Assembly Bill No. 254–Assemblymen Neal; Assefa, Duran, Flores, Gorelow and Thompson

CHAPTER.....

AN ACT relating to public health; requiring the Chief Medical Officer to establish and maintain a system for reporting certain information on sickle cell disease and its variants; authorizing administrative penalties for failure to report certain information; revising requirements concerning screening infants for sickle cell disease and its variants and sickle cell trait; requiring Medicaid to cover certain supplements recommended by the Pharmacy and Therapeutics Committee; requiring a health insurer to include coverage for certain prescription drugs and services for the treatment of sickle cell disease and its variants in its policies; authorizing a prescription of certain controlled substances for the treatment of acute pain caused by sickle cell disease and its variants for a longer period than otherwise allowed; requiring a health maintenance organization or managed care organization to take certain actions with respect to certain insureds diagnosed with sickle cell disease and its variants; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Chief Medical Officer to establish and maintain a system for the reporting of information on cancer and other neoplasms. (NRS 457.230) Existing law requires the chief administrative officer of each health care facility in this State to make available to the Chief Medical Officer or his or her representative the records of the health care facility for each reportable neoplasm. (NRS 457.250) **Section 6** of this bill requires the Chief Medical Officer to establish and maintain a similar system for the reporting of information on sickle cell disease and its variants. **Sections 6 and 7** of this bill require hospitals, medical laboratories, certain other facilities and providers of health care to report certain information prescribed by the State Board of Health concerning each case of sickle cell disease and its variants diagnosed or treated at the facility or by the provider, as applicable. **Section 8** of this bill requires the chief administrative officer of each health care facility in this State to make available to the Chief Medical Officer or his or her representative the records of the health care facility for each case of sickle cell disease and its variants for abstraction by the Division of Public and Behavioral Health of the Department of Health and Human Services. **Section 8** also: (1) requires the State Board to adopt a schedule of fees which must be assessed to a health care facility for each case from which information is abstracted; and (2) provides for the imposition of an administrative penalty against a health care facility that fails to make the records of the facility for each case of sickle cell disease and its variants available for abstraction. **Sections 9 and 10** of this bill provide for analysis, reporting and research based on the reported and abstracted information concerning cases of sickle cell disease and its variants. **Sections 7, 11 and 15** of this bill provide for the confidentiality of reported information

concerning patients, providers of health care and facilities. **Section 12** of this bill provides immunity from liability for any person or organization who discloses information in good faith to the Division in accordance with the requirements of **sections 6-8**.

Existing law requires the State Board of Health to adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell anemia. (NRS 442.008) **Section 13** of this bill requires those regulations to include a requirement that each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait to be tested and each biological parent of a child who tests positive for sickle cell disease and its variants to be offered to be tested for sickle cell disease and its variants and sickle cell trait. **Section 13** also: (1) requires the parent or guardian of a child who tests positive for sickle cell disease and its variants or sickle cell trait to receive counseling concerning the nature, effects and treatment of sickle cell disease and its variants or sickle cell trait, as applicable; and (2) authorizes the parent or guardian of a newborn child to opt out in writing from such testing.

Existing law authorizes the Division to provide for the services of a laboratory to determine the presence of certain preventable or inheritable disorders in an infant. (NRS 422.008) **Sections 13 and 13.5** of this bill instead require the Division to provide for such services when necessary to determine the presence of such disorders.

Existing law requires the Department to prescribe by regulation a list of preferred prescription drugs to be used for the Medicaid program. (NRS 422.4025) **Section 18.8** of this bill requires that list to include prescription drugs essential for the treatment of sickle cell disease and its variants. **Section 18.5** of this bill additionally requires the Department to prescribe by regulation a list of supplements essential for the treatment of sickle cell disease and its variants that must be covered by Medicaid for recipients of Medicaid who have sickle cell disease and its variants.

Sections 16, 17, 18.2, 21, 22, 24-27 and 29 of this bill require Medicaid and all other health insurers to cover certain services for persons diagnosed with sickle cell disease and its variants. **Sections 26 and 29** of this bill additionally require a health maintenance organization or managed care organization to establish a plan for each insured under 18 years of age who has been diagnosed with sickle cell disease and its variants to transition the insured from pediatric care to adult care when the enrollee reaches 18 years of age. **Sections 14, 18.4, 18.6, 20, 23 and 28** of this bill make conforming changes.

Existing law prohibits a practitioner from prescribing an amount of a controlled substance listed in schedule II, III or IV for the treatment of acute pain that is intended to be used for more than 14 days. (NRS 639.2391) **Section 18.9** of this bill authorizes a practitioner to issue a prescription for an amount of such a controlled substance for the treatment of acute pain caused by sickle cell disease and its variants that is intended to be used for not more than 30 days.

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

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 12, inclusive, of this act.

Sec. 2. ***As used in sections 2 to 12, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 4.5 of this act have the meanings ascribed to them in those sections.***

Sec. 3. ***"Health care facility" has the meaning ascribed to it in NRS 162A.740.***

Sec. 4. ***"Provider of health care" has the meaning ascribed to it in NRS 629.031.***

Sec. 4.5. ***"Sickle cell disease and its variants" means an inherited disease caused by a mutation in a gene for hemoglobin in which red blood cells have an abnormal crescent shape that causes them to block small blood cells and die sooner than normal red blood cells and may include sickle cell disease, one or more variants or a combination thereof, as applicable.***

Sec. 5. (Deleted by amendment.)

Sec. 6. ***1. The Chief Medical Officer shall, pursuant to the regulations adopted by the State Board of Health pursuant to section 7 of this act, establish and maintain a system for the reporting of information on sickle cell disease and its variants.***

2. The system established pursuant to subsection 1 must include a record of the cases of sickle cell disease and its variants which occur in this State along with such information concerning the cases as may be appropriate to form the basis for:

(a) Conducting comprehensive epidemiologic surveys of sickle cell disease and its variants in this State; and

(b) Evaluating the appropriateness of measures for the treatment of sickle cell disease and its variants.

3. Hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to sickle cell disease and its variants shall report the information prescribed by the State Board of Health pursuant to section 7 of this act to the system established pursuant to subsection 1.

4. Any provider of health care who diagnoses or provides treatment for sickle cell disease and its variants, except for cases directly referred to the provider or cases that have been previously admitted to a hospital, medical laboratory or other facility described in subsection 3, shall report the information prescribed

by the State Board of Health pursuant to section 7 of this act to the system established pursuant to subsection 1.

5. As used in this section, "medical laboratory" has the meaning ascribed to it in NRS 652.060.

Sec. 7. *The State Board of Health shall by regulation:*

1. Prescribe the form and manner in which information on cases of sickle cell disease and its variants must be reported;

2. Prescribe the information that must be included in each report, which must include, without limitation:

(a) The name, address, age and ethnicity of the patient;

(b) The variant of sickle cell disease with which the person has been diagnosed;

(c) The method of treatment, including, without limitation, any opioid prescribed for the patient and whether the patient has adequate access to that opioid;

(d) Any other diseases from which the patient suffers, including, without limitation, pneumonia, asthma and gall bladder disease;

(e) Information concerning the usage of and access to health care services by the patient; and

(f) If a patient diagnosed with sickle cell disease and its variants dies, his or her age at death; and

3. Establish a protocol for allowing appropriate access to and preserving the confidentiality of the records of patients needed for research into sickle cell disease and its variants.

Sec. 8. *1. The chief administrative officer of each health care facility in this State shall make available to the Chief Medical Officer or his or her representative the records of the health care facility for each case of sickle cell disease and its variants.*

2. The Division shall abstract from the records of a health care facility or shall require a health care facility to abstract from the records of the health care facility such information as is required by the State Board of Health. The Division shall compile the information in a timely manner and not later than 6 months after the Division abstracts the information or receives the abstracted information from the health care facility.

3. The State Board of Health shall by regulation adopt a schedule of fees which must be assessed to a health care facility for each case from which information is abstracted by the Division pursuant to subsection 2.

4. Any person who violates this section is subject to an administrative penalty established by regulation by the State Board of Health.

Sec. 9. *1. The Division shall publish reports based upon the information obtained pursuant to sections 6, 7 and 8 of this act and shall make other appropriate uses of the information to report and assess trends in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population, advance research and education concerning sickle cell disease and its variants and improve treatment of sickle cell disease and its variants and associated disorders. The reports must include, without limitation:*

(a) Information concerning the locations in which patients diagnosed with sickle cell disease and its variants reside, the demographics of such patients and the utilization of health care services by such patients;

(b) The information described in paragraph (a), specific to patients diagnosed with sickle cell disease and its variants who are over 60 years of age; and

(c) The transition of patients diagnosed with sickle cell disease and its variants from pediatric to adult care upon reaching 18 years of age.

2. The Division shall provide any qualified researcher whom the Division determines is conducting valid scientific research with data from the reported information upon the researcher's:

(a) Compliance with appropriate conditions as established under the regulations of the State Board of Health; and

(b) Payment of a fee established by the Division by regulation to cover the cost of providing the data.

Sec. 10. *1. The Chief Medical Officer or a qualified person designated by the Administrator of the Division shall analyze the information obtained pursuant to sections 6, 7 and 8 of this act and the reports published pursuant to section 9 of this act to determine whether any trends exist in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population.*

2. If the Chief Medical Officer or the person designated pursuant to subsection 1 determines that a trend exists in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population, the Chief Medical Officer or the person designated pursuant to subsection 1 shall work with appropriate governmental, educational and research entities to investigate the trend, advance research in the trend and facilitate the treatment of sickle cell disease and its variants and associated disorders.

Sec. 10.5. ***The Division shall apply for and accept any gifts, grants and donations available to:***

1. Carry out the provisions of sections 2 to 12, inclusive, of this act;

2. Coordinate and administer any other state programs relating to research concerning sickle cell disease and its variants or assistance to patients diagnosed with sickle cell disease and its variants;

3. Pay for research concerning sickle cell disease and its variants;

4. Provide education concerning sickle cell disease and its variants; and

5. Provide support to persons diagnosed with sickle cell disease and its variants.

Sec. 11. ***The Division shall not reveal the identity of any patient, physician or health care facility which is involved in the reporting required by section 8 of this act unless the patient, physician or health care facility gives prior written consent to such a disclosure.***

Sec. 12. ***A person or governmental entity that provides information to the Division in accordance with sections 6, 7 and 8 of this act must not be held liable in a civil or criminal action for sharing confidential information unless the person or organization has done so in bad faith or with malicious purpose.***

Sec. 13. NRS 442.008 is hereby amended to read as follows:

442.008 1. The State Board of Health, upon the recommendation of the Chief Medical Officer ~~[.~~

~~(a) Shall adopt]~~ ***, shall:***

(a) Adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell ~~[anemia; and]~~ ***disease and its variants and sickle cell trait; and***

(b) ~~[May require]~~ ***Require*** the Division to provide for the services of a laboratory in accordance with NRS 442.009 ***when necessary*** to determine the presence of certain preventable or inheritable disorders in an infant pursuant to this section.

2. ***Except as otherwise provided in subsection 5, the regulations adopted pursuant to paragraph (a) of subsection 1 concerning tests for the presence of sickle cell disease and its variants and sickle cell trait must require the screening for sickle cell disease and its variants and sickle cell trait of:***

(a) Each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait as determined by regulations of the State Board of Health; and

(b) Each biological parent of a child who wishes to undergo such screening.

3. Any physician, midwife, nurse, obstetric center or hospital of any nature attending or assisting in any way any infant, or the mother of any infant, at childbirth shall make or cause to be made an examination of the infant, including standard tests, to the extent required by regulations of the State Board of Health as is necessary for the discovery of conditions indicating such disorders.

~~[3.]~~ ***4.*** If the examination and tests reveal the existence of such conditions in an infant, the physician, midwife, nurse, obstetric center or hospital attending or assisting at the birth of the infant shall immediately:

(a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the mother of the infant resides, and the local health officer of the county or city in which the child is born; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

~~[4.]~~ ***5.*** An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests.

6. As used in this section, "sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 13.5. NRS 442.009 is hereby amended to read as follows:

442.009 1. Except as otherwise provided in this section, ~~[if the State Board of Health requires the Division to provide for the services of a laboratory to determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008,]~~ the Division shall contract with a laboratory ***to provide the services of a laboratory when required pursuant to NRS 442.008*** in the following order of priority:

(a) The State Public Health Laboratory;

(b) Any other qualified laboratory located within this State; or

(c) Any qualified laboratory located outside of this State.

2. The Division shall not contract with a laboratory in a lower category of priority unless the Division determines that:

(a) A laboratory in a higher category of priority is not capable of performing all the tests required to determine the presence of certain

preventable or inheritable disorders in an infant pursuant to NRS 442.008; or

(b) The cost to the Division to contract with a laboratory in a higher category of priority is not financially reasonable or exceeds the amount of money available for that purpose.

3. For the purpose of determining the category of priority of a laboratory only, the Division is not required to comply with any requirement of competitive bidding or other restriction imposed on the procedure for awarding a contract.

Sec. 14. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

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

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

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

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

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

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

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, ***and sections 18.2, 18.4 and 18.5 of this act,*** 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

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

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a

copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

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

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

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

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

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

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

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

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

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department, other than the State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

Sec. 15. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044,

159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698, 394.447, 394.460, 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902, 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140, 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047,

629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125, 632.405, 633.283, 633.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170, 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320, 704B.325, 706.1725, 706A.230, 710.159, 711.600, ***and section 11 of this act,*** sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from

the information included in the public book or record that is not otherwise confidential.

4. A person may request a copy of a public record in any medium in which the public record is readily available. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in a readily available medium because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 16. NRS 287.010 is hereby amended to read as follows:

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

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

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

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the

State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, ***and section 21 of this act*** and 689B.287 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378 and 689B.03785 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

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

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

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

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

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

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

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

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

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

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

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

Sec. 17. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 687B.409, 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, ***and section 29 of this act*** in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 18. Chapter 422 of NRS is hereby amended by adding thereto the provisions set forth as sections 18.2, 18.4 and 18.5 of this act.

Sec. 18.2. ***1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures incurred for:***

(a) Necessary case management services for a participant in Medicaid who has been diagnosed with sickle cell disease and its variants.

(b) Medically necessary care for a participant in Medicaid who has been diagnosed with sickle cell disease and its variants including, without limitation, visits to specialists for evaluation, counseling, treatment for mental illness and education as needed.

(c) Services necessary to transition a recipient of Medicaid who is less than 18 years of age and has been diagnosed with sickle cell disease and its variants from pediatric care to adult care when the recipient reaches 18 years of age.

(d) Unlimited refills of each prescription drug for the treatment of sickle cell disease and its variants included on the list

of preferred prescription drugs developed for the Medicaid program pursuant to NRS 422.4025.

(e) Each supplement included in the list of supplements prescribed pursuant to section 18.5 of this act, including, without limitation, unlimited amounts of each such supplement.

2. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 18.4. ***"Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.***

Sec. 18.5. ***1. The Department, upon the recommendation of the Committee, shall prescribe by regulation a list of nonprescription supplements essential for treating sickle cell disease and its variants that must be covered by Medicaid for recipients who have sickle cell disease and its variants.***

2. The Committee shall review the list of supplements prescribed pursuant to subsection 1 at least biennially to determine whether to recommend adding or removing any supplements from the list and report those recommendations to the Department.

Sec. 18.6. NRS 422.401 is hereby amended to read as follows:

422.401 As used in NRS 422.401 to 422.406, inclusive, ***and sections 18.4 and 18.5 of this act,*** unless the context otherwise requires, the words and terms defined in NRS 422.4015 and 422.402 ***and section 18.4 of this act*** have the meanings ascribed to them in those sections.

Sec. 18.8. NRS 422.4025 is hereby amended to read as follows:

422.4025 1. The Department shall, by regulation, develop a list of preferred prescription drugs to be used for the Medicaid program.

2. The Department shall, by regulation, establish a list of prescription drugs which must be excluded from any restrictions that are imposed on drugs that are on the list of preferred prescription drugs established pursuant to subsection 1. The list established pursuant to this subsection must include, without limitation:

(a) Atypical and typical antipsychotic medications that are prescribed for the treatment of a mental illness of a patient who is receiving services pursuant to Medicaid;

(b) Prescription drugs that are prescribed for the treatment of the human immunodeficiency virus or acquired immunodeficiency syndrome, including, without limitation, protease inhibitors and antiretroviral medications;

(c) Anticonvulsant medications;

(d) Antirejection medications for organ transplants;

(e) Antidiabetic medications;

(f) Antihemophilic medications; and

(g) Any prescription drug which the Committee identifies as appropriate for exclusion from any restrictions that are imposed on drugs that are on the list of preferred prescription drugs.

3. The regulations must provide that the Committee makes the final determination of:

(a) Whether a class of therapeutic prescription drugs is included on the list of preferred prescription drugs and is excluded from any restrictions that are imposed on drugs that are on the list of preferred prescription drugs;

(b) Which therapeutically equivalent prescription drugs will be reviewed for inclusion on the list of preferred prescription drugs and for exclusion from any restrictions that are imposed on drugs that are on the list of preferred prescription drugs; and

(c) Which prescription drugs should be excluded from any restrictions that are imposed on drugs that are on the list of preferred prescription drugs based on continuity of care concerning a specific diagnosis, condition, class of therapeutic prescription drugs or medical specialty.

4. ***The list of preferred prescription drugs established pursuant to subsection 1 must include, without limitation, any prescription drug determined by the Committee to be essential for treating sickle cell disease and its variants.***

5. The regulations must provide that each new pharmaceutical product and each existing pharmaceutical product for which there is new clinical evidence supporting its inclusion on the list of preferred prescription drugs must be made available pursuant to the Medicaid program with prior authorization until the Committee reviews the product or the evidence.

Sec. 18.9. NRS 639.2391 is hereby amended to read as follows:

639.2391 1. If a practitioner, other than a veterinarian, prescribes or dispenses to a patient for the treatment of pain a

quantity of controlled substance that exceeds the amount prescribed by this subsection, the practitioner must document in the medical record of the patient the reasons for prescribing that quantity. A practitioner shall document the information required by this subsection if the practitioner prescribes for or dispenses for the treatment of pain:

(a) In any period of 365 consecutive days, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 365 days if the patient adheres to the dose prescribed; or

(b) At any one time, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 90 days if the patient adheres to the dose prescribed.

2. A practitioner, other than a veterinarian, shall not issue an initial prescription of a controlled substance listed in schedule II, III or IV for the treatment of acute pain that prescribes:

(a) ~~[An]~~ ***Except as otherwise provided in subsection 3, an*** amount of the controlled substance that is intended to be used for more than 14 days; and

(b) If the controlled substance is an opioid and a prescription for an opioid has never been issued to the patient or the most recent prescription issued to the patient for an opioid was issued more than 19 days before the date of the initial prescription for the treatment of acute pain, a dose of the controlled substance that exceeds 90 morphine milligram equivalents per day. For the purposes of this paragraph, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

3. A practitioner, other than a veterinarian, may issue an initial prescription for a controlled substance listed in schedule II, III or IV for the treatment of acute pain caused by sickle cell disease and its variants, as defined in section 4.5 of this act, in an amount that is intended to be used for not more than 30 days.

Sec. 19. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer that issues a policy of health insurance shall include in the policy coverage for:

(a) Necessary case management services for an insured diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. An insurer that issues a policy of health insurance which provides coverage for prescription drugs shall include in the policy

coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. An insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

4. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 20. 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 19 of this act.***

Sec. 21. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer that issues a policy of group health insurance shall include in the policy coverage for:

(a) Necessary case management services for an insured who has been diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. An insurer that issues a policy of group health insurance which provides coverage for prescription drugs shall include in the policy coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. An insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

4. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

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

1. A carrier that issues a health benefit plan shall include in the plan coverage for:

(a) Necessary case management services for an insured who has been diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. A carrier that issues a health benefit plan which provides coverage for prescription drugs shall include in the plan coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. A carrier may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

4. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing

information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 23. 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 22 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. 24. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A society that issues a benefit contract shall include in the benefit contract coverage for:

(a) Necessary case management services for an insured who has been diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. A society that issues a benefit contract which provides coverage for prescription drugs shall include in the benefit contract coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. A society may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

4. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

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

1. A hospital or medical service corporation that issues a policy of health insurance shall include in the policy coverage for:

(a) Necessary case management services for an insured who has been diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. A hospital or medical service corporation that issues a policy of health insurance which provides coverage for prescription drugs shall include in the policy coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. A hospital or medical service corporation may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

4. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

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

1. A health maintenance organization that issues a health care plan shall include in the plan coverage for:

(a) Necessary case management services for an enrollee who has been diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an enrollee who has been diagnosed with sickle cell disease and its variants.

2. A health maintenance organization that issues a health care plan which provides coverage for prescription drugs shall include in the plan coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. A health maintenance organization shall establish a plan for each enrollee under 18 years of age who has been diagnosed with sickle cell disease and its variants to transition the enrollee from pediatric care to adult care when the enrollee reaches 18 years of age.

4. A health maintenance organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

5. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Medically necessary" has the meaning ascribed to it in NRS 695G.055.

(d) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 27. 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, 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 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.1694 to 695C.1698, inclusive, 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and 695C.1757 ***and section 26 of this act*** apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 28. 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 26 of this act*** 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. 29. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. A managed care organization that issues a health care plan shall include in the plan coverage for:

(a) Necessary case management services for an insured diagnosed with sickle cell disease and its variants; and

(b) Medically necessary care for an insured who has been diagnosed with sickle cell disease and its variants.

2. A managed care organization that issues a health care plan which provides coverage for prescription drugs shall include in the plan coverage for medically necessary prescription drugs to treat sickle cell disease and its variants.

3. A managed care organization shall establish a plan for each insured under 18 years of age who has been diagnosed with sickle cell disease and its variants to transition the insured from pediatric care to adult care when the insured reaches 18 years of age.

4. A managed care organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

5. As used in this section:

(a) "Case management services" means medical or other health care management services to assist patients and providers of health care, including, without limitation, identifying and facilitating additional resources and treatments, providing information about treatment options and facilitating communication between providers of services to a patient.

(b) "Medical management technique" means a practice which is used to control the cost or utilization of health care services. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(c) "Sickle cell disease and its variants" has the meaning ascribed to it in section 4.5 of this act.

Sec. 30. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 31. This act becomes effective:

1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On October 1, 2019, for all other purposes.

20 ~~~~~ **19**