

ASSEMBLY BILL NO. 274—ASSEMBLYWOMAN GORELOW

MARCH 15, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain health plans to cover fertility preservation services. (BDR 57-482)

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 plans to include coverage for standard fertility preservation services; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires public and private policies of insurance regulated under
2 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-
3 422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169,
4 689C.194, 689C.1945, 689C.195, 695A.184-695A.1875, 695B.1901-695B.1948,
5 695C.1691-695C.176, 695G.162-695G.177) Existing law also requires employers
6 to provide certain benefits to employees, including the coverage required for health
7 insurers, if the employer provides health benefits for its employees. (NRS
8 608.1555) Sections 1, 3, 4, 6-9, 11 and 13-15 of this bill require that certain public
9 and private health plans provide coverage for standard services for fertility
10 preservation because a covered person: (1) has a medical or genetic condition that
11 may directly or indirectly cause infertility; or (2) is expected to receive medical
12 treatment that may directly or indirectly cause infertility. Sections 2, 5 and 12 of
13 this bill make conforming changes to indicate the proper placement of sections 1, 4
14 and 15 in the Nevada Revised Statutes. Section 10 of this bill authorizes the
15 Commissioner of Insurance to suspend or revoke the certificate of a health
16 maintenance organization that fails to comply with the requirements of section 8 of
17 this bill. The Commissioner would also be authorized to take such action against
18 other health insurers who fail to comply with the requirements of sections 1, 3, 4, 6,
19 7 and 11 of this bill. (NRS 680A.200)



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

1 **Section 1.** Chapter 689A of NRS is hereby amended by
2 adding thereto a new section to read as follows:

3 1. *An insurer that issues a policy of health insurance shall*
4 *include in the policy coverage for standard services for fertility*
5 *preservation that are medically necessary to preserve fertility*
6 *because the insured:*

7 (a) *Has been diagnosed with a medical or genetic condition*
8 *that may directly or indirectly cause infertility, as determined*
9 *pursuant to paragraph (a) of subsection 2; or*

10 (b) *Is expected to receive a medical treatment that may directly*
11 *or indirectly cause infertility, as determined pursuant to*
12 *paragraph (b) of subsection 2.*

13 2. *For the purposes of subsection 1:*

14 (a) *A medical or genetic condition may directly or indirectly*
15 *cause infertility if the condition or treatment for the condition is*
16 *likely to cause infertility, as established by the American Society of*
17 *Clinical Oncology, the American Society for Reproductive*
18 *Medicine or the American College of Obstetricians and*
19 *Gynecologists, or their successor organizations.*

20 (b) *A medical treatment may directly or indirectly cause*
21 *infertility if the treatment has a potential side effect of impaired*
22 *fertility, as established by the American Society of Clinical*
23 *Oncology or the American Society for Reproductive Medicine, or*
24 *their successor organizations.*

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

28 4. *A policy of health insurance subject to the provisions of*
29 *this chapter that is delivered, issued for delivery or renewed on or*
30 *after July 1, 2021, has the legal effect of including the coverage*
31 *required by subsection 1, and any provision of the policy that*
32 *conflicts with the provisions of this section is void.*

33 5. *As used in this section:*

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

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



1 (c) *“Standard services for fertility preservation” includes,*
2 *without limitation, the procurement, cryopreservation and storage*
3 *of gametes, embryos or other reproductive tissue.*

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

5 689A.330 If any policy is issued by a domestic insurer for
6 delivery to a person residing in another state, and if the insurance
7 commissioner or corresponding public officer of that other state has
8 informed the Commissioner that the policy is not subject to approval
9 or disapproval by that officer, the Commissioner may by ruling
10 require that the policy meet the standards set forth in NRS 689A.030
11 to 689A.320, inclusive [H], *and section 1 of this act.*

12 **Sec. 3.** Chapter 689B of NRS is hereby amended by adding
13 thereto a new section to read as follows:

14 **1.** *An insurer that issues a policy of group health insurance*
15 *shall include in the policy coverage for standard services for*
16 *fertility preservation that are medically necessary to preserve*
17 *fertility because the insured:*

18 (a) *Has been diagnosed with a medical or genetic condition*
19 *that may directly or indirectly cause infertility, as determined*
20 *pursuant to paragraph (a) of subsection 2; or*

21 (b) *Is expected to receive a medical treatment that may directly*
22 *or indirectly cause infertility, as determined pursuant to*
23 *paragraph (b) of subsection 2.*

24 **2.** *For the purposes of subsection 1:*

25 (a) *A medical or genetic condition may directly or indirectly*
26 *cause infertility if the condition or treatment for the condition is*
27 *likely to cause infertility, as established by the American Society of*
28 *Clinical Oncology, the American Society for Reproductive*
29 *Medicine or the American College of Obstetricians and*
30 *Gynecologists, or their successor organizations.*

31 (b) *A medical treatment may directly or indirectly cause*
32 *infertility if the treatment has a potential side effect of impaired*
33 *fertility, as established by the American Society of Clinical*
34 *Oncology or the American Society for Reproductive Medicine, or*
35 *their successor organizations.*

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

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

44 **5.** *As used in this section:*



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

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

9 (c) "Standard services for fertility preservation" includes,
10 without limitation, the procurement, cryopreservation and storage
11 of gametes, embryos or other reproductive tissue.

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

14 1. A carrier that issues a health benefit plan shall include in
15 the plan coverage for standard services for fertility preservation
16 that are medically necessary to preserve fertility because the
17 insured:

18 (a) Has been diagnosed with a medical or genetic condition
19 that may directly or indirectly cause infertility, as determined
20 pursuant to paragraph (a) of subsection 2; or

21 (b) Is expected to receive a medical treatment that may directly
22 or indirectly cause infertility, as determined pursuant to
23 paragraph (b) of subsection 2.

24 2. For the purposes of subsection 1:

25 (a) A medical or genetic condition may directly or indirectly
26 cause infertility if the condition or treatment for the condition is
27 likely to cause infertility, as established by the American Society of
28 Clinical Oncology, the American Society for Reproductive
29 Medicine or the American College of Obstetricians and
30 Gynecologists, or their successor organizations.

31 (b) A medical treatment may directly or indirectly cause
32 infertility if the treatment has a potential side effect of impaired
33 fertility, as established by the American Society of Clinical
34 Oncology or the American Society for Reproductive Medicine, or
35 their successor organizations.

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

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

44 5. As used in this section:



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

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

9 (c) "Standard services for fertility preservation" includes,
10 without limitation, the procurement, cryopreservation and storage
11 of gametes, embryos or other reproductive tissue.

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

13 689C.425 A voluntary purchasing group and any contract
14 issued to such a group pursuant to NRS 689C.360 to 689C.600,
15 inclusive, are subject to the provisions of NRS 689C.015 to
16 689C.355, inclusive, *and section 4 of this act*, to the extent
17 applicable and not in conflict with the express provisions of NRS
18 687B.408 and 689C.360 to 689C.600, inclusive.

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

21 *1. A society that issues a benefit contract shall include in the*
22 *contract coverage for standard services for fertility preservation*
23 *that are medically necessary to preserve fertility because the*
24 *insured:*

25 (a) *Has been diagnosed with a medical or genetic condition*
26 *that may directly or indirectly cause infertility, as determined*
27 *pursuant to paragraph (a) of subsection 2; or*

28 (b) *Is expected to receive a medical treatment that may directly*
29 *or indirectly cause infertility, as determined pursuant to*
30 *paragraph (b) of subsection 2.*

31 *2. For the purposes of subsection 1:*

32 (a) *A medical or genetic condition may directly or indirectly*
33 *cause infertility if the condition or treatment for the condition is*
34 *likely to cause infertility, as established by the American Society of*
35 *Clinical Oncology, the American Society for Reproductive*
36 *Medicine or the American College of Obstetricians and*
37 *Gynecologists, or their successor organizations.*

38 (b) *A medical treatment may directly or indirectly cause*
39 *infertility if the treatment has a potential side effect of impaired*
40 *fertility, as established by the American Society of Clinical*
41 *Oncology or the American Society for Reproductive Medicine, or*
42 *their successor organizations.*

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



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

6 5. *As used in this section:*

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

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

15 (c) *“Standard services for fertility preservation” includes,*
16 *without limitation, the procurement, cryopreservation and storage*
17 *of gametes, embryos or other reproductive tissue.*

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

20 1. *A hospital or medical services corporation that issues a*
21 *policy of health insurance shall include in the policy coverage for*
22 *standard services for fertility preservation that are medically*
23 *necessary to preserve fertility because the insured:*

24 (a) *Has been diagnosed with a medical or genetic condition*
25 *that may directly or indirectly cause infertility, as determined*
26 *pursuant to paragraph (a) of subsection 2; or*

27 (b) *Is expected to receive a medical treatment that may directly*
28 *or indirectly cause infertility, as determined pursuant to*
29 *paragraph (b) of subsection 2.*

30 2. *For the purposes of subsection 1:*

31 (a) *A medical or genetic condition may directly or indirectly*
32 *cause infertility if the condition or treatment for the condition is*
33 *likely to cause infertility, as established by the American Society of*
34 *Clinical Oncology, the American Society for Reproductive*
35 *Medicine or the American College of Obstetricians and*
36 *Gynecologists, or their successor organizations.*

37 (b) *A medical treatment may directly or indirectly cause*
38 *infertility if the treatment has a potential side effect of impaired*
39 *fertility, as established by the American Society of Clinical*
40 *Oncology or the American Society for Reproductive Medicine, or*
41 *their successor organizations.*

42 3. *A hospital or medical services corporation shall ensure*
43 *that the benefits required by subsection 1 are made available to an*
44 *insured through a provider of health care who participates in the*
45 *network plan of the hospital or medical services corporation.*



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

6 5. *As used in this section:*

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

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

16 (c) *“Standard services for fertility preservation” includes,*
17 *without limitation, the procurement, cryopreservation and storage*
18 *of gametes, embryos or other reproductive tissue.*

19 **Sec. 8.** Chapter 695C of NRS is hereby amended by adding
20 thereto a new section to read as follows:

21 1. *A health maintenance organization that issues a health*
22 *care plan shall include in the plan coverage for standard services*
23 *for fertility preservation that are medically necessary to preserve*
24 *fertility because the enrollee:*

25 (a) *Has been diagnosed with a medical or genetic condition*
26 *that may directly or indirectly cause infertility, as determined*
27 *pursuant to paragraph (a) of subsection 2; or*

28 (b) *Is expected to receive a medical treatment that may directly*
29 *or indirectly cause infertility, as determined pursuant to*
30 *paragraph (b) of subsection 2.*

31 2. *For the purposes of subsection 1:*

32 (a) *A medical or genetic condition may directly or indirectly*
33 *cause infertility if the condition or treatment for the condition is*
34 *likely to cause infertility, as established by the American Society of*
35 *Clinical Oncology, the American Society for Reproductive*
36 *Medicine or the American College of Obstetricians and*
37 *Gynecologists, or their successor organizations.*

38 (b) *A medical treatment may directly or indirectly cause*
39 *infertility if the treatment has a potential side effect of impaired*
40 *fertility, as established by the American Society of Clinical*
41 *Oncology or the American Society for Reproductive Medicine, or*
42 *their successor organizations.*

43 3. *A health maintenance organization shall ensure that the*
44 *benefits required by subsection 1 are made available to an enrollee*



1 *through a provider of health care who participates in the network*
2 *plan of the health maintenance organization.*

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

8 5. *As used in this section:*

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

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

18 (c) *“Standard services for fertility preservation” includes,*
19 *without limitation, the procurement, cryopreservation and storage*
20 *of gametes, embryos or other reproductive tissue.*

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

22 695C.050 1. Except as otherwise provided in this chapter or
23 in specific provisions of this title, the provisions of this title are not
24 applicable to any health maintenance organization granted a
25 certificate of authority under this chapter. This provision does not
26 apply to an insurer licensed and regulated pursuant to this title
27 except with respect to its activities as a health maintenance
28 organization authorized and regulated pursuant to this chapter.

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

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

36 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
37 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
38 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
39 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and
40 695C.265 do not apply to a health maintenance organization that
41 provides health care services through managed care to recipients of
42 Medicaid under the State Plan for Medicaid or insurance pursuant to
43 the Children’s Health Insurance Program pursuant to a contract with
44 the Division of Health Care Financing and Policy of the Department
45 of Health and Human Services. This subsection does not exempt a



1 health maintenance organization from any provision of this chapter
2 for services provided pursuant to any other contract.

3 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
4 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,
5 695C.1735, 695C.1745 and 695C.1757 *and section 8 of this act*
6 apply to a health maintenance organization that provides health care
7 services through managed care to recipients of Medicaid under the
8 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
11 certificate of authority issued to a health maintenance organization
12 pursuant to the provisions of this chapter if the Commissioner finds
13 that any of the following conditions exist:

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

21 (b) The health maintenance organization issues evidence of
22 coverage or uses a schedule of charges for health care services
23 which do not comply with the requirements of NRS 695C.1691 to
24 695C.200, inclusive, or 695C.207 ~~§~~ *or section 8 of this act;*

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

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

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

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

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

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

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

42 (1) Resolving complaints in a manner reasonably to dispose
43 of valid complaints; and



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

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

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

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

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

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

16 3. If the certificate of authority of a health maintenance
17 organization is suspended, the health maintenance organization shall
18 not, during the period of that suspension, enroll any additional
19 groups or new individual contracts, unless those groups or persons
20 were contracted for before the date of suspension.

21 4. If the certificate of authority of a health maintenance
22 organization is revoked, the organization shall proceed, immediately
23 following the effective date of the order of revocation, to wind up its
24 affairs and shall conduct no further business except as may be
25 essential to the orderly conclusion of the affairs of the organization.
26 It shall engage in no further advertising or solicitation of any kind.
27 The Commissioner may, by written order, permit such further
28 operation of the organization as the Commissioner may find to be in
29 the best interest of enrollees to the end that enrollees are afforded
30 the greatest practical opportunity to obtain continuing coverage for
31 health care.

32 **Sec. 11.** Chapter 695G of NRS is hereby amended by adding
33 thereto a new section to read as follows:

34 *1. A managed care organization that issues a health care*
35 *plan shall include in the health care plan coverage for standard*
36 *services for fertility preservation that are medically necessary to*
37 *preserve fertility because the insured:*

38 *(a) Has been diagnosed with a medical or genetic condition*
39 *that may directly or indirectly cause infertility, as determined*
40 *pursuant to paragraph (a) of subsection 2; or*

41 *(b) Is expected to receive a medical treatment that may directly*
42 *or indirectly cause infertility, as determined pursuant to*
43 *paragraph (b) of subsection 2.*

44 *2. For the purposes of subsection 1:*



1 (a) A medical or genetic condition may directly or indirectly
2 cause infertility if the condition or treatment for the condition is
3 likely to cause infertility, as established by the American Society of
4 Clinical Oncology, the American Society for Reproductive
5 Medicine or the American College of Obstetricians and
6 Gynecologists, or their successor organizations.

7 (b) A medical treatment may directly or indirectly cause
8 infertility if the treatment has a potential side effect of impaired
9 fertility, as established by the American Society of Clinical
10 Oncology or the American Society for Reproductive Medicine, or
11 their successor organizations.

12 3. A managed care organization shall ensure that the benefits
13 required by subsection 1 are made available to an insured through
14 a provider of health care who participates in the network plan of
15 the managed care organization.

16 4. A health care plan subject to the provisions of this chapter
17 that is delivered, issued for delivery or renewed on or after
18 July 1, 2021, has the legal effect of including the coverage
19 required by subsection 1, and any provision of the plan that
20 conflicts with the provisions of this section is void.

21 5. As used in this section:

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

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

31 (c) "Standard services for fertility preservation" includes,
32 without limitation, the procurement, cryopreservation and storage
33 of gametes, embryos or other reproductive tissue.

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

35 232.320 1. The Director:

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

39 (1) The Administrator of the Aging and Disability Services
40 Division;

41 (2) The Administrator of the Division of Welfare and
42 Supportive Services;

43 (3) The Administrator of the Division of Child and Family
44 Services;



1 (4) The Administrator of the Division of Health Care
2 Financing and Policy; and

3 (5) The Administrator of the Division of Public and
4 Behavioral Health.

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

16 (c) Shall administer any state program for persons with
17 developmental disabilities established pursuant to the
18 Developmental Disabilities Assistance and Bill of Rights Act of
19 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

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

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

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

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

43 (e) May, by regulation, require nonprofit organizations and state
44 and local governmental agencies to provide information regarding
45 the programs of those organizations and agencies, excluding



1 detailed information relating to their budgets and payrolls, which the
2 Director deems necessary for the performance of the duties imposed
3 upon him or her pursuant to this section.

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

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

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

9 287.010 1. The governing body of any county, school
10 district, municipal corporation, political subdivision, public
11 corporation or other local governmental agency of the State of
12 Nevada may:

13 (a) Adopt and carry into effect a system of group life, accident
14 or health insurance, or any combination thereof, for the benefit of its
15 officers and employees, and the dependents of officers and
16 employees who elect to accept the insurance and who, where
17 necessary, have authorized the governing body to make deductions
18 from their compensation for the payment of premiums on the
19 insurance.

20 (b) Purchase group policies of life, accident or health insurance,
21 or any combination thereof, for the benefit of such officers and
22 employees, and the dependents of such officers and employees, as
23 have authorized the purchase, from insurance companies authorized
24 to transact the business of such insurance in the State of Nevada,
25 and, where necessary, deduct from the compensation of officers and
26 employees the premiums upon insurance and pay the deductions
27 upon the premiums.

28 (c) Provide group life, accident or health coverage through a
29 self-insurance reserve fund and, where necessary, deduct
30 contributions to the maintenance of the fund from the compensation
31 of officers and employees and pay the deductions into the fund. The
32 money accumulated for this purpose through deductions from the
33 compensation of officers and employees and contributions of the
34 governing body must be maintained as an internal service fund as
35 defined by NRS 354.543. The money must be deposited in a state or
36 national bank or credit union authorized to transact business in the
37 State of Nevada. Any independent administrator of a fund created
38 under this section is subject to the licensing requirements of chapter
39 683A of NRS, and must be a resident of this State. Any contract
40 with an independent administrator must be approved by the
41 Commissioner of Insurance as to the reasonableness of
42 administrative charges in relation to contributions collected and
43 benefits provided. The provisions of NRS 687B.408, 689B.030 to
44 689B.050, inclusive, *and section 3 of this act*, 689B.287 and
45 689B.500 apply to coverage provided pursuant to this paragraph,



1 except that the provisions of NRS 689B.0378, 689B.03785 and
2 689B.500 only apply to coverage for active officers and employees
3 of the governing body, or the dependents of such officers and
4 employees.

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

11 2. If a school district offers group insurance to its officers and
12 employees pursuant to this section, members of the board of trustees
13 of the school district must not be excluded from participating in the
14 group insurance. If the amount of the deductions from compensation
15 required to pay for the group insurance exceeds the compensation to
16 which a trustee is entitled, the difference must be paid by the trustee.

17 3. In any county in which a legal services organization exists,
18 the governing body of the county, or of any school district,
19 municipal corporation, political subdivision, public corporation or
20 other local governmental agency of the State of Nevada in the
21 county, may enter into a contract with the legal services
22 organization pursuant to which the officers and employees of the
23 legal services organization, and the dependents of those officers and
24 employees, are eligible for any life, accident or health insurance
25 provided pursuant to this section to the officers and employees, and
26 the dependents of the officers and employees, of the county, school
27 district, municipal corporation, political subdivision, public
28 corporation or other local governmental agency.

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

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

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

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

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

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



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

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

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

8 287.04335 If the Board provides health insurance through a
9 plan of self-insurance, it shall comply with the provisions of NRS
10 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,
11 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to
12 695G.174, inclusive, *and section 11 of this act*, 695G.177,
13 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive,
14 and 695G.405, in the same manner as an insurer that is licensed
15 pursuant to title 57 of NRS is required to comply with those
16 provisions.

17 **Sec. 15.** Chapter 422 of NRS is hereby amended by adding
18 thereto a new section to read as follows:

19 *1. The Director shall include in the State Plan for Medicaid a*
20 *requirement that the State, to the extent authorized by federal law,*
21 *must pay the nonfederal share of expenditures incurred for*
22 *standard services for fertility preservation that are medically*
23 *necessary to preserve fertility because the person:*

24 *(a) Has been diagnosed with a medical or genetic condition*
25 *that may directly or indirectly cause infertility, as determined*
26 *pursuant to paragraph (a) of subsection 2; or*

27 *(b) Is expected to receive a medical treatment that may directly*
28 *or indirectly cause infertility, as determined pursuant to*
29 *paragraph (b) of subsection 2.*

30 *2. For the purposes of subsection 1:*

31 *(a) A medical or genetic condition may directly or indirectly*
32 *cause infertility if the condition or treatment for the condition is*
33 *likely to cause infertility, as established by the American Society of*
34 *Clinical Oncology, the American Society for Reproductive*
35 *Medicine or the American College of Obstetricians and*
36 *Gynecologists, or their successor organizations.*

37 *(b) A medical treatment may directly or indirectly cause*
38 *infertility if the treatment has a potential side effect of impaired*
39 *fertility, as established by the American Society of Clinical*
40 *Oncology or the American Society for Reproductive Medicine, or*
41 *their successor organizations.*

42 *3. As used in this section, "standard services for fertility*
43 *preservation" includes, without limitation, the procurement,*
44 *cryopreservation and storage of gametes, embryos or other*
45 *reproductive tissue.*



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

4 **Sec. 17.** This act becomes effective on July 1, 2021.

