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JOY GRIMMER
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AGENDA ITEM

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Action Item

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Information Only

Date: May 22, 2025
Item Number: 9
Title: Legislative Update

SUMMARY

This report provides the PEBP Board and the public with information regarding new legislation proposed in the 2025 session of the Nevada Legislature.

REPORT

PEBP staff is tracking all bills that may affect PEBP, including those addressing the conduct of open meetings, public records requests, and preparation of state agency budgets. However, the attached spreadsheet lists only those measures likely to affect the benefits offered to members and/or those that may have a significant fiscal impact on PEBP.

The bills that appear most consequential are:

Assembly Bill 188 – In part, this bill proposes to, under certain circumstances, provide a subsidy to pay for a portion of premium costs for retirees who were initially hired on or after January 1, 2012; raises the cap on HRA balances for retirees enrolled in Medicare; and requires a legislative study of various aspects of PEBP during the 2025-2026 interim. PEBP estimates that passage would incur an immediate increase in its OPEB liability of 12.26% (\$179 million) in the first year and approximately 3.5% per year thereafter; additionally, passage would require additional staff members to manage the resulting increased workload, as well as increased administrative costs, totaling approximately \$1 million in Fiscal Year 2027, and \$2.5 million in the next biennium. This does not account for claims costs which are dependent upon the number of retirees and the plan and tier those retirees elect as well as the health concerns of both the retirees and their dependents. Claims costs are difficult to determine, however initial estimates of costs are approximately \$1.1 million in FY2027 and \$5.6 million in the next biennium.

Assembly Bill 583 – Establishes the subsidies to be paid to PEBP, consistent with the Governor's Recommended budget.

Senate Bill 494 – This bill was introduced in the Senate on May 15, 2025, and reflects the reorganization previously presented to the Board by Stacie Weeks, Administrator of the Division of Health Care Financing and Policy, to include placing PEBP within the Nevada Health Authority (which is created by the bill) and authorizing the Board to use certain Nevada Health Authority services, including procurement services.

CONCLUSION

PEBP staff will continue to track legislation and provide updates as appropriate to the PEBP Board through the close of the session.

Bill Tracking 83rd (2025) Session							
BILL #	Summary	Description	Sponsor	Tracking	Comments	Fiscal Note Requested	Fiscal Impact
AB52	Revises provisions relating to the payment of claims by providers of health care	AN ACT relating to insurance; requiring the Commissioner of Insurance to establish programs to inform providers of health care and insureds under health insurance policies of certain information relating to the payment of claims; revising provisions governing the payment of claims under policies of health insurance; establishing certain administrative penalties; requiring a health carrier to provide certain information to participating providers of health care and covered persons; requiring a health carrier to establish certain procedures for challenging the denial of a claim; and providing other matters properly relating thereto.	Commission on Minority Affairs	YES	4/24/25: To Assembly Committee on Ways and Means Amends NRS 689B.255 and NRS 695G.230, which apply to PEBP via NRS 287.04335, to set forth requirements for denial of claims submitted by providers, including reasons for denial, criteria for determination, and summary of procedure to challenge denial; adds new provisions regarding approving and paying or denying claim within 21 days if submitted electronically, setting other timelines for requesting further information and resolving claims after receipt, requiring payment of interest on late-paid claims, and annual report to DOI re: compliance.	Yes	\$177,709 in Year 1 \$370,736 in Year 2 \$790,073 in future biennia
AB169	Revises provisions relating to insurance.	AN ACT relating to insurance; requiring that certain health insurance policies and health plans include coverage for certain forms of speech-language pathology as treatment for stuttering for persons who are less than 18 years of age; prohibiting certain limitations on such coverage; and providing other matters properly relating thereto.	Assemblymember Yeager	YES	4/23/25: To Assembly Committee on Ways and Means Section 15 amends NRS 287.04335 to require coverage for habilitative/rehabilitative speech-language pathology as treatment for stuttering for persons under 26; and to prohibit imposing a maximum annual limit on such coverage, limiting coverage based on cause of stuttering, or imposing medical management techniques on such coverage.	Yes	\$3.3 Million in 2027 \$8.1 Million in future biennia
AB186	Revises provisions relating to health care.	AN ACT relating to pharmacy; authorizing a registered pharmacist to prescribe drugs and devices to treat certain health conditions; authorizing a registered pharmacist to administer drugs; authorizing a registered pharmacist to engage in certain activity relating to laboratories and laboratory testing; and providing other matters properly relating thereto.	Assemblyman Orentlicher	YES	4/23/25: To Assembly Committee on Ways and Means Amends NRS 695G.1705, which applies to PEBP via NRS 287.04335, re: insurance coverage for certain services performed by registered pharmacists.	Yes	Cannot Be Determined
AB188	Revises provisions relating to public employment.	AN ACT relating to the Public Employees' Benefits Program; requiring the Board of the Public Employees' Benefits Program to report certain information relating to the costs of health insurance for certain retirees; revising provisions relating to the subsidy paid for certain health and welfare benefits for certain state employees who have retired with state service; revising requirements for certain retired public officers and employees to reinstate insurance under the Program; and providing other matters properly relating thereto.	Assemblymember Carter	YES	5/15/25: Referred to Assembly Committee on Ways and Means Revises NRS Chapter 287 to provide subsidy to retirees initially hired on or after 1/1/12 under certain circumstances and provisions related to such subsidies; raises cap on HRA balances for retirees enrolled in Medicare; requires Joint Interim Standing Committee on Government Affairs to conduct a study during the 2025-2026 interim concerning various aspects of PEBP.	Yes	\$179 million increase to OPEB liability. Additional Staff, Administrative Fees and Claims Costs \$2.5 million in future biennia based on 3.55% inflation and only 73 new retirees initially enrolled
AB259	Revises provisions relating to health care.	AN ACT relating to health care; prohibiting certain actions related to pricing and reimbursement for certain drugs; creating a cause of action for violating such prohibitions; and providing other matters properly relating thereto.	Assemblywoman Considine	YES	4/21/25: To Assembly Committee on Ways and Means Prohibits entities that purchase drugs subject to a maximum fair price (the price negotiated by the US Sec'y of Health & Human Svcs. for Medicare recipients) from paying more than that price or seeking reimbursement higher than that price.	Yes	\$921,024 each year without consideration for drug inflation or effect on rebates.

Bill Tracking 83rd (2025) Session							
BILL #	Summary	Description	Sponsor	Tracking	Comments	Fiscal Note Requested	Fiscal Impact
AB290	Revises provisions relating to health care.	AN ACT relating to insurance; imposing requirements governing prior authorization for medical or dental care; prohibiting an insurer from requiring prior authorization for covered emergency services or denying coverage for covered, medically necessary emergency services; requiring an insurer to publish certain information relating to requests for prior authorization on the Internet; requiring an insurer and the Commissioner of Insurance to compile certain reports; and providing other matters properly relating thereto.	Assemblymember Nguyen	YES	4/24/25: To Assembly Committee on Ways and Means Section 23 amends NRS 287.04335 to remove requirement for PEBP to comply with NRS 687B.723; and to require that PEBP comply with NRS 687B.225(1); (2)(b), (c); (3), (4) and (5); and sections 2 to 18 of the act, all of which provide requirements related to prior authorizations.	Yes	Cannot Be Determined
AB340	Requires health insurance to cover certain screenings and assessments.	AN ACT relating to insurance; requiring certain health insurance to include coverage for the screening, assessment and diagnosis of attention deficit hyperactivity disorder, fetal alcohol spectrum disorders, intellectual disabilities and specific learning disabilities for certain persons; establishing certain administrative sanctions for failure to provide such coverage; and providing other matters properly relating thereto.	Committee on Health and Human Services	YES	4/17/25: To Assembly Committee on Ways and Means Section 14 amends NRS 287.04335 to comply with section 11 of the act, which requires coverage of screening for and the assessment and diagnosis of attention deficit hyperactivity disorder, fetal alcohol spectrum disorders, intellectual disabilities and specific learning disabilities for insureds under 18 years or, if enrolled in high school, until the the age of 22.	Yes	\$59,951 in 2027 \$127,192 in future biennia
AB428	Makes revisions relating to health care.	AN ACT relating to insurance; requiring certain health plans to include coverage for certain procedures or services for the preservation of fertility of insureds who have been diagnosed with breast or ovarian cancer; providing certain exceptions for insurers affiliated with religious organizations; and providing other matters properly relating thereto.	Assemblymember Flanagan	YES	4/24/25: To Assembly Committee on Ways and Means Section 14 amends NRS 287.04335 to require compliance with section 11 of the act, which requires coverage for certain procedures or services that are medically necessary to preserve fertility for an insured who has been diagnosed with breast or ovarian cancer if (1) the cancer may directly or indirectly cause infertility; or (2) the insured in expected to receive medical treatment for the cancer and the treatment could directly or indirectly cause infertility.	Yes	\$216,707 in 2027 \$495,058 in future biennia
AB463	Revises provisions relating to health care.	AN ACT relating to insurance; imposing requirements governing prior authorization for medical or dental care; prohibiting an insurer from requiring prior authorization for covered emergency services or denying coverage for covered, medically necessary emergency services; prohibiting an insurer from requiring prior authorization for certain other medical care; requiring an insurer to publish certain information on the Internet website of the insurer; requiring an insurer and the Commissioner of Insurance to compile and submit certain reports; and providing other matters properly relating thereto.	Assemblymember Backus	YES	4/24/25: To Assembly Committee on Ways and Means Section 31 amends NRS 287.04335 to require compliance with 687B.225(1)(b), NRS 687B.225(2), and sections 2 through 26 of this act, all of which provide requirements related to prior authorizations.	Yes	\$5.6 million in 2027 \$11.1 million in future biennia

Bill Tracking 83rd (2025) Session							
BILL #	Summary	Description	Sponsor	Tracking	Comments	Fiscal Note Requested	Fiscal Impact
AB522	Revises provision relating to health care.	AN ACT relating to health care; requiring health insurers to allow the covered adult child of an insured to remain covered by the health insurance of the insured until 26 years of age; requiring health insurers to provide coverage for certain preventive health care for children, persons who are pregnant, women and adults; prohibiting insurers from imposing certain costs and taking other actions with respect to certain preventive health care; requiring health insurers to provide coverage for screenings for colorectal cancer; requiring health insurers to provide coverage for maternity and newborn care; prohibiting health insurers and providers of health care from engaging in certain discriminatory actions; and providing other matters properly relating thereto.	Assembly Committee on Health and Human Services	YES	4/24/25: To Assembly Committee on Ways and Means Section 106 amends NRS 287.04335 to remove requirements to comply with NRS 695G.167 (orally administered chemotherapy), NRS 695G.1675 (exemptions for step therapy), and NRS 695G.170 (medically necessary emergency services); and to add requirement to comply with sections 90 to 94 of act, which requires coverage of children to age 26, adds coverage for additional preventive health care services not currently covered under existing law with no copay/coinsurance, and addresses postpartum hospital stays; section 107 amends NRS 287.04337 to add requirement to cover diagnostic imaging test for breast cancer under certain conditions, without charging higher deductible, copay, or coinsurance for such imagine.	Yes	Cannot Be Determined
AB583	Establishes for the 2025-2027 biennium the subsidies to be paid to the Public Employees' Benefits Program for insurance for certain active and retired public officers and employees.	AN ACT relating to programs for public personnel; establishing for the 2025-2027 biennium the subsidies to be paid to the Public Employees' Benefits Program for insurance for certain active and retired public officers and employees; and providing other matters properly relating thereto.	Assembly Committee on Ways and Means	YES	5/15/25: To Assembly Committee on Ways and Means		
SB192	Revises provisions relating to health care.	AN ACT relating to public health; imposing requirements relating to birth in a hospital or freestanding birthing center; requiring health insurance to include certain coverage; requiring the governing bodies of public schools to adopt policies to prevent sudden cardiac arrest during the participation of pupils in certain sports; requiring an independent psychiatric evaluation of certain children in the custody of a child welfare agency; prohibiting a health insurer or health insurance administrator from providing health care services; prohibiting a hospital from taking measures to restrict certain providers of healthcare; prohibiting the use of race-based health formulas and race-based care standards in certain circumstances; requiring patients to be provided information relating to stem cell treatment, storage and donation in certain circumstances; revising provisions governing the prescribing and dispensing of controlled substances; prohibiting a health insurer from engaging in certain discrimination against solo practitioners; providing for a study of certain disparities relating to health care; providing a penalty; and providing other matters properly relating thereto.	Senator Neal	YES	4/25/25: To Senate Committee on Finance Section 18 amends NRS 287.04335 to require compliance with section 61 of act, which requires coverage of doula services and inclusion of doulas in network; section 42 amends NRS 687B.692, which applies to PEBP through NRS 287.04335, to prohibit denial of a request to include a provider in a network because provider is a solo practitioner; section 64 amends NRS 695G.1717, which applies to PEBP through NRS 287.04335, to extend current coverage for hormone replacement therapy to include testosterone replacement therapy for menopausal women; and section 67.5 requires insurers like PEBP to submit to the Insurance Commissioner a plan for complying with this requirement by January 1, 2026.	Yes	\$306,750 in Year 2 \$613,500 in future biennia

Bill Tracking 83rd (2025) Session							
BILL #	Summary	Description	Sponsor	Tracking	Comments	Fiscal Note Requested	Fiscal Impact
SB217	Revises provisions relating to women's health.	AN ACT relating to health care; prohibiting a governmental entity from substantially burdening certain activity relating to assisted reproduction under certain circumstances; authorizing a person whose engagement in such activity has been so burdened to assert the violation as a claim or defense in a judicial proceeding; authorizing a court to award damages against a governmental entity that substantially burdens such activity in certain circumstances; providing certain immunity from civil and criminal liability and administrative sanctions for certain persons and entities involved in the provision of assisted reproduction; providing that a fertilized egg or human embryo outside of a human uterus is not a person for legal purposes; requiring certain health insurers to authorize a pregnant person to enroll in a health plan during a specified period; requiring certain public and private health insurers to provide certain coverage for the treatment of infertility and fertility preservation; providing a penalty; and providing other matters properly relating thereto.	Senator Cannizzaro	YES	4/22/25: To Senate Committee on Finance Section 13 amends NRS 287.04335 to comply with new provisions requiring coverage for treatment of infertility, including (a) at least three but not more than five completed retrievals of oocytes, (b) at least three but not more than five transfers of embryos, (c) at least five years of standard fertility preservation services; also prohibits imposition of conditions, including cost-sharing, prior auths, and waiting periods on infertility treatment/fertility preservation if such conditions are not required for similar benefits that are not related to fertility.	Yes	\$3.2 million in Year 1 \$3.7 million in Year 2 \$9 million in future biennia
SB337	Revises provisions relating to health care.	AN ACT relating to health care; requiring certain health care facilities and certain providers of health care to provide patients with a form for a non-opioid directive and offer patients treatments that do not utilize an opioid under certain circumstances; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to create a form for a non-opioid directive; requiring the Administrator of the Division to appoint an advisory board to monitor compliance with laws and regulations relating to the non-opioid directive; requiring certain policies of health insurance to include coverage for at least one drug that is an alternative to opioids; requiring certain insurers to provide the form for a non-opioid directive to new insureds; revising the manner by which money in the Fund for a Resilient Nevada allocates money to projects and grants; and providing other matters properly relating thereto.	Senator Lange	YES	5/15/25: Heard Senate Committee on Finance/No action Section 28 amends NRS 287.04335 to require compliance with provisions of section 53 of the act, which requires the plan include coverage for at least one alternative to an opioid that is effective for the purpose for which an opioid is commonly used and is available; and prohibits requiring prior authorization or other requirement for such alternative if prior authorization or other requirement is not required for an opioid under the same circumstances.	Yes	\$97,333 in 2027 \$207,702 in future biennia
SB344	Revises provisions governing health care.	AN ACT relating to insurance; requiring certain health insurance to cover certain screenings for genetic disorders in a fetus or the parents of a fetus; and providing other matters properly relating thereto.	Senator Cannizzaro	YES	4/10/25: To Senate Committee on Finance Section 15 amends NRS 287.04335 to require coverage for noninvasive prenatal screening, i.e., drawing blood to test DNA for the purpose of detecting chromosomal abnormalities in the fetus, at any time during pregnancy without requiring prior authorization	Yes	\$124,448 in 2027 \$273,822 in future biennia
SB494	Makes revisions relating to health and human services.	AN ACT relating to state government; creating the Nevada Health Authority; creating certain divisions and offices within the Authority; providing for the appointment of officers and the employment of staff for the Authority; establishing requirements governing procurement by the Authority; creating the Nevada Health Authority Gift Fund; prescribing the duties of the Authority and its divisions and officers; transferring to the Authority the responsibility for operating various programs and administering various provisions; revising the name of certain agencies; revising certain terminology; eliminating the Division of Health Care Financing and Policy of the Department of Health and Human Services; revising provisions governing the operation of the Public Employees' Benefits Program; revising the membership and duties of the Board of Directors of the Silver State Health Insurance Exchange; and providing other matters properly relating thereto.	Senate Committee on Finance	YES	5/15/25: Introduced; referred to Senate Committee on Health and Human Services Sections 68 through 74 revise provisions governing the operations of PEBP, including placing PEBP within the newly created Nevada Health Authority (NHA); revising the procedure governing the appointment of PEBP Board members; transferring responsibility for appointing PEBP's Executive Officer from the Board to the NHA Director; requiring the submission of annual report regarding the administration and operation of the Program to the NHA; providing that the appointment of PEBP officers and unclassified employees is subject to the approval of NHA Director; and authorizing the Board to use certain NHA services, including procurement services.		