

**Committee Action:**  
**Do Pass** \_\_\_\_\_  
**Amend & Do Pass** \_\_\_\_\_  
**Other** \_\_\_\_\_

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**Senate Committee on Health and Human Services**

This measure may be considered for action during today's work session.

**SENATE BILL 233**

**Requires the State Plan for Medicaid and health insurance plans to provide certain benefits. (BDR 38-817)**

**Sponsored by: Senators Ratti, Cancela, Spearman, Cannizzaro, and Woodhouse, et al.**

**Date Heard: March 6, 2017**

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

Senate Bill 233 makes various changes to health insurance coverage requirements in Nevada. Specifically, it requires all public and private health insurance plans made available in Nevada to provide certain preventive services without any copay, coinsurance, or higher deductible. The bill requires certain forms of contraceptive drugs, devices, and services be covered, including up to a 12-month supply of contraceptives or a therapeutic equivalent. In addition, SB 233 requires a pharmacist to dispense up to a 12-month supply of contraceptives or a therapeutic equivalent upon the request of a patient who has a valid prescription.

**Amendments:** Following the hearing, the sponsor proposed the attached conceptual amendment, which makes various changes.

**Conceptual Amendments for SB233**  
**Proposed by Senator Ratti, Bill Sponsor**

**Add a section that can be referred to throughout:**

- Define “therapeutic equivalent” drug using the FDA definition

**Section 2: (re: Medicaid state plan)**

- Voluntary sterilization to be provided in accordance with 42 CFR 441 (required waiting period)
- Step therapy done in accordance with Section 1927 of the Social Security Act (no step therapy on family planning)
- Prior authorization in accordance with Section 1927 of the Social Security Act (no prior authorization on contraception)
- Waiting period in accordance with 42 CFR 441 (required waiting period)

**Section 3: (re: Medicaid state plan)**

- Provide breastfeeding supplies to the extent funds are available
- Provide prenatal screenings to the extent funds are available

**Section 6: (re: Medicaid state plan)**

- Don’t exempt Medicaid from Section 1927 of the Social Security Act for step therapy and prior authorization for prescription drugs or provisions required by the Drug Utilization Review board

**Section 7: (re: local government insurance)**

- Review these sections to ensure they have the appropriate references to codify ACA protections in state law (+ 12 month birth control) but don’t go beyond that

**Section 8 (re: state employee insurance)**

- Review these sections to ensure they have the appropriate references to codify ACA protections in state law (+ 12 month birth control) but don’t go beyond that

**Section 9: (re: pharmacies)**

- Remove patient request
- Require three-month supply on initial fill
- Require balance of plan year supply on second fill (same drug, same plan)
- Require 12-month supply on subsequent fills (same drug, same plan)
- Unless a shorter dispense is medically necessary

**Section 10: (re: contracts of insurance)**

- Review these sections to ensure they have the appropriate references to codify ACA protections in state law (+ 12 month birth control) but don’t go beyond that

**Conceptual Amendments for SB233**  
**Proposed by Senator Ratti, Bill Sponsor**

**Section 12: (applies to individual health plans)**

- Require that any insurance policy offered cover at least one of each FDA approved type of contraception (out of the 18 types) without cost sharing:
  - Require three-month supply on initial fill
  - Require balance of plan year supply on second fill (same drug, same plan)
  - Require 12-month supply on subsequent fills (same drug, same plan)
  - Unless a shorter dispense is medically necessary
  
- Allow insurer to continue using medical management tools unless otherwise in law

**(For the remainder of Section, the amendments are designed to bring the mandate into alignment with the Women’s Preventive Health benefit under the Affordable Care Act)**

- Require that any insurance policy offered must cover without cost sharing:
  - Inserting and removing contraception (implants) only while the insured is still on the plan
  - Limit education and counseling relating to contraception to the coverage provided by the Affordable Care Act
  - Voluntary sterilization for women, but remove requirement to cover sterilization for men without a copay
  - Remove the prohibition on step therapy or prior authorization and allow for medical management unless prohibited by law
  - Allow insurer to continue using medical management tools unless otherwise specified in law
  
- Include the existing religious exemption in Nevada law so that insurers affiliated with religious organizations are not required to provide this coverage. Require such employers to notify employees of the coverage the insurer refuses to provide.

**Section 13: (applies to individual health plans)**

- Require that any insurance policy offer must cover without cost sharing:
  - ACA recommended coverage levels for lactation support and counseling and the cost of renting or purchasing breastfeeding equipment
  - Screening and counseling levels recommended by ACA for interpersonal and domestic violence
  - Screening recommended by ACA for pregnant women and prenatal tests
  - Cover pap tests:
    - annually for women 21 to 29
    - For women 30 to 65, cover
      - Pap test every three years
      - Pap test every five years if Pap done with an HPV test

**Conceptual Amendments for SB233**  
**Proposed by Senator Ratti, Bill Sponsor**

- Cover necessary prenatal screening to include:
  - Annually
  - If the woman is at risk
- Change smoking screening to include two cessation attempts per year including four counseling session up to 10 minutes, and
- One annual well-women exam following the guidance for age appropriate care insurer to continue using medical management tools unless otherwise specified in law

**For the remaining sections of this bill replicate the amendments above in each section of NRS below. Where appropriate, update the remainder of sections to reflect the specific coverage limits outlined in the ACA more accurately.**

**Put the existing religious exemption in each relevant section of state law.**