

Amendment No. 183

Senate Amendment to Senate Bill No. 251	(BDR 40-478)
<b>Proposed by:</b> Senate Committee on Health and Human Services	
<b>Amends:</b> Summary: No 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. 251 (§§ 5, 6).
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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.

EWR/BJF



Date: 4/15/2021

S.B. No. 251—Revises provisions relating to genetic counseling and testing.  
(BDR 40-478)





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

MARCH 15, 2021

JOINT SPONSOR: ASSEMBLYWOMAN TOLLES

Referred to Committee on Health and Human Services

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

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

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

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

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

**Legislative Counsel’s Digest:**

1 Existing ***federal*** law ~~prescribes certain requirements relating to cancer, including: (1)~~  
2 ~~requirements governing the regulation of drugs, medicines, compounds and devices used in~~  
3 ~~the diagnosis, treatment or cure of cancer; (2) requirements governing the operation of a~~  
4 ~~radiation machine for mammography; and (3) requirements for the reporting and analysis of~~  
5 ~~certain information relating to cancer and other neoplasms. (Chapter 457 of NRS.)~~ ***requires a***  
6 ***health insurer issuer to cover certain preventive services, including evidence-based items***  
7 ***or services that have in effect a rating of “A” or “B” in the current recommendations of***  
8 ***the United States Preventive Services Task Force. (42 U.S.C. § 300gg-13) The United***  
9 ***States Preventive Services Task Force has recommended with a rating of “B” that: (1)***  
10 ***primary care clinicians assess women with a personal or family history of breast,***  
11 ***ovarian, tubal or peritoneal cancer or who have an ancestry associated with breast***  
12 ***cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief***  
13 ***familial risk assessment tool; and (2) women with a positive result on the risk assessment***

tool should receive genetic counseling and, if indicated after counseling, genetic testing. (United States Preventive Services Task Force, Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer, 322 JAMA 7, at pages 652-65, August 20, 2019). Section 1 of this bill requires a primary care provider to ~~[(1) screen each adult female patient to determine whether the family history of the patient indicates an increased risk for a harmful mutation in the BRCA gene; and (2) if the screening indicates an increased risk for such a mutation, take certain actions to ensure that the woman receives genetic testing and, if the genetic testing is positive for such a mutation, genetic counseling.]~~ conduct screening, conduct or refer for genetic counseling and conduct or refer for genetic testing in accordance with those federal recommendations.

Section 2 of this bill requires a notice to be sent to a woman with the results of a mammogram advising the woman to talk to her doctor about genetic counseling and testing if there is a history of certain types of cancer in her family. Existing law provides that a person who violates certain provisions relating to cancer is guilty of a misdemeanor or, for a third or subsequent violation, a category D felony. (NRS 457.200, 457.220) A person who fails to provide the notice required by section 2 would be subject to these penalties. ~~[Section] Sections 1, 2.5 and 3~~ of this bill ~~[exempts]~~ exempt a [person] primary care provider who [violates] fails to comply with the provisions of section 1 from ~~[the felony charge for a third or subsequent violation, meaning that any violation of section 1 would be a misdemeanor.]~~ those criminal penalties. Sections 1 and 9.5 of this bill additionally provide that a primary care provider who fails to comply with the provisions of section 1 is not subject to professional discipline.

Sections ~~[8-11]~~ 8, 10 and 11 of this bill authorize a physician, physician assistant or advanced practice registered nurse to receive credit toward applicable continuing education requirements for completing a course of instruction relating to genetic counseling and genetic testing.

Existing law requires public and private policies of insurance regulated under Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169, 689C.194-689C.195, 695A.184-695A.1875, 695B.1901-695B.1948, 695C.1691-695C.176, 695G.162-695G.177) Existing law also requires employers to provide certain benefits to employees, including the coverage required of health insurers, if the employer provides health benefits for its employees. (NRS 608.1555) Sections ~~5-7, 12, 14, 15, 17-20~~ and 22 of this bill require certain public and private health plans, including Medicaid, to provide coverage for screening, genetic counseling [and] and testing [and screening] for harmful mutations in the BRCA gene [for women who meet certain criteria.] where such screening, genetic counseling or testing, as applicable, is required by section 1. Sections 4, 13 and 16 of this bill make conforming changes to indicate the placement of sections 7, 12 and 15 in the Nevada Revised Statutes. Section 21 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 requirement of section 19 of this bill to provide coverage for screening, genetic counseling [and] and testing [and screening] for harmful mutations in the BRCA gene [for women who meet certain criteria.] where such screening, genetic counseling or testing, as applicable, is required by section 1. The Commissioner would also be authorized to take such action against other health insurers who fail to comply with the requirements of sections 12, 14, 15, 17, 18 and 22 of this bill. (NRS 680A.200)

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

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

1. A primary care provider shall ~~[screen]~~ :

(a) Attempt to determine whether each adult woman to whom he or she provides care ~~[to determine whether the] has a personal or family history of [the woman indicates an increased risk for] breast, ovarian, tubal or peritoneal cancer~~

1 or an ancestry associated with a harmful mutation in the BRCA gene ~~§~~ or meets  
 2 any other criteria under which the United States Preventive Services Task Force  
 3 has recommended screening for a risk of such a mutation; and

4 (b) If the primary care provider determines that an adult woman to whom he  
 5 or she provides care meets the criteria described in paragraph (a) and has not  
 6 previously undergone genetic testing for a harmful mutation in the BRCA gene,  
 7 use an appropriate brief familial risk assessment tool to screen for a risk of such  
 8 a mutation.

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

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

13 (b) ~~Administer a~~ Provide genetic ~~test for harmful mutations in the BRCA~~  
 14 gene} counseling to the woman or ~~refer the woman for such testing; and~~

15 ~~(c) If the testing conducted pursuant to paragraph (b) is positive for a~~  
 16 ~~harmful mutation in the BRCA gene,} ensure that the woman is referred for~~  
 17 genetic counseling ~~§~~; and

18 (c) If a genetic test for harmful mutations in the BRCA gene is clinically  
 19 indicated as a result of the genetic counseling, administer such a test to the  
 20 woman or ensure that the woman is referred for such testing.

21 3. A primary care provider who fails to comply with this section is not  
 22 subject to criminal penalties or professional discipline for such failure to comply.

23 4. As used in this section, "primary care provider" means:

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

27 (b) A midwife.

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

29 457.1857 1. If a patient undergoes mammography, the owner, lessee or  
 30 other person responsible for the radiation machine for mammography that was used  
 31 to perform the mammography must ensure that each report provided to the patient  
 32 pursuant to 42 U.S.C. § 263b(f)(1)(G)(ii)(IV) includes, without limitation, a  
 33 statement of the category of the patient's breast density which is determined based  
 34 on the Breast Imaging Reporting and Data System or such other guidelines as  
 35 required by the State Board of Health by regulation, and, if applicable, the notice  
 36 provided in subsection 2.

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

40  
 41 Your mammogram shows that your breast tissue is dense. Dense breast  
 42 tissue is common and is not abnormal. However, dense breast tissue can  
 43 make it harder to evaluate the results of your mammogram and may also be  
 44 associated with an increased risk of breast cancer. This information about  
 45 the results of your mammogram is given to you to raise your awareness and  
 46 to inform your conversations with your physician. Together, you can decide  
 47 which screening options are right for you. A report of your results was sent  
 48 to your physician.

49  
 50 3. The report described in subsection 1 must include a notice in the  
 51 following form:

1 *Ten to twenty percent of all cancers can be categorized as hereditary*  
2 *and the clinical and financial value of identifying patients and families at*  
3 *risk is well documented. If you have a personal or family history of*  
4 *breast, ovarian, fallopian tube, peritoneal or other cancer, please consult*  
5 *your physician regarding genetic counseling and testing.*  
6

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

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

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

13 **Sec. 2.5.** NRS 457.200 is hereby amended to read as follows:

14 457.200 ~~The~~ Except as otherwise provided in section 1 of this act, the  
15 failure of any person or association, representing that the person or association as  
16 engaged in the diagnosis, treatment or cure of cancer, to comply with any of the  
17 provisions of this chapter, or with any order of the Division validly issued under  
18 this chapter, is a misdemeanor.

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

20 457.220 1. Except as otherwise provided in subsection 2, a person convicted  
21 of a violation of any provision of this chapter, who has previously been convicted  
22 twice or more of violations of any provisions of this chapter, is guilty of a category  
23 D felony and shall be punished as provided in NRS 193.130.

24 2. The penalty provided in subsection 1 does not apply to violations of NRS  
25 457.230 to 457.280, inclusive ~~+~~, or section 1 of this act.

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

27 232.320 1. The Director:

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

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

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

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

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

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

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

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

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

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

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

5 (3) Provide for communication and the coordination of those services  
6 among nonprofit organizations, agencies of local government, the State and the  
7 Federal Government;

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

10 (5) Set forth sufficient information to assist the Department in providing  
11 those services and in the planning and budgeting for the future provision of those  
12 services; and

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

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

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

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

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

27 287.010 1. The governing body of any county, school district, municipal  
28 corporation, political subdivision, public corporation or other local governmental  
29 agency of the State of Nevada may:

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

35 (b) Purchase group policies of life, accident or health insurance, or any  
36 combination thereof, for the benefit of such officers and employees, and the  
37 dependents of such officers and employees, as have authorized the purchase, from  
38 insurance companies authorized to transact the business of such insurance in the  
39 State of Nevada, and, where necessary, deduct from the compensation of officers  
40 and employees the premiums upon insurance and pay the deductions upon the  
41 premiums.

42 (c) Provide group life, accident or health coverage through a self-insurance  
43 reserve fund and, where necessary, deduct contributions to the maintenance of the  
44 fund from the compensation of officers and employees and pay the deductions into  
45 the fund. The money accumulated for this purpose through deductions from the  
46 compensation of officers and employees and contributions of the governing body  
47 must be maintained as an internal service fund as defined by NRS 354.543. The  
48 money must be deposited in a state or national bank or credit union authorized to  
49 transact business in the State of Nevada. Any independent administrator of a fund  
50 created under this section is subject to the licensing requirements of chapter 683A  
51 of NRS, and must be a resident of this State. Any contract with an independent  
52 administrator must be approved by the Commissioner of Insurance as to the  
53 reasonableness of administrative charges in relation to contributions collected and

1 benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050,  
2 inclusive, *and section 14 of this act*, 689B.287 and 689B.500 apply to coverage  
3 provided pursuant to this paragraph, except that the provisions of NRS 689B.0378,  
4 689B.03785 and 689B.500 only apply to coverage for active officers and  
5 employees of the governing body, or the dependents of such officers and  
6 employees.

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

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

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

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

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

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

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

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

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

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

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

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

45 287.04335 If the Board provides health insurance through a plan of self-  
46 insurance, it shall comply with the provisions of NRS 687B.409, 689B.255,  
47 695G.150, 695G.155, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665,  
48 695G.167, 695G.170 to 695G.174, inclusive, 695G.177, 695G.200 to 695G.230,  
49 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and section 22 of this*  
50 *act* in the same manner as an insurer that is licensed pursuant to title 57 of NRS is  
51 required to comply with those provisions.



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

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

7 ~~*1. Have a family or personal history of breast cancer, ovarian cancer, tubal*~~  
8 ~~*cancer or peritoneal cancer;*~~

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

12 ~~*3. Meet any other criteria for such counseling and testing identified by the*~~  
13 ~~*United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,*~~  
14 ~~*under circumstances where such screening, genetic counseling or testing, as*~~  
15 ~~*applicable, is required by section 1 of this act.*~~

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

17           630.253 1. The Board shall, as a prerequisite for the:

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

19           (b) Biennial registration of the holder of a license to practice medicine,  
20           ↪ require each holder to submit evidence of compliance with the requirements for  
21 continuing education as set forth in regulations adopted by the Board.

22           2. These requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 (d) The importance of maintenance of function and independence for older  
6 persons.

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

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

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

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

20 (c) The detection of suicidal thoughts and ideations and the prevention of  
21 suicide.

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

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

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

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

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

37 9. As used in this section:

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

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

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

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

42 (e) "Weapon of mass destruction" has the meaning ascribed to it in NRS  
43 202.4445.

44 **Sec. 9.** ~~[NRS 630.275 is hereby amended to read as follows:~~

45 ~~630.275 1. The Board shall adopt regulations regarding the licensure of a  
46 physician assistant, including, but not limited to:~~

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

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

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

50 ~~[4.] (d) The procedures deemed necessary by the Board for applications for  
51 and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or  
52 630.2752.~~

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

~~[6.] (f) The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractors, podiatric physicians and optometrists under chapters 631, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.~~

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

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

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

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

~~2. If the regulations adopted pursuant to subsection 1 require a physician assistant to complete continuing education, those regulations must allow a physician assistant to receive credit toward the total amount of continuing education required by the Board for the completion of a course of instruction relating to genetic counseling and genetic testing. (Deleted by amendment.)~~

**Sec. 9.5. NRS 630.3065 is hereby amended to read as follows:**

630.3065 The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.

2. Knowingly or willfully failing to comply with:

(a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

(b) A court order relating to this chapter; or

(c) A provision of this chapter.

3. ~~Knowingly~~ **Except as otherwise provided in section 1 of this act, knowingly** or willfully failing to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410.

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

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

(a) An accredited school of professional nursing;

(b) An accredited school of practical nursing;

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

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

2. The Board shall review all courses offered to nurses for the completion of the requirement set forth in subsection 1. The Board may approve nursing and other courses which are directly related to the practice of nursing as well as others which bear a reasonable relationship to current developments in the field of nursing or any

1 special area of practice in which a licensee engages. These may include academic  
2 studies, workshops, extension studies, home study and other courses.

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

5 (a) For a person licensed as an advanced practice registered ~~nurse, a~~ nurse:

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (d) The importance of maintenance of function and independence for older  
38 persons.

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

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

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

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

51 7. As used in this section:

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

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

- 1 (c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.  
2 (d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.  
3 (e) "Weapon of mass destruction" has the meaning ascribed to it in NRS  
4 202.4445.

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

6 633.471 1. Except as otherwise provided in subsection ~~10~~ 11 and NRS  
7 633.491, every holder of a license issued under this chapter, except a temporary or  
8 a special license, may renew the license on or before January 1 of each calendar  
9 year after its issuance by:

- 10 (a) Applying for renewal on forms provided by the Board;  
11 (b) Paying the annual license renewal fee specified in this chapter;  
12 (c) Submitting a list of all actions filed or claims submitted to arbitration or  
13 mediation for malpractice or negligence against the holder during the previous year;  
14 (d) Submitting evidence to the Board that in the year preceding the application  
15 for renewal the holder has attended courses or programs of continuing education  
16 approved by the Board in accordance with regulations adopted by the Board  
17 totaling a number of hours established by the Board which must not be less than 35  
18 hours nor more than that set in the requirements for continuing medical education  
19 of the American Osteopathic Association; and  
20 (e) Submitting all information required to complete the renewal.

21 2. The Secretary of the Board shall notify each licensee of the requirements  
22 for renewal not less than 30 days before the date of renewal.

23 3. The Board shall request submission of verified evidence of completion of  
24 the required number of hours of continuing medical education annually from no  
25 fewer than one-third of the applicants for renewal of a license to practice  
26 osteopathic medicine or a license to practice as a physician assistant. Upon a  
27 request from the Board, an applicant for renewal of a license to practice osteopathic  
28 medicine or a license to practice as a physician assistant shall submit verified  
29 evidence satisfactory to the Board that in the year preceding the application for  
30 renewal the applicant attended courses or programs of continuing medical  
31 education approved by the Board totaling the number of hours established by the  
32 Board.

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

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

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

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

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

1           8. *The continuing education requirements approved by the Board must*  
2 *allow the holder of a license as an osteopathic physician or physician assistant to*  
3 *receive credit toward the total amount of continuing education required by the*  
4 *Board for the completion of a course of instruction relating to genetic counseling*  
5 *and genetic testing.*

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

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

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

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

15           ~~9.~~ 10. A holder of a license to practice osteopathic medicine may not  
16 substitute the continuing education credits relating to suicide prevention and  
17 awareness required by this section for the purposes of satisfying an equivalent  
18 requirement for continuing education in ethics.

19           ~~10.~~ 11. Members of the Armed Forces of the United States and the United  
20 States Public Health Service are exempt from payment of the annual license  
21 renewal fee during their active duty status.

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

24           1. *An insurer that issues a policy of health insurance shall provide coverage*  
25 *for screening, genetic counseling, ~~and~~ and testing [and screening] for harmful*  
26 *mutations in the BRCA gene for women ~~who~~*

27 ~~— (a) Have a family or personal history of breast cancer, ovarian cancer, tubal~~  
28 ~~cancer or peritoneal cancer;~~

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

32 ~~— (c) Meet any other criteria for such counseling and testing identified by the~~  
33 ~~United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13.]~~  
34 *under circumstances where such screening, genetic counseling or testing, as*  
35 *applicable, is required by section 1 of this act.*

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

39           3. *A policy of health insurance subject to the provisions of this chapter that*  
40 *is delivered, issued for delivery or renewed on or after ~~[July] January 1, [2021,]~~*  
41 *2022, has the legal effect of including the coverage required by subsection 1, and*  
42 *any provision of the policy that conflicts with the provisions of this section is void.*

43           4. *As used in this section:*

44           (a) *“Network plan” means a policy of health insurance offered by an insurer*  
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 insurer. The term does not*  
48 *include an arrangement for the financing of premiums.*

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

50           **Sec. 13.** NRS 689A.330 is hereby amended to read as follows:

51           689A.330 If any policy is issued by a domestic insurer for delivery to a  
52 person residing in another state, and if the insurance commissioner or  
53 corresponding public officer of that other state has informed the Commissioner that

1 the policy is not subject to approval or disapproval by that officer, the  
2 Commissioner may by ruling require that the policy meet the standards set forth in  
3 NRS 689A.030 to 689A.320, inclusive ~~[ ]~~, and section 12 of this act.

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

6 *1. An insurer that issues a policy of group health insurance shall provide  
7 coverage for screening, genetic counseling ~~[ ]~~ and testing ~~[and screening]~~ for  
8 harmful mutations in the BRCA gene for women ~~[who~~*

9 ~~— (a) Have a family or personal history of breast cancer, ovarian cancer, tubal  
10 cancer or peritoneal cancer;~~

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

14 ~~— (c) Meet any other criteria for such counseling and testing identified by the  
15 United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,  
16 under circumstances where such screening, genetic counseling or testing, as  
17 applicable, is required by section 1 of this act.~~

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

21 *3. A policy of group health insurance subject to the provisions of this  
22 chapter that is delivered, issued for delivery or renewed on or after ~~[July]~~  
23 January 1, 2021, 2022, has the legal effect of including the coverage required  
24 by subsection 1, and any provision of the policy that conflicts with the provisions  
25 of this section is void.*

26 *4. As used in this section:*

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

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

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

35 *1. A carrier that issues a health benefit plan shall provide coverage for  
36 screening, genetic counseling ~~[ ]~~ and testing ~~[and screening]~~ for harmful  
37 mutations in the BRCA gene for women ~~[who~~*

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

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

43 ~~— (c) Meet any other criteria for such counseling and testing identified by the  
44 United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,  
45 under circumstances where such screening, genetic counseling or testing, as  
46 applicable, is required by section 1 of this act.~~

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

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



1           4. As used in this section, “provider of health care” has the meaning  
2 ascribed to it in NRS 629.031.

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

4           689C.425 A voluntary purchasing group and any contract issued to such a  
5 group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the  
6 provisions of NRS 689C.015 to 689C.355, inclusive, *and section 15 of this act* to  
7 the extent applicable and not in conflict with the express provisions of NRS  
8 687B.408 and 689C.360 to 689C.600, inclusive.

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

11           1. A society that issues a benefit contract shall provide coverage for  
12 screening, genetic counseling, ~~and~~ and testing ~~and screening~~ for harmful  
13 mutations in the BRCA gene for women ~~who~~

14 ~~— (a) Have a family or personal history of breast cancer, ovarian cancer, tubal~~  
15 ~~cancer or peritoneal cancer;~~

16 ~~— (b) Have one or more family members who have a mutation in the BRCA1 or~~  
17 ~~BRCA2 gene that is known to be harmful or one or more ancestors who had such~~  
18 ~~a mutation; or~~

19 ~~— (c) Meet any other criteria for such counseling and testing identified by the~~  
20 ~~United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,~~  
21 under circumstances where such screening, genetic counseling or testing, as  
22 applicable, is required by section 1 of this act.

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

26           3. A benefit contract subject to the provisions of this chapter that is  
27 delivered, issued for delivery or renewed on or after ~~July~~ January 1, [2021,]  
28 2022, has the legal effect of including the coverage required by subsection 1, and  
29 any provision of the plan that conflicts with the provisions of this section is void.

30           4. As used in this section:

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

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

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

39           1. A hospital or medical services corporation that issues a policy of health  
40 insurance shall provide coverage for screening, genetic counseling, ~~and~~ and testing  
41 [and screening] for harmful mutations in the BRCA gene for women ~~who~~

42 ~~— (a) Have a family or personal history of breast cancer, ovarian cancer, tubal~~  
43 ~~cancer or peritoneal cancer;~~

44 ~~— (b) Have one or more family members who have a mutation in the BRCA1 or~~  
45 ~~BRCA2 gene that is known to be harmful or one or more ancestors who had such~~  
46 ~~a mutation; or~~

47 ~~— (c) Meet any other criteria for such counseling and testing identified by the~~  
48 ~~United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,~~  
49 under circumstances where such screening, genetic counseling or testing, as  
50 applicable, is required by section 1 of this act.

51           2. A hospital or medical services corporation shall ensure that the benefits  
52 required by subsection 1 are made available to an insured through a provider of



1 health care who participates in the network plan of the hospital or medical  
2 services corporation.

3 3. A policy of health insurance subject to the provisions of this chapter that  
4 is delivered, issued for delivery or renewed on or after ~~[July]~~ January 1, [2021,]  
5 2022, has the legal effect of including the coverage required by subsection 1, and  
6 any provision of the policy that conflicts with the provisions of this section is void.

7 4. As used in this section:

8 (a) "Network plan" means a policy of health insurance offered by a hospital  
9 or medical services corporation under which the financing and delivery of  
10 medical care, including items and services paid for as medical care, are provided,  
11 in whole or in part, through a defined set of providers under contract with the  
12 hospital 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 NRS 629.031.

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

17 1. A health maintenance organization that issues a health care plan shall  
18 provide coverage for screening, genetic counseling, ~~and~~ and testing ~~and screening]~~  
19 for ~~harmful~~ mutations in the BRCA gene for women ~~who~~

20 ~~— (a) Have a family or personal history of breast cancer, ovarian cancer, tubal~~  
21 ~~cancer or peritoneal cancer;~~

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

25 ~~— (c) Meet any other criteria for such counseling and testing identified by the~~  
26 ~~United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,~~  
27 under circumstances where such screening, genetic counseling or testing, as  
28 applicable, is required by section 1 of this act.

29 2. A health maintenance organization shall ensure that the benefits  
30 required by subsection 1 are made available to an enrollee through a provider of  
31 health care who participates in the network plan of the health maintenance  
32 organization.

33 3. A health care plan subject to the provisions of this chapter that is  
34 delivered, issued for delivery or renewed on or after ~~[July]~~ January 1, [2021,]  
35 2022, has the legal effect of including the coverage required by subsection 1, and  
36 any provision of the plan that conflicts with the provisions of this section is void.

37 4. As used in this section:

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

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

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

46 695C.050 1. Except as otherwise provided in this chapter or in specific  
47 provisions of this title, the provisions of this title are not applicable to any health  
48 maintenance organization granted a certificate of authority under this chapter. This  
49 provision does not apply to an insurer licensed and regulated pursuant to this title  
50 except with respect to its activities as a health maintenance organization authorized  
51 and regulated pursuant to this chapter.

52 2. Solicitation of enrollees by a health maintenance organization granted a  
53 certificate of authority, or its representatives, must not be construed to violate any

1 provision of law relating to solicitation or advertising by practitioners of a healing  
2 art.

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

6 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,  
7 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733,  
8 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive,  
9 and 695C.265 do not apply to a health maintenance organization that provides  
10 health care services through managed care to recipients of Medicaid under the State  
11 Plan for Medicaid or insurance pursuant to the Children's Health Insurance  
12 Program pursuant to a contract with the Division of Health Care Financing and  
13 Policy of the Department of Health and Human Services. This subsection does not  
14 exempt a health maintenance organization from any provision of this chapter for  
15 services provided pursuant to any other contract.

16 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701,  
17 695C.1708, 695C.1728, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and  
18 695C.1757 *and section 19 of this act* apply to a health maintenance organization  
19 that provides health care services through managed care to recipients of Medicaid  
20 under the State Plan for Medicaid.

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

22 695C.330 1. The Commissioner may suspend or revoke any certificate of  
23 authority issued to a health maintenance organization pursuant to the provisions of  
24 this chapter if the Commissioner finds that any of the following conditions exist:

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

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

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

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

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

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

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

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

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

49 (1) Resolving complaints in a manner reasonably to dispose of valid  
50 complaints; and

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

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

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

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

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

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

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

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

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

27 1. *A managed care organization that issues a health care plan shall provide*  
28 *coverage for screening, genetic counseling ~~and~~ and testing ~~and screening~~ for*  
29 *harmful mutations in the BRCA gene for women ~~who~~*

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

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

35 ~~*(c) Meet any other criteria for such counseling and testing identified by the*~~  
36 ~~*United States Preventive Services Task Force pursuant to 42 U.S.C. § 300gg-13,*~~  
37 ~~*under circumstances where such screening, genetic counseling or testing, as*~~  
38 ~~*applicable, is required by section 1 of this act.*~~

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

42 3. *A health care plan subject to the provisions of this chapter that is*  
43 *delivered, issued for delivery or renewed on or after ~~July~~ January 1, 2021,*  
44 *2022, has the legal effect of including the coverage required by subsection 1, and*  
45 *any provision of the plan that conflicts with the provisions of this section is void.*

46 4. *As used in this section:*

47 (a) *“Network plan” means a health care plan offered by a managed care*  
48 *organization under which the financing and delivery of medical care, including*  
49 *items and services paid for as medical care, are provided, in whole or in part,*  
50 *through a defined set of providers under contract with the managed care*  
51 *organization. The term does not include an arrangement for the financing of*  
52 *premiums.*

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

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

3       **Sec. 24.** This act becomes effective on ~~July~~ January 1, ~~2021~~ 2022.