2025 Health Care Affordability State Policy Snapshot

NEVADA

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	The Nevada Attorney General must be notified of all health care or health carrier transactions that would result in a group practice or health carrier becoming the primary health care provider in a geographic area at least 30 days before the transaction is finalized. Similarly, all hospital merger, acquisition, and joint ventures must be reported to the Nevada Department of Health and Human Services at least 60 days after the transaction is finalized.
Authority to Modify or Reject Consolidation Transactions	Does not have authority to approve, set conditions, or disapprove consolidation transactions	
Affordability Criteria included in Transaction Review	Does not include consumer affordability or price growth in review criteria, approval conditions, or both	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	⊗ State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	Law restricts All-or-Nothing contract provisions	Nevada prohibits All-or-Nothing clauses in contracts with a health care provider. Nevada was the first state to adopt widespread prohibitions on All-or-Nothing contract provisions.
Restricts Anti-Tiering and Anti-Steering Contract Provisions	Law restricts Anti-Tiering or Anti-Steering contract provisions	Nevada restricts anti-tiering or anti-steering contract provisions, prohibiting those that restricts third parties from assigning providers of health care into tiers for the purpose of encouraging the use of certain providers of health care or requiring third parties to place all providers of health care affiliated with a business entity in the same tier.
Restricts Physician Noncompete Clauses	Non-competes for physicians limited by statute	Nevada allows noncompete agreements if they are supported by valid consideration, reasonable in scope, and not unduly burdensome. They are prohibited for hourly workers and cannot prevent former employees from serving clients who voluntarily follow them. Courts can narrow overly broad covenants and must award attorney's fees if employers improperly enforce void agreements.
Restricts Most-Favored Nation Contract Provisions	No law restricting Most Favored Nation contract provisions	

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	⊗ Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	⊗ Short-term, limited duration health plans are not prohibited or eliminated	

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Nevada requires hospitals in counties with two or more licensed hospitals, each with more than 100 beds, to provide charity care to uninsured patients earning below 35% of the federal poverty level and ineligible for public assistance. This currently applies only to hospitals in Clark and Washoe counties. Large hospitals are also required to offer a 30% discount on hospital services to uninsured inpatients who are ineligible for public assistance and make reasonable payment arrangements within 30 days of receiving a notice.
Hospital Charity Care Screening Requirements	State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Large hospitals in Nevada are required to include a notice of available discounts on the first hospital bill sent to the patient after discharge, explaining the criteria for eligibility.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals with more than 100 beds in Nevada are required to annually report community benefit expenses, policies for discounted services to the uninsured, and collection methods to the Nevada Department of Health and Human Services.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Nevada hospitals must wait to begin collection efforts until after submitting a bill to the health insurance company or public program (e.g., Medicaid, CHIP) and receiving a determination on payment. Collection efforts can only begin, and interest may only accrue, 30 days after the responsible party is sent a bill stating the amount owed.
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	Nevada law prohibits hospitals and debt collectors from foreclosing on a patient's home to collect medical debt.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	State consumer protections against wage garnishment exceed federal protections.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Interest on medical debts can be charged at a rate up to the prime rate plus 2%, with adjustments allowed twice a year.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases*	Nevada has the authority to approve or deny rate filings in the individual and small group market. We are unable to corroborate whether the state has approval authority over fully-insured large group health plans in 2025.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	Starting January 1, 2026, Nevada will offer Public Option plans with reimbursement rates at or above Medicare levels. In 2025, the state considered AB 349 to cap hospital and provider charges to the Public Employees' Benefits Program and local governments at 175% of Medicare, but the bill did not pass.
Hospital Global Budgets	⊗ State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	Nevada SB 420, passed in 2021, initiated efforts to create a statewide Public Option, with plans expected to launch in January 2026. These plans will be required to meet qualified health plan standards and reduce premiums by at least 5% per zip code until 2030, targeting a 15% overall reduction. While reimbursement rates are not planned to be capped at a certain threshold, a rate floor for critical access hospitals and primary care providers will likely be included.
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	⊗ State does not offer supplementary state-funded premium subsidies	

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	Pharmacists in Nevada may substitute an interchangeable biosimilar for the originator biologic without prior approval from the prescribing physician if the substitution is less expensive than the biological product prescribed.
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Nevada are required to notify the prescribing physician of a substitution within three business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see note)	Nevada is a member of ArrayRx (formerly the Northwest Prescription Drug Consortium) as well as the National Medicaid Pooling Initiative.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, Nevada carves out the following drugs/classes from MCO benefits: Spinal muscular atrophy agents.
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Nevada has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State does not prohibit copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Individuals eligible for Nevada Medicaid in urban Washoe County or urban Clark County (75% of the total Medicaid population) are mandated to enroll in Nevada's MCO program unless the recipient is aged, blind, or disabled.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	0
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	0
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	0
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	0
Medicaid Coverage for Hearing Aids	● State Medicaid program covers hearing aids for all adults	0
Medicaid Coverage for Eye Exams and Glasses	● State Medicaid program covers annual eye exams and eyeglasses for all adults	0
Medicaid Coverage for Dental Services	◉ State Medicaid program covers some dental services for adults (see notes)	Nevada Medicaid does not offer coverage for root canals, fillings, crowns, or preventive services.

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Nevada has a pending waiver to provide Medicaid pre-release coverage for individuals who are incarcerated.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	⊗ Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	● State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	● Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	⊗ Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	⊗ Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	⊗ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	● Organizations are required to report prescription drug price information to a state entity	Drug manufacturers and PBMs must provide the Department of Health and Human Services with information on medications that cost over $40 for a course of therapy and experience a significant price increase and for drugs determined to be essential for treating diabetes.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	● State has established a health care spending benchmark for providers, insurance carriers, or both	Nevada's health care cost growth benchmark was set at 3.19% for 2022, decreasing each year to 2.37% in 2026. Benchmark analysis includes an overview of the targeted benchmark year, baseline years, populations, and performance at the state, market, payer and large provider entity levels. The state Patient Protection Commission advanced proposed legislation AB 6 in 2023 which would include public reporting and an annual informational public hearing on health care cost trends and the factors contributing to such costs and expenditures.
Authority to Enforce Health Care Spending Benchmark	⊗ State does not have an enforcement mechanism for their health care spending benchmark(s)	The Commission is considering additional enforcement mechanisms such as performance improvement plans and financial penalties.
Hospital or Primary Care Spending Oversight Entity	● State monitors and reports hospital spending, primary care spending, or both	The Nevada Patient Protection Commission, established in 2019, monitors hospital spending statewide and implements the state's health care cost growth benchmark program.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Effective October 1, 2025, Nevada law will prohibit health insurance carriers from imposing a copayment that exceeds $35.00 for a 30-day supply of prescription insulin.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Nevada caps cost-sharing for oral oncology medications at $100.00 per prescription.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	⊗ State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	⊗ The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	Effective July 1, 2025, Nevada will require health plans to cover medically necessary fertility preservation services for individuals diagnosed with breast or ovarian cancer if the cancer may directly or indirectly cause infertility, or if the individual is expected to receive medical treatment that could cause infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	⊗ State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	⊗ The state does not require individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	Legislation to prohibit cost-sharing for colorectal cancer screenings was introduced in Nevada in 2025, but the bill failed to become law.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	Legislation to expand mandatory health insurance coverage for supplemental colorectal cancer screenings was introduced in 2025, but the bill failed
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams	In 2025, Nevada enacted Senate Bill 387, which requires health insurance plans to cover annual low-dose CT lung cancer screenings and related follow-up diagnostic services without cost-sharing, effective January 1, 2026. The mandate applies to individuals ages 50–80 with at least a 20 pack-year smoking history or who otherwise meet USPSTF criteria, unless they have a life-limiting health condition or are unwilling to undergo curative surgery.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	Nevada requires health insurance carriers to cover cervical cancer screenings and prohibits the application of any copayment or coinsurance for the service. However, deductibles are allowed.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Insurers in Nevada must cover medically necessary biomarker testing for the diagnosis, treatment, management, and monitoring of cancer when supported by scientific or clinical evidence, but the law does not prohibit deductibles, copayments, or coinsurance, Coverage excludes screening purposes and may be limited by provider scope or network participation.

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