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JACK ROBB
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AGENDA ITEM

Action Item

Information Only

Date: July 27, 2023

Item Number: VIII

Title: Legislative Tracking Report

This report provides an update to legislation passed during the 82nd Legislative Session, 2023.

1,229 Bill Draft Requests (BDRs) were submitted during the 2023 session of which PEBP tracked a total of 194. Ultimately, 17 bills were passed and are believed to have an impact on PEBP.

Bills That May Impact the Master Plan Documents

This is a brief summary of bills that may or have impacted the PEBP Master Plan Documents (MPD) which have been updated accordingly.

[AB 155](#)

Establishes provisions relating to biomarker testing.

- Section 27 of this bill amends by requiring a managed care organization that issues a health care plan shall include in the plan coverage for medically necessary biomarker testing for the diagnosis, treatment, appropriate management and ongoing monitoring of cancer when such biomarker testing is supported by medical and scientific evidences.

Note: Biomarker testing already allowed in PEBP plans for medical necessity; therefore, no changes to the MPD were needed.

Section 27 of this bill becomes effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on October 1, 2023, for all other purposes.

[AB 156](#)

Revises provisions relating to substance use disorders.

- Section 4.5 amends NRS 287.04335 to require the board to comply with the provisions of the applicable NRS as well as section 16.9 of AB 156.
- Section 16.9 of this bill amends NRS 695G coverage for all drugs approved by the United States Food and Drug Administration to provide medication-assisted treatment for opioid use disorder, and exempts drugs from medical management techniques other than step therapy.

Note: “Medical management technique” is defined as a practice used to control the cost or use of health care services or prescription drugs. The term includes without limitation, the use of step therapy, prior authorization and categorizing drugs and devices based on cost, type or method of administration.

Sections 4.5 and 16.9 of AB 156 becomes effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this action; and on January 1, 2024, for all other purposes.

[SB 163](#)

Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria and gender incongruence.

- Section 10.8 of this bill amends NRS 695G by adding provisions as set forth in sections 11 and 11.6
- Section 11 requires managed care organization that issues a health care plan shall include in the health care plan coverage for the medically necessary treatment of conditions relating to gender dysphoria and gender incongruence. Such coverage must include coverage of medically necessary psychosocial and surgical intervention and any other medically necessary treatment for such disorders.

Note: This section provides a listing of healthcare providers to be covered as well as definitions of terms. This section also requires that a managed care organization must consider the most recent Standards of Care prescribed by the World Professional Association for Transgender Health, or its successor organizations.

- Section 11.6 of this bill prohibits discrimination with respect to participation or coverage under the plan on the basis of actual or perceived gender identity or expression.

SB 163 becomes effective on July 1, 2023.

[SB 167](#)

Prohibits the imposition of step therapy under certain circumstances.

- Section 12 of this bill amends NRS 695G by adding that a health care plan which provides coverage for prescription drugs must not require an insured to submit to a step therapy protocol before covering a drug approved by the Food and Drug Administration that is prescribed to treat a psychiatric condition’

Note: Currently, 6,805 members are taking at least one of the 29 impacted drugs. Step therapy exists to keep drug costs down by having patients try less expensive alternatives prior to moving to the more expensive drug. In 37% of cases, patients found the less expensive alternative was effective.

SB 167 becomes effective on July 1, 2023.

SB 280

Revises provisions governing contraception. Requiring a hospital to provide the insertion or injection of certain long-acting reversible contraception if requested by a patient giving birth at a hospital.

- Section 16 of this bill amends NRS 695G.1715 to prohibit medical management techniques for contraception and prohibit refusing contraceptive injections or inserted devices.

SB 280 is effective upon passage and approval for the purpose of adopting any regulations or performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on January 1, 2024, for all other purposes.

SB439

Revises provisions relating to communicable diseases.

- Section 16 of the bill amends NRS 287.04335 to comply with Sections 71 and 72 of the bill.
- Section 71 of the bill requires health plans to cover drugs approved by the United States Food and Drug Administration for medication-assisted treatment for opioid use disorder, support safe withdrawal from substance use disorder and treatment for substance use disorder. Further this section does not allow a managed care organization to utilize medical management techniques, limit the covered amount of a drug or refuse to cover a drug dispensed by a pharmacy through mail order service.
- Section 72 of the bill requires health care plans to cover testing for, treatment of and prevention of sexually transmitted diseases of all insureds regardless of age and condoms for insureds who are 13 years of age or older.

Sections 16, 71 and 72 become effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2024 for all other purposes.

Bills Continuing Benefits Provided under the Declaration of Emergency for COVID-19

The following bills amends certain provisions provided under the Declaration of Emergency for COVID-19 that were to be no longer required as of July 1, 2023. PEPP plans continues to provide coverage under those provisions, therefore, no additional changes are required to the Master Plan Document.

[AB 147](#)

Revises provisions relating to dentistry.

- Section 39 of this bill amends NRS 695G.162 to require health care plans issued by a manage care organization for group coverage to include coverage for services provided to an insured through telehealth to the same extent as though provided in person.

AB 147 is effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on January 1, 2024, for all other purposes.

[SB 119](#)

Provides for the continuation of certain requirements governing insurance coverage of telehealth services.

Section 1.8 of this bill amends [NRS 695G.162](#) to require health care plans issued by a manage care organization for group coverage to include coverage for services provided to an insured through telehealth to the same extent as though provided in person

Section 1.8 of SB 119 becomes effective on July 1, 2023.

General Administration Bills

AB 7

Revises provisions relating to electronic health records. The bill requires the adoption of a framework for the electronic transmittal, maintenance and exchange of certain health information; requiring governmental entities, health care facilities and providers, insurers and insurance administrators to maintain, transmit and exchange health information electronically.

- Section 1.96 amends [NRS 287.04335](#) to add compliance with the provisions of NRS 439.581 to 439.595 inclusive and Section 1 of the Act.
- Section 2.7 identifies the Executive Officer of PEPP as an ex officio member of the advisory committee to be established by the Director of the Department of Health and Human Services

AB 7 is effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on July 1, 2024, for all other purposes.

[AB 52](#)

Makes various changes related to the Open Meeting Law.

- Section 2 of the bill amends [NRS 241](#) by adding that if a vacancy occurs in the voting membership of a public body, the necessary quorum and number of votes necessary to take action on a matter is reduced as though the vacancy does not exist.
- Section 3 of the bill requires that a public body shall not consider at a meeting whether to take administrative action against a person unless the public body has given written notice to that person of the time and place of the meeting.
- Section 4 of the bill amends definitions in [NRS 241.015](#) to make clear that a meeting must deliberate to take an action. Defines “Administrative action against a person” and further defines that a gathering of members of a public body at which a quorum is present does not include any gathering or series of gatherings of members of a public body if the members do not deliberate toward a decision or take action on any matter over which the public body has supervision, control, jurisdiction or advisory power.

AB 52 is effective on July 1, 2023.

[AB 219](#)

Makes various changes to the Open Meeting Law.

- Section 1 of this bill amends [NRS 241](#) by adding a new section to require public comment to be taken at the beginning of a meeting before any items on which action may be taken are heard by the public body and again before the adjournment of the meeting or after each item on the agenda on which action may be taken is discussed by the public body but before the public body takes action on the item.
- Section 2 of the bill amends NRS 241 by removing the language now reflected in Section 1.

AB 219 is effective on July 1, 2023.

[SB 272](#)

Revises provisions relating to governmental administration.

- This bill amends [NRS 333](#) (also Chapters 332, 333A and 338 of NRS) by adding a new section requiring each using agency on or before September 1 of each year, to post the number of contracts awarded during the immediately preceding fiscal year; the total dollar amount of those contracts; and the total number of contracts awarded to minority-owned businesses; women-owned businesses; LGBTQ-owned business or veteran-owned businesses; and the total dollar amount of the contracts awarded to each of those demographic groups.

SB 272 becomes effective on July 1, 2024.

[SB 419](#)

Makes revisions relating to public health.

- Section 1 of this bill adds to [NRS 439](#) requiring notice to regulatory bodies if there is an insurance provider not in compliance with this bill. PEBP will have to have certification to contribute to the information exchange.

- Section 29 of this bill amends NRS 287.04335 to add NRS 439.581 to NRS 439.595, inclusive which is regarding Health Information Exchanges and section 1 of the act.

Note: This bill largely applies to DHHS, however should there be electronic data requirements that are imposed on PEBP, PEBP has already built these considerations into current contracts.

SB 419 has numerous sections with varying effective dates. Only those sections affecting PEBP are listed below.

- Section 1 of the bill becomes effective upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and on July 1, 2024, for all other purposes.
- Section 29 of the bill becomes effective upon passage and approval for the purposes of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and on July 1, 2025, for all other purposes.

Appropriations and Authorization Bills

[SB 501](#)

Establishes for the 2023-2025 biennium the subsidies to be paid to the Public Employees' Benefits Program for insurance for certain active and retired public officers and employees. Sets employer subsidies and Health Reimbursement Arrangement funding for retirees.

SB 501 becomes effective on July 1, 2023.

[SB 504](#)

Authorizes expenditures by agencies of the State Government for the 2023-2025 biennium.

SB 504 becomes effective on July 1, 2023.

[SB 511](#)

Makes various changes regarding state financial administration and makes appropriations for the support of the civil government of the State. This bill sets supplemental Basic Life Insurance for State active and state retirees as well as provides supplemental funding for active employees on a PEBP plan.

SB 511 becomes effective on July 1, 2023.