

Committee Action:
Do Pass _____
Amend & Do Pass _____
Other _____

Assembly Committee on Commerce and Labor

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

SENATE BILL 190 (R1)

**Provides for the dispensing of self-administered hormonal contraceptives.
(BDR 54-3)**

Sponsored By: Senators Cannizzaro, Ratti, Lange, Dondero Loop, and Scheible and Assembly Members Torres, Nguyen, Gorelow, Marzola, and Flores, et al.

Date Heard: May 10, 2021

Fiscal Notes: Effect on Local Government: May Have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE

Senate Bill 190 requires the state's chief medical officer to issue a standing order allowing a pharmacist to dispense self-administered hormonal contraceptives in accordance with a protocol established by the State Board of Health. In order to dispense such contraceptives, a pharmacist must provide a risk assessment questionnaire to the person requesting such contraceptive, create a record, provide the patient with certain information, and comply with relevant regulations and guidelines. The State Board of Pharmacy may suspend or revoke the certificate of a pharmacist who does not comply with these requirements.

The State Board of Pharmacy and the Division of Public and Behavioral Health of the Department of Health and Human Services must post on a website a list of pharmacies that dispense self-administered contraceptives under the standing order. Finally, the bill requires certain health insurers to cover self-administered hormonal contraceptives dispensed by a pharmacist.

Amendments:

Senator Cannizzaro proposes the following amendment (mock-up attached, which was prepared the Legal Division of the Legislative Counsel Bureau):

1. Delete Section 8, which requires: (1) the chief medical officer to issue a standing order to allow a pharmacist to dispense a self-administrated hormonal contraceptive to any patient; and (2) the State Board of Health to prescribe a protocol for dispensing a self-administrated hormonal contraceptive. Instead, require the State Board of Pharmacy to adopt certain regulations establishing a protocol to allow a pharmacist to dispense a self-administrated hormonal contraceptive to any patient. Make conforming changes throughout the bill to account for the deletion of Section 8 and the establishment of the protocol by the State Board of Pharmacy.
2. Add Assemblywoman Considine as a cosponsor to the bill.

MOCK-UP

PROPOSED AMENDMENT 3365 TO
SENATE BILL NO. 190
FIRST REPRINT

PREPARED FOR SENATOR CANNIZZARO
MAY 8, 2021

PREPARED BY THE LEGAL DIVISION

NOTE: THIS DOCUMENT SHOWS PROPOSED AMENDMENTS IN CONCEPTUAL FORM. THE LANGUAGE AND ITS PLACEMENT IN THE OFFICIAL AMENDMENT MAY DIFFER.

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of **green bold underlining** is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

Legislative Counsel's Digest:

Existing law requires a pharmacist to dispense up to a 12-month supply or an amount equivalent to the balance of the plan year if the patient is covered by a health care plan, whichever is less, of a contraceptive or its therapeutic equivalent pursuant to a valid prescription or order if certain conditions are met. (NRS 639.28075) **Section ~~8~~ 2.5** of this bill requires ~~[(1) the Chief Medical Officer or his or her designee to issue a standing order]~~ **the State Board of Pharmacy to adopt regulations that establish a protocol** to allow a pharmacist to dispense a self-administered hormonal contraceptive to any patient ~~[(1) and (2) the State Board of Health, in consultation with the Chief Medical Officer, to prescribe by regulation a protocol for dispensing a self-administered hormonal contraceptive.]~~ **Section 3** of this bill authorizes a pharmacist to dispense a self-administered hormonal contraceptive under the ~~standing order~~ **protocol** and establishes the procedures the pharmacist must follow to dispense such a contraceptive. **Section 3** requires such a pharmacist to: (1) provide a risk assessment questionnaire prescribed by the ~~State~~ Board ~~of Health~~ pursuant to **section ~~8~~ 2.5** to the patient before the pharmacist dispenses the self-administered hormonal contraceptive; (2) create a record concerning the dispensing of the self-administered hormonal contraceptive; (3) provide the patient with a written record of the request and the self-administered hormonal contraceptive dispensed and certain additional information; and (4) comply with the regulations adopted pursuant to **section ~~8~~ 2.5** and any guidelines recommended by the manufacturer. ~~Sections~~ **Section 3** ~~and 8 require~~ **requires** the State Board of Pharmacy ~~and the Division of Public and Behavioral Health of the Department of Health and Human Services~~ to post on an Internet website a list of pharmacies that dispense self-administered hormonal contraceptives under the ~~standing order~~ **protocol. Section 8.5 of this bill makes a conforming change to account for the provisions of section 2.5**

authorizing a pharmacist to dispense a drug that has not been prescribed by a practitioner.

Existing law defines the term “practice of pharmacy” for the purpose of determining which activities require a person to be registered and regulated by the State Board of Pharmacy as a pharmacist. (NRS 639.0124) **Section 5** of this bill provides that the practice of pharmacy includes the dispensing of self-administered hormonal contraceptives by a pharmacist in accordance with **section 3** and, thus, requires persons engaged in the dispensing of such contraceptives to be registered and regulated as pharmacists.

1 Existing law authorizes the State Board of Pharmacy to suspend or revoke any
2 certificate to practice as a registered pharmacist if the holder of or applicant for such a
3 certificate commits certain acts. (NRS 639.210) **Section 6** of this bill authorizes the Board
4 to suspend or revoke any certificate to practice as a registered pharmacist if the holder or
5 applicant has dispensed a self-administered hormonal contraceptive under the ~~standing~~
6 ~~order issued~~ protocol established pursuant to ~~section 8~~ 2.5 without complying with the
7 provisions of **section 3**.

8 Existing law requires public and private policies of insurance regulated under Nevada
9 law to include coverage for certain contraceptive drugs and devices, including: (1) up to a
10 12-month supply of contraceptives; and (2) certain devices for contraception. (NRS
11 287.010, 287.04335, 689A.0418, 689B.0378, 689C.1676, 695A.1865, 695B.1919,
12 695C.1696, 695G.1715) Existing law also requires employers to provide certain benefits to
13 employees, including the coverage required for health insurers, if the employer provides
14 health benefits for its employees. (NRS 608.1555) **Sections 7 and 9-15** of this bill require
15 that certain public and private policies of insurance and health care plans provide coverage
16 for self-administered hormonal contraceptives dispensed by a pharmacist in accordance
17 with **section 3**.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

18 **Section 1.** Chapter 639 of NRS is hereby amended by adding thereto
19 the provisions set forth as sections 2, 2.5 and 3 of this act.

20 **Sec. 2.** *“Self-administered hormonal contraceptive” means a self-*
21 *administered contraceptive that utilizes a hormone and is approved for*
22 *use by the United States Food and Drug Administration to prevent*
23 *pregnancy. The term includes, without limitation, an oral contraceptive,*
24 *a vaginal contraceptive ring, a contraceptive patch and any other method*
25 *of hormonal contraceptive identified by the ~~standing order issued~~*
26 *protocol established by the ~~Chief Medical Officer or his or her designee~~*
27 *Board pursuant to section ~~8~~ 2.5 of this act.*

28 **Sec. 2.5. 1.** The Board shall adopt regulations establishing a
29 protocol for dispensing a self-administered hormonal contraceptive
30 authorized by section 3 of this act. Those regulations must include,
31 without limitation:

32 (a) Requirements governing the information that must be included in
33 a record concerning the dispensing of the self-administered hormonal
34 contraceptive in addition to the information required by section 3 of this
35 act; and

1 (b) The amount of time that such a record must be maintained by the
2 dispensing pharmacist or his or her employer.

3 2. The Board shall adopt regulations that prescribe:

4 (a) A risk assessment questionnaire that must be provided to a patient
5 who requests a self-administered hormonal contraceptive pursuant to
6 section 3 of this act.

7 (b) The information that must be provided in writing to a patient to
8 whom a self-administered hormonal contraceptive is dispensed pursuant
9 to section 3 of this act, which may include, without limitation,
10 information concerning:

11 (1) The importance of obtaining recommended tests and
12 screening from the patient's attending provider or another qualified
13 provider of health care who specializes in women's health;

14 (2) The effectiveness of long-acting reversible contraceptives as
15 an alternative to self-administered hormonal contraceptive;

16 (3) When to seek emergency medical services as a result of
17 administering a self-administered hormonal contraceptive; and

18 (4) The risk of contracting a sexually transmitted infection and
19 ways to reduce that risk.

20 3. As used in this section:

21 (a) "Attending provider" means a provider of health care who
22 provides or has provided care to the patient.

23 (b) "Provider of health care" has the meaning ascribed to it in NRS
24 629.031.

25 Sec. 3. 1. A pharmacist may dispense a self-administered
26 hormonal contraceptive under the ~~standing order issued~~ protocol
27 established pursuant to section ~~8~~ 2.5 of this act to a patient, regardless
28 of whether the patient has obtained a prescription from a practitioner.

29 2. A pharmacist must provide the risk assessment questionnaire
30 prescribed by the ~~State~~ Board ~~of Health~~ pursuant to section ~~8~~ 2.5 of
31 this act to a patient who requests a self-administered hormonal
32 contraceptive before dispensing the self-administered hormonal
33 contraceptive to the patient. If the patient completes the questionnaire
34 and the results of the questionnaire indicate that it is unsafe to dispense
35 the self-administered hormonal contraceptive to the patient, the
36 pharmacist:

37 (a) Must not dispense the self-administered hormonal contraceptive;
38 and

39 (b) Must refer the patient to the patient's attending provider or
40 another qualified provider of health care.

41 3. A pharmacist who dispenses a self-administered hormonal
42 contraceptive under the ~~standing order~~ protocol shall:

43 (a) Create a record concerning the dispensing of the self-
44 administered hormonal contraceptive which includes, without limitation,
45 the name of the patient to whom the self-administered hormonal

1 *contraceptive was dispensed, the type of self-administered hormonal*
2 *contraceptive dispensed and any other relevant information required by*
3 *the protocol prescribed pursuant to section ~~§~~ 2.5 of this act. The*
4 *pharmacist or his or her employer shall maintain the record for the*
5 *amount of time prescribed in that protocol.*

6 *(b) Inform the patient to whom the self-administered hormonal*
7 *contraceptive is dispensed concerning:*

8 *(1) Proper administration and storage of the self-administered*
9 *hormonal contraceptive;*

10 *(2) Potential side effects of the self-administered hormonal*
11 *contraceptive; and*

12 *(3) The need to use other methods of contraception, if*
13 *appropriate.*

14 *(c) Provide to the patient to whom the self-administered hormonal*
15 *contraceptive is dispensed:*

16 *(1) The written record required by subsection 4; and*

17 *(2) Any written information required by the regulations adopted*
18 *pursuant to section ~~§~~ 2.5 of this act.*

19 *(d) Comply with the regulations adopted pursuant to section ~~§~~ 2.5*
20 *of this act and any guidelines for dispensing the self-administered*
21 *hormonal contraceptive recommended by the manufacturer.*

22 *4. A pharmacist shall provide to any patient who requests a self-*
23 *administered hormonal contraceptive under the ~~standing order~~*
24 *protocol a written record of the request, regardless of whether the self-*
25 *administered hormonal contraceptive is dispensed. The record must*
26 *include, without limitation:*

27 *(a) A copy of the risk assessment questionnaire if completed by the*
28 *patient pursuant to subsection 2; and*

29 *(b) A written record of the self-administered hormonal contraceptive*
30 *requested and any self-administered hormonal contraceptive dispensed.*

31 *5. Any pharmacy that wishes to dispense self-administered*
32 *hormonal contraceptives under the ~~standing order~~ protocol must notify*
33 *the Board of that fact. The Board shall post on an Internet website*
34 *maintained by the Board a list of the names, addresses and contact*
35 *information of pharmacies that have provided such notice.*

36 *6. As used in this section:*

37 *(a) "Attending provider" means a provider of health care who*
38 *provides or has provided care to the patient.*

39 *(b) "Provider of health care" has the meaning ascribed to it in NRS*
40 *629.031.*

41 **Sec. 4.** NRS 639.001 is hereby amended to read as follows:

42 639.001 As used in this chapter, unless the context otherwise
43 requires, the words and terms defined in NRS 639.0015 to 639.016,
44 inclusive, *and section 2 of this act* have the meanings ascribed to them in
45 those sections.

1 **Sec. 5.** NRS 639.0124 is hereby amended to read as follows:
2 639.0124 **1.** “Practice of pharmacy” includes, but is not limited to,
3 the:

4 ~~11~~ **(a)** Performance or supervision of activities associated with
5 manufacturing, compounding, labeling, dispensing and distributing of a
6 drug, including the receipt, handling and storage of prescriptions and other
7 confidential information relating to patients.

8 ~~12~~ **(b)** Interpretation and evaluation of prescriptions or orders for
9 medicine.

10 ~~13~~ **(c)** Participation in drug evaluation and drug research.

11 ~~14~~ **(d)** Advising of the therapeutic value, reaction, drug interaction,
12 hazard and use of a drug.

13 ~~15~~ **(e)** Selection of the source, storage and distribution of a drug.

14 ~~16~~ **(f)** Maintenance of proper documentation of the source, storage
15 and distribution of a drug.

16 ~~17~~ **(g)** Interpretation of clinical data contained in a person’s record of
17 medication.

18 ~~18~~ **(h)** Development of written guidelines and protocols in
19 collaboration with a practitioner which are intended for a patient in a
20 licensed medical facility or in a setting that is affiliated with a medical
21 facility where the patient is receiving care and which authorize
22 collaborative drug therapy management. The written guidelines and
23 protocols must comply with NRS 639.2629.

24 ~~19~~ **(i)** Implementation and modification of drug therapy,
25 administering drugs and ordering and performing tests in accordance with
26 a collaborative practice agreement.

27 ~~20~~ **(j)** *Dispensing a self-administered hormonal contraceptive pursuant*
28 *to section 3 of this act.*

29 ~~21~~ **2.** The term does not include the changing of a prescription by a
30 pharmacist or practitioner without the consent of the prescribing
31 practitioner, except as otherwise provided in NRS 639.2583 ~~1~~ **and section**
32 **3 of this act.**

33 **Sec. 6.** NRS 639.210 is hereby amended to read as follows:

34 639.210 The Board may suspend or revoke any certificate, license,
35 registration or permit issued pursuant to this chapter, and deny the
36 application of any person for a certificate, license, registration or permit, if
37 the holder or applicant:

38 1. Is not of good moral character;

39 2. Is guilty of habitual intemperance;

40 3. Becomes or is intoxicated or under the influence of liquor, any
41 depressant drug or a controlled substance, unless taken pursuant to a
42 lawfully issued prescription, while on duty in any establishment licensed
43 by the Board;

44 4. Is guilty of unprofessional conduct or conduct contrary to the
45 public interest;

- 1 5. Has a substance use disorder;
- 2 6. Has been convicted of a violation of any law or regulation of the
3 Federal Government or of this or any other state related to controlled
4 substances, dangerous drugs, drug samples, or the wholesale or retail
5 distribution of drugs;
- 6 7. Has been convicted of:
 - 7 (a) A felony relating to holding a certificate, license, registration or
8 permit pursuant to this chapter;
 - 9 (b) A felony pursuant to NRS 639.550 or 639.555; or
 - 10 (c) Other crime involving moral turpitude, dishonesty or corruption;
- 11 8. Has been convicted of violating any of the provisions of NRS
12 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;
- 13 9. Has willfully made to the Board or its authorized representative
14 any false statement which is material to the administration or enforcement
15 of any of the provisions of this chapter;
- 16 10. Has obtained any certificate, certification, license or permit by the
17 filing of an application, or any record, affidavit or other information in
18 support thereof, which is false or fraudulent;
- 19 11. Has violated any provision of the Federal Food, Drug and
20 Cosmetic Act or any other federal law or regulation relating to prescription
21 drugs;
- 22 12. Has violated, attempted to violate, assisted or abetted in the
23 violation of or conspired to violate any of the provisions of this chapter or
24 any law or regulation relating to drugs, the manufacture or distribution of
25 drugs or the practice of pharmacy, or has knowingly permitted, allowed,
26 condoned or failed to report a violation of any of the provisions of this
27 chapter or any law or regulation relating to drugs, the manufacture or
28 distribution of drugs or the practice of pharmacy committed by the holder
29 of a certificate, license, registration or permit;
- 30 13. Has failed to renew a certificate, license or permit by failing to
31 submit the application for renewal or pay the renewal fee therefor;
- 32 14. Has had a certificate, license or permit suspended or revoked in
33 another state on grounds which would cause suspension or revocation of a
34 certificate, license or permit in this State;
- 35 15. Has, as a managing pharmacist, violated any provision of law or
36 regulation concerning recordkeeping or inventory in a store over which he
37 or she presides, or has knowingly allowed a violation of any provision of
38 this chapter or other state or federal laws or regulations relating to the
39 practice of pharmacy by personnel of the pharmacy under his or her
40 supervision;
- 41 16. Has repeatedly been negligent, which may be evidenced by claims
42 of malpractice settled against him or her;
- 43 17. Has failed to maintain and make available to a state or federal
44 officer any records in accordance with the provisions of this chapter or
45 chapter 453 or 454 of NRS;

1 18. Has failed to file or maintain a bond or other security if required
2 by NRS 639.515; ~~for~~

3 19. *Has dispensed a self-administered hormonal contraceptive*
4 *under the ~~standing order issued~~ protocol established pursuant to*
5 *section ~~4~~ 2.5 of this act without complying with section 3 of this act; or*

6 20. Has operated a medical facility, as defined in NRS 449.0151, at
7 any time during which:

- 8 (a) The license of the facility was suspended or revoked; or
- 9 (b) An act or omission occurred which resulted in the suspension or
10 revocation of the license pursuant to NRS 449.160.

11 ↪ This subsection applies to an owner or other principal responsible for
12 the operation of the facility.

13 **Sec. 7.** NRS 422.27172 is hereby amended to read as follows:

14 422.27172 1. The Director shall include in the State Plan for
15 Medicaid a requirement that the State pay the nonfederal share of
16 expenditures incurred for:

17 (a) Up to a 12-month supply, per prescription, of any type of drug for
18 contraception or its therapeutic equivalent which is:

- 19 (1) Lawfully prescribed or ordered;
- 20 (2) Approved by the Food and Drug Administration; and
- 21 (3) Dispensed in accordance with NRS 639.28075;

22 (b) Any type of device for contraception which is lawfully prescribed
23 or ordered and which has been approved by the Food and Drug
24 Administration;

25 (c) *Self-administered hormonal contraceptives dispensed by a*
26 *pharmacist pursuant to section 3 of this act;*

27 (d) Insertion or removal of a device for contraception;

28 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
29 of contraceptives and any necessary follow-up after initiating such use;

30 ~~(e)~~ (f) Management of side effects relating to contraception; and

31 ~~(f)~~ (g) Voluntary sterilization for women.

32 2. Except as otherwise provided in subsections 4 and 5, to obtain any
33 benefit provided in the Plan pursuant to subsection 1, a person enrolled in
34 Medicaid must not be required to:

35 (a) Pay a higher deductible, any copayment or coinsurance; or

36 (b) Be subject to a longer waiting period or any other condition.

37 3. The Director shall ensure that the provisions of this section are
38 carried out in a manner which complies with the requirements established
39 by the Drug Use Review Board and set forth in the list of preferred
40 prescription drugs established by the Department pursuant to NRS
41 422.4025.

42 4. The Plan may require a person enrolled in Medicaid to pay a higher
43 deductible, copayment or coinsurance for a drug for contraception if the
44 person refuses to accept a therapeutic equivalent of the contraceptive drug.

1 5. For each method of contraception which is approved by the Food
2 and Drug Administration, the Plan must include at least one contraceptive
3 drug or device for which no deductible, copayment or coinsurance may be
4 charged to the person enrolled in Medicaid, but the Plan may charge a
5 deductible, copayment or coinsurance for any other contraceptive drug or
6 device that provides the same method of contraception.

7 6. As used in this section:

8 (a) "Drug Use Review Board" has the meaning ascribed to it in NRS
9 422.402.

10 (b) "Therapeutic equivalent" means a drug which:

11 (1) Contains an identical amount of the same active ingredients in
12 the same dosage and method of administration as another drug;

13 (2) Is expected to have the same clinical effect when administered
14 to a patient pursuant to a prescription or order as another drug; and

15 (3) Meets any other criteria required by the Food and Drug
16 Administration for classification as a therapeutic equivalent.

17 **Sec. 8.** ~~Chapter 439 of NRS is hereby amended by adding thereto a~~
18 ~~new section to read as follows:~~

19 ~~1. The Chief Medical Officer or his or her designee shall issue a~~
20 ~~standing order to allow a pharmacist to dispense a self-administered~~
21 ~~hormonal contraceptive to any patient pursuant to section 3 of this act.~~

22 ~~2. In consultation with the Chief Medical Officer, the State Board~~
23 ~~of Health shall prescribe by regulation a protocol for dispensing a self-~~
24 ~~administered hormonal contraceptive. The protocol must include,~~
25 ~~without limitation:~~

26 ~~(a) Requirements governing the information that must be included in~~
27 ~~a record concerning the dispensing of the self-administered hormonal~~
28 ~~contraceptive in addition to the information required by section 3 of this~~
29 ~~act; and~~

30 ~~(b) The amount of time that such a record must be maintained by the~~
31 ~~dispensing pharmacist or his or her employer.~~

32 ~~3. In consultation with the State Board of Pharmacy, the State~~
33 ~~Board of Health shall adopt regulations that prescribe:~~

34 ~~(a) A risk assessment questionnaire that must be provided to a patient~~
35 ~~who requests a self-administered hormonal contraceptive pursuant to~~
36 ~~section 3 of this act.~~

37 ~~(b) The information that must be provided in writing to a patient to~~
38 ~~whom a self-administered hormonal contraceptive is dispensed pursuant~~
39 ~~to section 3 of this act, which may include, without limitation,~~
40 ~~information concerning:~~

41 ~~(1) The importance of obtaining recommended tests and~~
42 ~~screening from the patient's attending provider or another qualified~~
43 ~~provider of health care who specializes in women's health;~~

44 ~~(2) The effectiveness of long acting reversible contraceptives as~~
45 ~~an alternative to self-administered hormonal contraceptives;~~

1 ~~(3) When to seek emergency medical services as a result of~~
2 ~~administering a self-administered hormonal contraceptive; and~~

3 ~~(4) The risk of contracting a sexually transmitted infection and~~
4 ~~ways to reduce that risk.~~

5 ~~4. The Division shall provide on an Internet website maintained by~~
6 ~~the Division an electronic link to the list of pharmacies maintained by~~
7 ~~the State Board of Pharmacy pursuant to section 3 of this act.~~

8 ~~5. As used in this section:~~

9 ~~(a) "Attending provider" has the meaning ascribed to it in section 3~~
10 ~~of this act.~~

11 ~~(b) "Provider of health care" has the meaning ascribed to it in NRS~~
12 ~~629.031.~~

13 ~~(c) "Self-administered hormonal contraceptive" has the meaning~~
14 ~~ascribed to it in section 2 of this act. † (Deleted by amendment.)~~

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

16 683A.179 1. A pharmacy benefit manager shall not:

17 (a) Prohibit a pharmacist or pharmacy from providing information to a
18 covered person concerning:

19 (1) The amount of any copayment or coinsurance for a prescription
20 drug; or

21 (2) The availability of a less expensive alternative or generic drug
22 including, without limitation, information concerning clinical efficacy of
23 such a drug;

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

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

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

34 2. The provisions of this section:

35 (a) Must not be construed to authorize a pharmacist to dispense a drug
36 that has not been prescribed by a practitioner, as defined in NRS 639.0125
37 ††, except to the extent authorized by a specific provision of law,
38 including, without limitation, NRS 453C.120 and section 2.5 of this act.

39 (b) Do not apply to an institutional pharmacy, as defined in NRS
40 639.0085, or a pharmacist working in such a pharmacy as an employee or
41 independent contractor.

42 3. As used in this section, "network plan" means a health benefit plan
43 offered by a health carrier under which the financing and delivery of
44 medical care is provided, in whole or in part, through a defined set of

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

3 **Sec. 9.** NRS 689A.0418 is hereby amended to read as follows:

4 689A.0418 1. Except as otherwise provided in subsection 7, an
5 insurer that offers or issues a policy of health insurance shall include in the
6 policy coverage for:

7 (a) Up to a 12-month supply, per prescription, of any type of drug for
8 contraception or its therapeutic equivalent which is:

- 9 (1) Lawfully prescribed or ordered;
- 10 (2) Approved by the Food and Drug Administration;
- 11 (3) Listed in subsection 10; and
- 12 (4) Dispensed in accordance with NRS 639.28075;

13 (b) Any type of device for contraception which is:

- 14 (1) Lawfully prescribed or ordered;
- 15 (2) Approved by the Food and Drug Administration; and
- 16 (3) Listed in subsection 10;

17 (c) *Self-administered hormonal contraceptives dispensed by a*
18 *pharmacist pursuant to section 3 of this act;*

19 (d) Insertion of a device for contraception or removal of such a device
20 if the device was inserted while the insured was covered by the same
21 policy of health insurance;

22 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
23 of contraception and any necessary follow-up after initiating such use;

24 ~~(e)~~ (f) Management of side effects relating to contraception; and

25 ~~(f)~~ (g) Voluntary sterilization for women.

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

29 3. If a covered therapeutic equivalent listed in subsection 1 is not
30 available or a provider of health care deems a covered therapeutic
31 equivalent to be medically inappropriate, an alternate therapeutic
32 equivalent prescribed by a provider of health care must be covered by the
33 insurer.

34 4. Except as otherwise provided in subsections 8, 9 and 11, an insurer
35 that offers or issues a policy of health insurance shall not:

36 (a) Require an insured to pay a higher deductible, any copayment or
37 coinsurance or require a longer waiting period or other condition for
38 coverage to obtain any benefit included in the policy pursuant to
39 subsection 1;

40 (b) Refuse to issue a policy of health insurance or cancel a policy of
41 health insurance solely because the person applying for or covered by the
42 policy uses or may use any such benefit;

43 (c) Offer or pay any type of material inducement or financial incentive
44 to an insured to discourage the insured from obtaining any such benefit;

1 (d) Penalize a provider of health care who provides any such benefit to
2 an insured, including, without limitation, reducing the reimbursement of
3 the provider of health care;

4 (e) Offer or pay any type of material inducement, bonus or other
5 financial incentive to a provider of health care to deny, reduce, withhold,
6 limit or delay access to any such benefit to an insured; or

7 (f) Impose any other restrictions or delays on the access of an insured
8 any such benefit.

9 5. Coverage pursuant to this section for the covered dependent of an
10 insured must be the same as for the insured.

11 6. Except as otherwise provided in subsection 7, a policy subject to
12 the provisions of this chapter that is delivered, issued for delivery or
13 renewed on or after January 1, ~~2018,~~ 2022, has the legal effect of
14 including the coverage required by subsection 1, and any provision of the
15 policy or the renewal which is in conflict with this section is void.

16 7. An insurer that offers or issues a policy of health insurance and
17 which is affiliated with a religious organization is not required to provide
18 the coverage required by subsection 1 if the insurer objects on religious
19 grounds. Such an insurer shall, before the issuance of a policy of health
20 insurance and before the renewal of such a policy, provide to the
21 prospective insured written notice of the coverage that the insurer refuses
22 to provide pursuant to this subsection.

23 8. An insurer may require an insured to pay a higher deductible,
24 copayment or coinsurance for a drug for contraception if the insured
25 refuses to accept a therapeutic equivalent of the drug.

26 9. For each of the 18 methods of contraception listed in subsection 10
27 that have been approved by the Food and Drug Administration, a policy of
28 health insurance must include at least one drug or device for contraception
29 within each method for which no deductible, copayment or coinsurance
30 may be charged to the insured, but the insurer may charge a deductible,
31 copayment or coinsurance for any other drug or device that provides the
32 same method of contraception.

33 10. The following 18 methods of contraception must be covered
34 pursuant to this section:

- 35 (a) Voluntary sterilization for women;
- 36 (b) Surgical sterilization implants for women;
- 37 (c) Implantable rods;
- 38 (d) Copper-based intrauterine devices;
- 39 (e) Progesterone-based intrauterine devices;
- 40 (f) Injections;
- 41 (g) Combined estrogen- and progestin-based drugs;
- 42 (h) Progestin-based drugs;
- 43 (i) Extended- or continuous-regimen drugs;
- 44 (j) Estrogen- and progestin-based patches;
- 45 (k) Vaginal contraceptive rings;

- 1 (l) Diaphragms with spermicide;
- 2 (m) Sponges with spermicide;
- 3 (n) Cervical caps with spermicide;
- 4 (o) Female condoms;
- 5 (p) Spermicide;
- 6 (q) Combined estrogen- and progestin-based drugs for emergency
- 7 contraception or progestin-based drugs for emergency contraception; and
- 8 (r) Ulipristal acetate for emergency contraception.

9 11. Except as otherwise provided in this section and federal law, an
10 insurer may use medical management techniques, including, without
11 limitation, any available clinical evidence, to determine the frequency of or
12 treatment relating to any benefit required by this section or the type of
13 provider of health care to use for such treatment.

14 12. An insurer shall not use medical management techniques to
15 require an insured to use a method of contraception other than the method
16 prescribed or ordered by a provider of health care.

17 13. An insurer must provide an accessible, transparent and expedited
18 process which is not unduly burdensome by which an insured, or the
19 authorized representative of the insured, may request an exception relating
20 to any medical management technique used by the insurer to obtain any
21 benefit required by this section without a higher deductible, copayment or
22 coinsurance.

23 14. As used in this section:

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

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

34 (c) "Provider of health care" has the meaning ascribed to it in NRS
35 629.031.

36 (d) "Therapeutic equivalent" means a drug which:

37 (1) Contains an identical amount of the same active ingredients in
38 the same dosage and method of administration as another drug;

39 (2) Is expected to have the same clinical effect when administered
40 to a patient pursuant to a prescription or order as another drug; and

41 (3) Meets any other criteria required by the Food and Drug
42 Administration for classification as a therapeutic equivalent.

1 **Sec. 10.** NRS 689B.0378 is hereby amended to read as follows:
2 689B.0378 1. Except as otherwise provided in subsection 7, an
3 insurer that offers or issues a policy of group health insurance shall include
4 in the policy coverage for:
5 (a) Up to a 12-month supply, per prescription, of any type of drug for
6 contraception or its therapeutic equivalent which is:
7 (1) Lawfully prescribed or ordered;
8 (2) Approved by the Food and Drug Administration;
9 (3) Listed in subsection 11; and
10 (4) Dispensed in accordance with NRS 639.28075;
11 (b) Any type of device for contraception which is:
12 (1) Lawfully prescribed or ordered;
13 (2) Approved by the Food and Drug Administration; and
14 (3) Listed in subsection 11;
15 (c) *Self-administered hormonal contraceptives dispensed by a*
16 *pharmacist pursuant to section 3 of this act;*
17 (d) Insertion of a device for contraception or removal of such a device
18 if the device was inserted while the insured was covered by the same
19 policy of group health insurance;
20 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
21 of contraception and any necessary follow-up after initiating such use;
22 ~~(e)~~ (f) Management of side effects relating to contraception; and
23 ~~(f)~~ (g) Voluntary sterilization for women.
24 2. An insurer must ensure that the benefits required by subsection 1
25 are made available to an insured through a provider of health care who
26 participates in the network plan of the insurer.
27 3. If a covered therapeutic equivalent listed in subsection 1 is not
28 available or a provider of health care deems a covered therapeutic
29 equivalent to be medically inappropriate, an alternate therapeutic
30 equivalent prescribed by a provider of health care must be covered by the
31 insurer.
32 4. Except as otherwise provided in subsections 9, 10 and 12, an
33 insurer that offers or issues a policy of group health insurance shall not:
34 (a) Require an insured to pay a higher deductible, any copayment or
35 coinsurance or require a longer waiting period or other condition to obtain
36 any benefit included in the policy pursuant to subsection 1;
37 (b) Refuse to issue a policy of group health insurance or cancel a
38 policy of group health insurance solely because the person applying for or
39 covered by the policy uses or may use any such benefit;
40 (c) Offer or pay any type of material inducement or financial incentive
41 to an insured to discourage the insured from obtaining any such benefit;
42 (d) Penalize a provider of health care who provides any such benefit to
43 an insured, including, without limitation, reducing the reimbursement to
44 the provider of health care;

1 (e) Offer or pay any type of material inducement, bonus or other
2 financial incentive to a provider of health care to deny, reduce, withhold,
3 limit or delay access to any such benefit to an insured; or

4 (f) Impose any other restrictions or delays on the access of an insured
5 to any such benefit.

6 5. Coverage pursuant to this section for the covered dependent of an
7 insured must be the same as for the insured.

8 6. Except as otherwise provided in subsection 7, a policy subject to
9 the provisions of this chapter that is delivered, issued for delivery or
10 renewed on or after January 1, ~~2018,~~ 2022, has the legal effect of
11 including the coverage required by subsection 1, and any provision of the
12 policy or the renewal which is in conflict with this section is void.

13 7. An insurer that offers or issues a policy of group health insurance
14 and which is affiliated with a religious organization is not required to
15 provide the coverage required by subsection 1 if the insurer objects on
16 religious grounds. Such an insurer shall, before the issuance of a policy of
17 group health insurance and before the renewal of such a policy, provide to
18 the group policyholder or prospective insured, as applicable, written notice
19 of the coverage that the insurer refuses to provide pursuant to this
20 subsection.

21 8. If an insurer refuses, pursuant to subsection 7, to provide the
22 coverage required by subsection 1, an employer may otherwise provide for
23 the coverage for the employees of the employer.

24 9. An insurer may require an insured to pay a higher deductible,
25 copayment or coinsurance for a drug for contraception if the insured
26 refuses to accept a therapeutic equivalent of the drug.

27 10. For each of the 18 methods of contraception listed in subsection
28 11 that have been approved by the Food and Drug Administration, a policy
29 of group health insurance must include at least one drug or device for
30 contraception within each method for which no deductible, copayment or
31 coinsurance may be charged to the insured, but the insurer may charge a
32 deductible, copayment or coinsurance for any other drug or device that
33 provides the same method of contraception.

34 11. The following 18 methods of contraception must be covered
35 pursuant to this section:

- 36 (a) Voluntary sterilization for women;
- 37 (b) Surgical sterilization implants for women;
- 38 (c) Implantable rods;
- 39 (d) Copper-based intrauterine devices;
- 40 (e) Progesterone-based intrauterine devices;
- 41 (f) Injections;
- 42 (g) Combined estrogen- and progestin-based drugs;
- 43 (h) Progestin-based drugs;
- 44 (i) Extended- or continuous-regimen drugs;
- 45 (j) Estrogen- and progestin-based patches;

- 1 (k) Vaginal contraceptive rings;
- 2 (l) Diaphragms with spermicide;
- 3 (m) Sponges with spermicide;
- 4 (n) Cervical caps with spermicide;
- 5 (o) Female condoms;
- 6 (p) Spermicide;
- 7 (q) Combined estrogen- and progestin-based drugs for emergency
- 8 contraception or progestin-based drugs for emergency contraception; and
- 9 (r) Ulipristal acetate for emergency contraception.

10 12. Except as otherwise provided in this section and federal law, an
11 insurer may use medical management techniques, including, without
12 limitation, any available clinical evidence, to determine the frequency of or
13 treatment relating to any benefit required by this section or the type of
14 provider of health care to use for such treatment.

15 13. An insurer shall not use medical management techniques to
16 require an insured to use a method of contraception other than the method
17 prescribed or ordered by a provider of health care.

18 14. An insurer must provide an accessible, transparent and expedited
19 process which is not unduly burdensome by which an insured, or the
20 authorized representative of the insured, may request an exception relating
21 to any medical management technique used by the insurer to obtain any
22 benefit required by this section without a higher deductible, copayment or
23 coinsurance.

24 15. As used in this section:

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

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

36 (c) "Provider of health care" has the meaning ascribed to it in NRS
37 629.031.

38 (d) "Therapeutic equivalent" means a drug which:

39 (1) Contains an identical amount of the same active ingredients in
40 the same dosage and method of administration as another drug;

41 (2) Is expected to have the same clinical effect when administered
42 to a patient pursuant to a prescription or order as another drug; and

43 (3) Meets any other criteria required by the Food and Drug
44 Administration for classification as a therapeutic equivalent.

1 **Sec. 11.** NRS 689C.1676 is hereby amended to read as follows:
2 689C.1676 1. Except as otherwise provided in subsection 7, a
3 carrier that offers or issues a health benefit plan shall include in the plan
4 coverage for:

5 (a) Up to a 12-month supply, per prescription, of any type of drug for
6 contraception or its therapeutic equivalent which is:

- 7 (1) Lawfully prescribed or ordered;
- 8 (2) Approved by the Food and Drug Administration;
- 9 (3) Listed in subsection 10; and
- 10 (4) Dispensed in accordance with NRS 639.28075;

11 (b) Any type of device for contraception which is:

- 12 (1) Lawfully prescribed or ordered;
- 13 (2) Approved by the Food and Drug Administration; and
- 14 (3) Listed in subsection 10;

15 (c) *Self-administered hormonal contraceptives dispensed by a*
16 *pharmacist pursuant to section 3 of this act;*

17 (d) Insertion of a device for contraception or removal of such a device
18 if the device was inserted while the insured was covered by the same
19 health benefit plan;

20 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
21 of contraception and any necessary follow-up after initiating such use;

22 ~~(e)~~ (f) Management of side effects relating to contraception; and

23 ~~(f)~~ (g) Voluntary sterilization for women.

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

27 3. If a covered therapeutic equivalent listed in subsection 1 is not
28 available or a provider of health care deems a covered therapeutic
29 equivalent to be medically inappropriate, an alternate therapeutic
30 equivalent prescribed by a provider of health care must be covered by the
31 carrier.

32 4. Except as otherwise provided in subsections 8, 9 and 11, a carrier
33 that offers or issues a health benefit plan shall not:

34 (a) Require an insured to pay a higher deductible, any copayment or
35 coinsurance or require a longer waiting period or other condition to obtain
36 any benefit included in the health benefit plan pursuant to subsection 1;

37 (b) Refuse to issue a health benefit plan or cancel a health benefit plan
38 solely because the person applying for or covered by the plan uses or may
39 use any such benefit;

40 (c) Offer or pay any type of material inducement or financial incentive
41 to an insured to discourage the insured from obtaining any such benefit;

42 (d) Penalize a provider of health care who provides any such benefit to
43 an insured, including, without limitation, reducing the reimbursement to
44 the provider of health care;

1 (e) Offer or pay any type of material inducement, bonus or other
2 financial incentive to a provider of health care to deny, reduce, withhold,
3 limit or delay access to any such benefit to an insured; or

4 (f) Impose any other restrictions or delays on the access of an insured
5 to any such benefit.

6 5. Coverage pursuant to this section for the covered dependent of an
7 insured must be the same as for the insured.

8 6. Except as otherwise provided in subsection 7, a health benefit plan
9 subject to the provisions of this chapter that is delivered, issued for
10 delivery or renewed on or after January 1, ~~2018,~~ 2022, has the legal
11 effect of including the coverage required by subsection 1, and any
12 provision of the plan or the renewal which is in conflict with this section is
13 void.

14 7. A carrier that offers or issues a health benefit plan and which is
15 affiliated with a religious organization is not required to provide the
16 coverage required by subsection 1 if the carrier objects on religious
17 grounds. Such a carrier shall, before the issuance of a health benefit plan
18 and before the renewal of such a plan, provide to the prospective insured
19 written notice of the coverage that the carrier refuses to provide pursuant to
20 this subsection.

21 8. A carrier may require an insured to pay a higher deductible,
22 copayment or coinsurance for a drug for contraception if the insured
23 refuses to accept a therapeutic equivalent of the drug.

24 9. For each of the 18 methods of contraception listed in subsection 10
25 that have been approved by the Food and Drug Administration, a health
26 benefit plan must include at least one drug or device for contraception
27 within each method for which no deductible, copayment or coinsurance
28 may be charged to the insured, but the carrier may charge a deductible,
29 copayment or coinsurance for any other drug or device that provides the
30 same method of contraception.

31 10. The following 18 methods of contraception must be covered
32 pursuant to this section:

- 33 (a) Voluntary sterilization for women;
- 34 (b) Surgical sterilization implants for women;
- 35 (c) Implantable rods;
- 36 (d) Copper-based intrauterine devices;
- 37 (e) Progesterone-based intrauterine devices;
- 38 (f) Injections;
- 39 (g) Combined estrogen- and progestin-based drugs;
- 40 (h) Progestin-based drugs;
- 41 (i) Extended- or continuous-regimen drugs;
- 42 (j) Estrogen- and progestin-based patches;
- 43 (k) Vaginal contraceptive rings;
- 44 (l) Diaphragms with spermicide;
- 45 (m) Sponges with spermicide;

- 1 (n) Cervical caps with spermicide;
- 2 (o) Female condoms;
- 3 (p) Spermicide;
- 4 (q) Combined estrogen- and progestin-based drugs for emergency
- 5 contraception or progestin-based drugs for emergency contraception; and
- 6 (r) Ulipristal acetate for emergency contraception.

7 11. Except as otherwise provided in this section and federal law, a
8 carrier may use medical management techniques, including, without
9 limitation, any available clinical evidence, to determine the frequency of or
10 treatment relating to any benefit required by this section or the type of
11 provider of health care to use for such treatment.

12 12. A carrier shall not use medical management techniques to require
13 an insured to use a method of contraception other than the method
14 prescribed or ordered by a provider of health care.

15 13. A carrier must provide an accessible, transparent and expedited
16 process which is not unduly burdensome by which an insured, or the
17 authorized representative of the insured, may request an exception relating
18 to any medical management technique used by the carrier to obtain any
19 benefit required by this section without a higher deductible, copayment or
20 coinsurance.

21 14. As used in this section:

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

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

32 (c) "Provider of health care" has the meaning ascribed to it in NRS
33 629.031.

34 (d) "Therapeutic equivalent" means a drug which:

35 (1) Contains an identical amount of the same active ingredients in
36 the same dosage and method of administration as another drug;

37 (2) Is expected to have the same clinical effect when administered
38 to a patient pursuant to a prescription or order as another drug; and

39 (3) Meets any other criteria required by the Food and Drug
40 Administration for classification as a therapeutic equivalent.

41 **Sec. 12.** NRS 695A.1865 is hereby amended to read as follows:

42 695A.1865 1. Except as otherwise provided in subsection 7, a
43 society that offers or issues a benefit contract which provides coverage for
44 prescription drugs or devices shall include in the contract coverage for:

- 1 (a) Up to a 12-month supply, per prescription, of any type of drug for
2 contraception or its therapeutic equivalent which is:
3 (1) Lawfully prescribed or ordered;
4 (2) Approved by the Food and Drug Administration;
5 (3) Listed in subsection 10; and
6 (4) Dispensed in accordance with NRS 639.28075;
- 7 (b) Any type of device for contraception which is:
8 (1) Lawfully prescribed or ordered;
9 (2) Approved by the Food and Drug Administration; and
10 (3) Listed in subsection 10;
- 11 (c) *Self-administered hormonal contraceptives dispensed by a*
12 *pharmacist pursuant to section 3 of this act;*
- 13 (d) Insertion of a device for contraception or removal of such a device
14 if the device was inserted while the insured was covered by the same
15 benefit contract;
- 16 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
17 of contraception and any necessary follow-up after initiating such use;
- 18 ~~(e)~~ (f) Management of side effects relating to contraception; and
19 ~~(f)~~ (g) Voluntary sterilization for women.
- 20 2. A society must ensure that the benefits required by subsection 1 are
21 made available to an insured through a provider of health care who
22 participates in the network plan of the society.
- 23 3. If a covered therapeutic equivalent listed in subsection 1 is not
24 available or a provider of health care deems a covered therapeutic
25 equivalent to be medically inappropriate, an alternate therapeutic
26 equivalent prescribed by a provider of health care must be covered by the
27 society.
- 28 4. Except as otherwise provided in subsections 8, 9 and 11, a society
29 that offers or issues a benefit contract shall not:
- 30 (a) Require an insured to pay a higher deductible, any copayment or
31 coinsurance or require a longer waiting period or other condition for
32 coverage for any benefit included in the benefit contract pursuant to
33 subsection 1;
- 34 (b) Refuse to issue a benefit contract or cancel a benefit contract solely
35 because the person applying for or covered by the contract uses or may use
36 any such benefit;
- 37 (c) Offer or pay any type of material inducement or financial incentive
38 to an insured to discourage the insured from obtaining any such benefit;
- 39 (d) Penalize a provider of health care who provides any such benefit to
40 an insured, including, without limitation, reducing the reimbursement to
41 the provider of health care;
- 42 (e) Offer or pay any type of material inducement, bonus or other
43 financial incentive to a provider of health care to deny, reduce, withhold,
44 limit or delay access to any such benefit to an insured; or

1 (f) Impose any other restrictions or delays on the access of an insured
2 to any such benefit.

3 5. Coverage pursuant to this section for the covered dependent of an
4 insured must be the same as for the insured.

5 6. Except as otherwise provided in subsection 7, a benefit contract
6 subject to the provisions of this chapter that is delivered, issued for
7 delivery or renewed on or after January 1, ~~2018,~~ 2022, has the legal
8 effect of including the coverage required by subsection 1, and any
9 provision of the contract or the renewal which is in conflict with this
10 section is void.

11 7. A society that offers or issues a benefit contract and which is
12 affiliated with a religious organization is not required to provide the
13 coverage required by subsection 1 if the society objects on religious
14 grounds. Such a society shall, before the issuance of a benefit contract and
15 before the renewal of such a contract, provide to the prospective insured
16 written notice of the coverage that the society refuses to provide pursuant
17 to this subsection.

18 8. A society may require an insured to pay a higher deductible,
19 copayment or coinsurance for a drug for contraception if the insured
20 refuses to accept a therapeutic equivalent of the drug.

21 9. For each of the 18 methods of contraception listed in subsection 10
22 that have been approved by the Food and Drug Administration, a benefit
23 contract must include at least one drug or device for contraception within
24 each method for which no deductible, copayment or coinsurance may be
25 charged to the insured, but the society may charge a deductible, copayment
26 or coinsurance for any other drug or device that provides the same method
27 of contraception.

28 10. The following 18 methods of contraception must be covered
29 pursuant to this section:

- 30 (a) Voluntary sterilization for women;
- 31 (b) Surgical sterilization implants for women;
- 32 (c) Implantable rods;
- 33 (d) Copper-based intrauterine devices;
- 34 (e) Progesterone-based intrauterine devices;
- 35 (f) Injections;
- 36 (g) Combined estrogen- and progestin-based drugs;
- 37 (h) Progestin-based drugs;
- 38 (i) Extended- or continuous-regimen drugs;
- 39 (j) Estrogen- and progestin-based patches;
- 40 (k) Vaginal contraceptive rings;
- 41 (l) Diaphragms with spermicide;
- 42 (m) Sponges with spermicide;
- 43 (n) Cervical caps with spermicide;
- 44 (o) Female condoms;
- 45 (p) Spermicide;

1 (q) Combined estrogen- and progestin-based drugs for emergency
2 contraception or progestin-based drugs for emergency contraception; and

3 (r) Ulipristal acetate for emergency contraception.

4 11. Except as otherwise provided in this section and federal law, a
5 society may use medical management techniques, including, without
6 limitation, any available clinical evidence, to determine the frequency of or
7 treatment relating to any benefit required by this section or the type of
8 provider of health care to use for such treatment.

9 12. A society shall not use medical management techniques to require
10 an insured to use a method of contraception other than the method
11 prescribed or ordered by a provider of health care.

12 13. A society must provide an accessible, transparent and expedited
13 process which is not unduly burdensome by which an insured, or the
14 authorized representative of the insured, may request an exception relating
15 to any medical management technique used by the society to obtain any
16 benefit required by this section without a higher deductible, copayment or
17 coinsurance.

18 14. As used in this section:

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

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

29 (c) "Provider of health care" has the meaning ascribed to it in NRS
30 629.031.

31 (d) "Therapeutic equivalent" means a drug which:

32 (1) Contains an identical amount of the same active ingredients in
33 the same dosage and method of administration as another drug;

34 (2) Is expected to have the same clinical effect when administered
35 to a patient pursuant to a prescription or order as another drug; and

36 (3) Meets any other criteria required by the Food and Drug
37 Administration for classification as a therapeutic equivalent.

38 **Sec. 13.** NRS 695B.1919 is hereby amended to read as follows:

39 695B.1919 1. Except as otherwise provided in subsection 7, an
40 insurer that offers or issues a contract for hospital or medical service shall
41 include in the contract coverage for:

42 (a) Up to a 12-month supply, per prescription, of any type of drug for
43 contraception or its therapeutic equivalent which is:

44 (1) Lawfully prescribed or ordered;

45 (2) Approved by the Food and Drug Administration;

- 1 (3) Listed in subsection 11; and
2 (4) Dispensed in accordance with NRS 639.28075;
- 3 (b) Any type of device for contraception which is:
4 (1) Lawfully prescribed or ordered;
5 (2) Approved by the Food and Drug Administration; and
6 (3) Listed in subsection 11;
- 7 (c) *Self-administered hormonal contraceptives dispensed by a*
8 *pharmacist pursuant to section 3 of this act;*
- 9 (d) Insertion of a device for contraception or removal of such a device
10 if the device was inserted while the insured was covered by the same
11 contract for hospital or medical service;
- 12 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
13 of contraception and any necessary follow-up after initiating such use;
- 14 ~~(e)~~ (f) Management of side effects relating to contraception; and
15 ~~(f)~~ (g) Voluntary sterilization for women.
- 16 2. An insurer that offers or issues a contract for hospital or medical
17 services must ensure that the benefits required by subsection 1 are made
18 available to an insured through a provider of health care who participates
19 in the network plan of the insurer.
- 20 3. If a covered therapeutic equivalent listed in subsection 1 is not
21 available or a provider of health care deems a covered therapeutic
22 equivalent to be medically inappropriate, an alternate therapeutic
23 equivalent prescribed by a provider of health care must be covered by the
24 insurer.
- 25 4. Except as otherwise provided in subsections 9, 10 and 12, an
26 insurer that offers or issues a contract for hospital or medical service shall
27 not:
- 28 (a) Require an insured to pay a higher deductible, any copayment or
29 coinsurance or require a longer waiting period or other condition to obtain
30 any benefit included in the contract for hospital or medical service
31 pursuant to subsection 1;
- 32 (b) Refuse to issue a contract for hospital or medical service or cancel
33 a contract for hospital or medical service solely because the person
34 applying for or covered by the contract uses or may use any such benefit;
- 35 (c) Offer or pay any type of material inducement or financial incentive
36 to an insured to discourage the insured from obtaining any such benefit;
- 37 (d) Penalize a provider of health care who provides any such benefit to
38 an insured, including, without limitation, reducing the reimbursement to
39 the provider of health care;
- 40 (e) Offer or pay any type of material inducement, bonus or other
41 financial incentive to a provider of health care to deny, reduce, withhold,
42 limit or delay access to any such benefit to an insured; or
- 43 (f) Impose any other restrictions or delays on the access of an insured
44 to any such benefit.

1 5. Coverage pursuant to this section for the covered dependent of an
2 insured must be the same as for the insured.

3 6. Except as otherwise provided in subsection 7, a contract
4 for hospital or medical service subject to the provisions of this chapter that
5 is delivered, issued for delivery or renewed on or after January 1, ~~2018,~~
6 **2022**, has the legal effect of including the coverage required by subsection
7 1, and any provision of the contract or the renewal which is in conflict with
8 this section is void.

9 7. An insurer that offers or issues a contract for hospital or medical
10 service and which is affiliated with a religious organization is not required
11 to provide the coverage required by subsection 1 if the insurer objects on
12 religious grounds. Such an insurer shall, before the issuance of a contract
13 for hospital or medical service and before the renewal of such a contract,
14 provide to the prospective insured written notice of the coverage that the
15 insurer refuses to provide pursuant to this subsection.

16 8. If an insurer refuses, pursuant to subsection 7, to provide the
17 coverage required by subsection 1, an employer may otherwise provide for
18 the coverage for the employees of the employer.

19 9. An insurer may require an insured to pay a higher deductible,
20 copayment or coinsurance for a drug for contraception if the insured
21 refuses to accept a therapeutic equivalent of the drug.

22 10. For each of the 18 methods of contraception listed in subsection
23 11 that have been approved by the Food and Drug Administration, a
24 contract for hospital or medical service must include at least one drug or
25 device for contraception within each method for which no deductible,
26 copayment or coinsurance may be charged to the insured, but the insurer
27 may charge a deductible, copayment or coinsurance for any other drug or
28 device that provides the same method of contraception.

29 11. The following 18 methods of contraception must be covered
30 pursuant to this section:

- 31 (a) Voluntary sterilization for women;
- 32 (b) Surgical sterilization implants for women;
- 33 (c) Implantable rods;
- 34 (d) Copper-based intrauterine devices;
- 35 (e) Progesterone-based intrauterine devices;
- 36 (f) Injections;
- 37 (g) Combined estrogen- and progestin-based drugs;
- 38 (h) Progestin-based drugs;
- 39 (i) Extended- or continuous-regimen drugs;
- 40 (j) Estrogen- and progestin-based patches;
- 41 (k) Vaginal contraceptive rings;
- 42 (l) Diaphragms with spermicide;
- 43 (m) Sponges with spermicide;
- 44 (n) Cervical caps with spermicide;
- 45 (o) Female condoms;

- 1 (p) Spermicide;
- 2 (q) Combined estrogen- and progestin-based drugs for emergency
- 3 contraception or progestin-based drugs for emergency contraception; and
- 4 (r) Ulipristal acetate for emergency contraception.

5 12. Except as otherwise provided in this section and federal law, an
6 insurer that offers or issues a contract for hospital or medical services may
7 use medical management techniques, including, without limitation, any
8 available clinical evidence, to determine the frequency of or treatment
9 relating to any benefit required by this section or the type of provider of
10 health care to use for such treatment.

11 13. An insurer shall not use medical management techniques to
12 require an insured to use a method of contraception other than the method
13 prescribed or ordered by a provider of health care.

14 14. An insurer must provide an accessible, transparent and expedited
15 process which is not unduly burdensome by which an insured, or the
16 authorized representative of the insured, may request an exception relating
17 to any medical management technique used by the insurer to obtain any
18 benefit required by this section without a higher deductible, copayment or
19 coinsurance.

20 15. As used in this section:

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

26 (b) "Network plan" means a contract for hospital or medical service
27 offered by an insurer under which the financing and delivery of medical
28 care, including items and services paid for as medical care, are provided, in
29 whole or in part, through a defined set of providers under contract with the
30 insurer. The term does not include an arrangement for the financing of
31 premiums.

32 (c) "Provider of health care" has the meaning ascribed to it in NRS
33 629.031.

34 (d) "Therapeutic equivalent" means a drug which:

35 (1) Contains an identical amount of the same active ingredients in
36 the same dosage and method of administration as another drug;

37 (2) Is expected to have the same clinical effect when administered
38 to a patient pursuant to a prescription or order as another drug; and

39 (3) Meets any other criteria required by the Food and Drug
40 Administration for classification as a therapeutic equivalent.

41 **Sec. 14.** NRS 695C.1696 is hereby amended to read as follows:

42 695C.1696 1. Except as otherwise provided in subsection 7, a health
43 maintenance organization that offers or issues a health care plan shall
44 include in the plan coverage for:

- 1 (a) Up to a 12-month supply, per prescription, of any type of drug for
2 contraception or its therapeutic equivalent which is:
- 3 (1) Lawfully prescribed or ordered;
 - 4 (2) Approved by the Food and Drug Administration;
 - 5 (3) Listed in subsection 11; and
 - 6 (4) Dispensed in accordance with NRS 639.28075;
- 7 (b) Any type of device for contraception which is:
- 8 (1) Lawfully prescribed or ordered;
 - 9 (2) Approved by the Food and Drug Administration; and
 - 10 (3) Listed in subsection 11;
- 11 (c) *Self-administered hormonal contraceptives dispensed by a*
12 *pharmacist pursuant to section 3 of this act;*
- 13 (d) Insertion of a device for contraception or removal of such a device
14 if the device was inserted while the enrollee was covered by the same
15 health care plan;
- 16 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
17 of contraception and any necessary follow-up after initiating such use;
- 18 ~~(e)~~ (f) Management of side effects relating to contraception; and
- 19 ~~(f)~~ (g) Voluntary sterilization for women.
- 20 2. A health maintenance organization must ensure that the benefits
21 required by subsection 1 are made available to an enrollee through a
22 provider of health care who participates in the network plan of the health
23 maintenance organization.
- 24 3. If a covered therapeutic equivalent listed in subsection 1 is not
25 available or a provider of health care deems a covered therapeutic
26 equivalent to be medically inappropriate, an alternate therapeutic
27 equivalent prescribed by a provider of health care must be covered by the
28 health maintenance organization.
- 29 4. Except as otherwise provided in subsections 9, 10 and 12, a health
30 maintenance organization that offers or issues a health care plan shall not:
- 31 (a) Require an enrollee to pay a higher deductible, any copayment or
32 coinsurance or require a longer waiting period or other condition to obtain
33 any benefit included in the health care plan pursuant to subsection 1;
 - 34 (b) Refuse to issue a health care plan or cancel a health care plan solely
35 because the person applying for or covered by the plan uses or may use
36 any such benefit;
 - 37 (c) Offer or pay any type of material inducement or financial incentive
38 to an enrollee to discourage the enrollee from obtaining any such benefit;
 - 39 (d) Penalize a provider of health care who provides any such benefit to
40 an enrollee, including, without limitation, reducing the reimbursement of
41 the provider of health care;
 - 42 (e) Offer or pay any type of material inducement, bonus or other
43 financial incentive to a provider of health care to deny, reduce, withhold,
44 limit or delay access to any such benefit to an enrollee; or

1 (f) Impose any other restrictions or delays on the access of an enrollee
2 to any such benefit.

3 5. Coverage pursuant to this section for the covered dependent of an
4 enrollee must be the same as for the enrollee.

5 6. Except as otherwise provided in subsection 7, a health care plan
6 subject to the provisions of this chapter that is delivered, issued for
7 delivery or renewed on or after January 1, ~~2018,~~ 2022, has the legal
8 effect of including the coverage required by subsection 1, and any
9 provision of the plan or the renewal which is in conflict with this section is
10 void.

11 7. A health maintenance organization that offers or issues a health
12 care plan and which is affiliated with a religious organization is not
13 required to provide the coverage required by subsection 1 if the health
14 maintenance organization objects on religious grounds. Such an
15 organization shall, before the issuance of a health care plan and before the
16 renewal of such a plan, provide to the prospective enrollee written notice
17 of the coverage that the health maintenance organization refuses to provide
18 pursuant to this subsection.

19 8. If a health maintenance organization refuses, pursuant to
20 subsection 7, to provide the coverage required by subsection 1, an
21 employer may otherwise provide for the coverage for the employees of the
22 employer.

23 9. A health maintenance organization may require an enrollee to pay a
24 higher deductible, copayment or coinsurance for a drug for contraception if
25 the enrollee refuses to accept a therapeutic equivalent of the drug.

26 10. For each of the 18 methods of contraception listed in subsection
27 11 that have been approved by the Food and Drug Administration, a health
28 care plan must include at least one drug or device for contraception within
29 each method for which no deductible, copayment or coinsurance may be
30 charged to the enrollee, but the health maintenance organization may
31 charge a deductible, copayment or coinsurance for any other drug or
32 device that provides the same method of contraception.

33 11. The following 18 methods of contraception must be covered
34 pursuant to this section:

- 35 (a) Voluntary sterilization for women;
- 36 (b) Surgical sterilization implants for women;
- 37 (c) Implantable rods;
- 38 (d) Copper-based intrauterine devices;
- 39 (e) Progesterone-based intrauterine devices;
- 40 (f) Injections;
- 41 (g) Combined estrogen- and progestin-based drugs;
- 42 (h) Progestin-based drugs;
- 43 (i) Extended- or continuous-regimen drugs;
- 44 (j) Estrogen- and progestin-based patches;
- 45 (k) Vaginal contraceptive rings;

- 1 (l) Diaphragms with spermicide;
- 2 (m) Sponges with spermicide;
- 3 (n) Cervical caps with spermicide;
- 4 (o) Female condoms;
- 5 (p) Spermicide;
- 6 (q) Combined estrogen- and progestin-based drugs for emergency
- 7 contraception or progestin-based drugs for emergency contraception; and
- 8 (r) Ulipristal acetate for emergency contraception.

9 12. Except as otherwise provided in this section and federal law, a
10 health maintenance organization may use medical management techniques,
11 including, without limitation, any available clinical evidence, to determine
12 the frequency of or treatment relating to any benefit required by this
13 section or the type of provider of health care to use for such treatment.

14 13. A health maintenance organization shall not use medical
15 management techniques to require an enrollee to use a method of
16 contraception other than the method prescribed or ordered by a provider of
17 health care.

18 14. A health maintenance organization must provide an accessible,
19 transparent and expedited process which is not unduly burdensome by
20 which an enrollee, or the authorized representative of the enrollee, may
21 request an exception relating to any medical management technique used
22 by the health maintenance organization to obtain any benefit required by
23 this section without a higher deductible, copayment or coinsurance.

24 15. As used in this section:

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

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

36 (c) "Provider of health care" has the meaning ascribed to it in NRS
37 629.031.

38 (d) "Therapeutic equivalent" means a drug which:

39 (1) Contains an identical amount of the same active ingredients in
40 the same dosage and method of administration as another drug;

41 (2) Is expected to have the same clinical effect when administered
42 to a patient pursuant to a prescription or order as another drug; and

43 (3) Meets any other criteria required by the Food and Drug
44 Administration for classification as a therapeutic equivalent.

1 **Sec. 15.** NRS 695G.1715 is hereby amended to read as follows:
2 695G.1715 1. Except as otherwise provided in subsection 7, a
3 managed care organization that offers or issues a health care plan shall
4 include in the plan coverage for:
5 (a) Up to a 12-month supply, per prescription, of any type of drug for
6 contraception or its therapeutic equivalent which is:
7 (1) Lawfully prescribed or ordered;
8 (2) Approved by the Food and Drug Administration;
9 (3) Listed in subsection 10; and
10 (4) Dispensed in accordance with NRS 639.28075;
11 (b) Any type of device for contraception which is:
12 (1) Lawfully prescribed or ordered;
13 (2) Approved by the Food and Drug Administration; and
14 (3) Listed in subsection 10;
15 (c) *Self-administered hormonal contraceptives dispensed by a*
16 *pharmacist pursuant to section 3 of this act;*
17 (d) Insertion of a device for contraception or removal of such a device
18 if the device was inserted while the insured was covered by the same
19 health care plan;
20 ~~(d)~~ (e) Education and counseling relating to the initiation of the use
21 of contraception and any necessary follow-up after initiating such use;
22 ~~(e)~~ (f) Management of side effects relating to contraception; and
23 ~~(f)~~ (g) Voluntary sterilization for women.
24 2. A managed care organization must ensure that the benefits required
25 by subsection 1 are made available to an insured through a provider of
26 health care who participates in the network plan of the managed care
27 organization.
28 3. If a covered therapeutic equivalent listed in subsection 1 is not
29 available or a provider of health care deems a covered therapeutic
30 equivalent to be medically inappropriate, an alternate therapeutic
31 equivalent prescribed by a provider of health care must be covered by the
32 managed care organization.
33 4. Except as otherwise provided in subsections 8, 9 and 11, a
34 managed care organization that offers or issues a health care plan shall not:
35 (a) Require an insured to pay a higher deductible, any copayment or
36 coinsurance or require a longer waiting period or other condition to obtain
37 any benefit included in the health care plan pursuant to subsection 1;
38 (b) Refuse to issue a health care plan or cancel a health care plan solely
39 because the person applying for or covered by the plan uses or may use
40 any such benefits;
41 (c) Offer or pay any type of material inducement or financial incentive
42 to an insured to discourage the insured from obtaining any such benefits;
43 (d) Penalize a provider of health care who provides any such benefits
44 to an insured, including, without limitation, reducing the reimbursement of
45 the provider of health care;

1 (e) Offer or pay any type of material inducement, bonus or other
2 financial incentive to a provider of health care to deny, reduce, withhold,
3 limit or delay access to any such benefits to an insured; or

4 (f) Impose any other restrictions or delays on the access of an insured
5 to any such benefits.

6 5. Coverage pursuant to this section for the covered dependent of an
7 insured must be the same as for the insured.

8 6. Except as otherwise provided in subsection 7, a health care plan
9 subject to the provisions of this chapter that is delivered, issued for
10 delivery or renewed on or after January 1, ~~2018,~~ 2022, has the legal
11 effect of including the coverage required by subsection 1, and any
12 provision of the plan or the renewal which is in conflict with this section is
13 void.

14 7. A managed care organization that offers or issues a health care plan
15 and which is affiliated with a religious organization is not required to
16 provide the coverage required by subsection 1 if the managed care
17 organization objects on religious grounds. Such an organization shall,
18 before the issuance of a health care plan and before the renewal of such a
19 plan, provide to the prospective insured written notice of the coverage that
20 the managed care organization refuses to provide pursuant to this
21 subsection.

22 8. A managed care organization may require an insured to pay a
23 higher deductible, copayment or coinsurance for a drug for contraception if
24 the insured refuses to accept a therapeutic equivalent of the drug.

25 9. For each of the 18 methods of contraception listed in subsection 10
26 that have been approved by the Food and Drug Administration, a health
27 care plan must include at least one drug or device for contraception within
28 each method for which no deductible, copayment or coinsurance may be
29 charged to the insured, but the managed care organization may charge a
30 deductible, copayment or coinsurance for any other drug or device that
31 provides the same method of contraception.

32 10. The following 18 methods of contraception must be covered
33 pursuant to this section:

- 34 (a) Voluntary sterilization for women;
- 35 (b) Surgical sterilization implants for women;
- 36 (c) Implantable rods;
- 37 (d) Copper-based intrauterine devices;
- 38 (e) Progesterone-based intrauterine devices;
- 39 (f) Injections;
- 40 (g) Combined estrogen- and progestin-based drugs;
- 41 (h) Progestin-based drugs;
- 42 (i) Extended- or continuous-regimen drugs;
- 43 (j) Estrogen- and progestin-based patches;
- 44 (k) Vaginal contraceptive rings;
- 45 (l) Diaphragms with spermicide;

- 1 (m) Sponges with spermicide;
- 2 (n) Cervical caps with spermicide;
- 3 (o) Female condoms;
- 4 (p) Spermicide;
- 5 (q) Combined estrogen- and progestin-based drugs for emergency
- 6 contraception or progestin-based drugs for emergency contraception; and
- 7 (r) Ulipristal acetate for emergency contraception.

8 11. Except as otherwise provided in this section and federal law, a
9 managed care organization may use medical management techniques,
10 including, without limitation, any available clinical evidence, to determine
11 the frequency of or treatment relating to any benefit required by this
12 section or the type of provider of health care to use for such treatment.

13 12. A managed care organization shall not use medical management
14 techniques to require an insured to use a method of contraception other
15 than the method prescribed or ordered by a provider of health care.

16 13. A managed care organization must provide an accessible,
17 transparent and expedited process which is not unduly burdensome by
18 which an insured, or the authorized representative of the insured, may
19 request an exception relating to any medical management technique used
20 by the managed care organization to obtain any benefit required by this
21 section without a higher deductible, copayment or coinsurance.

22 14. As used in this section:

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

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

34 (c) "Provider of health care" has the meaning ascribed to it in NRS
35 629.031.

36 (d) "Therapeutic equivalent" means a drug which:

37 (1) Contains an identical amount of the same active ingredients in
38 the same dosage and method of administration as another drug;

39 (2) Is expected to have the same clinical effect when administered
40 to a patient pursuant to a prescription or order as another drug; and

41 (3) Meets any other criteria required by the Food and Drug
42 Administration for classification as a therapeutic equivalent.

43 **Sec. 16.** The provisions of NRS 354.599 do not apply to any
44 additional expenses of a local government that are related to the provisions
45 of this act.

1 **Sec. 17.** 1. This section becomes effective upon passage and
2 approval.

3 2. Sections 1 to 16, inclusive, of this act become effective:

4 (a) Upon passage and approval for the purposes of adopting any
5 regulations and performing any other preparatory administrative tasks that
6 are necessary to carry out the provisions of this act; and

7 (b) On January 1, 2022, for all other purposes.

H

Conceptual Amendment
Senate Bill 190
Senator Nicole Cannizzaro
May 13, 2021

1. Add Assemblywoman Venicia Considine as a co-sponsor to the bill