

Amendment No. 312

Senate Amendment to Senate Bill No. 163	(BDR 57-129)
Proposed by: Senate Committee on Commerce and Labor	
Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 163 (§§ 13, 14).

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

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.

JDK/EWR



Date: 4/24/2023

S.B. No. 163—Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria, gender incongruence and other disorders of sexual development. (BDR 57-129)



SENATE BILL NO. 163—SENATORS SCHEIBLE, D. HARRIS AND SPEARMAN

FEBRUARY 15, 2023

JOINT SPONSOR: ASSEMBLYWOMAN GONZÁLEZ

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria ~~and~~ and gender incongruence ~~and other disorders of sexual development.~~ (BDR 57-129)

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

CONTAINS UNFUNDED MANDATE (§§ 13, 14)
(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 insurance; requiring certain health insurance to include coverage for the treatment of conditions relating to gender dysphoria ~~and~~ and gender incongruence ~~and other disorders of sexual development.~~ ; prohibiting such insurers from engaging in certain discrimination on the basis of gender identity or expression; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires public and private policies of health insurance regulated under
2 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-422.27241,
3 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169, 689C.194,
4 689C.1945, 689C.195, 695A.184-695A.1875, 695B.1901-695B.1948, 695C.1691-695C.176,
5 695G.162-695G.177) Existing law also requires employers to provide certain benefits for
6 health care to employees, including the coverage required of health insurers, if the employer
7 provides health benefits for its employees. (NRS 608.1555) Sections ~~11, 13, 3, 4,~~ ~~6, 7,~~
8 8, 11 ~~and 13-15,~~ 13, 14 and 15 of this bill: (1) require certain public and private policies of
9 health insurance and health care plans, including Medicaid, to cover the treatment of
10 conditions relating to gender dysphoria ~~and~~ and gender incongruence ; ~~and other disorders of~~
11 ~~sexual development; and~~ (2) authorize those policies and plans to prescribe requirements that
12 must be satisfied before the insurer will cover surgical treatment for conditions relating to
13 gender dysphoria ~~or~~ or gender incongruence ~~and other disorders of sexual development~~ for
14 persons who are less than ~~17~~ 18 years of age ~~and~~ ; and (3) require an insurer to consult
15 with a provider of health care with experience in prescribing or delivering gender-
16 affirming treatment when considering certain appeals of a denial of coverage. Sections
17 1.6, 3.6, 4.6, 6.6, 7.6, 8.6, 11.6 and 15.6 of this bill prohibit an insurer from engaging in
18 certain discrimination on the basis of gender identity or expression. Sections 2, 5, 9 and

12 of this bill make conforming changes to indicate the proper placement of sections ~~1.3, 1.6, 4, 4.6, 8~~ ~~and~~ ~~8.6, 15 and 15.6~~ in the Nevada Revised Statutes.

Section 10 of this bill authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to comply with the requirements of ~~section~~ sections 8 ~~[to provide coverage for the treatment of conditions relating to gender dysphoria, gender incongruence and other disorders of sexual development.]~~ and 8.6. The Commissioner would also be authorized to take such action against other health insurers who fail to comply with the requirements of sections ~~1.3, 1.6, 3, 3.6, 4, 4.6, 6, 6.6, 7~~ ~~and~~ ~~7.6, 11 and 11.6~~ of this bill. (NRS 680A.200)

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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto ~~a new section to read~~ the provisions set forth as ~~follows:~~ sections 1.3 and 1.6 of this act.

Sec. 1.3. 1. ~~1.3.1. Except as otherwise provided in this section, an insurer that issues a policy of health insurance shall include in the policy coverage for the medically necessary treatment of conditions relating to gender dysphoria ~~and gender incongruence~~ ~~and other disorders of sexual development.~~ Such coverage must include ~~without limitation,~~ coverage of medically necessary psychosocial and surgical intervention and any other medically necessary treatment for such disorders provided by:~~

- (a) Endocrinologists;
- (b) Pediatric endocrinologists;
- (c) Social workers;
- (d) Psychiatrists;
- (e) Psychologists;
- (f) Gynecologists;
- (g) ~~Plastic surgeons;~~ Speech-language pathologists;
- (h) Primary care physicians;
- (i) Advanced practice registered nurses;
- (j) Physician assistants; and

~~(k) Any other providers of medically necessary services for the treatment of gender dysphoria ~~and gender incongruence~~ ~~and other disorders of sexual development.~~~~

2. This section does not require a policy of health insurance to include coverage for cosmetic surgery performed by a plastic surgeon or reconstructive surgeon that is not medically necessary.

3. An insurer that issues a policy of health insurance shall not categorically refuse to cover medically necessary gender-affirming treatments or procedures or revisions to prior treatments if the policy provides coverage for any such services, procedures or revisions for purposes other than gender transition or affirmation.

4. An insurer that issues a policy of health insurance may prescribe requirements that must be satisfied before the insurer covers surgical treatment of conditions relating to gender dysphoria ~~and gender incongruence~~ ~~and other disorders of sexual development.~~ for an insured who is less than ~~17~~ 18 years of age. Such requirements may include, without limitation, requirements that:

- (a) The treatment must be recommended by a psychologist, psychiatrist or other mental health professional;
- (b) The treatment must be recommended by a physician;

1 (c) *The insured must provide a written expression of the desire of the insured*
2 *to undergo the treatment; ~~and~~*

3 (d) *A written plan for treatment that covers at least 1 year must be developed*
4 *and approved by at least two providers of health care ~~f~~*

5 ~~3.7~~ *; and*

6 *(e) Parental consent is provided for the insured unless the insured is*
7 *expressly authorized by law to consent on his or her own behalf.*

8 *5. When determining whether treatment is medically necessary for the*
9 *purposes of this section, an insurer must consider the most recent Standards of*
10 *Care published by the World Professional Association for Transgender Health,*
11 *or its successor organization.*

12 *6. An insurer shall make a reasonable effort to ensure that the benefits*
13 *required by subsection 1 are made available to an insured through a provider of*
14 *health care who participates in the network plan of the insurer. If, after a*
15 *reasonable effort, the insurer is unable to make such benefits available through*
16 *such a provider of health care, the insurer ~~must cover the benefits when~~*
17 *provided to an insured through* *may treat the treatment that the insurer is unable*
18 *to make available through such a provider of health care in the same manner as*
19 *other services provided by a provider of health care who does not participate in*
20 *the network plan of the insurer.*

21 *7. If an insured appeals the denial of a claim or coverage under this section*
22 *on the grounds that the treatment requested by the insured is not medically*
23 *necessary, the insurer must consult with a provider of health care who has*
24 *experience in prescribing or delivering gender-affirming treatment concerning*
25 *the medical necessity of the treatment requested by the insured when considering*
26 *the appeal.*

27 ~~4.7~~ *8. A policy of health insurance subject to the provisions of this chapter*
28 *that is delivered, issued for delivery or renewed on or after July 1, 2023, has the*
29 *legal effect of including the coverage required by subsection 1, and any provision*
30 *of the policy or the renewal which is in conflict with this section is void.*

31 ~~5.7~~ *9. As used in this section:*

32 (a) *“Cosmetic surgery”:*

33 *(I) Means a surgical procedure that:*

34 *(I) Does not meaningfully promote the proper function of the body;*

35 *(II) Does not prevent or treat illness or disease; and*

36 *(III) Is primarily directed at improving the appearance of a person.*

37 *(2) Includes, without limitation, cosmetic surgery directed at preserving*
38 *beauty.*

39 (b) *“Gender dysphoria” means distress or impairment in social, occupational*
40 *or other areas of functioning caused by a marked difference between the gender*
41 *identity or expression of a person and the sex assigned to the person at birth*
42 *which lasts at least 6 months and is shown by at least two of the following:*

43 *(1) A marked difference between gender identity or expression and*
44 *primary or secondary sex characteristics or anticipated secondary sex*
45 *characteristics in young adolescents.*

46 *(2) A strong desire to be rid of primary or secondary sex characteristics*
47 *because of a marked difference between such sex characteristics and gender*
48 *identity or expression or a desire to prevent the development of anticipated*
49 *secondary sex characteristics in young adolescents.*

50 *(3) A strong desire for the primary or secondary sex characteristics of the*
51 *gender opposite from the sex assigned at birth.*

52 *(4) A strong desire to be of the opposite gender or a gender different from*
53 *the sex assigned at birth.*

1 (5) *A strong desire to be treated as the opposite gender or a gender*
 2 *different from the sex assigned at birth.*

3 (6) *A strong conviction of experiencing typical feelings and reactions of*
 4 *the opposite gender or a gender different from the sex assigned at birth.*

5 ~~[(b)]~~ (c) *“Medically necessary” means health care services or products that a*
 6 *prudent provider of health care would provide to a patient to prevent, diagnose or*
 7 *treat an illness, injury or disease, or any symptoms thereof, that are necessary*
 8 *and:*

9 (1) *Provided in accordance with generally accepted standards of medical*
 10 *practice;*

11 (2) *Clinically appropriate with regard to type, frequency, extent, location*
 12 *and duration;*

13 (3) *Not provided primarily for the convenience of the patient or provider*
 14 *of health care;*

15 (4) *Required to improve a specific health condition of a patient or to*
 16 *preserve the existing state of health of the patient; and*

17 (5) *The most clinically appropriate level of health care that may be safely*
 18 *provided to the patient.*

19 *↳ A provider of health care prescribing, ordering, recommending or approving a*
 20 *health care service or product does not, by itself, make that health care service or*
 21 *product medically necessary.*

22 ~~[(c)]~~ (d) *“Network plan” means a policy of health insurance offered by an*
 23 *insurer under which the financing and delivery of medical care, including items*
 24 *and services paid for as medical care, are provided, in whole or in part, through a*
 25 *defined set of providers under contract with the insurer. The term does not*
 26 *include an arrangement for the financing of premiums.*

27 ~~[(d)]~~ (e) *“Provider of health care” has the meaning ascribed to it in NRS*
 28 *629.031.*

29 *Sec. 1.6. An insurer that issues a policy of health insurance shall not*
 30 *discriminate against any person with respect to participation or coverage under*
 31 *the policy on the basis of actual or perceived gender identity or expression.*
 32 *Prohibited discrimination includes, without limitation:*

33 *1. Denying, cancelling, limiting or refusing to issue or renew a policy of*
 34 *health insurance on the basis of the actual or perceived gender identity or*
 35 *expression of a person or a family member of the person;*

36 *2. Imposing a payment or premium that is based on the actual or perceived*
 37 *gender identity or expression of an insured or a family member of the insured;*

38 *3. Designating the actual or perceived gender identity or expression of a*
 39 *person or a family member of the person as grounds to deny, cancel or limit*
 40 *participation or coverage; and*

41 *4. Denying, cancelling or limiting participation or coverage on the basis of*
 42 *actual or perceived gender identity or expression, including, without limitation,*
 43 *by limiting or denying coverage for health care services that are:*

44 *(a) Related to gender transition, provided that there is coverage under the*
 45 *policy for the services when the services are not related to gender transition; or*

46 *(b) Ordinarily or exclusively available to persons of any sex.*

47 **Sec. 2.** NRS 689A.330 is hereby amended to read as follows:

48 689A.330 If any policy is issued by a domestic insurer for delivery to a
 49 person residing in another state, and if the insurance commissioner or
 50 corresponding public officer of that other state has informed the Commissioner that
 51 the policy is not subject to approval or disapproval by that officer, the
 52 Commissioner may by ruling require that the policy meet the standards set forth in

1 NRS 689A.030 to 689A.320, inclusive ~~[]~~, and ~~[section 1]~~ sections 1.3 and 1.6 of
 2 this act.

3 Sec. 2.8. Chapter 689B of NRS is hereby amended by adding thereto the
 4 provisions set forth as sections 3 and 3.6 of this act.

5 Sec. 3. [Chapter 689B of NRS is hereby amended by adding thereto a new
 6 section to read as follows:]

7 1. ~~[A.]~~ Except as otherwise provided in this section, an insurer that issues a
 8 policy of group health insurance shall include in the policy coverage for the
 9 medically necessary treatment of conditions relating to gender dysphoria ~~[]~~ and
 10 gender incongruence ~~[and other disorders of sexual development].~~ Such
 11 coverage must include ~~[, without limitation,]~~ coverage of medically necessary
 12 psychosocial and surgical intervention and any other medically necessary
 13 treatment for such disorders provided by:

- 14 (a) Endocrinologists;
- 15 (b) Pediatric endocrinologists;
- 16 (c) Social workers;
- 17 (d) Psychiatrists;
- 18 (e) Psychologists;
- 19 (f) Gynecologists;
- 20 (g) ~~[Plastic surgeons,]~~ Speech-language pathologists;
- 21 (h) Primary care physicians;
- 22 (i) Advanced practice registered nurses;
- 23 (j) Physician assistants; and

24 ~~[(k)]~~ (k) Any other providers of medically necessary services for the
 25 treatment of gender dysphoria ~~[]~~ or gender incongruence ~~[and other disorders~~
 26 of sexual development].

27 2. This section does not require a policy of group health insurance to
 28 include coverage for cosmetic surgery performed by a plastic surgeon or
 29 reconstructive surgeon that is not medically necessary.

30 3. An insurer that issues a policy of group health insurance shall not
 31 categorically refuse to cover medically necessary gender-affirming treatments or
 32 procedures or revisions to prior treatments if the policy provides coverage for any
 33 such services, procedures or revisions for purposes other than gender transition
 34 or affirmation.

35 4. An insurer that issues a policy of group health insurance may prescribe
 36 requirements that must be satisfied before the insurer covers surgical treatment
 37 of conditions relating to gender dysphoria ~~[]~~ or gender incongruence ~~[and other~~
 38 disorders of sexual development] for an insured who is less than ~~[17]~~ 18 years of
 39 age. Such requirements may include, without limitation, requirements that:

- 40 (a) The treatment must be recommended by a psychologist, psychiatrist or
 41 other mental health professional;
- 42 (b) The treatment must be recommended by a physician;
- 43 (c) The insured must provide a written expression of the desire of the insured
 44 to undergo the treatment; ~~[and]~~
- 45 (d) A written plan for treatment that covers at least 1 year must be developed
 46 and approved by at least two providers of health care ~~[~~

47 ~~3.]~~ ;and
 48 (e) Parental consent is provided for the insured unless the insured is
 49 expressly authorized by law to consent on his or her own behalf.

50 5. When determining whether treatment is medically necessary for the
 51 purposes of this section, an insurer must consider the most recent Standards of
 52 Care published by the World Professional Association for Transgender Health,
 53 or its successor organization.

1 6. An insurer shall make a reasonable effort to ensure that the benefits
2 required by subsection 1 are made available to an insured through a provider of
3 health care who participates in the network plan of the insurer. If, after a
4 reasonable effort, the insurer is unable to make such benefits available through
5 such a provider of health care, the insurer ~~must cover the benefits when~~
6 ~~provided to an insured through~~ may treat the treatment that the insurer is unable
7 to make available through such a provider of health care in the same manner as
8 other services provided by a provider of health care who does not participate in
9 the network plan of the insurer.

10 7. If an insured appeals the denial of a claim or coverage under this section
11 on the grounds that the treatment requested by the insured is not medically
12 necessary, the insurer must consult with a provider of health care who has
13 experience in prescribing or delivering gender-affirming treatment concerning
14 the medical necessity of the treatment requested by the insured when considering
15 the appeal.

16 ~~4.1~~ 8. A policy of group health insurance subject to the provisions of this
17 chapter that is delivered, issued for delivery or renewed on or after July 1, 2023,
18 has the legal effect of including the coverage required by subsection 1, and any
19 provision of the policy or renewal which is in conflict with the provisions of this
20 section is void.

21 ~~5.1~~ 9. As used in this section:

22 (a) “Cosmetic surgery”:

23 (I) Means a surgical procedure that:

24 (I) Does not meaningfully promote the proper function of the body;

25 (II) Does not prevent or treat illness or disease; and

26 (III) Is primarily directed at improving the appearance of a person.

27 (2) Includes, without limitation, cosmetic surgery directed at preserving
28 beauty.

29 (b) “Gender dysphoria” means distress or impairment in social, occupational
30 or other areas of functioning caused by a marked difference between the gender
31 identity or expression of a person and the sex assigned to the person at birth
32 which lasts at least 6 months and is shown by at least two of the following:

33 (1) A marked difference between gender identity or expression and
34 primary or secondary sex characteristics or anticipated secondary sex
35 characteristics in young adolescents.

36 (2) A strong desire to be rid of primary or secondary sex characteristics
37 because of a marked difference between such sex characteristics and gender
38 identity or expression or a desire to prevent the development of anticipated
39 secondary sex characteristics in young adolescents.

40 (3) A strong desire for the primary or secondary sex characteristics of the
41 gender opposite from the sex assigned at birth.

42 (4) A strong desire to be of the opposite gender or a gender different from
43 the sex assigned at birth.

44 (5) A strong desire to be treated as the opposite gender or a gender
45 different from the sex assigned at birth.

46 (6) A strong conviction of experiencing typical feelings and reactions of
47 the opposite gender or a gender different from the sex assigned at birth.

48 ~~6.1~~ (c) “Medically necessary” means health care services or products that a
49 prudent provider of health care would provide to a patient to prevent, diagnose or
50 treat an illness, injury or disease, or any symptoms thereof, that are necessary
51 and:

52 (1) Provided in accordance with generally accepted standards of medical
53 practice;

1 (2) Clinically appropriate with regard to type, frequency, extent, location
2 and duration;

3 (3) Not provided primarily for the convenience of the patient or provider
4 of health care;

5 (4) Required to improve a specific health condition of a patient or to
6 preserve the existing state of health of the patient; and

7 (5) The most clinically appropriate level of health care that may be safely
8 provided to the patient.

9 ↪ A provider of health care prescribing, ordering, recommending or approving a
10 health care service or product does not, by itself, make that health care service or
11 product medically necessary.

12 ~~[(c)]~~ (d) "Network plan" means a policy of group health insurance offered by
13 an insurer under which the financing and delivery of medical care, including
14 items and services paid for as medical care, are provided, in whole or in part,
15 through a defined set of providers under contract with the insurer. The term does
16 not include an arrangement for the financing of premiums.

17 ~~[(d)]~~ (e) "Provider of health care" has the meaning ascribed to it in NRS
18 629.031.

19 Sec. 3.6. An insurer that issues a policy of group health insurance shall not
20 discriminate against any person with respect to participation or coverage under
21 the policy on the basis of actual or perceived gender identity or expression.
22 Prohibited discrimination includes, without limitation:

23 1. Denying, cancelling, limiting or refusing to issue or renew a policy of
24 group health insurance on the basis of the actual or perceived gender identity or
25 expression of a person or a family member of the person;

26 2. Imposing a payment or premium that is based on the actual or perceived
27 gender identity or expression of an insured or a family member of the insured;

28 3. Designating the actual or perceived gender identity or expression of a
29 person or a family member of the person as grounds to deny, cancel or limit
30 participation or coverage; and

31 4. Denying, cancelling or limiting participation or coverage on the basis of
32 actual or perceived gender identity or expression, including, without limitation,
33 by limiting or denying coverage for health care services that are:

34 (a) Related to gender transition, provided that there is coverage under the
35 policy for the services when the services are not related to gender transition; or

36 (b) Ordinarily or exclusively available to persons of any sex.

37 Sec. 3.8. Chapter 689C of NRS is hereby amended by adding thereto the
38 provisions set forth as sections 4 and 4.6 of this act.

39 Sec. 4. ~~[Chapter 689C of NRS is hereby amended by adding thereto a new~~
40 ~~section to read as follows:]~~

41 1. ~~[(A)]~~ Except as otherwise provided in this section, a carrier that issues a
42 health benefit plan shall include in the health benefit plan coverage for the
43 medically necessary treatment of conditions relating to gender dysphoria ~~[(A)]~~ and
44 gender incongruence ~~[(A)]~~ ~~[and other disorders of sexual development.]~~ Such
45 coverage must include ~~[(A)]~~ ~~[without limitation,]~~ coverage of medically necessary
46 psychosocial and surgical intervention and any other medically necessary
47 treatment for such disorders provided by:

48 (a) Endocrinologists;

49 (b) Pediatric endocrinologists;

50 (c) Social workers;

51 (d) Psychiatrists;

52 (e) Psychologists;

53 (f) Gynecologists;

1 (g) ~~Plastic surgeons;~~ Speech-language pathologists;

2 (h) Primary care physicians;

3 (i) Advanced practice registered nurses;

4 (j) Physician assistants; and

5 ~~(k) Any other providers of medically necessary services for the~~
6 ~~treatment of gender dysphoria ~~or~~ gender incongruence ~~and other disorders~~~~
7 ~~of sexual development.]~~

8 2. This section does not require a health benefit plan to include coverage
9 for cosmetic surgery performed by a plastic surgeon or reconstructive surgeon
10 that is not medically necessary.

11 3. A carrier that issues a health benefit plan shall not categorically refuse to
12 cover medically necessary gender-affirming treatments or procedures or revisions
13 to prior treatments if the plan provides coverage for any such services,
14 procedures or revisions for purposes other than gender transition or affirmation.

15 4. A carrier that issues a health benefit plan may prescribe requirements
16 that must be satisfied before the carrier covers surgical treatment of conditions
17 relating to gender dysphoria ~~or~~ gender incongruence ~~and other disorders of~~
18 sexual development] for an insured who is less than ~~17~~ 18 years of age. Such
19 requirements may include, without limitation, requirements that:

20 (a) The treatment must be recommended by a psychologist, psychiatrist or
21 other mental health professional;

22 (b) The treatment must be recommended by a physician;

23 (c) The insured must provide a written expression of the desire of the insured
24 to undergo the treatment; ~~and~~

25 (d) A written plan for treatment that covers at least 1 year must be developed
26 and approved by at least two providers of health care ~~or~~

27 ~~or~~ ~~and~~

28 (e) Parental consent is provided for the insured unless the insured is
29 expressly authorized by law to consent on his or her own behalf.

30 5. When determining whether treatment is medically necessary for the
31 purposes of this section, a carrier must consider the most recent Standards of
32 Care published by the World Professional Association for Transgender Health,
33 or its successor organization.

34 6. A carrier shall make a reasonable effort to ensure that the benefits
35 required by subsection 1 are made available to an insured through a provider of
36 health care who participates in the network plan of the carrier. If, after a
37 reasonable effort, the carrier is unable to make such benefits available through
38 such a provider of health care, the carrier ~~must cover the benefits when provided~~
39 to an insured through] may treat the treatment that the carrier is unable to make
40 available through such a provider of health care in the same manner as other
41 services provided by a provider of health care who does not participate in the
42 network plan of the carrier.

43 7. If an insured appeals the denial of a claim or coverage under this section
44 on the grounds that the treatment requested by the insured is not medically
45 necessary, the carrier must consult with a provider of health care who has
46 experience in prescribing or delivering gender-affirming treatment concerning
47 the medical necessity of the treatment requested by the insured when considering
48 the appeal

49 ~~4.7~~ 8. A health benefit plan subject to the provisions of this chapter that is
50 delivered, issued for delivery or renewed on or after July 1, 2023, has the legal
51 effect of including the coverage required by subsection 1, and any provision of
52 the plan or renewal which is in conflict with the provisions of this section is void.

53 ~~5.7~~ 9. As used in this section:

1 (a) “Cosmetic surgery”:

2 (1) Means a surgical procedure that:

3 (I) Does not meaningfully promote the proper function of the body;

4 (II) Does not prevent or treat illness or disease; and

5 (III) Is primarily directed at improving the appearance of a person.

6 (2) Includes, without limitation, cosmetic surgery directed at preserving
7 beauty.

8 (b) “Gender dysphoria” means distress or impairment in social, occupational
9 or other areas of functioning caused by a marked difference between the gender
10 identity or expression of a person and the sex assigned to the person at birth
11 which lasts at least 6 months and is shown by at least two of the following:

12 (1) A marked difference between gender identity or expression and
13 primary or secondary sex characteristics or anticipated secondary sex
14 characteristics in young adolescents.

15 (2) A strong desire to be rid of primary or secondary sex characteristics
16 because of a marked difference between such sex characteristics and gender
17 identity or expression or a desire to prevent the development of anticipated
18 secondary sex characteristics in young adolescents.

19 (3) A strong desire for the primary or secondary sex characteristics of the
20 gender opposite from the sex assigned at birth.

21 (4) A strong desire to be of the opposite gender or a gender different from
22 the sex assigned at birth.

23 (5) A strong desire to be treated as the opposite gender or a gender
24 different from the sex assigned at birth.

25 (6) A strong conviction of experiencing typical feelings and reactions of
26 the opposite gender or a gender different from the sex assigned at birth.

27 ~~[(b)]~~ (c) “Medically necessary” means health care services or products that a
28 prudent provider of health care would provide to a patient to prevent, diagnose or
29 treat an illness, injury or disease, or any symptoms thereof, that are necessary
30 and:

31 (1) Provided in accordance with generally accepted standards of medical
32 practice;

33 (2) Clinically appropriate with regard to type, frequency, extent, location
34 and duration;

35 (3) Not provided primarily for the convenience of the patient or provider
36 of health care;

37 (4) Required to improve a specific health condition of a patient or to
38 preserve the existing state of health of the patient; and

39 (5) The most clinically appropriate level of health care that may be safely
40 provided to the patient.

41 ↳ A provider of health care prescribing, ordering, recommending or approving a
42 health care service or product does not, by itself, make that health care service or
43 product medically necessary.

44 ~~[(c)]~~ (d) “Network plan” means a health benefit plan offered by a carrier
45 under which the financing and delivery of medical care, including items and
46 services paid for as medical care, are provided, in whole or in part, through a
47 defined set of providers under contract with the carrier. The term does not
48 include an arrangement for the financing of premiums.

49 ~~[(d)]~~ (e) “Provider of health care” has the meaning ascribed to it in NRS
50 629.031.

51 Sec. 4.6. A carrier that issues a health benefit plan shall not discriminate
52 against any person with respect to participation or coverage under the plan on

the basis of actual or perceived gender identity or expression. Prohibited discrimination includes, without limitation:

1. Denying, cancelling, limiting or refusing to issue or renew a health benefit plan on the basis of the actual or perceived gender identity or expression of a person or a family member of the person;

2. Imposing a payment or premium that is based on the actual or perceived gender identity or expression of an insured or a family member of the insured;

3. Designating the actual or perceived gender identity or expression of a person or a family member of the person as grounds to deny, cancel or limit participation or coverage; and

4. Denying, cancelling or limiting participation or coverage on the basis of actual or perceived gender identity or expression, including, without limitation, by limiting or denying coverage for health care services that are:

(a) Related to gender transition, provided that there is coverage under the plan for the services when the services are not related to gender transition; or

(b) Ordinarily or exclusively available to persons of any sex.

Sec. 5. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, ~~and ~~section~~ sections 4 and 4.6 of this act,~~ to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 5.8. Chapter 695A of NRS is hereby amended by adding thereto the provisions set forth as sections 6 and 6.6 of this act.

Sec. 6. ~~Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:~~

1. ~~(A)~~ Except as otherwise provided in this section, a society that issues a benefit contract shall include in the benefit contract coverage for the medically necessary treatment of conditions relating to gender dysphoria ~~and gender incongruence~~ ~~and other disorders of sexual development.~~ Such coverage must include ~~without limitation,~~ coverage of medically necessary psychosocial and surgical intervention and any other medically necessary treatment for such disorders provided by:

(a) Endocrinologists;

(b) Pediatric endocrinologists;

(c) Social workers;

(d) Psychiatrists;

(e) Psychologists;

(f) Gynecologists;

(g) ~~Plastic surgeons;~~ Speech-language pathologists;

(h) Primary care physicians;

(i) Advanced practice registered nurses;

(j) Physician assistants; and

~~(k)~~ (k) Any other providers of medically necessary services for the treatment of gender dysphoria ~~and gender incongruence~~ ~~and other disorders of sexual development.~~

2. This section does not require a benefit contract to include coverage for cosmetic surgery performed by a plastic surgeon or reconstructive surgeon that is not medically necessary.

3. A society that issues a benefit contract shall not categorically refuse to cover medically necessary gender-affirming treatments or procedures or revisions to prior treatments if the contract provides coverage for any such services, procedures or revisions for purposes other than gender transition or affirmation.

1 4. A society that issues a benefit contract may prescribe requirements that
 2 must be satisfied before the society covers surgical treatment of conditions
 3 relating to gender dysphoria ~~or~~ or gender incongruence ~~and other disorders of~~
 4 sexual development] for an insured who is less than ~~17~~ 18 years of age. Such
 5 requirements may include, without limitation, requirements that:

6 (a) The treatment must be recommended by a psychologist, psychiatrist or
 7 other mental health professional;

8 (b) The treatment must be recommended by a physician;

9 (c) The insured must provide a written expression of the desire of the insured
 10 to undergo the treatment; ~~and~~

11 (d) A written plan for treatment that covers at least 1 year must be developed
 12 and approved by at least two providers of health care ~~f~~

13 ~~3.7~~ ; and

14 (e) Parental consent is provided for the insured unless the insured is
 15 expressly authorized by law to consent on his or her own behalf.

16 5. When determining whether treatment is medically necessary for the
 17 purposes of this section, a society must consider the most recent Standards of
 18 Care published by the World Professional Association for Transgender Health,
 19 or its successor organization.

20 6. A society shall make a reasonable effort to ensure that the benefits
 21 required by subsection 1 are made available to an insured through a provider of
 22 health care who participates in the network plan of the society. If, after a
 23 reasonable effort, the society is unable to make such benefits available through
 24 such a provider of health care, the society ~~must cover the benefits when provided~~
 25 to an insured through] may treat the treatment that the society is unable to make
 26 available through such a provider of health care in the same manner as other
 27 services provided by a provider of health care who does not participate in the
 28 network plan of the society.

29 7. If an insured appeals the denial of a claim or coverage under this section
 30 on the grounds that the treatment requested by the insured is not medically
 31 necessary, the society must consult with a provider of health care who has
 32 experience in prescribing or delivering gender-affirming treatment concerning
 33 the medical necessity of the treatment requested by the insured when considering
 34 the appeal.

35 ~~4.4~~ 8. A benefit contract subject to the provisions of this chapter that is
 36 delivered, issued for delivery or renewed on or after July 1, 2023, has the legal
 37 effect of including the coverage required by subsection 1, and any provision of
 38 the benefit contract or renewal which is in conflict with the provisions of this
 39 section is void.

40 ~~5.1~~ 9. As used in this section:

41 (a) “Cosmetic surgery”:

42 (1) Means a surgical procedure that:

43 (I) Does not meaningfully promote the proper function of the body;

44 (II) Does not prevent or treat illness or disease; and

45 (III) Is primarily directed at improving the appearance of a person.

46 (2) Includes, without limitation, cosmetic surgery directed at preserving
 47 beauty.

48 (b) “Gender dysphoria” means distress or impairment in social, occupational
 49 or other areas of functioning caused by a marked difference between the gender
 50 identity or expression of a person and the sex assigned to the person at birth
 51 which lasts at least 6 months and is shown by at least two of the following:

1 (1) A marked difference between gender identity or expression and
 2 primary or secondary sex characteristics or anticipated secondary sex
 3 characteristics in young adolescents.

4 (2) A strong desire to be rid of primary or secondary sex characteristics
 5 because of a marked difference between such sex characteristics and gender
 6 identity or expression or a desire to prevent the development of anticipated
 7 secondary sex characteristics in young adolescents.

8 (3) A strong desire for the primary or secondary sex characteristics of the
 9 gender opposite from the sex assigned at birth.

10 (4) A strong desire to be of the opposite gender or a gender different from
 11 the sex assigned at birth.

12 (5) A strong desire to be treated as the opposite gender or a gender
 13 different from the sex assigned at birth.

14 (6) A strong conviction of experiencing typical feelings and reactions of
 15 the opposite gender or a gender different from the sex assigned at birth.

16 ~~[(b)]~~ (c) "Medically necessary" means health care services or products that a
 17 prudent provider of health care would provide to a patient to prevent, diagnose or
 18 treat an illness, injury or disease, or any symptoms thereof, that are necessary
 19 and:

20 (1) Provided in accordance with generally accepted standards of medical
 21 practice;

22 (2) Clinically appropriate with regard to type, frequency, extent, location
 23 and duration;

24 (3) Not provided primarily for the convenience of the patient or provider
 25 of health care;

26 (4) Required to improve a specific health condition of a patient or to
 27 preserve the existing state of health of the patient; and

28 (5) The most clinically appropriate level of health care that may be safely
 29 provided to the patient.

30 ↪ A provider of health care prescribing, ordering, recommending or approving a
 31 health care service or product does not, by itself, make that health care service or
 32 product medically necessary.

33 ~~[(c)]~~ (d) "Network plan" means a benefit contract offered by a society under
 34 which the financing and delivery of medical care, including items and services
 35 paid for as medical care, are provided, in whole or in part, through a defined set
 36 of providers under contract with the society. The term does not include an
 37 arrangement for the financing of premiums.

38 ~~[(d)]~~ (e) "Provider of health care" has the meaning ascribed to it in NRS
 39 629.031.

40 Sec. 6.6. A society that issues a benefit contract shall not discriminate
 41 against any person with respect to participation or coverage under the contract
 42 on the basis of actual or perceived gender identity or expression. Prohibited
 43 discrimination includes, without limitation:

44 1. Denying, cancelling, limiting or refusing to issue or renew a benefit
 45 contract on the basis of the actual or perceived gender identity or expression of a
 46 person or a family member of the person;

47 2. Imposing a payment or premium that is based on the actual or perceived
 48 gender identity or expression of an insured or a family member of the insured;

49 3. Designating the actual or perceived gender identity or expression of a
 50 person or a family member of the person as grounds to deny, cancel or limit
 51 participation or coverage; and

1 4. Denying, cancelling or limiting participation or coverage on the basis of
 2 actual or perceived gender identity or expression, including, without limitation,
 3 by limiting or denying coverage for health care services that are:

4 (a) Related to gender transition, provided that there is coverage under the
 5 contract for the services when the services are not related to gender transition; or

6 (b) Ordinarily or exclusively available to persons of any sex.

7 Sec. 6.8. Chapter 695B of NRS is hereby amended by adding thereto the
 8 provisions set forth as sections 7 and 7.6 of this act.

9 Sec. 7. ~~Chapter 695B of NRS is hereby amended by adding thereto a new~~
 10 ~~section to read as follows:~~

11 1. ~~[(A)]~~ Except as otherwise provided in this section, a hospital or medical
 12 services corporation that issues a policy of health insurance shall include in the
 13 policy coverage for the medically necessary treatment of conditions relating to
 14 gender dysphoria ~~[(1)]~~ and gender incongruence ~~[and other disorders of sexual~~
 15 ~~development.]~~ Such coverage must include ~~[(1)]~~ ~~without limitation,~~ coverage of
 16 medically necessary psychosocial and surgical intervention and any other
 17 medically necessary treatment for such disorders provided by:

18 (a) Endocrinologists;

19 (b) Pediatric endocrinologists;

20 (c) Social workers;

21 (d) Psychiatrists;

22 (e) Psychologists;

23 (f) Gynecologists;

24 (g) ~~[(1)] Plastic surgeons;~~ Speech-language pathologists;

25 (h) Primary care physicians;

26 (i) Advanced practice registered nurses;

27 (j) Physician assistants; and

28 ~~[(b)]~~ (k) Any other providers of medically necessary services for the
 29 treatment of gender dysphoria ~~[(1)]~~ or gender incongruence ~~[and other disorders~~
 30 ~~of sexual development.]~~

31 2. This section does not require a policy of health insurance to include
 32 coverage for cosmetic surgery performed by a plastic surgeon or reconstructive
 33 surgeon that is not medically necessary.

34 3. A hospital or medical services corporation that issues a policy of health
 35 insurance shall not categorically refuse to cover medically necessary gender-
 36 affirming treatments or procedures or revisions to prior treatments if the policy
 37 provides coverage for any such services, procedures or revisions for purposes
 38 other than gender transition or affirmation.

39 4. A hospital or medical services corporation that issues a policy of health
 40 insurance may prescribe requirements that must be satisfied before the hospital
 41 or medical services corporation covers surgical treatment of conditions relating to
 42 gender dysphoria ~~[(1)]~~ or gender incongruence ~~[and other disorders of sexual~~
 43 development.] for an insured who is less than ~~[(17)]~~ 18 years of age. Such
 44 requirements may include, without limitation, requirements that:

45 (a) The treatment must be recommended by a psychologist, psychiatrist or
 46 other mental health professional;

47 (b) The treatment must be recommended by a physician;

48 (c) The insured must provide a written expression of the desire of the insured
 49 to undergo the treatment; ~~[and]~~

50 (d) A written plan for treatment that covers at least 1 year must be developed
 51 and approved by at least two providers of health care ~~[(1)]~~

52 ~~— 3.] ; and~~

1 (e) Parental consent is provided for the insured unless the insured is
2 expressly authorized by law to consent on his or her own behalf.

3 5. When determining whether treatment is medically necessary for the
4 purposes of this section, a hospital or medical services corporation must consider
5 the most recent Standards of Care published by the World Professional
6 Association for Transgender Health, or its successor organization.

7 6. A hospital or medical services corporation shall make a reasonable effort
8 to ensure that the benefits required by subsection 1 are made available to an
9 insured through a provider of health care who participates in the network plan of
10 the hospital or medical services corporation. If, after a reasonable effort, the
11 hospital or medical services corporation is unable to make such benefits available
12 through such a provider of health care, the hospital or medical services
13 corporation ~~must cover the benefits when provided to an insured through~~ may
14 treat the treatment that the hospital or medical services corporation is unable to
15 make available through such a provider of health care in the same manner as
16 other services provided by a provider of health care who does not participate in
17 the network plan of the hospital or medical services corporation.

18 7. If an insured appeals the denial of a claim or coverage under this section
19 on the grounds that the treatment requested by the insured is not medically
20 necessary, the hospital or medical services corporation must consult with a
21 provider of health care who has experience in prescribing or delivering gender-
22 affirming treatment concerning the medical necessity of the treatment requested
23 by the insured when considering the appeal.

24 ~~4.1~~ 8. A policy of health insurance subject to the provisions of this chapter
25 that is delivered, issued for delivery or renewed on or after July 1, 2023, has the
26 legal effect of including the coverage required by subsection 1, and any provision
27 of the policy or renewal which is in conflict with the provisions of this section is
28 void.

29 ~~5.1~~ 9. As used in this section:

30 (a) “Cosmetic surgery”:

31 (I) Means a surgical procedure that:

32 (I) Does not meaningfully promote the proper function of the body;

33 (II) Does not prevent or treat illness or disease; and

34 (III) Is primarily directed at improving the appearance of a person.

35 (2) Includes, without limitation, cosmetic surgery directed at preserving
36 beauty.

37 (b) “Gender dysphoria” means distress or impairment in social, occupational
38 or other areas of functioning caused by a marked difference between the gender
39 identity or expression of a person and the sex assigned to the person at birth
40 which lasts at least 6 months and is shown by at least two of the following:

41 (1) A marked difference between gender identity or expression and
42 primary or secondary sex characteristics or anticipated secondary sex
43 characteristics in young adolescents.

44 (2) A strong desire to be rid of primary or secondary sex characteristics
45 because of a marked difference between such sex characteristics and gender
46 identity or expression or a desire to prevent the development of anticipated
47 secondary sex characteristics in young adolescents.

48 (3) A strong desire for the primary or secondary sex characteristics of the
49 gender opposite from the sex assigned at birth.

50 (4) A strong desire to be of the opposite gender or a gender different from
51 the sex assigned at birth.

52 (5) A strong desire to be treated as the opposite gender or a gender
53 different from the sex assigned at birth.

1 (6) *A strong conviction of experiencing typical feelings and reactions of*
 2 *the opposite gender or a gender different from the sex assigned at birth.*

3 ~~[(b)]~~ (c) *“Medically necessary” means health care services or products that a*
 4 *prudent provider of health care would provide to a patient to prevent, diagnose or*
 5 *treat an illness, injury or disease, or any symptoms thereof, that are necessary*
 6 *and:*

7 (1) *Provided in accordance with generally accepted standards of medical*
 8 *practice;*

9 (2) *Clinically appropriate with regard to type, frequency, extent, location*
 10 *and duration;*

11 (3) *Not provided primarily for the convenience of the patient or provider*
 12 *of health care;*

13 (4) *Required to improve a specific health condition of a patient or to*
 14 *preserve the existing state of health of the patient; and*

15 (5) *The most clinically appropriate level of health care that may be safely*
 16 *provided to the patient.*

17 *↳ A provider of health care prescribing, ordering, recommending or approving a*
 18 *health care service or product does not, by itself, make that health care service or*
 19 *product medically necessary.*

20 ~~[(c)]~~ (d) *“Network plan” means a policy of health insurance offered by a*
 21 *hospital or medical services corporation under which the financing and delivery*
 22 *of medical care, including items and services paid for as medical care, are*
 23 *provided, in whole or in part, through a defined set of providers under contract*
 24 *with the hospital or medical services corporation. The term does not include an*
 25 *arrangement for the financing of premiums.*

26 ~~[(d)]~~ (e) *“Provider of health care” has the meaning ascribed to it in NRS*
 27 *629.031.*

28 Sec. 7.6. *A hospital or medical services corporation that issues a policy of*
 29 *health insurance shall not discriminate against any person with respect to*
 30 *participation or coverage under the policy on the basis of actual or perceived*
 31 *gender identity or expression. Prohibited discrimination includes, without*
 32 *limitation:*

33 *1. Denying, cancelling, limiting or refusing to issue or renew a policy of*
 34 *health insurance on the basis of the actual or perceived gender identity or*
 35 *expression of a person or a family member of the person;*

36 *2. Imposing a payment or premium that is based on the actual or perceived*
 37 *gender identity or expression of an insured or a family member of the insured;*

38 *3. Designating the actual or perceived gender identity or expression of a*
 39 *person or a family member of the person as grounds to deny, cancel or limit*
 40 *participation or coverage; and*

41 *4. Denying, cancelling or limiting participation or coverage on the basis of*
 42 *actual or perceived gender identity or expression, including, without limitation,*
 43 *by limiting or denying coverage for health care services that are:*

44 *(a) Related to gender transition, provided that there is coverage under the*
 45 *policy for the services when the services are not related to gender transition; or*

46 *(b) Ordinarily or exclusively available to persons of any sex.*

47 Sec. 7.8. *Chapter 695C of NRS is hereby amended by adding thereto the*
 48 *provisions set forth as sections 8 and 8.6 of this act.*

49 Sec. 8. ~~Chapter 695C of NRS is hereby amended by adding thereto a new~~
 50 ~~section to read as follows:~~

51 *1. ~~[(A)]~~ Except as otherwise provided in this section, a health maintenance*
 52 *organization that issues a health care plan shall include in the health care plan*
 53 *coverage for the medically necessary treatment of conditions relating to gender*

1 ~~dysphoria~~ ~~and~~ ~~gender incongruence~~ ~~and other disorders of sexual~~
 2 ~~development.~~ Such coverage must include ~~without limitation,~~ coverage of
 3 medically necessary psychosocial and surgical intervention and any other
 4 medically necessary treatment for such disorders provided by:

- 5 (a) Endocrinologists;
- 6 (b) Pediatric endocrinologists;
- 7 (c) Social workers;
- 8 (d) Psychiatrists;
- 9 (e) Psychologists;
- 10 (f) Gynecologists;
- 11 (g) ~~Plastic surgeons;~~ Speech-language pathologists;
- 12 (h) Primary care physicians;
- 13 (i) Advanced practice registered nurses;
- 14 (j) Physician assistants; and

15 ~~(k)~~ (k) Any other providers of medically necessary services for the
 16 treatment of gender dysphoria ~~or~~ gender incongruence ~~and other disorders~~
 17 ~~of sexual development.~~

18 2. This section does not require a health care plan to include coverage for
 19 cosmetic surgery performed by a plastic surgeon or reconstructive surgeon that is
 20 not medically necessary.

21 3. A health maintenance organization that issues a health care plan shall
 22 not categorically refuse to cover medically necessary gender-affirming treatments
 23 or procedures or revisions to prior treatments if the plan provides coverage for
 24 any such services, procedures or revisions for purposes other than gender
 25 transition or affirmation.

26 4. A health maintenance organization that issues a health care plan may
 27 prescribe requirements that must be satisfied before the health maintenance
 28 organization covers surgical treatment of conditions relating to gender dysphoria
 29 or gender incongruence and other disorders of sexual development for an
 30 enrollee who is less than ~~17~~ 18 years of age. Such requirements may include,
 31 without limitation, requirements that:

- 32 (a) The treatment must be recommended by a psychologist, psychiatrist or
 33 other mental health professional;
- 34 (b) The treatment must be recommended by a physician;
- 35 (c) The enrollee must provide a written expression of the desire of the
 36 enrollee to undergo the treatment; ~~and~~
- 37 (d) A written plan for treatment that covers at least 1 year must be developed
 38 and approved by at least two providers of health care ~~f~~

39 ~~3.~~ ; and
 40 (e) Parental consent is provided for the enrollee unless the enrollee is
 41 expressly authorized by law to consent on his or her own behalf.

42 5. When determining whether treatment is medically necessary for the
 43 purposes of this section, a health maintenance organization must consider the
 44 most recent Standards of Care prescribed by the World Professional Association
 45 for Transgender Health, or its successor organization.

46 6. A health maintenance organization shall make a reasonable effort to
 47 ensure that the benefits required by subsection 1 are made available to an
 48 enrollee through a provider of health care who participates in the network plan
 49 of the health maintenance organization. If, after a reasonable effort, the health
 50 maintenance organization is unable to make such benefits available through
 51 such a provider of health care, the health maintenance organization ~~must cover~~
 52 the benefits when provided to an enrollee through ~~may treat the treatment that~~
 53 the health maintenance organization is unable to make available through such a

1 provider of health care in the same manner as other services provided by a
2 provider of health care who does not participate in the network plan of the health
3 maintenance organization.

4 7. If an enrollee appeals the denial of a claim or coverage under this section
5 on the grounds that the treatment requested by the enrollee is not medically
6 necessary, the health maintenance organization must consult with a provider of
7 health care who has experience in prescribing or delivering gender-affirming
8 treatment concerning the medical necessity of the treatment requested by the
9 enrollee when considering the appeal.

10 ~~4.7~~ 8. A health care plan subject to the provisions of this chapter that is
11 delivered, issued for delivery or renewed on or after July 1, 2023, has the legal
12 effect of including the coverage required by subsection 1, and any provision of
13 the plan or renewal which is in conflict with the provisions of this section is void.

14 ~~5.7~~ 9. As used in this section:

15 (a) “Cosmetic surgery”:

16 (1) Means a surgical procedure that:

17 (I) Does not meaningfully promote the proper function of the body;

18 (II) Does not prevent or treat illness or disease; and

19 (III) Is primarily directed at improving the appearance of a person.

20 (2) Includes, without limitation, cosmetic surgery directed at preserving
21 beauty.

22 (b) “Gender dysphoria” means distress or impairment in social, occupational
23 or other areas of functioning caused by a marked difference between the gender
24 identity or expression of a person and the sex assigned to the person at birth
25 which lasts at least 6 months and is shown by at least two of the following:

26 (1) A marked difference between gender identity or expression and
27 primary or secondary sex characteristics or anticipated secondary sex
28 characteristics in young adolescents.

29 (2) A strong desire to be rid of primary or secondary sex characteristics
30 because of a marked difference between such sex characteristics and gender
31 identity or expression or a desire to prevent the development of anticipated
32 secondary sex characteristics in young adolescents.

33 (3) A strong desire for the primary or secondary sex characteristics of the
34 gender opposite from the sex assigned at birth.

35 (4) A strong desire to be of the opposite gender or a gender different from
36 the sex assigned at birth.

37 (5) A strong desire to be treated as the opposite gender or a gender
38 different from the sex assigned at birth.

39 (6) A strong conviction of experiencing typical feelings and reactions of
40 the opposite gender or a gender different from the sex assigned at birth.

41 ~~(b)~~ (c) “Medically necessary” means health care services or products that a
42 prudent provider of health care would provide to a patient to prevent, diagnose or
43 treat an illness, injury or disease, or any symptoms thereof, that are necessary
44 and:

45 (1) Provided in accordance with generally accepted standards of medical
46 practice;

47 (2) Clinically appropriate with regard to type, frequency, extent, location
48 and duration;

49 (3) Not provided primarily for the convenience of the patient or provider
50 of health care;

51 (4) Required to improve a specific health condition of a patient or to
52 preserve the existing state of health of the patient; and

1 (5) *The most clinically appropriate level of health care that may be safely*
 2 *provided to the patient.*

3 *↳ A provider of health care prescribing, ordering, recommending or approving a*
 4 *health care service or product does not, by itself, make that health care service or*
 5 *product medically necessary.*

6 ~~##(c)~~ *(d) “Network plan” means a health care plan offered by a health*
 7 *maintenance organization under which the financing and delivery of medical*
 8 *care, including items and services paid for as medical care, are provided, in*
 9 *whole or in part, through a defined set of providers under contract with the*
 10 *health maintenance organization. The term does not include an arrangement for*
 11 *the financing of premiums.*

12 ~~##(d)~~ *(e) “Provider of health care” has the meaning ascribed to it in NRS*
 13 *629.031.*

14 **Sec. 8.6.** *A health maintenance organization that issues a health care plan*
 15 *shall not discriminate against any person with respect to participation or*
 16 *coverage under the plan on the basis of actual or perceived gender identity or*
 17 *expression. Prohibited discrimination includes, without limitation:*

18 *1. Denying, cancelling, limiting or refusing to issue or renew a health care*
 19 *plan on the basis of the actual or perceived gender identity or expression of a*
 20 *person or a family member of the person;*

21 *2. Imposing a payment or premium that is based on the actual or perceived*
 22 *gender identity or expression of an enrollee or a family member of the enrollee;*

23 *3. Designating the actual or perceived gender identity or expression of a*
 24 *person or a family member of the person as grounds to deny, cancel or limit*
 25 *participation or coverage; and*

26 *4. Denying, cancelling or limiting participation or coverage on the basis of*
 27 *actual or perceived gender identity or expression, including, without limitation,*
 28 *by limiting or denying coverage for health care services that are:*

29 *(a) Related to gender transition, provided that there is coverage under the*
 30 *plan for the services when the services are not related to gender transition; or*

31 *(b) Ordinarily or exclusively available to persons of any sex.*

32 **Sec. 9.** NRS 695C.050 is hereby amended to read as follows:

33 695C.050 1. Except as otherwise provided in this chapter or in specific
 34 provisions of this title, the provisions of this title are not applicable to any health
 35 maintenance organization granted a certificate of authority under this chapter. This
 36 provision does not apply to an insurer licensed and regulated pursuant to this title
 37 except with respect to its activities as a health maintenance organization authorized
 38 and regulated pursuant to this chapter.

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

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

46 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,
 47 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733,
 48 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.1759, 695C.176 to
 49 695C.200, inclusive, and 695C.265 do not apply to a health maintenance
 50 organization that provides health care services through managed care to recipients
 51 of Medicaid under the State Plan for Medicaid or insurance pursuant to the
 52 Children’s Health Insurance Program pursuant to a contract with the Division of
 53 Health Care Financing and Policy of the Department of Health and Human

1 Services. This subsection does not exempt a health maintenance organization from
2 any provision of this chapter for services provided pursuant to any other contract.

3 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701,
4 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347,
5 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 ~~and section~~
6 sections 8 and 8.6 of this act apply to a health maintenance organization that
7 provides health care services through managed care to recipients of Medicaid under
8 the State Plan for Medicaid.

9 **Sec. 10.** NRS 695C.330 is hereby amended to read as follows:

10 695C.330 1. The Commissioner may suspend or revoke any certificate of
11 authority issued to a health maintenance organization pursuant to the provisions of
12 this chapter if the Commissioner finds that any of the following conditions exist:

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

19 (b) The health maintenance organization issues evidence of coverage or uses a
20 schedule of charges for health care services which do not comply with the
21 requirements of NRS 695C.1691 to 695C.200, inclusive, or 695C.207 ~~or~~ or
22 ~~section~~ sections 8 and 8.6 of this act;

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

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

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

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

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

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

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

37 (1) Resolving complaints in a manner reasonably to dispose of valid
38 complaints; and

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

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

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

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

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

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

52 3. If the certificate of authority of a health maintenance organization is
53 suspended, the health maintenance organization shall not, during the period of that

1 suspension, enroll any additional groups or new individual contracts, unless those
2 groups or persons were contracted for before the date of suspension.

3 4. If the certificate of authority of a health maintenance organization is
4 revoked, the organization shall proceed, immediately following the effective date of
5 the order of revocation, to wind up its affairs and shall conduct no further business
6 except as may be essential to the orderly conclusion of the affairs of the
7 organization. It shall engage in no further advertising or solicitation of any kind.
8 The Commissioner may, by written order, permit such further operation of the
9 organization as the Commissioner may find to be in the best interest of enrollees to
10 the end that enrollees are afforded the greatest practical opportunity to obtain
11 continuing coverage for health care.

12 Sec. 10.8. Chapter 695G of NRS is hereby amended by adding thereto
13 the provisions set forth as sections 11 and 11.6 of this act.

14 Sec. 11. ~~[Chapter 695G of NRS is hereby amended by adding thereto a new~~
15 ~~section to read as follows:]~~

16 1. ~~[(A)] Except as otherwise provided in this section, a managed care~~
17 ~~organization that issues a health care plan shall include in the health care plan~~
18 ~~coverage for the medically necessary treatment of conditions relating to gender~~
19 ~~dysphoria ~~[(f)]~~ and gender incongruence ~~[(and other disorders of sexual~~~~
20 ~~development.]~~ Such coverage must include ~~[(without limitation)]~~ coverage of
21 medically necessary psychosocial and surgical intervention and any other
22 medically necessary treatment for such disorders provided by:

- 23 (a) Endocrinologists;
- 24 (b) Pediatric endocrinologists;
- 25 (c) Social workers;
- 26 (d) Psychiatrists;
- 27 (e) Psychologists;
- 28 (f) Gynecologists;
- 29 (g) ~~[(Plastic surgeons)]~~ Speech-language pathologists;
- 30 [(h)] Primary care physicians;
- 31 [(i)] Advanced practice registered nurses;
- 32 [(j)] Physician assistants; and

33 ~~[(k)]~~ [(k)] Any other providers of medically necessary services for the
34 treatment of gender dysphoria ~~[(f)]~~ or gender incongruence ~~[(and other disorders~~
35 ~~of sexual development.]~~

36 2. This section does not require a health care plan to include coverage for
37 cosmetic surgery performed by a plastic surgeon or reconstructive surgeon that is
38 not medically necessary.

39 3. A managed care organization that issues a health care plan shall not
40 categorically refuse to cover medically necessary gender-affirming treatments or
41 procedures or revisions to prior treatments if the plan provides coverage for any
42 such services, procedures or revisions for purposes other than gender transition
43 or affirmation.

44 4. A managed care organization that issues a health care plan may
45 prescribe requirements that must be satisfied before the managed care
46 organization covers surgical treatment of conditions relating to gender dysphoria
47 ~~[(f)]~~ or gender incongruence ~~[(and other disorders of sexual development)]~~ for an
48 insured who is less than ~~[(17)]~~ 18 years of age. Such requirements may include,
49 without limitation, requirements that:

- 50 (a) The treatment must be recommended by a psychologist, psychiatrist or
- 51 other mental health professional;
- 52 (b) The treatment must be recommended by a physician;

1 (c) *The insured must provide a written expression of the desire of the insured*
 2 *to undergo the treatment; ~~and~~*

3 (d) *A written plan for treatment that covers at least 1 year must be developed*
 4 *and approved by at least two providers of health care ~~f~~*

5 ~~3.7~~; and

6 (e) Parental consent is provided for the insured unless the insured is
 7 expressly authorized by law to consent on his or her own behalf.

8 5. When determining whether treatment is medically necessary for the
 9 purposes of this section, a managed care organization must consider the most
 10 recent Standards of Care prescribed by the World Professional Association for
 11 Transgender Health, or its successor organization.

12 6. A managed care organization shall make a reasonable effort to ensure
 13 that the benefits required by subsection 1 are made available to an insured
 14 through a provider of health care who participates in the network plan of the
 15 managed care organization. If, after a reasonable effort, the managed care
 16 organization is unable to make such benefits available through such a provider of
 17 health care, the managed care organization ~~must cover the benefits when~~
 18 ~~provided to an insured through~~ may treat the treatment that the managed care
 19 organization is unable to make available through such a provider of health care
 20 in the same manner as other services provided by a provider of health care who
 21 does not participate in the network plan of the managed care organization.

22 7. If an insured appeals the denial of a claim or coverage under this section
 23 on the grounds that the treatment requested by the insured is not medically
 24 necessary, the managed care organization must consult with a provider of health
 25 care who has experience in prescribing or delivering gender-affirming treatment
 26 concerning the medical necessity of the treatment requested by the insured when
 27 considering the appeal.

28 ~~4.1~~ 8. Evidence of coverage subject to the provisions of this chapter that is
 29 delivered, issued for delivery or renewed on or after July 1, 2023, has the legal
 30 effect of including the coverage required by subsection 1, and any provision of
 31 the plan or renewal which is in conflict with the provisions of this section is void.

32 ~~5.1~~ 9. As used in this section:

33 (a) “Cosmetic surgery”:

34 (1) Means a surgical procedure that:

35 (I) Does not meaningfully promote the proper function of the body;

36 (II) Does not prevent or treat illness or disease; and

37 (III) Is primarily directed at improving the appearance of a person.

38 (2) Includes, without limitation, cosmetic surgery directed at preserving
 39 beauty.

40 (b) “Gender dysphoria” means distress or impairment in social, occupational
 41 or other areas of functioning caused by a marked difference between the gender
 42 identity or expression of a person and the sex assigned to the person at birth
 43 which lasts at least 6 months and is shown by at least two of the following:

44 (1) A marked difference between gender identity or expression and
 45 primary or secondary sex characteristics or anticipated secondary sex
 46 characteristics in young adolescents.

47 (2) A strong desire to be rid of primary or secondary sex characteristics
 48 because of a marked difference between such sex characteristics and gender
 49 identity or expression or a desire to prevent the development of anticipated
 50 secondary sex characteristics in young adolescents.

51 (3) A strong desire for the primary or secondary sex characteristics of the
 52 gender opposite from the sex assigned at birth.

1 (4) A strong desire to be of the opposite gender or a gender different from
2 the sex assigned at birth.

3 (5) A strong desire to be treated as the opposite gender or a gender
4 different from the sex assigned at birth.

5 (6) A strong conviction of experiencing typical feelings and reactions of
6 the opposite gender or a gender different from the sex assigned at birth.

7 ~~[(b)]~~ (c) “Medically necessary” means health care services or products that a
8 prudent provider of health care would provide to a patient to prevent, diagnose or
9 treat an illness, injury or disease, or any symptoms thereof, that are necessary
10 and:

11 (1) Provided in accordance with generally accepted standards of medical
12 practice;

13 (2) Clinically appropriate with regard to type, frequency, extent, location
14 and duration;

15 (3) Not provided primarily for the convenience of the patient or provider
16 of health care;

17 (4) Required to improve a specific health condition of a patient or to
18 preserve the existing state of health of the patient; and

19 (5) The most clinically appropriate level of health care that may be safely
20 provided to the patient.

21 ↪ A provider of health care prescribing, ordering, recommending or approving a
22 health care service or product does not, by itself, make that health care service or
23 product medically necessary.

24 ~~[(c)]~~ (d) “Network plan” means a health care plan offered by a managed
25 care organization under which the financing and delivery of medical care,
26 including items and services paid for as medical care, are provided, in whole or in
27 part, through a defined set of providers under contract with the managed care
28 organization. The term does not include an arrangement for the financing of
29 premiums.

30 ~~[(d)]~~ (e) “Provider of health care” has the meaning ascribed to it in NRS
31 629.031.

32 Sec. 11.6. A managed care organization that issues a health care plan shall
33 not discriminate against any person with respect to participation or coverage
34 under the plan on the basis of actual or perceived gender identity or expression.
35 Prohibited discrimination includes, without limitation:

36 1. Denying, cancelling, limiting or refusing to issue or renew a health care
37 plan on the basis of the actual or perceived gender identity or expression of a
38 person or a family member of the person;

39 2. Imposing a payment or premium that is based on the actual or perceived
40 gender identity or expression of an insured or a family member of the insured;

41 3. Designating the actual or perceived gender identity or expression of a
42 person or a family member of the person as grounds to deny, cancel or limit
43 participation or coverage; and

44 4. Denying, cancelling or limiting participation or coverage on the basis of
45 actual or perceived gender identity or expression, including, without limitation,
46 by limiting or denying coverage for health care services that are:

47 (a) Related to gender transition, provided that there is coverage under the
48 plan for the services when the services are not related to gender transition; or

49 (b) Ordinarily or exclusively available to persons of any sex.

50 **Sec. 12.** NRS 232.320 is hereby amended to read as follows:

51 232.320 1. The Director:

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

1 (1) The Administrator of the Aging and Disability Services Division;
2 (2) The Administrator of the Division of Welfare and Supportive Services;
3 (3) The Administrator of the Division of Child and Family Services;
4 (4) The Administrator of the Division of Health Care Financing and
5 Policy; and

6 (5) The Administrator of the Division of Public and Behavioral Health.
7 (b) Shall administer, through the divisions of the Department, the provisions of
8 chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A
9 and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410,
10 inclusive, ~~and ~~section~~ sections 15 and 15.6 of this act~~, 422.580, 432.010 to
11 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430,
12 inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law
13 relating to the functions of the divisions of the Department, but is not responsible
14 for the clinical activities of the Division of Public and Behavioral Health or the
15 professional line activities of the other divisions.

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

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

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

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

28 (3) Provide for communication and the coordination of those services
29 among nonprofit organizations, agencies of local government, the State and the
30 Federal Government;

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

33 (5) Set forth sufficient information to assist the Department in providing
34 those services and in the planning and budgeting for the future provision of those
35 services; and

36 (6) Contain any other information necessary for the Department to
37 communicate effectively with the Federal Government concerning demographic
38 trends, formulas for the distribution of federal money and any need for the
39 modification of programs administered by the Department.

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

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

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

49 **Sec. 13.** NRS 287.010 is hereby amended to read as follows:

50 287.010 1. The governing body of any county, school district, municipal
51 corporation, political subdivision, public corporation or other local governmental
52 agency of the State of Nevada may:

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

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

13 (c) Provide group life, accident or health coverage through a self-insurance
14 reserve fund and, where necessary, deduct contributions to the maintenance of the
15 fund from the compensation of officers and employees and pay the deductions into
16 the fund. The money accumulated for this purpose through deductions from the
17 compensation of officers and employees and contributions of the governing body
18 must be maintained as an internal service fund as defined by NRS 354.543. The
19 money must be deposited in a state or national bank or credit union authorized to
20 transact business in the State of Nevada. Any independent administrator of a fund
21 created under this section is subject to the licensing requirements of chapter 683A
22 of NRS, and must be a resident of this State. Any contract with an independent
23 administrator must be approved by the Commissioner of Insurance as to the
24 reasonableness of administrative charges in relation to contributions collected and
25 benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408,
26 687B.723, 687B.725, 689B.030 to 689B.050, inclusive, ~~and section~~ **sections 3**
27 **and 3.6 of this act**, 689B.265, 689B.287 and 689B.500 apply to coverage provided
28 pursuant to this paragraph, except that the provisions of NRS 689B.0378,
29 689B.03785 and 689B.500 only apply to coverage for active officers and
30 employees of the governing body, or the dependents of such officers and
31 employees.

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

37 2. If a school district offers group insurance to its officers and employees
38 pursuant to this section, members of the board of trustees of the school district must
39 not be excluded from participating in the group insurance. If the amount of the
40 deductions from compensation required to pay for the group insurance exceeds the
41 compensation to which a trustee is entitled, the difference must be paid by the
42 trustee.

43 3. In any county in which a legal services organization exists, the governing
44 body of the county, or of any school district, municipal corporation, political
45 subdivision, public corporation or other local governmental agency of the State of
46 Nevada in the county, may enter into a contract with the legal services organization
47 pursuant to which the officers and employees of the legal services organization, and
48 the dependents of those officers and employees, are eligible for any life, accident or
49 health insurance provided pursuant to this section to the officers and employees,
50 and the dependents of the officers and employees, of the county, school district,
51 municipal corporation, political subdivision, public corporation or other local
52 governmental agency.

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

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

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

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

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

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

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

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

17 **Sec. 14.** NRS 287.04335 is hereby amended to read as follows:

18 287.04335 If the Board provides health insurance through a plan of self-
19 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,
20 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,
21 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
22 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, and ~~section~~ sections 11
23 and 11.6 of this act, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive,
24 695G.241 to 695G.310, inclusive, and 695G.405, in the same manner as an insurer
25 that is licensed pursuant to title 57 of NRS is required to comply with those
26 provisions.

27 **Sec. 14.8.** Chapter 422 of NRS is hereby amended by adding thereto the
28 provisions set forth as sections 15 and 15.6 of this act.

29 **Sec. 15.** ~~[Chapter 422 of NRS is hereby amended by adding thereto a new~~
30 ~~section to read as follows.]~~

31 1. ~~[The]~~ Except as otherwise provided in this section, the Director shall
32 include in the State Plan for Medicaid a requirement that the State, to the extent
33 authorized by federal law, must pay the nonfederal share of expenditures
34 incurred for the medically necessary treatment of conditions relating to gender
35 dysphoria ~~and~~ and gender incongruence . ~~and other disorders of sexual~~
36 development.] Such treatment includes ~~without limitation,~~ medically necessary
37 psychosocial and surgical intervention and any other medically necessary
38 treatment for such disorders provided by:

39 (a) Endocrinologists;

40 (b) Pediatric endocrinologists;

41 (c) Social workers;

42 (d) Psychiatrists;

43 (e) Psychologists;

44 (f) Gynecologists;

45 (g) ~~Plastic surgeons;~~ Speech-language pathologists;

46 Primary care physicians;

47 Advanced practice registered nurses;

48 Physician assistants; and

49 ~~[(h)]~~ (k) Any other providers of medically necessary services for the
50 treatment of gender dysphoria ~~and~~ or gender incongruence . ~~and other disorders~~
51 of sexual development.]

1 2. *This section does not require the Director to include in the State Plan for*
2 *Medicaid coverage for cosmetic surgery performed by a plastic surgeon or*
3 *reconstructive surgeon that is not medically necessary.*

4 3. *The Department shall not categorically refuse to cover any medically*
5 *necessary gender-affirming treatments or procedures or revisions to prior*
6 *treatments if the State Plan for Medicaid provides coverage for any such services,*
7 *procedures or revisions for purposes other than gender transition or affirmation.*

8 4. *When determining whether treatment is medically necessary for the*
9 *purposes of this section, the Department must consider the most recent Standards*
10 *of Care published by the World Professional Association for Transgender Health,*
11 *or its successor organization.*

12 5. *If a person appeals the denial of a payment or coverage under this*
13 *section on the grounds that the treatment requested by the person is not medically*
14 *necessary, the Division must consult with a provider of health care who has*
15 *experience in prescribing or delivering gender-affirming treatment concerning*
16 *the medical necessity of the treatment requested by the person when considering*
17 *the appeal.*

18 6. *As used in this section:*

19 (a) *“Cosmetic surgery”:*

20 (1) *Means a surgical procedure that:*

21 (I) *Does not meaningfully promote the proper function of the body;*

22 (II) *Does not prevent or treat illness or disease; and*

23 (III) *Is primarily directed at improving the appearance of a person.*

24 (2) *Includes, without limitation, cosmetic surgery directed at preserving*
25 *beauty.*

26 (b) *“Gender dysphoria” means distress or impairment in social, occupational*
27 *or other areas of functioning caused by a marked difference between the gender*
28 *identity or expression of a person and the sex assigned to the person at birth*
29 *which lasts at least 6 months and is shown by at least two of the following:*

30 (1) *A marked difference between gender identity or expression and*
31 *primary or secondary sex characteristics or anticipated secondary sex*
32 *characteristics in young adolescents.*

33 (2) *A strong desire to be rid of primary or secondary sex characteristics*
34 *because of a marked difference between such sex characteristics and gender*
35 *identity or expression or a desire to prevent the development of anticipated*
36 *secondary sex characteristics in young adolescents.*

37 (3) *A strong desire for the primary or secondary sex characteristics of the*
38 *gender opposite from the sex assigned at birth.*

39 (4) *A strong desire to be of the opposite gender or a gender different from*
40 *the sex assigned at birth.*

41 (5) *A strong desire to be treated as the opposite gender or a gender*
42 *different from the sex assigned at birth.*

43 (6) *A strong conviction of experiencing typical feelings and reactions of*
44 *the opposite gender or a gender different from the sex assigned at birth.*

45 ~~(b)~~ (c) *“Medically necessary” means health care services or products that a*
46 *prudent provider of health care would provide to a patient to prevent, diagnose or*
47 *treat an illness, injury or disease, or any symptoms thereof, that are necessary*
48 *and:*

49 (1) *Provided in accordance with generally accepted standards of medical*
50 *practice;*

51 (2) *Clinically appropriate with regard to type, frequency, extent, location*
52 *and duration;*

1 (3) *Not provided primarily for the convenience of the patient or provider*
2 *of health care;*

3 (4) *Required to improve a specific health condition of a patient or to*
4 *preserve the existing state of health of the patient; and*

5 (5) *The most clinically appropriate level of health care that may be safely*
6 *provided to the patient.*

7 *↳ A provider of health care prescribing, ordering, recommending or approving a*
8 *health care service or product does not, by itself, make that health care service or*
9 *product medically necessary.*

10 ~~(c)~~ (d) *“Provider of health care” has the meaning ascribed to it in NRS*
11 *629.031.*

12 *Sec. 15.6. The Department shall not discriminate against any person with*
13 *respect to participation or coverage under Medicaid on the basis of actual or*
14 *perceived gender identity or expression. Prohibited discrimination includes,*
15 *without limitation:*

16 *1. Denying, cancelling, limiting or refusing to issue a payment or coverage*
17 *on the basis of the actual or perceived gender identity or expression of a person*
18 *or a family member of the person;*

19 *2. Imposing a payment that is based on the actual or perceived gender*
20 *identity or expression of a recipient of Medicaid or a family member of the*
21 *recipient;*

22 *3. Designating the actual or perceived gender identity or expression of a*
23 *person or a family member of the person as grounds to deny, cancel or limit*
24 *participation or coverage; and*

25 *4. Denying, cancelling or limiting participation or coverage on the basis of*
26 *actual or perceived gender identity or expression, including, without limitation,*
27 *by limiting or denying payment or coverage for health care services that are:*

28 *(a) Related to gender transition, provided that there is coverage under*
29 *Medicaid for the services when the services are not related to gender transition;*
30 *or*

31 *(b) Ordinarily or exclusively available to persons of any sex.*

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

34 *Sec. 17.* This act becomes effective on July 1, 2023.