
SENATE BILL NO. 251—SENATORS SEEVERS GANSERT; BUCK,
CANNIZZARO, DONDERO LOOP, D. HARRIS, LANGE, NEAL
AND SPEARMAN

MARCH 15, 2021

JOINT SPONSOR: ASSEMBLYWOMAN TOLLES

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to genetic counseling and testing. (BDR 40-478)

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

CONTAINS UNFUNDED MANDATE (§§ 5, 6)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to health care; requiring certain providers of health care to screen women for BRCA gene mutations and provide referrals for genetic counseling and testing; requiring notice concerning genetic counseling and testing to be provided with the results of a mammogram; authorizing certain providers of health care to receive credit for continuing education relating to genetic counseling and testing; requiring certain policies of health insurance to include coverage for genetic counseling, testing and screening for BRCA gene mutations for certain women; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

- 1 Existing law prescribes certain requirements relating to cancer, including: (1)
- 2 requirements governing the regulation of drugs, medicines, compounds and devices
- 3 used in the diagnosis, treatment or cure of cancer; (2) requirements governing the
- 4 operation of a radiation machine for mammography; and (3) requirements for the
- 5 reporting and analysis of certain information relating to cancer and other
- 6 neoplasms. (Chapter 457 of NRS) **Section 1** of this bill requires a primary care



7 provider to: (1) screen each adult female patient to determine whether the family
8 history of the patient indicates an increased risk for a harmful mutation in the
9 BRCA gene; and (2) if the screening indicates an increased risk for such a
10 mutation, take certain actions to ensure that the woman receives genetic testing and,
11 if the genetic testing is positive for such a mutation, genetic counseling. **Section 2**
12 of this bill requires a notice to be sent to a woman with the results of a
13 mammogram advising the woman to talk to her doctor about genetic counseling
14 and testing if there is a history of certain types of cancer in her family. Existing law
15 provides that a person who violates certain provisions relating to cancer is guilty of
16 a misdemeanor or, for a third or subsequent violation, a category D felony. (NRS
17 457.200, 457.220) A person who fails to provide the notice required by **section 2**
18 would be subject to these penalties. **Section 3** of this bill exempts a person who
19 violates **section 1** from the felony charge for a third or subsequent violation,
20 meaning that any violation of **section 1** would be a misdemeanor.

21 **Sections 8-11** of this bill authorize a physician, physician assistant or advanced
22 practice registered nurse to receive credit toward applicable continuing education
23 requirements for completing a course of instruction relating to genetic counseling
24 and genetic testing.

25 Existing law requires public and private policies of insurance regulated under
26 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-
27 422.27421, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169,
28 689C.194-689C.195, 695A.184-695A.1875, 695B.1901-695B.1948, 695C.1691-
29 695C.176, 695G.162-695G.177) Existing law also requires employers to provide
30 certain benefits to employees, including the coverage required of health insurers, if
31 the employer provides health benefits for its employees. (NRS 608.1555) **Sections**
32 **5-7, 12, 14, 15, 17-20 and 22** of this bill require certain public and private health
33 plans, including Medicaid, to provide coverage for genetic counseling, testing and
34 screening for mutations in the BRCA gene for women who meet certain criteria.
35 **Sections 4, 13 and 16** of this bill make conforming changes to indicate the
36 placement of **sections 7, 12 and 15** in the Nevada Revised Statutes. **Section 21** of
37 this bill authorizes the Commissioner of Insurance to suspend or revoke the
38 certificate of a health maintenance organization that fails to comply with the
39 requirement of **section 19** of this bill to provide coverage for genetic counseling,
40 testing and screening for mutations in the BRCA gene for women who meet certain
41 criteria. The Commissioner would also be authorized to take such action against
42 other health insurers who fail to comply with the requirements of **sections 12, 14,**
43 **15, 17, 18 and 22** of this bill. (NRS 680A.200)

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

1 **Section 1.** Chapter 457 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 *1. A primary care provider shall screen each adult woman to*
4 *whom he or she provides care to determine whether the family*
5 *history of the woman indicates an increased risk for a harmful*
6 *mutation in the BRCA gene.*

7 *2. If such a screening indicates that a woman is at risk of a*
8 *harmful mutation in the BRCA gene, the primary care provider*
9 *must:*



1 (a) Provide the woman with written notice of the need to
2 discuss genetic counseling and testing with the provider;

3 (b) Administer a genetic test for harmful mutations in the
4 BRCA gene to the woman or refer the woman for such testing;
5 and

6 (c) If the testing conducted pursuant to paragraph (b) is
7 positive for a harmful mutation in the BRCA gene, ensure that the
8 woman is referred for genetic counseling.

9 3. As used in this section, "primary care provider" means:

10 (a) A physician, physician assistant licensed pursuant to
11 chapter 630 or 633 of NRS or advanced practice registered nurse
12 who specializes in primary care, family medicine, internal
13 medicine or obstetrics and gynecology; or

14 (b) A midwife.

15 **Sec. 2.** NRS 457.1857 is hereby amended to read as follows:

16 457.1857 1. If a patient undergoes mammography, the
17 owner, lessee or other person responsible for the radiation machine
18 for mammography that was used to perform the mammography
19 must ensure that each report provided to the patient pursuant to 42
20 U.S.C. § 263b(f)(1)(G)(ii)(IV) includes, without limitation, a
21 statement of the category of the patient's breast density which is
22 determined based on the Breast Imaging Reporting and Data System
23 or such other guidelines as required by the State Board of Health by
24 regulation, and, if applicable, the notice provided in subsection 2.

25 2. If the statement of the category of the patient's breast
26 density which is provided pursuant to subsection 1 indicates that the
27 breast tissue is dense, the report described in subsection 1 must also
28 include a notice in the following form:
29

30 Your mammogram shows that your breast tissue is dense.
31 Dense breast tissue is common and is not abnormal.
32 However, dense breast tissue can make it harder to evaluate
33 the results of your mammogram and may also be associated
34 with an increased risk of breast cancer. This information
35 about the results of your mammogram is given to you to raise
36 your awareness and to inform your conversations with your
37 physician. Together, you can decide which screening options
38 are right for you. A report of your results was sent to your
39 physician.
40

41 3. The report described in subsection 1 must include a notice
42 in the following form:
43

44 *Ten to twenty percent of all cancers can be categorized*
45 *as hereditary and the clinical and financial value of*



1 *identifying patients and families at risk is well documented.*
2 *If you have a personal or family history of breast, ovarian,*
3 *fallopian tube, peritoneal or other cancer, please consult*
4 *your physician regarding genetic counseling and testing.*
5

6 **4.** Nothing in this section shall be construed to:

7 (a) Create a duty of care or other legal obligation beyond the
8 duty to provide the notice as set forth in this section.

9 (b) Require a notice to be provided to a patient that is
10 inconsistent with the notice required by the provisions of 42 U.S.C.
11 § 263b or any regulations promulgated pursuant thereto.

12 **Sec. 3.** NRS 457.220 is hereby amended to read as follows:

13 457.220 1. Except as otherwise provided in subsection 2, a
14 person convicted of a violation of any provision of this chapter, who
15 has previously been convicted twice or more of violations of any
16 provisions of this chapter, is guilty of a category D felony and shall
17 be punished as provided in NRS 193.130.

18 2. The penalty provided in subsection 1 does not apply to
19 violations of NRS 457.230 to 457.280, inclusive ~~H~~, *or section 1 of*
20 *this act.*

21 **Sec. 4.** NRS 232.320 is hereby amended to read as follows:

22 232.320 1. The Director:

23 (a) Shall appoint, with the consent of the Governor,
24 administrators of the divisions of the Department, who are
25 respectively designated as follows:

26 (1) The Administrator of the Aging and Disability Services
27 Division;

28 (2) The Administrator of the Division of Welfare and
29 Supportive Services;

30 (3) The Administrator of the Division of Child and Family
31 Services;

32 (4) The Administrator of the Division of Health Care
33 Financing and Policy; and

34 (5) The Administrator of the Division of Public and
35 Behavioral Health.

36 (b) Shall administer, through the divisions of the Department,
37 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
38 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
39 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
40 *section 7 of this act*, 422.580, 432.010 to 432.133, inclusive,
41 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
42 and 445A.010 to 445A.055, inclusive, and all other provisions of
43 law relating to the functions of the divisions of the Department, but
44 is not responsible for the clinical activities of the Division of Public



1 and Behavioral Health or the professional line activities of the other
2 divisions.

3 (c) Shall administer any state program for persons with
4 developmental disabilities established pursuant to the
5 Developmental Disabilities Assistance and Bill of Rights Act of
6 2000, 42 U.S.C. §§ 15001 et seq.

7 (d) Shall, after considering advice from agencies of local
8 governments and nonprofit organizations which provide social
9 services, adopt a master plan for the provision of human services in
10 this State. The Director shall revise the plan biennially and deliver a
11 copy of the plan to the Governor and the Legislature at the
12 beginning of each regular session. The plan must:

13 (1) Identify and assess the plans and programs of the
14 Department for the provision of human services, and any
15 duplication of those services by federal, state and local agencies;

16 (2) Set forth priorities for the provision of those services;

17 (3) Provide for communication and the coordination of those
18 services among nonprofit organizations, agencies of local
19 government, the State and the Federal Government;

20 (4) Identify the sources of funding for services provided by
21 the Department and the allocation of that funding;

22 (5) Set forth sufficient information to assist the Department
23 in providing those services and in the planning and budgeting for the
24 future provision of those services; and

25 (6) Contain any other information necessary for the
26 Department to communicate effectively with the Federal
27 Government concerning demographic trends, formulas for the
28 distribution of federal money and any need for the modification of
29 programs administered by the Department.

30 (e) May, by regulation, require nonprofit organizations and state
31 and local governmental agencies to provide information regarding
32 the programs of those organizations and agencies, excluding
33 detailed information relating to their budgets and payrolls, which the
34 Director deems necessary for the performance of the duties imposed
35 upon him or her pursuant to this section.

36 (f) Has such other powers and duties as are provided by law.

37 2. Notwithstanding any other provision of law, the Director, or
38 the Director's designee, is responsible for appointing and removing
39 subordinate officers and employees of the Department.

40 **Sec. 5.** NRS 287.010 is hereby amended to read as follows:

41 287.010 1. The governing body of any county, school
42 district, municipal corporation, political subdivision, public
43 corporation or other local governmental agency of the State of
44 Nevada may:



1 (a) Adopt and carry into effect a system of group life, accident
2 or health insurance, or any combination thereof, for the benefit of its
3 officers and employees, and the dependents of officers and
4 employees who elect to accept the insurance and who, where
5 necessary, have authorized the governing body to make deductions
6 from their compensation for the payment of premiums on the
7 insurance.

8 (b) Purchase group policies of life, accident or health insurance,
9 or any combination thereof, for the benefit of such officers and
10 employees, and the dependents of such officers and employees, as
11 have authorized the purchase, from insurance companies authorized
12 to transact the business of such insurance in the State of Nevada,
13 and, where necessary, deduct from the compensation of officers and
14 employees the premiums upon insurance and pay the deductions
15 upon the premiums.

16 (c) Provide group life, accident or health coverage through a
17 self-insurance reserve fund and, where necessary, deduct
18 contributions to the maintenance of the fund from the compensation
19 of officers and employees and pay the deductions into the fund. The
20 money accumulated for this purpose through deductions from the
21 compensation of officers and employees and contributions of the
22 governing body must be maintained as an internal service fund as
23 defined by NRS 354.543. The money must be deposited in a state or
24 national bank or credit union authorized to transact business in the
25 State of Nevada. Any independent administrator of a fund created
26 under this section is subject to the licensing requirements of chapter
27 683A of NRS, and must be a resident of this State. Any contract
28 with an independent administrator must be approved by the
29 Commissioner of Insurance as to the reasonableness of
30 administrative charges in relation to contributions collected and
31 benefits provided. The provisions of NRS 687B.408, 689B.030 to
32 689B.050, inclusive, *and section 14 of this act*, 689B.287 and
33 689B.500 apply to coverage provided pursuant to this paragraph,
34 except that the provisions of NRS 689B.0378, 689B.03785 and
35 689B.500 only apply to coverage for active officers and employees
36 of the governing body, or the dependents of such officers and
37 employees.

38 (d) Defray part or all of the cost of maintenance of a self-
39 insurance fund or of the premiums upon insurance. The money for
40 contributions must be budgeted for in accordance with the laws
41 governing the county, school district, municipal corporation,
42 political subdivision, public corporation or other local governmental
43 agency of the State of Nevada.

44 2. If a school district offers group insurance to its officers and
45 employees pursuant to this section, members of the board of trustees



1 of the school district must not be excluded from participating in the
2 group insurance. If the amount of the deductions from compensation
3 required to pay for the group insurance exceeds the compensation to
4 which a trustee is entitled, the difference must be paid by the trustee.

5 3. In any county in which a legal services organization exists,
6 the governing body of the county, or of any school district,
7 municipal corporation, political subdivision, public corporation or
8 other local governmental agency of the State of Nevada in the
9 county, may enter into a contract with the legal services
10 organization pursuant to which the officers and employees of the
11 legal services organization, and the dependents of those officers and
12 employees, are eligible for any life, accident or health insurance
13 provided pursuant to this section to the officers and employees, and
14 the dependents of the officers and employees, of the county, school
15 district, municipal corporation, political subdivision, public
16 corporation or other local governmental agency.

17 4. If a contract is entered into pursuant to subsection 3, the
18 officers and employees of the legal services organization:

19 (a) Shall be deemed, solely for the purposes of this section, to be
20 officers and employees of the county, school district, municipal
21 corporation, political subdivision, public corporation or other local
22 governmental agency with which the legal services organization has
23 contracted; and

24 (b) Must be required by the contract to pay the premiums or
25 contributions for all insurance which they elect to accept or of which
26 they authorize the purchase.

27 5. A contract that is entered into pursuant to subsection 3:

28 (a) Must be submitted to the Commissioner of Insurance for
29 approval not less than 30 days before the date on which the contract
30 is to become effective.

31 (b) Does not become effective unless approved by the
32 Commissioner.

33 (c) Shall be deemed to be approved if not disapproved by the
34 Commissioner within 30 days after its submission.

35 6. As used in this section, "legal services organization" means
36 an organization that operates a program for legal aid and receives
37 money pursuant to NRS 19.031.

38 **Sec. 6.** NRS 287.04335 is hereby amended to read as follows:

39 287.04335 If the Board provides health insurance through a
40 plan of self-insurance, it shall comply with the provisions of NRS
41 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,
42 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to
43 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive,
44 695G.241 to 695G.310, inclusive, and 695G.405, *and section 22 of*



1 *this act* in the same manner as an insurer that is licensed pursuant to
2 title 57 of NRS is required to comply with those provisions.

3 **Sec. 7.** Chapter 422 of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *The Director shall include in the State Plan for Medicaid a*
6 *requirement that the State, to the extent authorized by federal law,*
7 *must pay the nonfederal share of expenditures incurred for*
8 *genetic counseling, testing and screening for mutations in the*
9 *BRCA gene for women who:*

10 1. *Have a family or personal history of breast cancer, ovarian*
11 *cancer, tubal cancer or peritoneal cancer;*

12 2. *Have one or more family members who have a mutation in*
13 *the BRCA1 or BRCA2 gene that is known to be harmful or one or*
14 *more ancestors who had such a mutation; or*

15 3. *Meet any other criteria for such counseling and testing*
16 *identified by the United States Preventive Services Task Force*
17 *pursuant to 42 U.S.C. § 300gg-13.*

18 **Sec. 8.** NRS 630.253 is hereby amended to read as follows:

19 630.253 1. The Board shall, as a prerequisite for the:

20 (a) Renewal of a license as a physician assistant; or

21 (b) Biennial registration of the holder of a license to practice
22 medicine,

23 ↪ require each holder to submit evidence of compliance with the
24 requirements for continuing education as set forth in regulations
25 adopted by the Board.

26 2. These requirements:

27 (a) May provide for the completion of one or more courses of
28 instruction relating to risk management in the performance of
29 medical services.

30 (b) Must provide for the completion of a course of instruction,
31 within 2 years after initial licensure, relating to the medical
32 consequences of an act of terrorism that involves the use of a
33 weapon of mass destruction. The course must provide at least 4
34 hours of instruction that includes instruction in the following
35 subjects:

36 (1) An overview of acts of terrorism and weapons of mass
37 destruction;

38 (2) Personal protective equipment required for acts of
39 terrorism;

40 (3) Common symptoms and methods of treatment associated
41 with exposure to, or injuries caused by, chemical, biological,
42 radioactive and nuclear agents;

43 (4) Syndromic surveillance and reporting procedures for acts
44 of terrorism that involve biological agents; and



1 (5) An overview of the information available on, and the use
2 of, the Health Alert Network.

3 (c) Must provide for the completion by a holder of a license to
4 practice medicine of a course of instruction within 2 years after
5 initial licensure that provides at least 2 hours of instruction on
6 evidence-based suicide prevention and awareness as described in
7 subsection 5.

8 ***(d) Must allow the holder of a license to receive credit toward***
9 ***the total amount of continuing education required by the Board***
10 ***for the completion of a course of instruction relating to genetic***
11 ***counseling and genetic testing.***

12 ➤ The Board may thereafter determine whether to include in a
13 program of continuing education additional courses of instruction
14 relating to the medical consequences of an act of terrorism that
15 involves the use of a weapon of mass destruction.

16 3. The Board shall encourage each holder of a license who
17 treats or cares for persons who are more than 60 years of age to
18 receive, as a portion of their continuing education, education in
19 geriatrics and gerontology, including such topics as:

20 (a) The skills and knowledge that the licensee needs to address
21 aging issues;

22 (b) Approaches to providing health care to older persons,
23 including both didactic and clinical approaches;

24 (c) The biological, behavioral, social and emotional aspects of
25 the aging process; and

26 (d) The importance of maintenance of function and
27 independence for older persons.

28 4. The Board shall encourage each holder of a license to
29 practice medicine to receive, as a portion of his or her continuing
30 education, training concerning methods for educating patients about
31 how to effectively manage medications, including, without
32 limitation, the ability of the patient to request to have the symptom
33 or purpose for which a drug is prescribed included on the label
34 attached to the container of the drug.

35 5. The Board shall require each holder of a license to practice
36 medicine to receive as a portion of his or her continuing education at
37 least 2 hours of instruction every 4 years on evidence-based suicide
38 prevention and awareness, which may include, without limitation,
39 instruction concerning:

40 (a) The skills and knowledge that the licensee needs to detect
41 behaviors that may lead to suicide, including, without limitation,
42 post-traumatic stress disorder;

43 (b) Approaches to engaging other professionals in suicide
44 intervention; and



1 (c) The detection of suicidal thoughts and ideations and the
2 prevention of suicide.

3 6. The Board shall encourage each holder of a license to
4 practice medicine or as a physician assistant to receive, as a portion
5 of his or her continuing education, training and education in the
6 diagnosis of rare diseases, including, without limitation:

7 (a) Recognizing the symptoms of pediatric cancer; and

8 (b) Interpreting family history to determine whether such
9 symptoms indicate a normal childhood illness or a condition that
10 requires additional examination.

11 7. A holder of a license to practice medicine may not substitute
12 the continuing education credits relating to suicide prevention and
13 awareness required by this section for the purposes of satisfying an
14 equivalent requirement for continuing education in ethics.

15 8. A holder of a license to practice medicine may substitute not
16 more than 2 hours of continuing education credits in pain
17 management or care for persons with an addictive disorder for the
18 purposes of satisfying an equivalent requirement for continuing
19 education in ethics.

20 9. As used in this section:

21 (a) "Act of terrorism" has the meaning ascribed to it in
22 NRS 202.4415.

23 (b) "Biological agent" has the meaning ascribed to it in
24 NRS 202.442.

25 (c) "Chemical agent" has the meaning ascribed to it in
26 NRS 202.4425.

27 (d) "Radioactive agent" has the meaning ascribed to it in
28 NRS 202.4437.

29 (e) "Weapon of mass destruction" has the meaning ascribed to it
30 in NRS 202.4445.

31 **Sec. 9.** NRS 630.275 is hereby amended to read as follows:

32 630.275 **1.** The Board shall adopt regulations regarding the
33 licensure of a physician assistant, including, but not limited to:

34 ~~[1-]~~ (a) The educational and other qualifications of applicants.

35 ~~[2-]~~ (b) The required academic program for applicants.

36 ~~[3-]~~ (c) The procedures for applications for and the issuance of
37 licenses.

38 ~~[4-]~~ (d) The procedures deemed necessary by the Board for
39 applications for and the initial issuance of licenses by endorsement
40 pursuant to NRS 630.2751 or 630.2752.

41 ~~[5-]~~ (e) The tests or examinations of applicants by the Board.

42 ~~[6-]~~ (f) The medical services which a physician assistant may
43 perform, except that a physician assistant may not perform those
44 specific functions and duties delegated or restricted by law to
45 persons licensed as dentists, chiropractors, podiatric physicians and



1 optometrists under chapters 631, 634, 635 and 636, respectively, of
2 NRS, or as hearing aid specialists.

3 ~~[7.]~~ (g) The duration, renewal and termination of licenses,
4 including licenses by endorsement.

5 ~~[8.]~~ (h) The grounds and procedures respecting disciplinary
6 actions against physician assistants.

7 ~~[9.]~~ (i) The supervision of medical services of a physician
8 assistant by a supervising physician, including, without limitation,
9 supervision that is performed electronically, telephonically or by
10 fiber optics from within or outside this State or the United States.

11 ~~[10.]~~ (j) A physician assistant's use of equipment that transfers
12 information concerning the medical condition of a patient in this
13 State electronically, telephonically or by fiber optics, including,
14 without limitation, through telehealth, from within or outside this
15 State or the United States.

16 *2. If the regulations adopted pursuant to subsection 1 require*
17 *a physician assistant to complete continuing education, those*
18 *regulations must allow a physician assistant to receive credit*
19 *toward the total amount of continuing education required by the*
20 *Board for the completion of a course of instruction relating to*
21 *genetic counseling and genetic testing.*

22 **Sec. 10.** NRS 632.343 is hereby amended to read as follows:

23 632.343 1. The Board shall not renew any license issued
24 under this chapter until the licensee has submitted proof satisfactory
25 to the Board of completion, during the 2-year period before renewal
26 of the license, of 30 hours in a program of continuing education
27 approved by the Board in accordance with regulations adopted by
28 the Board. Except as otherwise provided in subsection 3, the
29 licensee is exempt from this provision for the first biennial period
30 after graduation from:

31 (a) An accredited school of professional nursing;

32 (b) An accredited school of practical nursing;

33 (c) An approved school of professional nursing in the process of
34 obtaining accreditation; or

35 (d) An approved school of practical nursing in the process of
36 obtaining accreditation.

37 2. The Board shall review all courses offered to nurses for the
38 completion of the requirement set forth in subsection 1. The Board
39 may approve nursing and other courses which are directly related to
40 the practice of nursing as well as others which bear a reasonable
41 relationship to current developments in the field of nursing or any
42 special area of practice in which a licensee engages. These may
43 include academic studies, workshops, extension studies, home study
44 and other courses.



1 3. The program of continuing education required by subsection
2 1 must include:

3 (a) For a person licensed as an advanced practice registered
4 ~~nurse,~~ **nurse:**

5 (1) **A** course of instruction to be completed within 2 years
6 after initial licensure that provides at least 2 hours of instruction on
7 suicide prevention and awareness as described in subsection 5.

8 (2) ***The ability to receive credit toward the total amount of***
9 ***continuing education required by subsection 1 for the completion***
10 ***of a course of instruction relating to genetic counseling and***
11 ***genetic testing.***

12 (b) For each person licensed pursuant to this chapter, a course of
13 instruction, to be completed within 2 years after initial licensure,
14 relating to the medical consequences of an act of terrorism that
15 involves the use of a weapon of mass destruction. The course must
16 provide at least 4 hours of instruction that includes instruction in the
17 following subjects:

18 (1) An overview of acts of terrorism and weapons of mass
19 destruction;

20 (2) Personal protective equipment required for acts of
21 terrorism;

22 (3) Common symptoms and methods of treatment associated
23 with exposure to, or injuries caused by, chemical, biological,
24 radioactive and nuclear agents;

25 (4) Syndromic surveillance and reporting procedures for acts
26 of terrorism that involve biological agents; and

27 (5) An overview of the information available on, and the use
28 of, the Health Alert Network.

29 ↪ The Board may thereafter determine whether to include in a
30 program of continuing education additional courses of instruction
31 relating to the medical consequences of an act of terrorism that
32 involves the use of a weapon of mass destruction.

33 4. The Board shall encourage each licensee who treats or cares
34 for persons who are more than 60 years of age to receive, as a
35 portion of their continuing education, education in geriatrics and
36 gerontology, including such topics as:

37 (a) The skills and knowledge that the licensee needs to address
38 aging issues;

39 (b) Approaches to providing health care to older persons,
40 including both didactic and clinical approaches;

41 (c) The biological, behavioral, social and emotional aspects of
42 the aging process; and

43 (d) The importance of maintenance of function and
44 independence for older persons.



1 5. The Board shall require each person licensed as an advanced
2 practice registered nurse to receive as a portion of his or her
3 continuing education at least 2 hours of instruction every 4 years on
4 evidence-based suicide prevention and awareness or another course
5 of instruction on suicide prevention and awareness that is approved
6 by the Board which the Board has determined to be effective and
7 appropriate.

8 6. The Board shall encourage each person licensed as an
9 advanced practice registered nurse to receive, as a portion of his or
10 her continuing education, training and education in the diagnosis of
11 rare diseases, including, without limitation:

12 (a) Recognizing the symptoms of pediatric cancer; and

13 (b) Interpreting family history to determine whether such
14 symptoms indicate a normal childhood illness or a condition that
15 requires additional examination.

16 7. As used in this section:

17 (a) "Act of terrorism" has the meaning ascribed to it in
18 NRS 202.4415.

19 (b) "Biological agent" has the meaning ascribed to it in
20 NRS 202.442.

21 (c) "Chemical agent" has the meaning ascribed to it in
22 NRS 202.4425.

23 (d) "Radioactive agent" has the meaning ascribed to it in
24 NRS 202.4437.

25 (e) "Weapon of mass destruction" has the meaning ascribed to it
26 in NRS 202.4445.

27 **Sec. 11.** NRS 633.471 is hereby amended to read as follows:

28 633.471 1. Except as otherwise provided in subsection ~~10~~
29 **11** and NRS 633.491, every holder of a license issued under this
30 chapter, except a temporary or a special license, may renew the
31 license on or before January 1 of each calendar year after its
32 issuance by:

33 (a) Applying for renewal on forms provided by the Board;

34 (b) Paying the annual license renewal fee specified in this
35 chapter;

36 (c) Submitting a list of all actions filed or claims submitted to
37 arbitration or mediation for malpractice or negligence against the
38 holder during the previous year;

39 (d) Submitting evidence to the Board that in the year preceding
40 the application for renewal the holder has attended courses or
41 programs of continuing education approved by the Board in
42 accordance with regulations adopted by the Board totaling a number
43 of hours established by the Board which must not be less than 35
44 hours nor more than that set in the requirements for continuing
45 medical education of the American Osteopathic Association; and



1 (e) Submitting all information required to complete the renewal.
2 2. The Secretary of the Board shall notify each licensee of the
3 requirements for renewal not less than 30 days before the date of
4 renewal.

5 3. The Board shall request submission of verified evidence of
6 completion of the required number of hours of continuing medical
7 education annually from no fewer than one-third of the applicants
8 for renewal of a license to practice osteopathic medicine or a license
9 to practice as a physician assistant. Upon a request from the Board,
10 an applicant for renewal of a license to practice osteopathic
11 medicine or a license to practice as a physician assistant shall submit
12 verified evidence satisfactory to the Board that in the year preceding
13 the application for renewal the applicant attended courses or
14 programs of continuing medical education approved by the Board
15 totaling the number of hours established by the Board.

16 4. The Board shall require each holder of a license to practice
17 osteopathic medicine to complete a course of instruction within 2
18 years after initial licensure that provides at least 2 hours of
19 instruction on evidence-based suicide prevention and awareness as
20 described in subsection ~~8-1~~ 9.

21 5. The Board shall encourage each holder of a license to
22 practice osteopathic medicine to receive, as a portion of his or her
23 continuing education, training concerning methods for educating
24 patients about how to effectively manage medications, including,
25 without limitation, the ability of the patient to request to have the
26 symptom or purpose for which a drug is prescribed included on the
27 label attached to the container of the drug.

28 6. The Board shall encourage each holder of a license to
29 practice osteopathic medicine or as a physician assistant to receive,
30 as a portion of his or her continuing education, training and
31 education in the diagnosis of rare diseases, including, without
32 limitation:

- 33 (a) Recognizing the symptoms of pediatric cancer; and
34 (b) Interpreting family history to determine whether such
35 symptoms indicate a normal childhood illness or a condition that
36 requires additional examination.

37 7. The Board shall require, as part of the continuing education
38 requirements approved by the Board, the biennial completion by a
39 holder of a license to practice osteopathic medicine of at least 2
40 hours of continuing education credits in ethics, pain management or
41 care of persons with addictive disorders.

42 8. *The continuing education requirements approved by the*
43 *Board must allow the holder of a license as an osteopathic*
44 *physician or physician assistant to receive credit toward the total*
45 *amount of continuing education required by the Board for the*



1 *completion of a course of instruction relating to genetic*
2 *counseling and genetic testing.*

3 **9.** The Board shall require each holder of a license to practice
4 osteopathic medicine to receive as a portion of his or her continuing
5 education at least 2 hours of instruction every 4 years on evidence-
6 based suicide prevention and awareness which may include, without
7 limitation, instruction concerning:

8 (a) The skills and knowledge that the licensee needs to detect
9 behaviors that may lead to suicide, including, without limitation,
10 post-traumatic stress disorder;

11 (b) Approaches to engaging other professionals in suicide
12 intervention; and

13 (c) The detection of suicidal thoughts and ideations and the
14 prevention of suicide.

15 ~~9.1~~ **10.** A holder of a license to practice osteopathic medicine
16 may not substitute the continuing education credits relating to
17 suicide prevention and awareness required by this section for the
18 purposes of satisfying an equivalent requirement for continuing
19 education in ethics.

20 ~~10.1~~ **11.** Members of the Armed Forces of the United States
21 and the United States Public Health Service are exempt from
22 payment of the annual license renewal fee during their active duty
23 status.

24 **Sec. 12.** Chapter 689A of NRS is hereby amended by adding
25 thereto a new section to read as follows:

26 **1. An insurer that issues a policy of health insurance shall**
27 **provide coverage for genetic counseling, testing and screening for**
28 **mutations in the BRCA gene for women who:**

29 (a) *Have a family or personal history of breast cancer, ovarian*
30 *cancer, tubal cancer or peritoneal cancer;*

31 (b) *Have one or more family members who have a mutation in*
32 *the BRCA1 or BRCA2 gene that is known to be harmful or one or*
33 *more ancestors who had such a mutation; or*

34 (c) *Meet any other criteria for such counseling and testing*
35 *identified by the United States Preventive Services Task Force*
36 *pursuant to 42 U.S.C. § 300gg-13.*

37 **2. An insurer shall ensure that the benefits required by**
38 **subsection 1 are made available to an insured through a provider**
39 **of health care who participates in the network plan of the insurer.**

40 **3. A policy of health insurance subject to the provisions of**
41 **this chapter that is delivered, issued for delivery or renewed on or**
42 **after July 1, 2021, has the legal effect of including the coverage**
43 **required by subsection 1, and any provision of the policy that**
44 **conflicts with the provisions of this section is void.**

45 **4. As used in this section:**



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

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

9 **Sec. 13.** NRS 689A.330 is hereby amended to read as follows:
10 689A.330 If any policy is issued by a domestic insurer for
11 delivery to a person residing in another state, and if the insurance
12 commissioner or corresponding public officer of that other state has
13 informed the Commissioner that the policy is not subject to approval
14 or disapproval by that officer, the Commissioner may by ruling
15 require that the policy meet the standards set forth in NRS 689A.030
16 to 689A.320, inclusive ~~§~~, *and section 12 of this act.*

17 **Sec. 14.** Chapter 689B of NRS is hereby amended by adding
18 thereto a new section to read as follows:

19 *1. An insurer that issues a policy of group health insurance*
20 *shall provide coverage for genetic counseling, testing and*
21 *screening for mutations in the BRCA gene for women who:*

22 (a) *Have a family or personal history of breast cancer, ovarian*
23 *cancer, tubal cancer or peritoneal cancer;*

24 (b) *Have one or more family members who have a mutation in*
25 *the BRCA1 or BRCA2 gene that is known to be harmful or one or*
26 *more ancestors who had such a mutation; or*

27 (c) *Meet any other criteria for such counseling and testing*
28 *identified by the United States Preventive Services Task Force*
29 *pursuant to 42 U.S.C. § 300gg-13.*

30 *2. An insurer shall ensure that the benefits required by*
31 *subsection 1 are made available to an insured through a provider*
32 *of health care who participates in the network plan of the insurer.*

33 *3. A policy of group health insurance subject to the*
34 *provisions of this chapter that is delivered, issued for delivery or*
35 *renewed on or after July 1, 2021, has the legal effect of including*
36 *the coverage required by subsection 1, and any provision of the*
37 *policy that conflicts with the provisions of this section is void.*

38 *4. As used in this section:*

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



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

3 **Sec. 15.** Chapter 689C of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 **1. A carrier that issues a health benefit plan shall provide**
6 **coverage for genetic counseling, testing and screening for**
7 **mutations in the BRCA gene for women who:**

8 **(a) Have a family or personal history of breast cancer, ovarian**
9 **cancer, tubal cancer or peritoneal cancer;**

10 **(b) Have one or more family members who have a mutation in**
11 **the BRCA1 or BRCA2 gene that is known to be harmful or one or**
12 **more ancestors who had such a mutation; or**

13 **(c) Meet any other criteria for such counseling and testing**
14 **identified by the United States Preventive Services Task Force**
15 **pursuant to 42 U.S.C. § 300gg-13.**

16 **2. A carrier shall ensure that the benefits required by**
17 **subsection 1 are made available to an insured through a provider**
18 **of health care who participates in the network plan of the carrier.**

19 **3. A health benefit plan subject to the provisions of this**
20 **chapter that is delivered, issued for delivery or renewed on or after**
21 **July 1, 2021, has the legal effect of including the coverage**
22 **required by subsection 1, and any provision of the plan that**
23 **conflicts with the provisions of this section is void.**

24 **4. As used in this section, “Provider of health care” has the**
25 **meaning ascribed to it in NRS 629.031.**

26 **Sec. 16.** NRS 689C.425 is hereby amended to read as follows:

27 689C.425 A voluntary purchasing group and any contract
28 issued to such a group pursuant to NRS 689C.360 to 689C.600,
29 inclusive, are subject to the provisions of NRS 689C.015 to
30 689C.355, inclusive, **and section 15 of this act** to the extent
31 applicable and not in conflict with the express provisions of NRS
32 687B.408 and 689C.360 to 689C.600, inclusive.

33 **Sec. 17.** Chapter 695A of NRS is hereby amended by adding
34 thereto a new section to read as follows:

35 **1. A society that issues a benefit contract shall provide**
36 **coverage for genetic counseling, testing and screening for**
37 **mutations in the BRCA gene for women who:**

38 **(a) Have a family or personal history of breast cancer, ovarian**
39 **cancer, tubal cancer or peritoneal cancer;**

40 **(b) Have one or more family members who have a mutation in**
41 **the BRCA1 or BRCA2 gene that is known to be harmful or one or**
42 **more ancestors who had such a mutation; or**

43 **(c) Meet any other criteria for such counseling and testing**
44 **identified by the United States Preventive Services Task Force**
45 **pursuant to 42 U.S.C. § 300gg-13.**



1 2. A society shall ensure that the benefits required by
2 subsection 1 are made available to an insured through a provider
3 of health care who participates in the network plan of the society.

4 3. A benefit contract subject to the provisions of this chapter
5 that is delivered, issued for delivery or renewed on or after
6 July 1, 2021, has the legal effect of including the coverage
7 required by subsection 1, and any provision of the plan that
8 conflicts with the provisions of this section is void.

9 4. As used in this section:

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

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

18 **Sec. 18.** Chapter 695B of NRS is hereby amended by adding
19 thereto a new section to read as follows:

20 1. A hospital or medical services corporation that issues a
21 policy of health insurance shall provide coverage for genetic
22 counseling, testing and screening for mutations in the BRCA gene
23 for women who:

24 (a) Have a family or personal history of breast cancer, ovarian
25 cancer, tubal cancer or peritoneal cancer;

26 (b) Have one or more family members who have a mutation in
27 the BRCA1 or BRCA2 gene that is known to be harmful or one or
28 more ancestors who had such a mutation; or

29 (c) Meet any other criteria for such counseling and testing
30 identified by the United States Preventive Services Task Force
31 pursuant to 42 U.S.C. § 300gg-13.

32 2. A hospital or medical services corporation shall ensure
33 that the benefits required by subsection 1 are made available to an
34 insured through a provider of health care who participates in the
35 network plan of the hospital or medical services corporation.

36 3. A policy of health insurance subject to the provisions of
37 this chapter that is delivered, issued for delivery or renewed on or
38 after July 1, 2021, has the legal effect of including the coverage
39 required by subsection 1, and any provision of the policy that
40 conflicts with the provisions of this section is void.

41 4. As used in this section:

42 (a) "Network plan" means a policy of health insurance offered
43 by a hospital or medical services corporation under which the
44 financing and delivery of medical care, including items and
45 services paid for as medical care, are provided, in whole or in part,



1 *through a defined set of providers under contract with the hospital*
2 *or medical services corporation. The term does not include an*
3 *arrangement for the financing of premiums.*

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

6 **Sec. 19.** Chapter 695C of NRS is hereby amended by adding
7 thereto a new section to read as follows:

8 *1. A health maintenance organization that issues a health*
9 *care plan shall provide coverage for genetic counseling, testing*
10 *and screening for mutations in the BRCA gene for women who:*

11 (a) *Have a family or personal history of breast cancer, ovarian*
12 *cancer, tubal cancer or peritoneal cancer;*

13 (b) *Have one or more family members who have a mutation in*
14 *the BRCA1 or BRCA2 gene that is known to be harmful or one or*
15 *more ancestors who had such a mutation; or*

16 (c) *Meet any other criteria for such counseling and testing*
17 *identified by the United States Preventive Services Task Force*
18 *pursuant to 42 U.S.C. § 300gg-13.*

19 *2. A health maintenance organization shall ensure that the*
20 *benefits required by subsection 1 are made available to an enrollee*
21 *through a provider of health care who participates in the network*
22 *plan of the health maintenance organization.*

23 *3. A health care plan subject to the provisions of this chapter*
24 *that is delivered, issued for delivery or renewed on or after*
25 *July 1, 2021, has the legal effect of including the coverage*
26 *required by subsection 1, and any provision of the plan that*
27 *conflicts with the provisions of this section is void.*

28 *4. As used in this section:*

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

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

38 **Sec. 20.** NRS 695C.050 is hereby amended to read as follows:

39 695C.050 1. Except as otherwise provided in this chapter or
40 in specific provisions of this title, the provisions of this title are not
41 applicable to any health maintenance organization granted a
42 certificate of authority under this chapter. This provision does not
43 apply to an insurer licensed and regulated pursuant to this title
44 except with respect to its activities as a health maintenance
45 organization authorized and regulated pursuant to this chapter.



1 2. Solicitation of enrollees by a health maintenance
2 organization granted a certificate of authority, or its representatives,
3 must not be construed to violate any provision of law relating to
4 solicitation or advertising by practitioners of a healing art.

5 3. Any health maintenance organization authorized under this
6 chapter shall not be deemed to be practicing medicine and is exempt
7 from the provisions of chapter 630 of NRS.

8 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
9 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
10 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
11 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and
12 695C.265 do not apply to a health maintenance organization that
13 provides health care services through managed care to recipients of
14 Medicaid under the State Plan for Medicaid or insurance pursuant to
15 the Children's Health Insurance Program pursuant to a contract with
16 the Division of Health Care Financing and Policy of the Department
17 of Health and Human Services. This subsection does not exempt a
18 health maintenance organization from any provision of this chapter
19 for services provided pursuant to any other contract.

20 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
21 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,
22 695C.1735, 695C.1745 and 695C.1757 *and section 19 of this act*
23 apply to a health maintenance organization that provides health care
24 services through managed care to recipients of Medicaid under the
25 State Plan for Medicaid.

26 **Sec. 21.** NRS 695C.330 is hereby amended to read as follows:

27 695C.330 1. The Commissioner may suspend or revoke any
28 certificate of authority issued to a health maintenance organization
29 pursuant to the provisions of this chapter if the Commissioner finds
30 that any of the following conditions exist:

31 (a) The health maintenance organization is operating
32 significantly in contravention of its basic organizational document,
33 its health care plan or in a manner contrary to that described in and
34 reasonably inferred from any other information submitted pursuant
35 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
36 to those submissions have been filed with and approved by the
37 Commissioner;

38 (b) The health maintenance organization issues evidence of
39 coverage or uses a schedule of charges for health care services
40 which do not comply with the requirements of NRS 695C.1691 to
41 695C.200, inclusive, *and section 19 of this act* or 695C.207;

42 (c) The health care plan does not furnish comprehensive health
43 care services as provided for in NRS 695C.060;

44 (d) The Commissioner certifies that the health maintenance
45 organization:



1 (1) Does not meet the requirements of subsection 1 of NRS
2 695C.080; or

3 (2) Is unable to fulfill its obligations to furnish health care
4 services as required under its health care plan;

5 (e) The health maintenance organization is no longer financially
6 responsible and may reasonably be expected to be unable to meet its
7 obligations to enrollees or prospective enrollees;

8 (f) The health maintenance organization has failed to put into
9 effect a mechanism affording the enrollees an opportunity to
10 participate in matters relating to the content of programs pursuant to
11 NRS 695C.110;

12 (g) The health maintenance organization has failed to put into
13 effect the system required by NRS 695C.260 for:

14 (1) Resolving complaints in a manner reasonably to dispose
15 of valid complaints; and

16 (2) Conducting external reviews of adverse determinations
17 that comply with the provisions of NRS 695G.241 to 695G.310,
18 inclusive;

19 (h) The health maintenance organization or any person on its
20 behalf has advertised or merchandised its services in an untrue,
21 misrepresentative, misleading, deceptive or unfair manner;

22 (i) The continued operation of the health maintenance
23 organization would be hazardous to its enrollees or creditors or to
24 the general public;

25 (j) The health maintenance organization fails to provide the
26 coverage required by NRS 695C.1691; or

27 (k) The health maintenance organization has otherwise failed to
28 comply substantially with the provisions of this chapter.

29 2. A certificate of authority must be suspended or revoked only
30 after compliance with the requirements of NRS 695C.340.

31 3. If the certificate of authority of a health maintenance
32 organization is suspended, the health maintenance organization shall
33 not, during the period of that suspension, enroll any additional
34 groups or new individual contracts, unless those groups or persons
35 were contracted for before the date of suspension.

36 4. If the certificate of authority of a health maintenance
37 organization is revoked, the organization shall proceed, immediately
38 following the effective date of the order of revocation, to wind up its
39 affairs and shall conduct no further business except as may be
40 essential to the orderly conclusion of the affairs of the organization.
41 It shall engage in no further advertising or solicitation of any kind.
42 The Commissioner may, by written order, permit such further
43 operation of the organization as the Commissioner may find to be in
44 the best interest of enrollees to the end that enrollees are afforded



1 the greatest practical opportunity to obtain continuing coverage for
2 health care.

3 **Sec. 22.** Chapter 695G of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *1. A managed care organization that issues a health care
6 plan shall provide coverage for genetic counseling, testing and
7 screening for mutations in the BRCA gene for women who:*

8 *(a) Have a family or personal history of breast cancer, ovarian
9 cancer, tubal cancer or peritoneal cancer;*

10 *(b) Have one or more family members who have a mutation in
11 the BRCA1 or BRCA2 gene that is known to be harmful or one or
12 more ancestors who had such a mutation; or*

13 *(c) Meet any other criteria for such counseling and testing
14 identified by the United States Preventive Services Task Force
15 pursuant to 42 U.S.C. § 300gg-13.*

16 *2. A managed care organization shall ensure that the benefits
17 required by subsection 1 are made available to an insured through
18 a provider of health care who participates in the network plan of
19 the managed care organization.*

20 *3. A health care plan subject to the provisions of this chapter
21 that is delivered, issued for delivery or renewed on or after
22 July 1, 2021, has the legal effect of including the coverage
23 required by subsection 1, and any provision of the plan that
24 conflicts with the provisions of this section is void.*

25 *4. As used in this section:*

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

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

35 **Sec. 23.** The provisions of NRS 354.599 do not apply to any
36 additional expenses of a local government that are related to the
37 provisions of this act.

38 **Sec. 24.** This act becomes effective on July 1, 2021.

