50 - 999.9/mi^2

County Type	Population	Density
Rural	10,000 - 49,999	10 - 49.9/mi^2
	< 10,000	10 - 4,999.9/mi^2
Counties with Extreme Access Considerations or CEAC	Any	< 10/mi^2

4. As used in this section:

(a) "Essential community provider" or "ECP" means a provider of healthcare that serves predominantly low-income, medically underserved individuals. The term includes, without limitation:

(1) Health care providers described in section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. § 256b(a)(4), as amended;

(2) Entities described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act, 42 U.S.C. § 1396r-8(c)(1)(D)(i)(IV), as amended, including, without limitation, state-owned family planning service sites, governmental family planning service sites or not-for-profit family planning service sites that do not receive funding that qualifies the service for the drug pricing program established pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, as amended, without limitation, funding pursuant to Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq., as amended; or

(3) Indian health care providers,

➥ unless any of the providers or entities listed in subparagraphs (1), (2) and (3) has lost its status as a provider described in section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. § 256(b)(a)(4), as amended, or as an entity described in section 1927(c)(1)(D)(i)(IV) of the Social

Security Act, 42 U.S.C. § 1396r-8(c)(1)(D)(i)(IV), as amended, as a result of violating Federal law.

(b) "Maximum time and distance standards" means the maximum time and distance an individual should have to travel to see a provider of health care based on the area designation determined pursuant to subsection 3.

(c) "Qualified health plan" has the meaning ascribed to it in NRS 695I.080.