Nevada

The Nevada legislature convenes in odd-numbered years. For several years, Nevada law has required all healthcare plans to cover telehealth services for an insured to the same extent they would cover services provided by other means. This includes plans from managed care organizations (MCOs), health maintenance organization (HMOs), benefit contracts, and group or blanket health insurance plans.

The state has proposed several legislation to promote price transparency in recent years, including proposals to create a state-funded all-payer claims database (APCD). In the 2019 session, Nevada enacted surprise billing protections to require all health carrier network plans to reimburse for unexpected charges from an out-of-network provider.

The state’s proposal to study the cost and viability of a public option health insurance plan was also unsuccessful. Most notably, the Nevada Care Plan would have allowed anyone without health insurance to buy into the state’s Medicaid program. Since Medicaid has low reimbursement rates for doctors and other providers, the proposal may have provided an economical alternative to private insurance, but with fewer provider options. The legislature approved the Medicaid buy-in bill, but Republican Governor Brian Sandoval vetoed it.

Nevada was also the first state to target medicine prices for a specific ailment when it passed a law that requires more transparency from drug makers regarding their prices for diabetes medicines. The pharmaceutical industry filed and later dropped a lawsuit that claimed the insulin-pricing transparency law was unconstitutional because it interfered with the abilities of drug makers to protect trade secrets.

See below for an overview of existing Nevada state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).