EMERGENCY REQUEST OF SPEAKER OF THE ASSEMBLY

ASSEMBLY BILL NO. 555–ASSEMBLYMEMBER YEAGER

MAY 8, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Establishes provisions relating to the coverage of prescription insulin drugs under certain policies of health insurance. (BDR 57-1167)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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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; establishing a maximum cost-sharing amount that certain health insurers may impose for a 30-day supply of prescription insulin drugs; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain policies of health insurance to include coverage for the management and treatment of diabetes. Existing law requires that such coverage be subject to the same deductible, copayment, coinsurance and other conditions as are required under the policy for other types of health care. (NRS 689A.0427, 689B.0357, 695B.1927, 695C.1727) **Sections 1, 4, 6-9, 11, 15 and 16** of this bill prohibit certain private health insurers from imposing a deductible, copayment, coinsurance or other cost-sharing obligation greater than $35 for a 30-day supply of a prescription insulin drug. **Sections 2, 5, 10 and 13** clarify that an insurer may be required by **sections 1, 4, 9 or 11** to impose a different deductible, copayment or coinsurance for a 30-day supply of a prescription insulin drug than would otherwise be required by the relevant policy of health insurance for other types of health care. **Section 3** of this bill authorizes the Commissioner of Insurance to require certain policies of insurance issued by a domestic insurer to a person who resides in another state to meet the requirements of **section 1** in certain circumstances. **Sections 12 and 17** of this bill indicate that the requirements of **sections 11 and 16**, respectively, are inapplicable to coverage provided by a health maintenance organization or managed care organization to: (1) recipients of Medicaid or insurance under the Children's Health Insurance Program; and (2) government employees and their dependents. **Section 14** of this bill authorizes the Commissioner to suspend or revoke the certificate of authority issued to a health maintenance organization that fails to comply with the requirements of **section 11**. The Commissioner would also be authorized to take such action against other

insurers that fail to comply with the requirements of **sections 1, 4, 6-9, 15 and 16**. (NRS 680A.200)

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

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

1. An insurer that offers or issues a policy of health insurance which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the insured and covered by the insurer, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 2. NRS 689A.0427 is hereby amended to read as follows:

689A.0427 1. No policy of health insurance that provides coverage for hospital, medical or surgical expenses may be delivered or issued for delivery in this state unless the policy includes coverage for the management and treatment of diabetes, including, without limitation, coverage for the self-management of diabetes.

2. An insurer who delivers or issues for delivery a policy specified in subsection 1:

(a) Shall include in any disclosure of the coverage provided by the policy notice to each policyholder and subscriber under the policy of the availability of the benefits required by this section.

(b) ~~[Shall]~~ ***Except as otherwise provided in section 1 of this act, shall*** provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

3. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 1998, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

4. As used in this section:

(a) "Coverage for the management and treatment of diabetes" includes coverage for medication, equipment, supplies and

appliances that are medically necessary for the treatment of diabetes.

(b) "Coverage for the self-management of diabetes" includes:

(1) The training and education provided to an insured person after the insured person is initially diagnosed with diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes;

(2) Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the insured person and which requires modification of the insured person's program of self-management of diabetes; and

(3) Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

(c) "Diabetes" includes type I, type II and gestational diabetes.

Sec. 3. NRS 689A.330 is hereby amended to read as follows:

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

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

1. An insurer that offers or issues a policy of group health insurance which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the insured and covered by the insurer, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 5. NRS 689B.0357 is hereby amended to read as follows:

689B.0357 1. No group policy of health insurance that provides coverage for hospital, medical or surgical expenses may be delivered or issued for delivery in this state unless the policy includes coverage for the management and treatment of diabetes,

including, without limitation, coverage for the self-management of diabetes.

2. An insurer who delivers or issues for delivery a policy specified in subsection 1:

(a) Shall include in any disclosure of the coverage provided by the policy notice to each policyholder and subscriber under the policy of the availability of the benefits required by this section.

(b) ~~[Shall]~~ ***Except as provided in section 4 of this act, shall*** provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

3. A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 1998, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

4. As used in this section:

(a) "Coverage for the management and treatment of diabetes" includes coverage for medication, equipment, supplies and appliances that are medically necessary for the treatment of diabetes.

(b) "Coverage for the self-management of diabetes" includes:

(1) The training and education provided to the employee or member of the insured group after the employee or member is initially diagnosed with diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes;

(2) Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the employee or member of the insured group and which requires modification of his or her program of self-management of diabetes; and

(3) Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

(c) "Diabetes" includes type I, type II and gestational diabetes.

Sec. 6. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. A carrier that offers or issues a health benefit plan which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the

insured and covered by the carrier, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 7. NRS 689C.425 is hereby amended to read as follows:

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

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

1. A society that offers or issues a benefit contract which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the insured and covered by the society, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

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

1. A hospital or medical services corporation that offers or issues a policy of health insurance which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the insured and covered by the hospital or medical services corporation, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 10. NRS 695B.1927 is hereby amended to read as follows:

695B.1927 1. No contract for hospital or medical service that provides coverage for hospital, medical or surgical expenses may be delivered or issued for delivery in this state unless the contract includes coverage for the management and treatment of diabetes, including, without limitation, coverage for the self-management of diabetes.

2. An insurer who delivers or issues for delivery a contract specified in subsection 1:

(a) Shall include in any disclosure of the coverage provided by the contract notice to each policyholder or subscriber covered under the contract of the availability of the benefits required by this section.

(b) ~~[Shall]~~ ***Except as otherwise provided in section 9 of this act, shall*** provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the contract.

3. A contract for hospital or medical service subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 1998, has the legal effect of including the coverage required by this section, and any provision of the contract that conflicts with this section is void.

4. As used in this section:

(a) "Coverage for the management and treatment of diabetes" includes coverage for medication, equipment, supplies and appliances that are medically necessary for the treatment of diabetes.

(b) "Coverage for the self-management of diabetes" includes:

(1) The training and education provided to a person covered under the contract after the person is initially diagnosed with diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes;

(2) Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the person covered under the contract and which requires modification of the person's program of self-management of diabetes; and

(3) Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

(c) "Diabetes" includes type I, type II and gestational diabetes.

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

1. A health maintenance organization that offers or issues a health care plan which provides coverage for prescription insulin drugs shall not impose against an enrollee a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the enrollee and covered by the health maintenance organization, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 12. NRS 695C.050 is hereby amended to read as follows:

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

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

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

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, ***and section 11 of this act,*** 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.16932 to 695C.1699, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731,

695C.17333, 695C.17345, 695C.17347, 695C.1736 to 695C.1745, inclusive, 695C.1757 and 695C.204 apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

6. The provisions of NRS 695C.17095 ***and section 11 of this act*** do not apply to a health maintenance organization that provides health care services to members of the Public Employees' Benefits Program. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

7. The provisions of NRS 695C.1735 ***and section 11 of this act*** do not apply to a health maintenance organization that provides health care services to:

(a) The officers and employees, and the dependents of officers and employees, of the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this State; or

(b) Members of the Public Employees' Benefits Program.

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

Sec. 13. NRS 695C.1727 is hereby amended to read as follows:

695C.1727 1. No evidence of coverage that provides coverage for hospital, medical or surgical expenses may be delivered or issued for delivery in this state unless the evidence of coverage includes coverage for the management and treatment of diabetes, including, without limitation, coverage for the self-management of diabetes.

2. ~~[An]~~ ***Except as otherwise provided in section 11 of this act, an*** insurer who delivers or issues for delivery an evidence of coverage specified in subsection 1 shall provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for the evidence of coverage that are required under the evidence of coverage.

3. Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 1998, has the legal effect of including the coverage required by this section, and any provision of the evidence of coverage that conflicts with this section is void.

4. As used in this section:

(a) "Coverage for the management and treatment of diabetes" includes coverage for medication, equipment, supplies and appliances that are medically necessary for the treatment of diabetes.

(b) "Coverage for the self-management of diabetes" includes:

(1) The training and education provided to the enrollee after the enrollee is initially diagnosed with diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes;

(2) Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the enrollee and which requires modification of the enrollee's program of self-management of diabetes; and

(3) Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

(c) "Diabetes" includes type I, type II and gestational diabetes.

Sec. 14. NRS 695C.330 is hereby amended to read as follows:

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

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

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, ***and section 11 of this act or*** 695C.204 or 695C.207;

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

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

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

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

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

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to

participate in matters relating to the content of programs pursuant to NRS 695C.110;

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

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

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

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

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

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

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

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

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

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

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

1. A prepaid limited health service organization that offers or issues evidence of coverage which provides coverage for prescription insulin drugs shall not impose against an enrollee a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the enrollee and

covered by the prepaid limited health service organization, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

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

1. A managed care organization that offers or issues a health care plan which provides coverage for prescription insulin drugs shall not impose against an insured a deductible, copayment, coinsurance or other cost-sharing obligation that is greater than $35 for a 30-day supply of a prescription insulin drug which is prescribed to the insured and covered by the managed care organization, regardless of the amount or type of prescription insulin drug prescribed.

2. As used in this section:

(a) "Diabetes" includes type I, type II and gestational diabetes.

(b) "Prescription insulin drug" means a prescription drug that contains insulin and is used to control blood glucose levels for the purpose of treating diabetes.

Sec. 17. NRS 695G.090 is hereby amended to read as follows:

695G.090 1. Except as otherwise provided in subsection 3, the provisions of this chapter apply to each organization and insurer that operates as a managed care organization and may include, without limitation, an insurer that issues a policy of health insurance, an insurer that issues a policy of individual or group health insurance, a carrier serving small employers, a fraternal benefit society, a hospital or medical service corporation and a health maintenance organization.

2. In addition to the provisions of this chapter, each managed care organization shall comply with:

(a) The provisions of chapter 686A of NRS, including all obligations and remedies set forth therein; and

(b) Any other applicable provision of this title.

3. The provisions of NRS 695G.127, 695G.1639, 695G.164, 695G.1645, 695G.167 and 695G.200 to 695G.230, inclusive, ***and section 16 of this act*** do not apply to a managed care organization that provides health care services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services.

4. The provisions of NRS 695C.1735 and 695G.1639 ***and section 16 of this act*** do not apply to a managed care organization that provides health care services to members of the Public Employees' Benefits Program.

5. ***The provisions of section 16 of this act do not apply to a managed care organization that provides health care services to officers and employees, and the dependents of officers and employees, of the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this State.***

6. Subsections 3 **,** ~~[and]~~ 4 ***and 5*** do not exempt a managed care organization from any provision of this chapter for services provided pursuant to any other contract.

Sec. 18. The provisions of this act do not apply to any policy of health insurance, policy of group health insurance, health benefit plan, benefit contract, health care plan or evidence of coverage issued before October 1, 2025, but apply to any renewal or extension of such a policy, plan, contract or evidence of coverage.

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