

Amendment No. 358

Senate Amendment to Senate Bill No. 439	(BDR 40-987)
<b>Proposed by:</b> Senate Committee on Health and Human Services	
<b>Amends:</b> Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 439 (§ 1).
---

ASSEMBLY ACTION		Initial and Date		SENATE ACTION		Initial and Date			
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

EWR/AAK



Date: 4/24/2023

S.B. No. 439—Revises provisions relating to communicable diseases.  
(BDR 40-987)





SENATE BILL NO. 439—SENATORS D. HARRIS,  
SCHEIBLE AND DONATE

MARCH 27, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to communicable diseases.  
(BDR 40-987)

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

CONTAINS UNFUNDED MANDATE ~~[(§§ 1, 15, 44)]~~ (§ 1)  
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

~

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

AN ACT relating to communicable diseases; requiring certain state and local agencies to develop policies to provide uninterrupted services during a public health emergency to certain persons; ~~authorizing a person who has been convicted of certain crimes to petition a court to vacate the judgment and seal certain records;~~ requiring a public or private detention facility to take certain measures to ensure the access of prisoners to treatment for and methods to prevent the acquisition of human immunodeficiency virus; revising provisions governing certain crimes committed by prisoners; requiring the board of trustees of a school district to establish a course or unit of a course of evidence-based, factual instruction in sexuality education; requiring certain public and private health insurers to provide certain coverage; requiring such an insurer to reimburse an advanced practice registered nurse or physician assistant at the same rate as a physician for certain services; ~~imposing certain requirements relating to cost sharing for prescription drugs;~~ authorizing providers of health care to receive credit toward requirements for continuing education for certain training relating to the human immunodeficiency virus; requiring certain providers of health care to complete such training; providing that the repeal or revision of certain crimes applies retroactively; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

- 1 Existing law requires the Division of Public and Behavioral Health of the Department of
- 2 Health and Human Services and district, county and city health departments to perform certain
- 3 functions relating to public health in this State, including certain duties relating to the control
- 4 of communicable diseases. (NRS 439.150-439.265, 439.340, 439.350, 439.360, 439.366,

5 439.367, 439.3675, 439.405, 439.410, 439.460, 439.470) Existing law also requires a district  
6 health officer or the Chief Medical Officer to perform certain duties relating to the control of  
7 communicable diseases. (Chapter 441A of NRS) Existing law prescribes certain  
8 responsibilities of the Division of Health Care Financing and Policy of the Department  
9 concerning the administration of the Medicaid program. (NRS 422.061, 422.063) **Section 1**  
10 of this bill requires the Department and all district, county and city boards of health to develop  
11 policies to provide uninterrupted services during a public health emergency to persons who  
12 have been diagnosed with the human immunodeficiency virus or persons who are at a high  
13 risk of acquiring the human immunodeficiency virus. **Section 2** of this bill makes a  
14 conforming change to indicate the proper placement of **section 1** in the Nevada Revised  
15 Statutes.

16 ~~[Senate Bill No. 275 of the 2021 Legislative Session repealed certain criminal offenses~~  
17 ~~for which an element of the offense was having the human immunodeficiency virus. (Section~~  
18 ~~24, chapter 491, Statutes of Nevada 2021, at page 3199) Section 77 of this bill provides that~~  
19 ~~the repeal of those offenses applies retroactively to violations that occurred before the~~  
20 ~~effective date of Senate Bill No. 275. Section 3 of this bill authorizes a person who was~~  
21 ~~convicted of such an offense before the effective date of Senate Bill No. 275 to petition the~~  
22 ~~court in which he or she was convicted for an order vacating the judgment and sealing certain~~  
23 ~~records relating to the conviction. Section 3: (1) requires the court to grant the petition if the~~  
24 ~~petition meets the relevant statutory requirements; and (2) authorizes the court to issue an~~  
25 ~~order to vacate the judgment and dismiss the accusatory pleading if the petition is deficient~~  
26 ~~with respect to the sealing of the records but the petitioner otherwise satisfies the requirements~~  
27 ~~for vacating the judgment. Section 4 of this bill makes a conforming change to indicate the~~  
28 ~~proper placement of section 3 in the Nevada Revised Statutes. Sections 5-7 of this bill exempt~~  
29 ~~a petition filed pursuant to section 3 from certain requirements, and sections 8-10 of this bill~~  
30 ~~make various changes to ensure that an order issued pursuant to section 3 is treated in the~~  
31 ~~same manner as other similar orders for certain purposes.]~~

32 Existing law requires the Director of the Department of Corrections to establish standards  
33 for the medical and dental services of each institution or facility under the control of the  
34 Department. (NRS 209.381) Existing law also requires a sheriff, chief of police or town  
35 marshal to arrange for the administration of medical care required by prisoners while in his or  
36 her custody. (NRS 211.140) **Sections 11 and 12** of this bill impose certain requirements on  
37 the operators of public and private prisons, jails and detention facilities to ensure the access of  
38 prisoners to treatment for human immunodeficiency virus and methods of preventing the  
39 acquisition of human immunodeficiency virus.

40 Existing law prohibits a prisoner from using, propelling, discharging, spreading or  
41 concealing human excrement or bodily fluid with intent or under circumstances where it is  
42 reasonably likely that the excrement or fluid will come in contact with another person. Under  
43 most circumstances, a violation is a gross misdemeanor, ~~but~~ a category D felony ~~or~~ a  
44 category B felony, depending on the circumstances of the prisoner's confinement. However,  
45 if the prisoner knew at the time of the offense that any portion of the excrement or bodily fluid  
46 contained a communicable disease that causes or is reasonably likely to cause substantial  
47 bodily harm, the violation is a category A felony, regardless of whether the communicable  
48 disease was transmitted. (NRS 212.189) **Section 13** of this bill instead provides that such a  
49 violation is only a category A felony where: (1) ~~the prisoner knew~~ the communicable disease  
50 was likely to be transmitted by his or her conduct; and (2) the communicable disease was  
51 actually transmitted as a result of the conduct. **Section 78** of this bill provides that the  
52 provisions of **section 13** apply retroactively to violations that occurred before the effective  
53 date of that section, if the person who committed the violation has not been convicted before  
54 that date.

55 Existing law requires public and private health plans, including Medicaid and health plans  
56 for state ~~and local~~ government employees, to cover an examination and testing of a pregnant  
57 woman for *Chlamydia trachomatis*, gonorrhea, hepatitis B, hepatitis C and syphilis. (NRS  
58 ~~287.010~~ 287.04335, 422.27173, 689A.0412, 689B.0315, 689C.1675, 695A.1856,  
59 695B.1913, 695C.1737, 695G.1714) ~~Sections 15, 16, 22, 34, 42, 47, 52, 55, 60, 65, 67 and~~  
60 ~~72~~ of this bill additionally require such insurance plans to cover: (1) testing for, treatment of  
61 and prevention of sexually transmitted diseases; and (2) condoms for certain covered persons  
62 ~~who are 13 years of age or older. Sections 15, 16, 22, 35, 43, 48, 52, 56, 61, 66, 67 and 73~~  
63 ~~of this bill require an insurer to count any amount paid by a covered person or another person~~

64 or entity on behalf of a covered person toward any cost sharing requirement applicable to  
 65 certain prescription drugs, including drugs to prevent human immunodeficiency virus, treat  
 66 human immunodeficiency virus or hepatitis C or provide certain treatment for substance use  
 67 disorder. Section 21 of this bill defines the term "pharmacy benefit manager" for the purpose  
 68 of provisions of law governing Medicaid coverage of prescription drugs.)

69 Existing law requires public and private health plans, including Medicaid and health plans  
 70 for state ~~and local~~ government employees, to cover drugs that prevent the acquisition of  
 71 human immunodeficiency virus and any related laboratory or diagnostic procedures. (NRS  
 72 287.010, 287.04335, 422.27235, 422.4025, 689A.0437, 689B.0312, 689C.1671, 695A.1843,  
 73 695B.1924, 695C.1743, 695G.1705) **Sections 25, 31, 37, 44, 51, 57, 62, 68 and 74** of this bill  
 74 require such insurance plans to cover all such drugs approved by the United States Food and  
 75 Drug Administration and all drugs approved by the Food and Drug Administration for treating  
 76 human immunodeficiency virus or hepatitis C without restrictions, other than step therapy.  
 77 **Sections 23, 37, 44, 51, 57, 62, 68 and 74** of this bill require such insurance plans to: (1)  
 78 cover any service to test for, prevent or treat those diseases provided by a provider of primary  
 79 care if the service is covered when provided by a specialist and certain other requirements are  
 80 met; and (2) reimburse an advanced practice registered nurse or a physician assistant for such  
 81 services at a rate equal to that provided to a physician. **Sections ~~15-16, 20, 25, 31, 33, 41,~~**  
 82 **46, 52, 54, 59, 64, 67 and 71** impose similar requirements regarding: (1) coverage of certain  
 83 drugs approved by the Food and Drug Administration to treat substance use disorder; (2)  
 84 coverage of services for the treatment of substance use disorder provided by a provider of  
 85 primary care; and (3) reimbursement for such services provided by an advanced practice  
 86 registered nurse. **Sections 14.5-15.5 of this bill make conforming changes to exempt local**  
 87 **governmental agencies that provide health insurance to employees through a plan of**  
 88 **self-insurance from the amendatory provisions of section 44 while maintaining existing**  
 89 **requirements that apply to such insurance.** **Sections 36, 38, 49 and 50** of this bill make  
 90 conforming changes to indicate that the coverage required by **sections 33 and 46** is in  
 91 addition to certain coverage of services for the treatment of substance use disorder that certain  
 92 insurers are required by existing law to provide. **Sections 14 ~~15-16,~~ and 39** of this bill make  
 93 conforming changes to indicate the proper placement of **sections ~~20-22,~~ 20, 22, 33 and ~~33-~~**  
 94 **35] 34** in the Nevada Revised Statutes. **Section 69** of this bill authorizes the Commissioner of  
 95 Insurance to suspend or revoke the certificate of a health maintenance organization that fails  
 96 to comply with the requirements of ~~sections 64-66.]~~ **section 64 or 65.** The Commissioner  
 97 would also be authorized to take such action against any health insurer who fails to comply  
 98 with the requirements of **sections ~~33-35,~~ 33, 34, 37, 41-44, ~~46-48,~~ 46, 47, 50, 54-57, 59-62,**  
 99 **67, 68 or 71-74** of this bill. (NRS 680A.200, 695C.330)

100 Existing law requires the board of trustees of each school district to establish a course or  
 101 unit of a course of instruction concerning acquired immune deficiency syndrome, the human  
 102 reproductive system, related communicable diseases and sexual responsibility which must be  
 103 taught by a teacher or school nurse whose qualifications have been approved by the board of  
 104 trustees. (NRS 389.036) **Section 17** of this bill instead requires the board of trustees of a  
 105 school district to establish a course or unit of a course of evidence-based, factual instruction in  
 106 sexuality education. **Section 17** additionally authorizes a provider of health care or other  
 107 qualified person approved by the board of trustees to teach such a course. **Section 18** of this  
 108 bill requires the standards adopted by the Council to Establish Academic Standards for Public  
 109 Schools for instruction in health to include standards for sexuality education. **Section 18** also  
 110 authorizes the Council to include topics related to sexuality education in the standards for  
 111 other courses where appropriate.

112 Existing law requires physicians, osteopathic physicians, physician assistants and nurses  
 113 to complete certain continuing education in order to renew their licenses. (NRS 630.253,  
 114 632.343, 633.471) **Sections 28-30 and 75** of this bill require such a provider of health care  
 115 who provides or supervises the provision of emergency medical care or primary care in a  
 116 hospital to complete before the first renewal of their license or, for currently practicing  
 117 providers, the next renewal of their license, at least 2 hours of training in stigma,  
 118 discrimination and unrecognized bias toward persons who have acquired or are at a high risk  
 119 of acquiring human immunodeficiency virus. **Section 27** of this bill authorizes any provider of  
 120 health care to use training in that subject in place of not more than 2 hours of any other  
 121 training that the provider is required to complete, other than continuing education relating to  
 122 ethics.

123  
124  
125  
126  
127

Senate Bill No. 275 of the 2021 Legislative Session repealed certain criminal offenses for which an element of the offense was having the human immunodeficiency virus. (Section 24, chapter 491, Statutes of Nevada 2021, at page 3199) Section 77 of this bill provides that the repeal of those offenses applies retroactively to violations that occurred before the effective date of Senate Bill No. 275.

---

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

1       **Section 1.** Chapter 441A of NRS is hereby amended by adding thereto a new  
2 section to read as follows:

3       1. *The Department of Health and Human Services and all district, county*  
4 *and city boards of health shall develop policies to provide uninterrupted services*  
5 *during a public health emergency to persons who have been diagnosed with the*  
6 *human immunodeficiency virus or who are at a high risk of acquiring the human*  
7 *immunodeficiency virus and who are receiving services from the Department or*  
8 *any division thereof or the district, county or city health department, as*  
9 *applicable. Such policies may provide, without limitation, for the delivery of such*  
10 *services during a public health emergency:*

11       (a) *Over the Internet;*

12       (b) *Using an application for a mobile device; or*

13       (c) *By calling or sending text messages from a telephone number that is not*  
14 *generally blocked or identified as a source of unwanted calls or messages.*

15       2. *As used in this section:*

16       (a) *“Mobile device” includes, without limitation, a smartphone or a tablet*  
17 *computer.*

18       (b) *“Public health emergency” means:*

19       (1) *A public health emergency or other health event identified by a health*  
20 *authority pursuant to NRS 439.970; or*

21       (2) *A state of emergency or declaration of disaster proclaimed pursuant*  
22 *to NRS 414.070 that relates to or affects public health.*

23       **Sec. 2.** NRS 441A.334 is hereby amended to read as follows:

24       441A.334 As used in this section and NRS 441A.335 and 441A.336, *and*  
25 *section 1 of this act*, “provider of health care” means a physician, nurse or  
26 physician assistant licensed in accordance with state law.

27       **Sec. 3.** ~~Chapter 179 of NRS is hereby amended by adding thereto a new~~  
28 ~~section to read as follows:~~

29       ~~1. If a person has been convicted of a violation of NRS 201.205 or 201.358,~~  
30 ~~as those sections existed before June 6, 2021, which is the effective date of repeal~~  
31 ~~of those sections by section 24 of chapter 491, Statutes of Nevada 2021, at page~~  
32 ~~3199, the person may petition the court in which he or she was convicted for an~~  
33 ~~order:~~

34       ~~(a) Vacating the judgment; and~~

35       ~~(b) Sealing all documents, papers and exhibits in the person’s record, minute~~  
36 ~~book entries and entries on dockets, and other documents relating to the case in~~  
37 ~~the custody of such other agencies and officers as are named in the court’s order.~~

38       ~~2. A petition filed pursuant to subsection 1 must satisfy the requirements of~~  
39 ~~NRS 179.245.~~

40       ~~3. Except as otherwise provided in subsection 6, the court shall grant a~~  
41 ~~petition filed pursuant to subsection 1 if the petition meets the requirements of~~  
42 ~~this section.~~

~~4. If the court grants a petition filed pursuant to subsection 1, the court shall:~~

~~(a) Vacate the judgment and dismiss the accusatory pleading; and~~

~~(b) Order sealed all documents, papers and exhibits in the petitioner's record, minute book entries and entries on dockets and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order.~~

~~5. If a petition filed pursuant to subsection 1 does not satisfy the requirements of NRS 179.245 or the court determines that the petition is otherwise deficient with respect to the sealing of the petitioner's record, the court may enter an order to vacate the judgment and dismiss the accusatory pleading if the petitioner satisfies all requirements necessary for the judgment to be vacated.~~

~~6. If the court enters an order pursuant to subsection 5, the court shall also order sealed the records of the petitioner which relate to the judgment being vacated in accordance with paragraph (b) of subsection 4, regardless of whether any records relating to other convictions are ineligible for sealing, either by operation of law or because of a deficiency in the petition.~~

~~7. No fee may be charged by any court or agency of criminal justice for the submission of a petition pursuant to this section.~~ **(Deleted by amendment.)**

**Sec. 4.** [NRS 179.241 is hereby amended to read as follows:

~~179.241 As used in NRS 179.2405 to 179.301, inclusive, and section 3 of this act, unless the context otherwise requires, the words and terms defined in NRS 179.242, 179.243 and 179.244 have the meanings ascribed to them in those sections.] **(Deleted by amendment.)**~~

**Sec. 5.** [NRS 179.245 is hereby amended to read as follows:

~~179.245 1. Except as otherwise provided in subsection 6 and NRS 176.211, 176A.245, 176A.265, 176A.295, 179.247, 179.259, 201.354 and 453.3365 [,] and section 3 of this act, a person may petition the court in which the person was convicted for the sealing of all records relating to a conviction of:~~

~~(a) A category A felony, a crime of violence or residential burglary pursuant to NRS 205.060 after 10 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;~~

~~(b) Except as otherwise provided in paragraphs (a) and (c), a category B, C or D felony after 5 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;~~

~~(c) A category E felony after 2 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;~~

~~(d) Except as otherwise provided in paragraph (c), any gross misdemeanor after 2 years from the date of release from actual custody or discharge from probation, whichever occurs later;~~

~~(e) A violation of NRS 422.540 to 422.570, inclusive, a violation of NRS 484C.110 or 484C.120 other than a felony, or a battery which constitutes domestic violence pursuant to NRS 33.018 other than a felony, after 7 years from the date of release from actual custody or from the date when the person is no longer under a suspended sentence, whichever occurs later;~~

~~(f) Except as otherwise provided in paragraph (e), if the offense is punished as a misdemeanor, a battery pursuant to NRS 200.481, harassment pursuant to NRS 200.571, stalking pursuant to NRS 200.575 or a violation of a temporary or extended order for protection, after 2 years from the date of release from actual custody or from the date when the person is no longer under a suspended sentence, whichever occurs later; or~~

~~1 (g) Any other misdemeanor after 1 year from the date of release from actual  
2 custody or from the date when the person is no longer under a suspended sentence,  
3 whichever occurs later.~~

~~4 2. A petition filed pursuant to subsection 1 must:~~

~~5 (a) Be accompanied by the petitioner's current, verified records received from  
6 the Central Repository for Nevada Records of Criminal History;~~

~~7 (b) If the petition references NRS 453.2365, include a certificate of  
8 acknowledgment or the disposition of the proceedings for the records to be sealed  
9 from all agencies of criminal justice which maintain such records;~~

~~10 (c) Include a list of any other public or private agency, company, official or  
11 other custodian of records that is reasonably known to the petitioner to have  
12 possession of records of the conviction and to whom the order to seal records, if  
13 issued, will be directed; and~~

~~14 (d) Include information that, to the best knowledge and belief of the petitioner,  
15 accurately and completely identifies the records to be sealed, including, without  
16 limitation, the:~~

~~17 (1) Date of birth of the petitioner;~~

~~18 (2) Specific conviction to which the records to be sealed pertain; and~~

~~19 (3) Date of arrest relating to the specific conviction to which the records to  
20 be sealed pertain.~~

~~21 3. Upon receiving a petition pursuant to this section, the court shall notify the  
22 law enforcement agency that arrested the petitioner for the crime and the  
23 prosecuting attorney, including, without limitation, the Attorney General, who  
24 prosecuted the petitioner for the crime. The prosecuting attorney and any person  
25 having relevant evidence may testify and present evidence at any hearing on the  
26 petition.~~

~~27 4. If the prosecuting agency that prosecuted the petitioner for the crime  
28 stipulates to the sealing of the records, the court shall apply the presumption set  
29 forth in NRS 179.2445 and seal the records. If the prosecuting agency does not  
30 stipulate to the sealing of the records or does not file a written objection within 30  
31 days after receiving notification pursuant to subsection 3 and the court makes the  
32 findings set forth in subsection 5, the court may order the sealing of the records in  
33 accordance with subsection 5 without a hearing. If the court does not order the  
34 sealing of the records or the prosecuting agency files a written objection, a hearing  
35 on the petition must be conducted. At the hearing, unless an objecting party  
36 presents evidence sufficient to rebut the presumption set forth in NRS 179.2445, the  
37 court shall apply the presumption and seal the records.~~

~~38 5. If the court finds that, in the period prescribed in subsection 1, the  
39 petitioner has not been charged with any offense for which the charges are pending  
40 or convicted of any offense, except for minor moving or standing traffic violations,  
41 the court may order sealed all records of the conviction which are in the custody of  
42 any agency of criminal justice or any public or private agency, company, official or  
43 other custodian of records in the State of Nevada, and may also order all such  
44 records of the petitioner returned to the file of the court where the proceeding was  
45 commenced from, including, without limitation, the Federal Bureau of Investigation  
46 and all other agencies of criminal justice which maintain such records and which  
47 are reasonably known by either the petitioner or the court to have possession of  
48 such records.~~

~~49 6. A person may not petition the court to seal records relating to a conviction  
50 of:~~

~~51 (a) A crime against a child;~~

~~52 (b) A sexual offense;~~

~~53 (c) Invasion of the home with a deadly weapon pursuant to NRS 205.067;~~



~~1 (d) A violation of NRS 484C.110 or 484C.120 that is punishable as a felony  
2 pursuant to paragraph (c) of subsection 1 of NRS 484C.400;~~

~~3 (e) A violation of NRS 484C.420;~~

~~4 (f) A homicide resulting from driving or being in actual physical control of a  
5 vehicle while under the influence of intoxicating liquor or a controlled substance or  
6 resulting from any other conduct prohibited by NRS 484C.110, 484C.130 or  
7 484C.420;~~

~~8 (g) A violation of NRS 488.410 that is punishable as a felony pursuant to NRS  
9 488.427; or~~

~~10 (h) A violation of NRS 488.420 or 488.425.~~

~~11 7. The provisions of paragraph (c) of subsection 1 and paragraph (d) of  
12 subsection 6 must not be construed to preclude a person from being able to petition  
13 the court to seal records relating to a conviction for a violation of NRS 484C.110 or  
14 484C.120 pursuant to this section if the person was found guilty of a violation of  
15 NRS 484C.110 or 484C.120 that is punishable pursuant to:~~

~~16 (a) Paragraph (b) of subsection 1 of NRS 484C.400; or~~

~~17 (b) Paragraph (c) of subsection 1 of NRS 484C.400 but had a judgment of  
18 conviction entered against him or her for a violation of paragraph (b) of subsection  
19 1 of NRS 484C.400 because the person participated in the statewide sobriety and  
20 drug monitoring program established pursuant to NRS 484C.392.~~

~~21 8. If the court grants a petition for the sealing of records pursuant to this  
22 section, upon the request of the person whose records are sealed, the court may  
23 order sealed all records of the civil proceeding in which the records were sealed.~~

~~24 9. As used in this section:~~

~~25 (a) "Crime against a child" has the meaning ascribed to it in NRS 179D.0357.~~

~~26 (b) "Sexual offense" means:~~

~~27 (1) Murder of the first degree committed in the perpetration or attempted  
28 perpetration of sexual assault or of sexual abuse or sexual molestation of a child  
29 less than 14 years of age pursuant to paragraph (b) of subsection 1 of NRS 200.030.~~

~~30 (2) Sexual assault pursuant to NRS 200.366.~~

~~31 (3) Statutory sexual seduction pursuant to NRS 200.368, if punishable as a  
32 felony.~~

~~33 (4) Battery with intent to commit sexual assault pursuant to NRS 200.400.~~

~~34 (5) An offense involving the administration of a drug to another person  
35 with the intent to enable or assist the commission of a felony pursuant to NRS  
36 200.405, if the felony is an offense listed in this paragraph.~~

~~37 (6) An offense involving the administration of a controlled substance to  
38 another person with the intent to enable or assist the commission of a crime of  
39 violence, if the crime of violence is an offense listed in this paragraph.~~

~~40 (7) Abuse of a child pursuant to NRS 200.508, if the abuse involved sexual  
41 abuse or sexual exploitation.~~

~~42 (8) An offense involving pornography and a minor pursuant to NRS  
43 200.710 to 200.730, inclusive.~~

~~44 (9) Incest pursuant to NRS 201.180.~~

~~45 (10) Open or gross lewdness pursuant to NRS 201.210, if punishable as a  
46 felony.~~

~~47 (11) Indecent or obscene exposure pursuant to NRS 201.220, if punishable  
48 as a felony.~~

~~49 (12) Lewdness with a child pursuant to NRS 201.230.~~

~~50 (13) Sexual penetration of a dead human body pursuant to NRS 201.450.~~

~~51 (14) Sexual conduct between certain employees of a school or volunteers  
52 at a school and a pupil pursuant to NRS 201.540.~~

1 ~~— (15) Sexual conduct between certain employees of a college or university~~  
2 ~~and a student pursuant to NRS 201.550.~~

3 ~~— (16) Luring a child or a person with mental illness pursuant to NRS~~  
4 ~~201.560, if punishable as a felony.~~

5 ~~— (17) An attempt to commit an offense listed in this paragraph.]~~ **(Deleted by**  
6 **amendment.)**

7 **Sec. 6.** ~~[NRS 179.2595 is hereby amended to read as follows:~~

8 ~~— 179.2595 Notwithstanding the procedure established in NRS 179.245,~~  
9 ~~179.255 or 179.259 or section 3 of this act for the filing of a petition for the sealing~~  
10 ~~of records:~~

11 ~~— 1. If a person wishes to have more than one record sealed and would~~  
12 ~~otherwise need to file a petition in more than one court for the sealing of the~~  
13 ~~records, the person may, instead of filing a petition in each court, file a petition in~~  
14 ~~district court for the sealing of all such records.~~

15 ~~— 2. If a person files a petition for the sealing of records in district court~~  
16 ~~pursuant to subsection 1 or NRS 179.245, 179.255 or 179.259, the district court~~  
17 ~~may order the sealing of any other records in the justice or municipal courts in~~  
18 ~~accordance with the provisions of NRS 179.2405 to 179.301, inclusive.~~

19 ~~— 3. A district court shall act in accordance with subsection 2 regardless of~~  
20 ~~whether a petition filed pursuant to this section includes a request for the sealing of~~  
21 ~~a record in a district court.]~~ **(Deleted by amendment.)**

22 **Sec. 7.** ~~[NRS 179.271 is hereby amended to read as follows:~~

23 ~~— 179.271 1. Except as otherwise provided in this section [,] and section 3 of~~  
24 ~~this act, if an offense is decriminalized:~~

25 ~~— (a) Any person who was convicted of that offense before the date on which the~~  
26 ~~offense was decriminalized may submit a written request to any court in which the~~  
27 ~~person was convicted of that offense for the sealing of any record of criminal~~  
28 ~~history in its possession and in the possession of any agency of criminal justice~~  
29 ~~relating to the conviction.~~

30 ~~— (b) Upon receipt of a request pursuant to paragraph (a), the court shall, as soon~~  
31 ~~as practicable, send written notice of the request to the office of the prosecuting~~  
32 ~~attorney that prosecuted the offense. If the office of the prosecuting attorney objects~~  
33 ~~to the granting of the request, a written objection to the request must be filed with~~  
34 ~~the court within 10 judicial days after the date on which notice of the request was~~  
35 ~~received. If no written objection to the request is filed, the court shall grant the~~  
36 ~~request. If a written objection to the request is filed, the court must hold a hearing~~  
37 ~~on the request. At the hearing, the court shall grant the request unless the~~  
38 ~~prosecuting attorney establishes, by clear and convincing evidence, that there is~~  
39 ~~good cause not to grant the request. The decision of the court to deny the request is~~  
40 ~~subject to appeal.~~

41 ~~— 2. No fee may be charged by any court or agency of criminal justice for the~~  
42 ~~submission of a request pursuant to this section.~~

43 ~~— 3. The provisions of this section do not apply to a traffic offense.~~

44 ~~— 4. As used in this section:~~

45 ~~— (a) “Decriminalized” means that an offense is no longer punishable as a crime~~  
46 ~~as the result of enactment of an act of the Legislature or the passage of a~~  
47 ~~referendum petition or initiative petition pursuant to Article 19 of the Nevada~~  
48 ~~Constitution.~~

49 ~~— (b) “Traffic offense” means a violation of any state or local law or ordinance~~  
50 ~~governing the operation of a motor vehicle upon any highway within this State.]~~  
51 **(Deleted by amendment.)**

1        **Sec. 8.** ~~[NRS 179.275 is hereby amended to read as follows:~~

2        ~~179.275 Where the court orders the sealing of a record pursuant to NRS~~  
 3 ~~34.970, 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247,~~  
 4 ~~179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365, or section 3 of this act,~~  
 5 ~~a copy of the order must be sent to:~~

6        ~~1. The Central Repository for Nevada Records of Criminal History; and~~

7        ~~2. Each agency of criminal justice and each public or private company,~~  
 8 ~~agency, official or other custodian of records named in the order, and that person~~  
 9 ~~shall seal the records in his or her custody which relate to the matters contained in~~  
 10 ~~the order, shall advise the court of compliance and shall then seal the order.]~~

11 **(Deleted by amendment.)**

12        **Sec. 9.** ~~[NRS 179.285 is hereby amended to read as follows:~~

13        ~~179.285 Except as otherwise provided in NRS 179.301:~~

14        ~~1. If the court orders a record sealed pursuant to NRS 34.970, 174.034,~~  
 15 ~~176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259,~~  
 16 ~~179.2595, 179.271, 201.354 or 453.3365 [.] or section 3 of this act:~~

17        ~~(a) All proceedings recounted in the record are deemed never to have occurred,~~  
 18 ~~and the person to whom the order pertains may properly answer accordingly to any~~  
 19 ~~inquiry, including, without limitation, an inquiry relating to an application for~~  
 20 ~~employment, concerning the arrest, conviction, dismissal or acquittal and the events~~  
 21 ~~and proceedings relating to the arrest, conviction, dismissal or acquittal.~~

22        ~~(b) The person is immediately restored to the following civil rights if the~~  
 23 ~~person's civil rights previously have not been restored:~~

24        ~~(1) The right to vote;~~

25        ~~(2) The right to hold office; and~~

26        ~~(3) The right to serve on a jury.~~

27        ~~2. Upon the sealing of the person's records, a person who is restored to his or~~  
 28 ~~her civil rights pursuant to subsection 1 must be given:~~

29        ~~(a) An official document which demonstrates that the person has been restored~~  
 30 ~~to the civil rights set forth in paragraph (b) of subsection 1; and~~

31        ~~(b) A written notice informing the person that he or she has not been restored~~  
 32 ~~to the right to bear arms, unless the person has received a pardon and the pardon~~  
 33 ~~does not restrict his or her right to bear arms.~~

34        ~~3. A person who has had his or her records sealed in this State or any other~~  
 35 ~~state and whose official documentation of the restoration of civil rights is lost,~~  
 36 ~~damaged or destroyed may file a written request with a court of competent~~  
 37 ~~jurisdiction to restore his or her civil rights pursuant to this section. Upon~~  
 38 ~~verification that the person has had his or her records sealed, the court shall issue an~~  
 39 ~~order restoring the person to the civil rights to vote, to hold office and to serve on a~~  
 40 ~~jury. A person must not be required to pay a fee to receive such an order.~~

41        ~~4. A person who has had his or her records sealed in this State or any other~~  
 42 ~~state may present official documentation that the person has been restored to his or~~  
 43 ~~her civil rights or a court order restoring civil rights as proof that the person has~~  
 44 ~~been restored to the right to vote, to hold office and to serve as a juror.] **(Deleted by**~~  
 45 **amendment.)**

46        **Sec. 10.** ~~[NRS 179.295 is hereby amended to read as follows:~~

47        ~~179.295 1. The person who is the subject of the records that are sealed~~  
 48 ~~pursuant to NRS 34.970, 174.034, 176.211, 176A.245, 176A.265, 176A.295,~~  
 49 ~~179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365 or~~  
 50 ~~section 3 of this act may petition the court that ordered the records sealed to permit~~  
 51 ~~inspection of the records by a person named in the petition, and the court may order~~  
 52 ~~such inspection. Except as otherwise provided in this section, subsection 9 of NRS~~

~~179.255 and NRS 179.259 and 179.201, the court may not order the inspection of the records under any other circumstances.~~

~~2. If a person has been arrested, the charges have been dismissed and the records of the arrest have been sealed, the court may order the inspection of the records by a prosecuting attorney upon a showing that as a result of newly discovered evidence, the person has been arrested for the same or a similar offense and that there is sufficient evidence reasonably to conclude that the person will stand trial for the offense.~~

~~2. The court may, upon the application of a prosecuting attorney or an attorney representing a defendant in a criminal action, order an inspection of such records for the purpose of obtaining information relating to persons who were involved in the incident recorded.~~

~~4. This section does not prohibit a court from considering a proceeding for which records have been sealed pursuant to NRS 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365 or section 3 of this act in determining whether to grant a petition pursuant to NRS 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.255, 179.259, 179.2595 or 453.3365 for a conviction of another offense.]~~

**(Deleted by amendment.)**

**Sec. 11.** Chapter 209 of NRS is hereby amended by adding thereto a new section to read as follows:

*1. The Department or the operator of a private facility or institution shall not enter into a contract or other agreement with any person or entity to provide medical services to offenders who are diagnosed with human immunodeficiency virus unless the person or entity demonstrates that at least 95 percent of the patients who are diagnosed with human immunodeficiency virus to whom the person or entity provides medical services:*

- (a) Are offered treatment on the same day as the diagnosis; and*
- (b) Are able to begin such treatment not later than 7 days after diagnosis.*

*2. Except as otherwise provided in subsection 3, an institution, facility or private facility or institution shall take reasonable measures to ensure the availability of:*

*(a) Any drug prescribed for treating the human immunodeficiency virus in the form recommended by the prescribing practitioner to each offender who has been diagnosed with human immunodeficiency virus to the same extent and under the same conditions as other medical care for offenders.*

*(b) Methods of preventing the acquisition of human immunodeficiency virus, including, without limitation, drugs approved by the United States Food and Drug Administration for that purpose, ~~and condoms,~~ to all offenders free of charge.*

*3. An institution, facility or private facility or institution:*

*(a) Is not required to make available a drug described in subsection 2 for which a prescription is required to an offender for whom such a prescription has not been issued.*

*(b) Shall take reasonable measures to make available to all offenders a provider of health care who is authorized to issue a prescription for a drug described in subsection 2.*

*(c) Shall not demand, request or suggest that a provider of health care refrain from issuing a prescription for a drug described in subsection 2 to an offender or take any other measure to prevent a provider of health care from issuing such a prescription.*

*4. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.*

1       **Sec. 12.** Chapter 211 of NRS is hereby amended by adding thereto a new  
2 section to read as follows:

3       1. A sheriff, chief of police or town marshal who is responsible for a county,  
4 city or town jail or detention facility shall not enter into a contract or other  
5 agreement with any person or entity to provide medical services to prisoners who  
6 are diagnosed with human immunodeficiency virus unless the person or entity  
7 demonstrates that at least 95 percent of the patients who are diagnosed with  
8 human immunodeficiency virus to whom the person or entity provides medical  
9 services:

10       (a) Are offered treatment on the same day as the diagnosis; and

11       (b) Are able to begin such treatment not later than 7 days after diagnosis.

12       2. Except as otherwise provided in subsection 3, a county, city or town jail  
13 or detention facility shall take reasonable measures to ensure the availability of:

14       (a) Any drug prescribed for treating the human immunodeficiency virus in  
15 the form recommended by the prescribing practitioner to each prisoner who has  
16 been diagnosed with human immunodeficiency virus to the same extent and  
17 under the same conditions as other medical care for prisoners.

18       (b) Methods of preventing the acquisition of human immunodeficiency virus,  
19 including, without limitation, drugs approved by the United States Food and  
20 Drug Administration for that purpose ~~and condoms,~~ to all prisoners free of  
21 charge.

22       3. A county, city or town jail or detention facility:

23       (a) Is not required to make available a drug described in subsection 2 for  
24 which a prescription is required to a prisoner for whom such a prescription has  
25 not been issued.

26       (b) Shall take reasonable measures to make available to all prisoners a  
27 provider of health care who is authorized to issue a prescription for a drug  
28 described in subsection 2.

29       (c) Shall not demand, request or suggest that a provider of health care  
30 refrain from issuing a prescription for a drug described in subsection 2 to an  
31 offender or take any other measure to prevent a provider of health care from  
32 issuing such a prescription.

33       4. As used in this section, "provider of health care" has the meaning  
34 ascribed to it in NRS 629.031.

35       **Sec. 13.** NRS 212.189 is hereby amended to read as follows:

36       212.189 1. Except as otherwise provided in subsection 10, a prisoner who is  
37 under lawful arrest, in lawful custody or in lawful confinement shall not knowingly:

38       (a) Store or stockpile any human excrement or bodily fluid;

39       (b) Sell, supply or provide any human excrement or bodily fluid to any other  
40 person;

41       (c) Buy, receive or acquire any human excrement or bodily fluid from any  
42 other person; or

43       (d) Use, propel, discharge, spread or conceal, or cause to be used, propelled,  
44 discharged, spread or concealed, any human excrement or bodily fluid:

45       (1) With the intent to have the excrement or bodily fluid come into  
46 physical contact with any portion of the body of another person, including, without  
47 limitation, an officer or employee of a prison or law enforcement agency, whether  
48 or not such physical contact actually occurs; or

49       (2) Under circumstances in which the excrement or bodily fluid is  
50 reasonably likely to come into physical contact with any portion of the body of  
51 another person, including, without limitation, an officer or employee of a prison or  
52 law enforcement agency, whether or not such physical contact actually occurs.

1           2. Except as otherwise provided in subsection 4, if a prisoner who is under  
2 lawful arrest or in lawful custody violates any provision of subsection 1, the  
3 prisoner is guilty of:

4           (a) For a first offense, a gross misdemeanor.

5           (b) For a second offense or any subsequent offense, a category D felony and  
6 shall be punished as provided in NRS 193.130.

7           3. Except as otherwise provided in subsection 4, if a prisoner who is in lawful  
8 confinement, other than residential confinement, violates any provision of  
9 subsection 1, the prisoner is guilty of a category B felony and shall be punished by  
10 imprisonment in the state prison for a minimum term of not less than 2 years and a  
11 maximum term of not more than 10 years, and may be further punished by a fine of  
12 not more than \$10,000.

13           4. If a prisoner who is under lawful arrest, in lawful custody or in lawful  
14 confinement violates any provision of paragraph (d) of subsection 1 and, at the time  
15 of the offense, the prisoner knew that any portion of the excrement or bodily fluid  
16 involved in the offense contained a communicable disease that causes or is  
17 reasonably likely to cause substantial bodily harm ~~whether or not~~ the  
18 communicable disease is likely to be transmitted as a result of the offense and  
19 the communicable disease was actually transmitted to a victim as a result of the  
20 offense, the prisoner is guilty of a category A felony and shall be punished by  
21 imprisonment in the state prison:

22           (a) For life with the possibility of parole, with eligibility for parole beginning  
23 when a minimum of 10 years has been served; or

24           (b) For a definite term of 25 years, with eligibility for parole beginning when a  
25 minimum of 10 years has been served,

26           and may be further punished by a fine of not more than \$50,000.

27           5. A sentence imposed upon a prisoner pursuant to subsection 2, 3 or 4:

28           (a) Is not subject to suspension or the granting of probation; and

29           (b) Must run consecutively after the prisoner has served any sentences imposed  
30 upon the prisoner for the offense or offenses for which the prisoner was under  
31 lawful arrest, in lawful custody or in lawful confinement when the prisoner violated  
32 the provisions of subsection 1.

33           6. In addition to any other penalty, the court shall order a prisoner who  
34 violates any provision of paragraph (d) of subsection 1 to reimburse the appropriate  
35 person or governmental body for the cost of any examinations or testing:

36           (a) Conducted pursuant to paragraphs (a) and (b) of subsection 8; or

37           (b) Paid for pursuant to subparagraph (2) of paragraph (c) of subsection 8.

38           7. The warden, sheriff, administrator or other person responsible for  
39 administering a prison shall immediately and fully investigate any act described in  
40 subsection 1 that is reported or suspected to have been committed in the prison.

41           8. If there is probable cause to believe that an act described in paragraph (d)  
42 of subsection 1 has been committed in a prison:

43           (a) Each prisoner believed to have committed the act or to have been the bodily  
44 source of any portion of the excrement or bodily fluid involved in the act shall  
45 submit to any appropriate examinations and testing to determine whether each such  
46 prisoner has any communicable disease.

47           (b) If possible, a sample of the excrement or bodily fluid involved in the act  
48 must be recovered and tested to determine whether any communicable disease is  
49 present in the excrement or bodily fluid.

50           (c) If the excrement or bodily fluid involved in the act came into physical  
51 contact with any portion of the body of an officer or employee of a prison or law  
52 enforcement agency:

1 (1) The results of any examinations or testing conducted pursuant to  
2 paragraphs (a) and (b) must be provided to each such officer, employee or other  
3 person; and

4 (2) For each such officer or employee:

5 (I) Of a prison, the person or governmental body operating the prison  
6 where the act was committed shall pay for any appropriate examinations and testing  
7 requested by the officer or employee to determine whether a communicable disease  
8 was transmitted to the officer or employee as a result of the act; and

9 (II) Of any law enforcement agency, the law enforcement agency that  
10 employs the officer or employee shall pay for any appropriate examinations and  
11 testing requested by the officer or employee to determine whether a communicable  
12 disease was transmitted to the officer or employee as a result of the act.

13 (d) The results of the investigation conducted pursuant to subsection 7 and the  
14 results of any examinations or testing conducted pursuant to paragraphs (a) and (b)  
15 must be submitted to the district attorney of the county in which the act was  
16 committed or to the Office of the Attorney General for possible prosecution of each  
17 prisoner who committed the act.

18 9. If a prisoner is charged with committing an act described in paragraph (d)  
19 of subsection 1 and a victim or an intended victim of the act was an officer or  
20 employee of a prison or law enforcement agency, the prosecuting attorney shall not  
21 dismiss the charge in exchange for a plea of guilty, guilty but mentally ill or nolo  
22 contendere to a lesser charge or for any other reason unless the prosecuting attorney  
23 knows or it is obvious that the charge is not supported by probable cause or cannot  
24 be proved at the time of trial.

25 10. The provisions of this section do not apply to a prisoner who is in  
26 residential confinement or to a prisoner who commits an act described in subsection  
27 1 if the act:

28 (a) Is otherwise lawful and is authorized by the warden, sheriff, administrator  
29 or other person responsible for administering the prison, or his or her designee, and  
30 the prisoner performs the act in accordance with the directions or instructions given  
31 to the prisoner by that person;

32 (b) Involves the discharge of human excrement or bodily fluid directly from  
33 the body of the prisoner and the discharge is the direct result of a temporary or  
34 permanent injury, disease or medical condition afflicting the prisoner that prevents  
35 the prisoner from having physical control over the discharge of his or her own  
36 excrement or bodily fluid; or

37 (c) Constitutes voluntary sexual conduct with another person in violation of the  
38 provisions of NRS 212.187.

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

40 232.320 1. The Director:

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

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

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

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

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

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

49 (b) Shall administer, through the divisions of the Department, the provisions of  
50 chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A  
51 and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410,  
52 inclusive, ~~and [sections] section 20 [, 21 and 22] of this act~~, 422.580, 432.010 to  
53 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430,

1 inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law  
2 relating to the functions of the divisions of the Department, but is not responsible  
3 for the clinical activities of the Division of Public and Behavioral Health or the  
4 professional line activities of the other divisions.

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

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

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

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

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

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

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

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

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

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

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

38 **Sec. 14.5. Chapter 287 of NRS is hereby amended by adding thereto a**  
39 **new section to read as follows:**

40 **1. The governing body of any county, school district, municipal**  
41 **corporation, political subdivision, public corporation or other local governmental**  
42 **agency of the State of Nevada that provides health insurance through a plan of**  
43 **self-insurance shall provide coverage for:**

44 **(a) Drugs approved by the United States Food and Drug Administration for**  
45 **preventing the acquisition of human immunodeficiency virus;**

46 **(b) Laboratory testing that is necessary for therapy that uses such a drug;**  
47 **and**

48 **(c) The services described in NRS 639.28085, when provided by a pharmacist**  
49 **who participates in the network plan of the governing body.**

50 **2. The governing body of any county, school district, municipal**  
51 **corporation, political subdivision, public corporation or other local governmental**  
52 **agency of the State of Nevada that provides health insurance through a plan of**  
53 **self-insurance shall reimburse a pharmacist who participates in the network plan**



1 of the governing body for the services described in NRS 639.28085 at a rate equal  
2 to the rate of reimbursement provided to a physician, physician assistant or  
3 advanced practice registered nurse for similar services.

4 3. The governing body of any county, school district, municipal  
5 corporation, political subdivision, public corporation or other local governmental  
6 agency of the State of Nevada that provides health insurance through a plan of  
7 self-insurance may subject the benefits required by subsection 1 to reasonable  
8 medical management techniques.

9 4. The governing body of any county, school district, municipal  
10 corporation, political subdivision, public corporation or other local governmental  
11 agency of the State of Nevada that provides health insurance through a plan of  
12 self-insurance shall ensure that the benefits required by subsection 1 are made  
13 available to an insured through a provider of health care who participates in the  
14 network plan of the governing body.

15 5. A plan of self-insurance described in subsection 1 that is delivered,  
16 issued for delivery or renewed on or after January 1, 2024, has the legal effect of  
17 including the coverage required by subsection 1, and any provision of the plan  
18 that conflicts with the provisions of this section is void.

19 6. As used in this section:

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

24 (b) "Network plan" means a plan of self-insurance provided by the  
25 governing body of a local governmental agency under which the financing and  
26 delivery of medical care, including items and services paid for as medical care,  
27 are provided, in whole or in part, through a defined set of providers under  
28 contract with the governing body. The term does not include an arrangement for  
29 the financing of premiums.

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

31 **Sec. 15.** NRS 287.010 is hereby amended to read as follows:

32 287.010 1. The governing body of any county, school district, municipal  
33 corporation, political subdivision, public corporation or other local governmental  
34 agency of the State of Nevada may:

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

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

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

1 transact business in the State of Nevada. Any independent administrator of a fund  
2 created under this section is subject to the licensing requirements of chapter 683A  
3 of NRS, and must be a resident of this State. Any contract with an independent  
4 administrator must be approved by the Commissioner of Insurance as to the  
5 reasonableness of administrative charges in relation to contributions collected and  
6 benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408,  
7 687B.723, 687B.725, 689B.030 to 689B.031, inclusive, 689B.0313 to 689B.050,  
8 inclusive, ~~and sections 42, 43 and 44 of this act,~~ 689B.265, 689B.287 and  
9 689B.500 apply to coverage provided pursuant to this paragraph, except that the  
10 provisions of NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage  
11 for active officers and employees of the governing body, or the dependents of such  
12 officers and employees.

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

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

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

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

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

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

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

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

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

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

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

50 **Sec. 15.5. NRS 287.040 is hereby amended to read as follows:**

51 287.040 The provisions of NRS 287.010 to 287.040, inclusive, and section  
52 14.5 of this act do not make it compulsory upon any governing body of any county,  
53 school district, municipal corporation, political subdivision, public corporation or

1 other local governmental agency of the State of Nevada, except as otherwise  
2 provided in NRS 287.021 or subsection 4 of NRS 287.023 or in an agreement  
3 entered into pursuant to subsection 3 of NRS 287.015, to pay any premiums,  
4 contributions or other costs for group insurance, a plan of benefits or medical or  
5 hospital services established pursuant to NRS 287.010, 287.015, 287.020 or  
6 paragraph (b), (c) or (d) of subsection 1 of NRS 287.025, for coverage under the  
7 Public Employees' Benefits Program, or to make any contributions to a trust fund  
8 established pursuant to NRS 287.017, or upon any officer or employee of any  
9 county, school district, municipal corporation, political subdivision, public  
10 corporation or other local governmental agency of this State to accept any such  
11 coverage or to assign his or her wages or salary in payment of premiums or  
12 contributions therefor.

13 **Sec. 16.** NRS 287.04335 is hereby amended to read as follows:

14 287.04335 If the Board provides health insurance through a plan of self-  
15 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,  
16 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,  
17 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,  
18 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, **and sections 71 and 72**  
19 **of this act**, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to  
20 695G.310, inclusive, and 695G.405 ~~and section 73 of this act~~ in the same  
21 manner as an insurer that is licensed pursuant to title 57 of NRS is required to  
22 comply with those provisions.

23 **Sec. 17.** NRS 389.036 is hereby amended to read as follows:

24 389.036 1. The board of trustees of a school district shall ~~establish~~ :

25 ~~(a) Establish~~ a course or unit of ~~the~~

26 ~~—(a) Factual~~ **evidence-based, factual** instruction ~~[concerning the human~~  
27 ~~immunodeficiency virus; and~~

28 ~~—(b) Instruction on the human reproductive system, related communicable~~  
29 ~~diseases and sexual responsibility.~~

30 ~~—2.] in sexuality education. The course of instruction must comply with the~~  
31 ~~standards of content and performance for a course of study in health established~~  
32 ~~by the Council to Establish Academic Standards for Public Schools pursuant to~~  
33 ~~NRS 389.520 and must be appropriate for the ages of the pupils who receive the~~  
34 ~~instruction. The course must include, without limitation, instruction concerning:~~

35 (1) **Reproductive and sexual anatomy and physiology, including, without**  
36 **limitation, biological, psychosocial and emotional changes that accompany**  
37 **maturation;**

38 (2) **Puberty, pregnancy, parenting, body image and gender stereotypes;**

39 (3) **The human immunodeficiency virus and other sexually transmitted**  
40 **infections and related communicable diseases;**

41 (4) **The benefits, potential side effects and proper use of methods**  
42 **approved by the United States Food and Drug Administration for preventing**  
43 **pregnancy and sexually transmitted infections;**

44 (5) **The ways in which the use of alcohol and drugs affect responsible**  
45 **decision making;**

46 (6) **The impact of media and peers on the thoughts, feelings and**  
47 **behaviors of pupils related to sexuality;**

48 (7) **How to identify, prevent and respond to domestic violence, sexual**  
49 **abuse and sexual assault, including, without limitation, medical and legal**  
50 **resources and counseling for survivors of such crimes;**

51 (8) **Statutes related to age of consent and statutory rape, including,**  
52 **without limitation, NRS 200.366, 200.727, 201.230, 201.540 and 201.550, and**  
53 **preventing statutory rape;**

1           (9) *Statutes related to the transmission and possession of sexually explicit*  
2 *images, including, without limitation, NRS 200.604, 200.727, 200.730 and*  
3 *200.780, and avoiding participation in such acts and exploitation of others*  
4 *through the creation and transmission of such images over the Internet or in any*  
5 *other manner; and*

6           (10) *The manner in which to locate and access reproductive health*  
7 *services, including, without limitation, obtaining contraceptives, barrier methods,*  
8 *cancer screenings and testing for and the treatment of sexually transmitted*  
9 *infections; and*

10          (b) *Periodically revise the content of the course or unit of a course of*  
11 *instruction established pursuant to paragraph (a) as necessary to ensure that the*  
12 *content is current, appropriate for the ages of the pupils and, as applicable,*  
13 *medically accurate.*

14          2. *The course or unit of a course established pursuant to subsection 1 must:*

15          (a) *Use instructional methods and materials that promote the inclusion and*  
16 *acceptance of pupils regardless of race, gender, gender identity or expression,*  
17 *religion, sexual orientation, ethnic or cultural background or disability;*

18          (b) *Promote the development of skills, including, without limitation, setting*  
19 *goals that are needed to make responsible decisions about sexuality and sexual*  
20 *behavior throughout life;*

21          (c) *Be designed to provide equally meaningful instruction to pupils*  
22 *regardless of their level of sexual experience or whether they are currently*  
23 *engaging in sexual activity;*

24          (d) *Emphasize that abstaining from sexual activity is the only way to ensure*  
25 *the avoidance of pregnancy and sexually transmitted infections;*

26          (e) *Emphasize the use of interpersonal skills to develop healthy relationships,*  
27 *including, without limitation, friendships, marriage and romantic and familial*  
28 *relationships; and*

29          (f) *Involve the parents or guardians of pupils in the instruction provided and*  
30 *encourage pupils to communicate with their families concerning issues relating*  
31 *to sexuality.*

32          3. Each board of trustees shall appoint an advisory committee consisting of:

33          (a) Five parents of children who attend schools in the district; and

34          (b) Four representatives, one from each of four of the following professions or  
35 occupations:

36               (1) Medicine or nursing;

37               (2) Counseling;

38               (3) Religion;

39               (4) Pupils who attend schools in the district; or

40               (5) Teaching.

41 ~~[- This]~~

42          4. *The advisory committee appointed pursuant to subsection 3 shall advise*  
43 *the district concerning the content of and materials to be used in a course or unit of*  
44 *a course of instruction established pursuant to this section, and the recommended*  
45 *ages of the pupils to whom the course or unit is offered. The final decision on these*  
46 *matters must be that of the board of trustees.*

47          ~~[3.]~~ 5. *The subjects of the ~~[courses]~~ course or unit of a course of instruction*  
48 *may be taught only by a teacher, ~~[or]~~ school nurse ~~[whose qualifications have],~~*  
49 *provider of health care or other person who has been ~~[previously]~~ approved by the*  
50 *board of trustees. The board of trustees may approve a person for the purposes of*  
51 *this subsection if it determines that the person has demonstrated competency in*  
52 *the applicable subject and the use of the required instructional materials.*

~~4.1~~ 6. The parent or guardian of each pupil to whom a course *or unit of a course of instruction established pursuant to this section* is offered must first be furnished written notice that the course *or unit of a course* will be offered. The notice must be given in the usual manner used by the local district to transmit written material to parents, and must contain a form for the signature of the parent or guardian of the pupil consenting to the pupil's attendance. Upon receipt of the written consent of the parent or guardian, the pupil may attend the course ~~4.1~~ *or unit of a course*. If the written consent of the parent or guardian is not received, the pupil must be excused from such attendance without any penalty as to credits or academic standing. Any course *or unit of a course* offered pursuant to this section is not a requirement for graduation.

~~4.2~~ 7. All instructional materials to be used in a course *or unit of a course of instruction established pursuant to this section* must be available for inspection by parents or guardians of pupils at reasonable times and locations before the course is taught, and appropriate written notice of the availability of the material must be furnished to all parents and guardians.

8. *As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.*

**Sec. 18.** NRS 389.520 is hereby amended to read as follows:

389.520 1. The Council shall:

(a) Establish standards of content and performance, including, without limitation, a prescription of the resulting level of achievement, for the grade levels set forth in subsection 5, based upon the content of each course, that is expected of pupils for the following courses of study:

- (1) English language arts;
- (2) Mathematics;
- (3) Science;
- (4) Social studies, which includes only the subjects of history, geography, economics, civics, financial literacy and multicultural education;
- (5) The arts;
- (6) Computer education and technology, which includes computer science and computational thinking;
- (7) Health;
- (8) Physical education; and
- (9) A foreign or world language.

(b) Establish a schedule for the periodic review and, if necessary, revision of the standards of content and performance. The review must include, without limitation, the review required pursuant to NRS 390.115 of the results of pupils on the examinations administered pursuant to NRS 390.105.

(c) Assign priorities to the standards of content and performance relative to importance and degree of emphasis and revise the standards, if necessary, based upon the priorities.

2. The standards for computer education and technology must include a policy for the ethical, safe and secure use of computers and other electronic devices. The policy must include, without limitation:

(a) The ethical use of computers and other electronic devices, including, without limitation:

- (1) Rules of conduct for the acceptable use of the Internet and other electronic devices; and
- (2) Methods to ensure the prevention of:
  - (I) Cyber-bullying;
  - (II) Plagiarism; and
  - (III) The theft of information or data in an electronic form;

1 (b) The safe use of computers and other electronic devices, including, without  
2 limitation, methods to:

3 (1) Avoid cyber-bullying and other unwanted electronic communication,  
4 including, without limitation, communication with on-line predators;

5 (2) Recognize when an on-line electronic communication is dangerous or  
6 potentially dangerous; and

7 (3) Report a dangerous or potentially dangerous on-line electronic  
8 communication to the appropriate school personnel;

9 (c) The secure use of computers and other electronic devices, including,  
10 without limitation:

11 (1) Methods to maintain the security of personal identifying information  
12 and financial information, including, without limitation, identifying unsolicited  
13 electronic communication which is sent for the purpose of obtaining such personal  
14 and financial information for an unlawful purpose;

15 (2) The necessity for secure passwords or other unique identifiers;

16 (3) The effects of a computer contaminant;

17 (4) Methods to identify unsolicited commercial material; and

18 (5) The dangers associated with social networking Internet sites; and

19 (d) A designation of the level of detail of instruction as appropriate for the  
20 grade level of pupils who receive the instruction.

21 3. The standards for social studies must include multicultural education,  
22 including, without limitation, information relating to contributions made by men  
23 and women from various racial and ethnic backgrounds. The Council shall consult  
24 with members of the community who represent the racial and ethnic diversity of  
25 this State in developing such standards.

26 4. The standards for health must include ~~mental~~ :

27 (a) *Mental* health and the relationship between mental health and physical  
28 health.

29 (b) *Standards for sexuality education. The standards for other courses may*  
30 *include topics relating to sexuality education where appropriate.*

31 5. The Council shall establish standards of content and performance for each  
32 grade level in kindergarten and grades 1 to 8, inclusive, for English language arts  
33 and mathematics. The Council shall establish standards of content and performance  
34 for the grade levels selected by the Council for the other courses of study prescribed  
35 in subsection 1.

36 6. The Council shall forward to the State Board the standards of content and  
37 performance established by the Council for each course of study. The State Board  
38 shall:

39 (a) Adopt the standards for each course of study, as submitted by the Council;  
40 or

41 (b) If the State Board objects to the standards for a course of study or a  
42 particular grade level for a course of study, return those standards to the Council  
43 with a written explanation setting forth the reason for the objection.

44 7. If the State Board returns to the Council the standards of content and  
45 performance for a course of study or a grade level, the Council shall:

46 (a) Consider the objection provided by the State Board and determine whether  
47 to revise the standards based upon the objection; and

48 (b) Return the standards or the revised standards, as applicable, to the State  
49 Board.

50 ➤ The State Board shall adopt the standards of content and performance or the  
51 revised standards, as applicable.

52 8. The Council shall work in cooperation with the State Board to prescribe the  
53 examinations required by NRS 390.105.

1 9. As used in this section:

2 (a) "Computer contaminant" has the meaning ascribed to it in NRS 205.4737.

3 (b) "Cyber-bullying" has the meaning ascribed to it in NRS 388.123.

4 (c) "Electronic communication" has the meaning ascribed to it in NRS  
5 388.124.

6 **Sec. 19.** Chapter 422 of NRS is hereby amended by adding thereto the  
7 provisions set forth as sections 20 and 21 of this act.

8 **Sec. 20. 1. *The Director shall include in the State Plan for Medicaid a  
9 requirement that the State pay the nonfederal share of expenses for any service  
10 for the treatment of substance use disorder provided by a provider of primary  
11 care if the service is included in the State Plan when provided by a specialist and:***

12 *(a) The service is within the scope of practice of the provider of primary care;*  
13 *or*

14 *(b) The provider of primary care is capable of providing the service safely  
15 and effectively in consultation with a specialist and the provider engages in such  
16 consultation.*

17 *2. As used in this section, "primary care" means the practice of family  
18 medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.*

19 **Sec. 21. ~~When calculating the amount of the contribution by a recipient of  
20 Medicaid towards a deductible, copayment, coinsurance or any other cost-  
21 sharing requirement for prescription drugs, the Department or any pharmacy  
22 benefit manager or health maintenance organization that manages pharmacy  
23 benefits for the Department pursuant to NRS 422.4053 must include the amount  
24 paid by the recipient or another person or entity on behalf of the recipient for a  
25 prescription drug:~~**

26 ~~1. That has no generic equivalent;~~

27 ~~2. For which the Department, pharmacy benefit manager or health  
28 maintenance organization has imposed a requirement for prior authorization or a  
29 step therapy protocol pursuant to NRS 422.403;~~

30 ~~3. Which is only covered under the State Plan for Medicaid after the  
31 recipient:~~

32 ~~(a) Obtains an exception to a general policy of the Department, pharmacy  
33 benefit manager or health maintenance organization; or~~

34 ~~(b) Wins an appeal of such a policy; or~~

35 ~~4. That is prescribed to:~~

36 ~~(a) Prevent the acquisition of human immunodeficiency virus;~~

37 ~~(b) Treat human immunodeficiency virus or hepatitis C;~~

38 ~~(c) Provide medication assisted treatment for opioid use disorder; or~~

39 ~~(d) Support safe withdrawal from substance use disorder.] **(Deleted by  
40 amendment.)**~~

41 **Sec. 22.** NRS 422.27173 is hereby amended to read as follows:

42 422.27173 The Director shall include in the State Plan for Medicaid a  
43 requirement that the State must pay the nonfederal share of expenditures incurred  
44 for :

45 *1. Testing for and the treatment and prevention of sexually transmitted  
46 diseases, including, without limitation, Chlamydia trachomatis, gonorrhea,  
47 syphilis, human immunodeficiency virus and hepatitis B and C, for all recipients  
48 of Medicaid, regardless of age. Services covered pursuant to this section must  
49 include, without limitation, the examination of a pregnant woman for the discovery  
50 of:*

51 ~~1-1~~ *(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in  
52 accordance with NRS 442.013.*

53 ~~1-2~~ *(b) Syphilis in accordance with NRS 442.010.*

1 **2. Condoms for recipients of Medicaid.** ~~[who are 13 years of age or older.]~~

2 **Sec. 23.** NRS 422.27235 is hereby amended to read as follows:

3 422.27235 **1.** The Director shall include in the State Plan for Medicaid a  
4 requirement that the State pay the nonfederal share of expenditures incurred for:

5 ~~[(1)]~~ (a) Any laboratory testing that is necessary for therapy that uses a drug  
6 approved by the United States Food and Drug Administration for preventing the  
7 acquisition of human immunodeficiency virus. ~~[(and)]~~

8 ~~[(2)]~~ (b) The services of a pharmacist described in NRS 639.28085. The State  
9 must provide reimbursement for such services at a rate equal to the rate of  
10 reimbursement provided to a physician, physician assistant or advanced practice  
11 registered nurse for similar services.

12 (c) *Any service to test for, prevent or treat human immunodeficiency virus or*  
13 *hepatitis C provided by a provider of primary care if the service is covered when*  
14 *provided by a specialist and:*

15 (1) *The service is within the scope of practice of the provider of primary*  
16 *care; or*

17 (2) *The provider of primary care is capable of providing the service safely*  
18 *and effectively in consultation with a specialist and the provider engages in such*  
19 *consultation.*

20 **2.** *The Director shall include in the State Plan for Medicaid a requirement*  
21 *that the State reimburse an advanced practice registered nurse or a physician*  
22 *assistant for any service to test for, prevent or treat human immunodeficiency*  
23 *virus or hepatitis C at a rate equal to the rate of reimbursement provided to a*  
24 *physician for similar services.*

25 **3.** *As used in this section, “primary care” means the practice of family*  
26 *medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.*

27 **Sec. 24.** ~~[NRS 422.401 is hereby amended to read as follows:~~

28 ~~422.401 As used in NRS 422.401 to 422.406, inclusive, and section 21 of~~  
29 ~~this act, unless the context otherwise requires, the words and terms defined in NRS~~  
30 ~~422.4015 to 422.4024, inclusive, and section 21 of this act have the meanings~~  
31 ~~ascribed to them in those sections.] (Deleted by amendment.)~~

32 **Sec. 25.** NRS 422.4025 is hereby amended to read as follows:

33 422.4025 **1.** The Department shall:

34 (a) By regulation, develop a list of preferred prescription drugs to be used for  
35 the Medicaid program and the Children’s Health Insurance Program, and each  
36 public or nonprofit health benefit plan that elects to use the list of preferred  
37 prescription drugs as its formulary pursuant to NRS 287.012, 287.0433 or  
38 687B.407; and

39 (b) Negotiate and enter into agreements to purchase the drugs included on the  
40 list of preferred prescription drugs on behalf of the health benefit plans described in  
41 paragraph (a) or enter into a contract pursuant to NRS 422.4053 with a pharmacy  
42 benefit manager, health maintenance organization or one or more public or private  
43 entities in this State, the District of Columbia or other states or territories of the  
44 United States, as appropriate, to negotiate such agreements.

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

50 (a) Prescription drugs that are prescribed for the treatment of the human  
51 immunodeficiency virus, including, without limitation, antiretroviral medications;

52 (b) Antirejection medications for organ transplants;

53 (c) Antihemophilic medications; ~~[(and)]~~



1 (d) *Any prescription drug described in paragraph (b) of subsection 4; and*

2 (e) Any prescription drug which the Board identifies as appropriate for  
3 exclusion from any restrictions that are imposed by the Medicaid program on drugs  
4 that are on the list of preferred prescription drugs.

5 3. The regulations must provide that the Board makes the final determination  
6 of:

7 (a) Whether a class of therapeutic prescription drugs is included on the list of  
8 preferred prescription drugs and is excluded from any restrictions that are imposed  
9 by the Medicaid program on drugs that are on the list of preferred prescription  
10 drugs;

11 (b) Which therapeutically equivalent prescription drugs will be reviewed for  
12 inclusion on the list of preferred prescription drugs and for exclusion from any  
13 restrictions that are imposed by the Medicaid program on drugs that are on the list  
14 of preferred prescription drugs; and

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

19 4. The list of preferred prescription drugs established pursuant to subsection 1  
20 must include, without limitation:

21 (a) Any prescription drug determined by the Board to be essential for treating  
22 sickle cell disease and its variants; and

23 (b) ~~Prescription~~ *All prescription* drugs *approved by the United States Food*  
24 *and Drug Administration to* ~~prevent~~ :

25 (1) *Prevent* the acquisition of human immunodeficiency virus ~~or~~ *or*  
26 *hepatitis C or treat those diseases.*

27 (2) *Provide medication-assisted treatment for opioid use disorder,*  
28 *including, without limitation, buprenorphine, methadone and naltrexone.*

29 (3) *Support safe withdrawal from substance use disorder, including,*  
30 *without limitation, lofexidine.*

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

36 6. On or before February 1 of each year, the Department shall:

37 (a) Compile a report concerning the agreements negotiated pursuant to  
38 paragraph (b) of subsection 1 and contracts entered into pursuant to NRS 422.4053  
39 which must include, without limitation, the financial effects of obtaining  
40 prescription drugs through those agreements and contracts, in total and aggregated  
41 separately for agreements negotiated by the Department, contracts with a pharmacy  
42 benefit manager, contracts with a health maintenance organization and contracts  
43 with public and private entities from this State, the District of Columbia and other  
44 states and territories of the United States; and

45 (b) Post the report on an Internet website maintained by the Department and  
46 submit the report to the Director of the Legislative Counsel Bureau for transmittal  
47 to:

48 (1) In odd-numbered years, the Legislature; or

49 (2) In even-numbered years, the Legislative Commission.

50 **Sec. 26.** NRS 608.156 is hereby amended to read as follows:

51 608.156 1. ~~or~~ *In addition to any benefits required by NRS 608.1555,* an  
52 employer provides health benefits for his or her employees, the employer shall  
53 provide benefits for the expenses for the treatment of alcohol and substance use

1 disorders. The annual benefits provided by the employer must ~~consist of:~~ *include,*  
2 *without limitation:*

3 (a) Treatment for withdrawal from the physiological effects of alcohol or  
4 drugs, with a maximum benefit of \$1,500 per calendar year.

5 (b) Treatment for a patient admitted to a facility, with a maximum benefit of  
6 \$9,000 per calendar year.

7 (c) Counseling for a person, group or family who is not admitted to a facility,  
8 with a maximum benefit of \$2,500 per calendar year.

9 2. The maximum amount which may be paid in the lifetime of the insured for  
10 any combination of the treatments listed in subsection 1 is \$39,000.

11 3. Except as otherwise provided in NRS 687B.409, these benefits must be  
12 paid in the same manner as benefits for any other illness covered by the employer  
13 are paid.

14 4. The employee is entitled to these benefits if treatment is received in any:

15 (a) Program for the treatment of alcohol or substance use disorders which is  
16 certified by the Division of Public and Behavioral Health of the Department of  
17 Health and Human Services.

18 (b) Hospital or other medical facility or facility for the dependent which is  
19 licensed by the Division of Public and Behavioral Health of the Department of  
20 Health and Human Services, is accredited by The Joint Commission or CARF  
21 International and provides a program for the treatment of alcohol or substance use  
22 disorders as part of its accredited activities.


23 **Sec. 27.** NRS 629.093 is hereby amended to read as follows:

24 629.093 Unless a specific statute or regulation requires or authorizes a greater  
25 number of hours, a provider of health care may use credit earned for continuing  
26 education relating to Alzheimer's disease *or the stigma, discrimination and*  
27 *unrecognized bias toward persons who have acquired or are at a high risk of*  
28 *acquiring human immunodeficiency virus* in place of not more than 2 hours each  
29 year of the continuing education that the provider of health care is required to  
30 complete, other than any continuing education relating to ethics that the provider of  
31 health care is required to complete.

32 **Sec. 28.** NRS 630.253 is hereby amended to read as follows:

33 630.253 1. The Board shall, as a prerequisite for the:

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

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

38 2. These requirements:

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

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

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

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

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

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

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

1 (c) Must provide for the completion by a holder of a license to practice  
2 medicine of a course of instruction within 2 years after initial licensure that  
3 provides at least 2 hours of instruction on evidence-based suicide prevention and  
4 awareness as described in subsection 6.

5 (d) Must provide for the completion of at least 2 hours of training in the  
6 screening, brief intervention and referral to treatment approach to substance use  
7 disorder within 2 years after initial licensure.

8 (e) Must provide for the biennial completion by each psychiatrist and each  
9 physician assistant practicing under the supervision of a psychiatrist of one or more  
10 courses of instruction that provide at least 2 hours of instruction relating to cultural  
11 competency and diversity, equity and inclusion. Such instruction:

12 (1) May include the training provided pursuant to NRS 449.103, where  
13 applicable.

14 (2) Must be based upon a range of research from diverse sources.

15 (3) Must address persons of different cultural backgrounds, including,  
16 without limitation:

17 (I) Persons from various gender, racial and ethnic backgrounds;

18 (II) Persons from various religious backgrounds;

19 (III) Lesbian, gay, bisexual, transgender and questioning persons;

20 (IV) Children and senior citizens;

21 (V) Veterans;

22 (VI) Persons with a mental illness;

23 (VII) Persons with an intellectual disability, developmental disability  
24 or physical disability; and

25 (VIII) Persons who are part of any other population that a psychiatrist  
26 or a physician assistant practicing under the supervision of a psychiatrist may need  
27 to better understand, as determined by the Board.

28 (f) Must allow the holder of a license to receive credit toward the total amount  
29 of continuing education required by the Board for the completion of a course of  
30 instruction relating to genetic counseling and genetic testing.

31 *(g) Must provide for the completion by a physician or physician assistant*  
32 *who provides or supervises the provision of emergency medical services in a*  
33 *hospital or primary care of at least 2 hours of training in the stigma,*  
34 *discrimination and unrecognized bias toward persons who have acquired or are*  
35 *at a high risk of acquiring human immunodeficiency virus within 2 years after*  
36 *beginning to provide or supervise the provision of such services or care.*

37 3. The Board may determine whether to include in a program of continuing  
38 education courses of instruction relating to the medical consequences of an act of  
39 terrorism that involves the use of a weapon of mass destruction in addition to the  
40 course of instruction required by paragraph (b) of subsection 2.

41 4. The Board shall encourage each holder of a license who treats or cares for  
42 persons who are more than 60 years of age to receive, as a portion of their  
43 continuing education, education in geriatrics and gerontology, including such topics  
44 as:

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

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

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

50 (d) The importance of maintenance of function and independence for older  
51 persons.

52 5. The Board shall encourage each holder of a license to practice medicine to  
53 receive, as a portion of his or her continuing education, training concerning

1 methods for educating patients about how to effectively manage medications,  
2 including, without limitation, the ability of the patient to request to have the  
3 symptom or purpose for which a drug is prescribed included on the label attached to  
4 the container of the drug.

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

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

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

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

14 7. The Board shall encourage each holder of a license to practice medicine or  
15 as a physician assistant to receive, as a portion of his or her continuing education,  
16 training and education in the diagnosis of rare diseases, including, without  
17 limitation:

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

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

21 8. A holder of a license to practice medicine may not substitute the continuing  
22 education credits relating to suicide prevention and awareness required by this  
23 section for the purposes of satisfying an equivalent requirement for continuing  
24 education in ethics.

25 9. Except as otherwise provided in NRS 630.2535, a holder of a license to  
26 practice medicine may substitute not more than 2 hours of continuing education  
27 credits in pain management, care for persons with an addictive disorder or the  
28 screening, brief intervention and referral to treatment approach to substance use  
29 disorder for the purposes of satisfying an equivalent requirement for continuing  
30 education in ethics.

31 10. As used in this section:

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

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

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

35 (d) *"Primary care" means the practice of family medicine, pediatrics,*  
36 *internal medicine, obstetrics and gynecology and midwifery.*

37 (e) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

38 ~~(e)~~ (f) "Weapon of mass destruction" has the meaning ascribed to it in NRS  
39 202.4445.

40 **Sec. 29.** NRS 632.343 is hereby amended to read as follows:

41 632.343 1. The Board shall not renew any license issued under this chapter  
42 until the licensee has submitted proof satisfactory to the Board of completion,  
43 during the 2-year period before renewal of the license, of 30 hours in a program of  
44 continuing education approved by the Board in accordance with regulations  
45 adopted by the Board. Except as otherwise provided in subsection 3, the licensee is  
46 exempt from this provision for the first biennial period after graduation from:

47 (a) An accredited school of professional nursing;

48 (b) An accredited school of practical nursing;

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

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

1           2. The Board shall review all courses offered to nurses for the completion of  
2 the requirement set forth in subsection 1. The Board may approve nursing and other  
3 courses which are directly related to the practice of nursing as well as others which  
4 bear a reasonable relationship to current developments in the field of nursing or any  
5 special area of practice in which a licensee engages. These may include academic  
6 studies, workshops, extension studies, home study and other courses.

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

9           (a) For a person licensed as an advanced practice registered nurse:

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

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

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

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

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

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

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

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

29           (c) For each person licensed pursuant to this chapter, one or more courses of  
30 instruction that provide at least 2 hours of instruction relating to cultural  
31 competency and diversity, equity and inclusion to be completed biennially. Such  
32 instruction:

33           (1) May include the training provided pursuant to NRS 449.103, where  
34 applicable.

35           (2) Must be based upon a range of research from diverse sources.

36           (3) Must address persons of different cultural backgrounds, including,  
37 without limitation:

38           (I) Persons from various gender, racial and ethnic backgrounds;

39           (II) Persons from various religious backgrounds;

40           (III) Lesbian, gay, bisexual, transgender and questioning persons;

41           (IV) Children and senior citizens;

42           (V) Veterans;

43           (VI) Persons with a mental illness;

44           (VII) Persons with an intellectual disability, developmental disability  
45 or physical disability; and

46           (VIII) Persons who are part of any other population that a person  
47 licensed pursuant to this chapter may need to better understand, as determined by  
48 the Board.

49           (d) For a person licensed as an advanced practice registered nurse, at least 2  
50 hours of training in the screening, brief intervention and referral to treatment  
51 approach to substance use disorder to be completed within 2 years after initial  
52 licensure.

1 *(e) For each person licensed pursuant to this chapter who provides or*  
 2 *supervises the provision of emergency medical services in a hospital or primary*  
 3 *care, at least 2 hours of training in the stigma, discrimination and unrecognized*  
 4 *bias toward persons who have acquired or are at a high risk of acquiring human*  
 5 *immunodeficiency virus to be completed within 2 years after beginning to provide*  
 6 *or supervise the provision of such services or care.*

7 4. The Board may determine whether to include in a program of continuing  
 8 education courses of instruction relating to the medical consequences of an act of  
 9 terrorism that involves the use of a weapon of mass destruction in addition to the  
 10 course of instruction required by paragraph (b) of subsection 3.

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

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

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

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

19 (d) The importance of maintenance of function and independence for older  
 20 persons.

21 6. The Board shall require each person licensed as an advanced practice  
 22 registered nurse to receive as a portion of his or her continuing education at least 2  
 23 hours of instruction every 4 years on evidence-based suicide prevention and  
 24 awareness or another course of instruction on suicide prevention and awareness that  
 25 is approved by the Board which the Board has determined to be effective and  
 26 appropriate.

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

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

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

33 8. As used in this section:

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

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

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

37 (d) "*Primary care*" means the practice of family medicine, pediatrics,  
 38 *internal medicine, obstetrics and gynecology and midwifery.*

39 (e) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

40 ~~(e)~~ (f) "Weapon of mass destruction" has the meaning ascribed to it in NRS  
 41 202.4445.

42 **Sec. 30.** NRS 633.471 is hereby amended to read as follows:

43 633.471 1. Except as otherwise provided in subsection ~~[44]~~ 15 and NRS  
 44 633.491, every holder of a license, except a physician assistant, issued under this  
 45 chapter, except a temporary or a special license, may renew the license on or before  
 46 January 1 of each calendar year after its issuance by:

47 (a) Applying for renewal on forms provided by the Board;

48 (b) Paying the annual license renewal fee specified in this chapter;

49 (c) Submitting a list of all actions filed or claims submitted to arbitration or  
 50 mediation for malpractice or negligence against the holder during the previous year;

51 (d) Subject to subsection ~~[13]~~ 14, submitting evidence to the Board that in the  
 52 year preceding the application for renewal the holder has attended courses or  
 53 programs of continuing education approved by the Board in accordance with

1 regulations adopted by the Board totaling a number of hours established by the  
2 Board which must not be less than 35 hours nor more than that set in the  
3 requirements for continuing medical education of the American Osteopathic  
4 Association; and

5 (e) Submitting all information required to complete the renewal.

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

8 3. The Board shall request submission of verified evidence of completion of  
9 the required number of hours of continuing medical education annually from no  
10 fewer than one-third of the applicants for renewal of a license to practice  
11 osteopathic medicine or a license to practice as a physician assistant. Subject to  
12 subsection ~~H3.1~~ 14, upon a request from the Board, an applicant for renewal of a  
13 license to practice osteopathic medicine or a license to practice as a physician  
14 assistant shall submit verified evidence satisfactory to the Board that in the year  
15 preceding the application for renewal the applicant attended courses or programs of  
16 continuing medical education approved by the Board totaling the number of hours  
17 established by the Board.

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

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

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

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

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

35 7. The Board shall require, as part of the continuing education requirements  
36 approved by the Board, the biennial completion by a holder of a license to practice  
37 osteopathic medicine of at least 2 hours of continuing education credits in ethics,  
38 pain management, care of persons with addictive disorders or the screening, brief  
39 intervention and referral to treatment approach to substance use disorder.

40 8. The continuing education requirements approved by the Board must allow  
41 the holder of a license as an osteopathic physician or physician assistant to receive  
42 credit toward the total amount of continuing education required by the Board for  
43 the completion of a course of instruction relating to genetic counseling and genetic  
44 testing.

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

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

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

52 (c) The detection of suicidal thoughts and ideations and the prevention of  
53 suicide.

1 10. A holder of a license to practice osteopathic medicine may not substitute  
2 the continuing education credits relating to suicide prevention and awareness  
3 required by this section for the purposes of satisfying an equivalent requirement for  
4 continuing education in ethics.

5 11. The Board shall require each holder of a license to practice osteopathic  
6 medicine to complete at least 2 hours of training in the screening, brief intervention  
7 and referral to treatment approach to substance use disorder within 2 years after  
8 initial licensure.

9 12. The Board shall require each psychiatrist or a physician assistant  
10 practicing under the supervision of a psychiatrist to biennially complete one or  
11 more courses of instruction that provide at least 2 hours of instruction relating to  
12 cultural competency and diversity, equity and inclusion. Such instruction:

13 (a) May include the training provided pursuant to NRS 449.103, where  
14 applicable.

15 (b) Must be based upon a range of research from diverse sources.

16 (c) Must address persons of different cultural backgrounds, including, without  
17 limitation:

18 (1) Persons from various gender, racial and ethnic backgrounds;

19 (2) Persons from various religious backgrounds;

20 (3) Lesbian, gay, bisexual, transgender and questioning persons;

21 (4) Children and senior citizens;

22 (5) Veterans;

23 (6) Persons with a mental illness;

24 (7) Persons with an intellectual disability, developmental disability or  
25 physical disability; and

26 (8) Persons who are part of any other population that a psychiatrist or  
27 physician assistant practicing under the supervision of a psychiatrist may need to  
28 better understand, as determined by the Board.

29 13. *The Board shall require each holder of a license to practice osteopathic  
30 medicine or as a physician assistant who provides or supervises the provision of  
31 emergency medical services in a hospital or primary care to complete at least 2  
32 hours of training in the stigma, discrimination and unrecognized bias toward  
33 persons who have acquired or are at a high risk of acquiring human  
34 immunodeficiency virus within 2 years after beginning to provide or supervise the  
35 provision of such services or care.*

36 14. The Board shall not require a physician assistant to receive or maintain  
37 certification by the National Commission on Certification of Physician Assistants,  
38 or its successor organization, or by any other nationally recognized organization for  
39 the accreditation of physician assistants to satisfy any continuing education  
40 requirement pursuant to paragraph (d) of subsection 1 and subsection 3.

41 ~~14.~~ 15. Members of the Armed Forces of the United States and the United  
42 States Public Health Service are exempt from payment of the annual license  
43 renewal fee during their active duty status.

44 16. *As used in this section, "primary care" means the practice of family  
45 medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.*

46 **Sec. 31.** NRS 687B.225 is hereby amended to read as follows:

47 687B.225 1. Except as otherwise provided in NRS 689A.0405, 689A.0412,  
48 689A.0413, **689A.0437**, 689A.044, 689A.0445, 689B.031, **689B.0312**, 689B.0313,  
49 689B.0315, 689B.0317, 689B.0374, **689C.1671**, 689C.1675, **695A.1843**,  
50 695A.1856, 695B.1912, 695B.1913, 695B.1914, **695B.1924**, 695B.1925,  
51 695B.1942, 695C.1713, 695C.1735, 695C.1737, **695C.1743**, 695C.1745,  
52 695C.1751, 695G.170, **695G.1705**, 695G.171, 695G.1714 and 695G.177, **and**  
53 **sections 33, 41, 46, 54, 59, 64 and 71 of this act**, any contract for group, blanket or



1 individual health insurance or any contract by a nonprofit hospital, medical or  
2 dental service corporation or organization for dental care which provides for  
3 payment of a certain part of medical or dental care may require the insured or  
4 member to obtain prior authorization for that care from the insurer or organization.  
5 The insurer or organization shall:

6 (a) File its procedure for obtaining approval of care pursuant to this section for  
7 approval by the Commissioner; and

8 (b) Respond to any request for approval by the insured or member pursuant to  
9 this section within 20 days after it receives the request.

10 2. The procedure for prior authorization may not discriminate among persons  
11 licensed to provide the covered care.

12 **Sec. 32.** Chapter 689A of NRS is hereby amended by adding thereto the  
13 provisions set forth as sections 33, 34 and 35 of this act.

14 **Sec. 33. 1. An insurer that offers or issues a policy of health insurance**  
15 **shall include in the policy coverage for:**

16 (a) *All drugs approved by the United States Food and Drug Administration*  
17 *to:*

18 (1) *Provide medication-assisted treatment for opioid use disorder,*  
19 *including, without limitation, buprenorphine, methadone and naltrexone.*

20 (2) *Support safe withdrawal from substance use disorder, including,*  
21 *without limitation, lofexidine.*

22 (b) *Any service for the treatment of substance use disorder provided by a*  
23 *provider of primary care if the service is covered when provided by a specialist*  
24 *and:*

25 (1) *The service is within the scope of practice of the provider of primary*  
26 *care; or*

27 (2) *The provider of primary care is capable of providing the service safely*  
28 *and effectively in consultation with a specialist and the provider engages in such*  
29 *consultation.*

30 2. *An insurer shall provide the coverage required by paragraph (a) of*  
31 *subsection 1 regardless of whether the drug is included in the formulary of the*  
32 *insurer.*

33 3. *An insurer shall not:*

34 (a) *Subject the benefits required by paragraph (a) of subsection 1 to medical*  
35 *management techniques, other than step therapy;*

36 (b) *Limit the covered amount of a drug described in paragraph (a) of*  
37 *subsection 1; or*

38 (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
39 *the drug is dispensed by a pharmacy through mail order service.*

40 4. *An insurer shall ensure that the benefits required by subsection 1 are*  
41 *made available to an insured through a provider of health care who participates*  
42 *in the network plan of the insurer.*

43 5. *A policy of health insurance subject to the provisions of this chapter that*  
44 *is delivered, issued for delivery or renewed on or after January 1, 2024, has the*  
45 *legal effect of including the coverage required by subsection 1, and any provision*  
46 *of the policy that conflicts with the provisions of this section is void.*

47 6. *As used in this section:*

48 (a) *“Medical management technique” means a practice which is used to*  
49 *control the cost or use of health care services or prescription drugs. The term*  
50 *includes, without limitation, the use of step therapy, prior authorization and*  
51 *categorizing drugs and devices based on cost, type or method of administration.*

52 (b) *“Network plan” means a policy of health insurance offered by an insurer*  
53 *under which the financing and delivery of medical care, including items and*

1 services paid for as medical care, are provided, in whole or in part, through a  
 2 defined set of providers under contract with the insurer. The term does not  
 3 include an arrangement for the financing of premiums.

4 (c) "Primary care" means the practice of family medicine, pediatrics,  
 5 internal medicine, obstetrics and gynecology and midwifery.

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

7 **Sec. 34. 1.** An insurer that offers or issues a policy of health insurance  
 8 shall include in the policy:

9 (a) Coverage of testing for and the treatment and prevention of sexually  
 10 transmitted diseases, including, without limitation, Chlamydia trachomatis,  
 11 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
 12 all insureds, regardless of age. Such coverage must include, without limitation,  
 13 the coverage required by NRS 689A.0412 and 689A.0437.

14 (b) Unrestricted coverage of condoms for insureds who are 13 years of age or  
 15 older.

16 2. A policy of health insurance subject to the provisions of this chapter that  
 17 is delivered, issued for delivery or renewed on or after January 1, 2024, has the  
 18 legal effect of including the coverage required by subsection 1, and any provision  
 19 of the policy that conflicts with the provisions of this section is void.

20 **Sec. 35.** ~~[1. A policy of health insurance which provides coverage for  
 21 prescription drugs must provide that, when calculating the amount of the  
 22 contribution by an insured towards a deductible, copayment, coinsurance or any  
 23 other cost sharing requirement for prescription drugs, the insurer or any  
 24 pharmacy benefit manager that manages pharmacy benefits for the insurer must  
 25 include the amount paid by the insured or another person or entity on behalf of  
 26 the insured for a prescription drug.~~

27 ~~— (a) That has no generic equivalent;~~

28 ~~— (b) For which the insurer or pharmacy benefit manager has imposed a  
 29 requirement for prior authorization or a step therapy protocol;~~

30 ~~— (c) Which is only covered under the policy of health insurance after the  
 31 insured:~~

32 ~~— (1) Obtains an exception to a general policy of the insurer or pharmacy  
 33 benefit manager; or~~

34 ~~— (2) Wins an appeal of such a policy; or~~

35 ~~— (d) That is prescribed to:~~

36 ~~— (1) Prevent the acquisition of human immunodeficiency virus;~~

37 ~~— (2) Treat human immunodeficiency virus or hepatitis C;~~

38 ~~— (3) Provide medication assisted treatment for opioid use disorder; or~~

39 ~~— (4) Support safe withdrawal from substance use disorder.~~

40 2. A policy of health insurance subject to the provisions of this chapter that  
 41 is delivered, issued for delivery or renewed on or after January 1, 2024, has the  
 42 legal effect of including the provisions required by subsection 1, and any  
 43 provision of the policy that conflicts with the provisions of this section is void.

44 3. As used in this section, "pharmacy benefit manager" has the meaning  
 45 ascribed to it in NRS 683A.174. **(Deleted by amendment.)**

46 **Sec. 36.** NRS 689A.030 is hereby amended to read as follows:

47 689A.030 A policy of health insurance must not be delivered or issued for  
 48 delivery to any person in this State unless it otherwise complies with this Code, and  
 49 complies with the following:

50 1. The entire money and other considerations for the policy must be expressed  
 51 therein.

52 2. The time when the insurance takes effect and terminates must be expressed  
 53 therein.

1           3. It must purport to insure only one person, except that a policy may insure,  
2 originally or by subsequent amendment, upon the application of an adult member of  
3 a family, who shall be deemed the policyholder, any two or more eligible members  
4 of that family, including the husband, wife, domestic partner as defined in NRS  
5 122A.030, dependent children, from the time of birth, adoption or placement for the  
6 purpose of adoption as provided in NRS 689A.043, or any child on or before the  
7 last day of the month in which the child attains 26 years of age, and any other  
8 person dependent upon the policyholder.

9           4. The style, arrangement and overall appearance of the policy must not give  
10 undue prominence to any portion of the text, and every printed portion of the text of  
11 the policy and of any endorsements or attached papers must be plainly printed in  
12 light-faced type of a style in general use, the size of which must be uniform and not  
13 less than 10 points with a lowercase unspaced alphabet length not less than 120  
14 points. "Text" includes all printed matter except the name and address of the  
15 insurer, the name or the title of the policy, the brief description, if any, and captions  
16 and subcaptions.

17           5. The exceptions and reductions of indemnity must be set forth in the policy  
18 and, other than those contained in NRS 689A.050 to 689A.290, inclusive, must be  
19 printed, at the insurer's option, with the benefit provision to which they apply or  
20 under an appropriate caption such as "Exceptions" or "Exceptions and Reductions,"  
21 except that if an exception or reduction specifically applies only to a particular  
22 benefit of the policy, a statement of that exception or reduction must be included  
23 with the benefit provision to which it applies.

24           6. Each such form, including riders and endorsements, must be identified by a  
25 number in the lower left-hand corner of the first page thereof.

26           7. The policy must not contain any provision purporting to make any portion  
27 of the charter, rules, constitution or bylaws of the insurer a part of the policy unless  
28 that portion is set forth in full in the policy, except in the case of the incorporation  
29 of or reference to a statement of rates or classification of risks, or short-rate table  
30 filed with the Commissioner.

31           8. The policy must provide benefits for expense arising from care at home or  
32 health supportive services if that care or service was prescribed by a physician and  
33 would have been covered by the policy if performed in a medical facility or facility  
34 for the dependent as defined in chapter 449 of NRS.

35           9. ~~The~~ *Except as otherwise provided in this subsection, the* policy must  
36 provide ~~[- at the option of the applicant,]~~ benefits for expenses incurred for the  
37 treatment of alcohol or substance use disorder . ~~[-, unless]~~ *Except for the benefits*  
38 *required by section 34 of this act, such benefits must be provided:*

39           (a) *At the option of the applicant; and*

40           (b) *Unless* the policy provides coverage only for a specified disease or  
41 provides for the payment of a specific amount of money if the insured is  
42 hospitalized or receiving health care in his or her home.

43           10. The policy must provide benefits for expense arising from hospice care.

44           **Sec. 37.** NRS 689A.0437 is hereby amended to read as follows:

45           689A.0437 1. An insurer that offers or issues a policy of health insurance  
46 shall include in the policy coverage for:

47           (a) ~~Drugs]~~ *All drugs* approved by the United States Food and Drug  
48 Administration for preventing the acquisition of human immunodeficiency virus ~~[-]~~  
49 *or treating human immunodeficiency virus or hepatitis C in the form*  
50 *recommended by the prescribing practitioner, regardless of whether the drug is*  
51 *included in the formulary of the insurer;*

52           (b) Laboratory testing that is necessary for therapy that uses ~~such]~~ a drug ~~[-]~~ *to*  
53 *prevent the acquisition of human immunodeficiency virus;*

1           (c) *Any service to test for, prevent or treat human immunodeficiency virus or*  
2 *hepatitis C provided by a provider of primary care if the service is covered when*  
3 *provided by a specialist and:*

4           (1) *The service is within the scope of practice of the provider of primary*  
5 *care; or*

6           (2) *The provider of primary care is capable of providing the service safely*  
7 *and effectively in consultation with a specialist and the provider engages in such*  
8 *consultation; and*

9           ~~(c)~~ (d) The services described in NRS 639.28085, when provided by a  
10 pharmacist who participates in the network plan of the insurer.

11           2. An insurer that offers or issues a policy of health insurance shall reimburse  
12 ~~it~~:

13           (a) A pharmacist who participates in the network plan of the insurer for the  
14 services described in NRS 639.28085 at a rate equal to the rate of reimbursement  
15 provided to a physician, physician assistant or advanced practice registered nurse  
16 for similar services.

17           (b) *An advanced practice registered nurse or a physician assistant who*  
18 *participates in the network plan of the insurer for any service to test for, prevent*  
19 *or treat human immunodeficiency virus or hepatitis C at a rate equal to the rate*  
20 *of reimbursement provided to a physician for similar services.*

21           3. An insurer ~~may subject~~ shall not:

22           (a) *Subject* the benefits required by subsection 1 to ~~reasonable~~ medical  
23 management techniques ~~it~~, *other than step therapy;*

24           (b) *Limit the covered amount of a drug described in paragraph (a) of*  
25 *subsection 1;*

26           (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
27 *the drug is dispensed by a pharmacy through mail order service; or*

28           (d) *Prohibit or restrict access to any service or drug to treat human*  
29 *immunodeficiency virus or hepatitis C on the same day on which the insured is*  
30 *diagnosed.*

31           4. An insurer shall ensure that the benefits required by subsection 1 are made  
32 available to an insured through a provider of health care who participates in the  
33 network plan of the insurer.

34           5. A policy of health insurance subject to the provisions of this chapter that is  
35 delivered, issued for delivery or renewed on or after ~~October~~ **January** 1, ~~2021,~~  
36 **2024**, has the legal effect of including the coverage required by subsection 1, and  
37 any provision of the policy that conflicts with the provisions of this section is void.

38           6. As used in this section:

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

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

48           (c) *“Primary care” means the practice of family medicine, pediatrics,*  
49 *internal medicine, obstetrics and gynecology and midwifery.*

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

1       **Sec. 38.** NRS 689A.046 is hereby amended to read as follows:

2       689A.046 1. ~~[[The]]~~ *In addition to the benefits required by section 33 of this*  
3 *act, the* benefits provided by a policy for health insurance for treatment of alcohol  
4 or substance use disorder must ~~[consist of.]~~ *include, without limitation:*

5       (a) Treatment for withdrawal from the physiological effect of alcohol or drugs,  
6 with a minimum benefit of \$1,500 per calendar year.

7       (b) Treatment for a patient admitted to a facility, with a minimum benefit of  
8 \$9,000 per calendar year.

9       (c) Counseling for a person, group or family who is not admitted to a facility,  
10 with a minimum benefit of \$2,500 per calendar year.

11       2. Except as otherwise provided in NRS 687B.409, these benefits must be  
12 paid in the same manner as benefits for any other illness covered by a similar policy  
13 are paid.

14       3. The insured person is entitled to these benefits if treatment is received in  
15 any:

16       (a) Facility for the treatment of alcohol or substance use disorder which is  
17 certified by the Division of Public and Behavioral Health of the Department of  
18 Health and Human Services.

19       (b) Hospital or other medical facility or facility for the dependent which is  
20 licensed by the Division of Public and Behavioral Health of the Department of  
21 Health and Human Services, accredited by The Joint Commission or CARF  
22 International and provides a program for the treatment of alcohol or substance use  
23 disorder as part of its accredited activities.

24       **Sec. 39.** NRS 689A.330 is hereby amended to read as follows:

25       689A.330 If any policy is issued by a domestic insurer for delivery to a  
26 person residing in another state, and if the insurance commissioner or  
27 corresponding public officer of that other state has informed the Commissioner that  
28 the policy is not subject to approval or disapproval by that officer, the  
29 Commissioner may by ruling require that the policy meet the standards set forth in  
30 NRS 689A.030 to 689A.320, inclusive ~~[[ ]]~~, *and sections 33 ~~[[ ]]~~ and 34 ~~[[and 35]]~~ of*  
31 *this act.*

32       **Sec. 40.** Chapter 689B of NRS is hereby amended by adding thereto the  
33 provisions set forth as sections 41, 42 and 43 of this act.

34       **Sec. 41. 1.** *An insurer that offers or issues a policy of group health*  
35 *insurance shall include in the policy coverage for:*

36       (a) *All drugs approved by the United States Food and Drug Administration*  
37 *to:*

38       (1) *Provide medication-assisted treatment for opioid use disorder,*  
39 *including, without limitation, buprenorphine, methadone and naltrexone.*

40       (2) *Support safe withdrawal from substance use disorder, including,*  
41 *without limitation, lofexidine.*

42       (b) *Any service for the treatment of substance use disorder provided by a*  
43 *provider of primary care if the service is covered when provided by a specialist*  
44 *and:*

45       (1) *The service is within the scope of practice of the provider of primary*  
46 *care; or*

47       (2) *The provider of primary care is capable of providing the service safely*  
48 *and effectively in consultation with a specialist and the provider engages in such*  
49 *consultation.*

50       2. *An insurer shall provide the coverage required by paragraph (a) of*  
51 *subsection 1 regardless of whether the drug is included in the formulary of the*  
52 *insurer.*

53       3. *An insurer shall not:*

1 (a) Subject the benefits required by paragraph (a) of subsection 1 to medical  
2 management techniques, other than step therapy;

3 (b) Limit the covered amount of a drug described in paragraph (a) of  
4 subsection 1; or

5 (c) Refuse to cover a drug described in paragraph (a) of subsection 1 because  
6 the drug is dispensed by a pharmacy through mail order service.

7 4. An insurer shall ensure that the benefits required by subsection 1 are  
8 made available to an insured through a provider of health care who participates  
9 in the network plan of the insurer.

10 5. A policy of group health insurance subject to the provisions of this  
11 chapter that is delivered, issued for delivery or renewed on or after January 1,  
12 2024, has the legal effect of including the coverage required by subsection 1, and  
13 any provision of the policy that conflicts with the provisions of this section is void.

14 6. As used in this section:

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

19 (b) "Network plan" means a policy of group health insurance offered by an  
20 insurer under which the financing and delivery of medical care, including items  
21 and services paid for as medical care, are provided, in whole or in part, through a  
22 defined set of providers under contract with the insurer. The term does not  
23 include an arrangement for the financing of premiums.

24 (c) "Primary care" means the practice of family medicine, pediatrics,  
25 internal medicine, obstetrics and gynecology and midwifery.

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

27 **Sec. 42. 1.** An insurer that offers or issues a policy of group health  
28 insurance shall include in the policy:

29 (a) Coverage of testing for and the treatment of and prevention of sexually  
30 transmitted diseases, including, without limitation, *Chlamydia trachomatis*,  
31 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
32 all insureds, regardless of age. Such coverage must include, without limitation,  
33 the coverage required by NRS 689B.0312 and 689B.0315.

34 (b) Unrestricted coverage of condoms for insureds who are 13 years of age or  
35 older.

36 2. A policy of group health insurance subject to the provisions of this  
37 chapter that is delivered, issued for delivery or renewed on or after January 1,  
38 2024, has the legal effect of including the coverage required by subsection 1, and  
39 any provision of the policy that conflicts with the provisions of this section is void.

40 **Sec. 43. ~~1.~~** ~~A policy of group health insurance which provides coverage~~  
41 ~~for prescription drugs must provide that, when calculating the amount of the~~  
42 ~~contribution by an insured towards a deductible, copayment, coinsurance or any~~  
43 ~~other cost sharing requirement for prescription drugs, the insurer or any~~  
44 ~~pharmacy benefit manager that manages pharmacy benefits for the insurer must~~  
45 ~~include the amount paid by the insured or another person or entity on behalf of~~  
46 ~~the insured for a prescription drug.~~

47 ~~—(a) That has no generic equivalent;~~

48 ~~—(b) For which the insurer or pharmacy benefit manager has imposed a~~  
49 ~~requirement for prior authorization or a step therapy protocol;~~

50 ~~—(c) Which is only covered under the policy of group health insurance after~~  
51 ~~the insured.~~

52 ~~—(1) Obtains an exception to a general policy of the insurer or pharmacy~~  
53 ~~benefit manager; or~~

~~(2) Wins an appeal of such a policy; or~~  
~~(d) That is prescribed to:~~  
~~(1) Prevent the acquisition of human immunodeficiency virus;~~  
~~(2) Treat human immunodeficiency virus or hepatitis C;~~  
~~(3) Provide medication-assisted treatment for opioid use disorder; or~~  
~~(4) Support safe withdrawal from substance use disorder.~~  
~~2. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the provisions required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.~~  
~~3. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.] (Deleted by amendment.)~~

**Sec. 44.** NRS 689B.0312 is hereby amended to read as follows:

689B.0312 1. An insurer that offers or issues a policy of group health insurance shall include in the policy coverage for:

(a) ~~{Drugs}~~ All drugs approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus ~~{}~~ or treating human immunodeficiency virus or hepatitis C in the form recommended by the prescribing practitioner, regardless of whether the drug is included in the formulary of the insurer;

(b) Laboratory testing that is necessary for therapy that uses ~~{such}~~ a drug ~~{}~~ to prevent the acquisition of human immunodeficiency virus;

(c) Any service to test for, prevent or treat human immunodeficiency virus or hepatitis C provided by a provider of primary care if the service is covered when provided by a specialist and:

(1) The service is within the scope of practice of the provider of primary care; or

(2) The provider of primary care is capable of providing the service safely and effectively in consultation with a specialist and the provider engages in such consultation; and

~~{(e)}~~ (d) The services described in NRS 639.28085, when provided by a pharmacist who participates in the network plan of the insurer.

2. An insurer that offers or issues a policy of group health insurance shall reimburse ~~{a}~~:

(a) A pharmacist who participates in the network plan of the insurer for the services described in NRS 639.28085 at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.

(b) An advanced practice registered nurse or a physician assistant who participates in the network plan of the insurer for any service to test for, prevent or treat human immunodeficiency virus or hepatitis C at a rate equal to the rate of reimbursement provided to a physician for similar services.

3. An insurer ~~{may subject}~~ shall not:

(a) Subject the benefits required by subsection 1 to ~~{reasonable}~~ medical management techniques ~~{}~~, other than step therapy;

(b) Limit the covered amount of a drug described in paragraph (a) of subsection 1;

(c) Refuse to cover a drug described in paragraph (a) of subsection 1 because the drug is dispensed by a pharmacy through mail order service; or

(d) Prohibit or restrict access to any service or drug to treat human immunodeficiency virus or hepatitis C on the same day on which the insured is diagnosed.

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

4           5. A policy of group health insurance subject to the provisions of this chapter  
5 that is delivered, issued for delivery or renewed on or after ~~October~~ **January 1,**  
6 ~~2021,~~ **2024**, has the legal effect of including the coverage required by subsection  
7 1, and any provision of the policy that conflicts with the provisions of this section is  
8 void.

9           6. As used in this section:

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

14          (b) "Network plan" means a policy of group health insurance offered by an  
15 insurer under which the financing and delivery of medical care, including items and  
16 services paid for as medical care, are provided, in whole or in part, through a  
17 defined set of providers under contract with the insurer. The term does not include  
18 an arrangement for the financing of premiums.

19          (c) *"Primary care" means the practice of family medicine, pediatrics,*  
20 *internal medicine, obstetrics and gynecology and midwifery.*

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

22          **Sec. 45.** Chapter 689C of NRS is hereby amended by adding thereto the  
23 provisions set forth as sections 46, 47 and 48 of this act.

24          **Sec. 46. 1. A carrier that offers or issues a health benefit plan shall**  
25 **include in the plan coverage for:**

26          **(a) All drugs approved by the United States Food and Drug Administration**  
27 **to:**

28               **(1) Provide medication-assisted treatment for opioid use disorder,**  
29 **including, without limitation, buprenorphine, methadone and naltrexone.**

30               **(2) Support safe withdrawal from substance use disorder, including,**  
31 **without limitation, lofexidine.**

32          **(b) Any service for the treatment of substance use disorder provided by a**  
33 **provider of primary care if the service is covered when provided by a specialist**  
34 **and:**

35               **(1) The service is within the scope of practice of the provider of primary**  
36 **care; or**

37               **(2) The provider of primary care is capable of providing the service safely**  
38 **and effectively in consultation with a specialist and the provider engages in such**  
39 **consultation.**

40          **2. A carrier shall provide the coverage required by paragraph (a) of**  
41 **subsection 1 regardless of whether the drug is included in the formulary of the**  
42 **carrier.**

43          **3. A carrier shall not:**

44               **(a) Subject the benefits required by paragraph (a) of subsection 1 to medical**  
45 **management techniques, other than step therapy;**

46               **(b) Limit the covered amount of a drug described in paragraph (a) of**  
47 **subsection 1; or**

48               **(c) Refuse to cover a drug described in paragraph (a) of subsection 1 because**  
49 **the drug is dispensed by a pharmacy through mail order service.**

50          **4. A carrier shall ensure that the benefits required by subsection 1 are made**  
51 **available to an insured through a provider of health care who participates in the**  
52 **network plan of the carrier.**



5. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

6. As used in this section:

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

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

(c) "Primary care" means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

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

**Sec. 47. 1.** A carrier that offers or issues a health benefit plan shall include in the plan:

(a) Coverage of testing for and the treatment and prevention of sexually transmitted diseases, including, without limitation, Chlamydia trachomatis, gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for all insureds, regardless of age. Such coverage must include, without limitation, the coverage required by NRS 689C.1671 and 689C.1675.

(b) Unrestricted coverage of condoms for insureds who are 13 years of age or older.

2. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

~~Sec. 48. [1. A health benefit plan which provides coverage for prescription drugs must provide that, when calculating the amount of the contribution by an insured towards a deductible, copayment, coinsurance or any other cost sharing requirement for prescription drugs, the carrier or any pharmacy benefit manager that manages pharmacy benefits for the carrier must include the amount paid by the insured or another person or entity on behalf of the insured for a prescription drug:~~

~~— (a) That has no generic equivalent;~~

~~— (b) For which the carrier or pharmacy benefit manager has imposed a requirement for prior authorization or a step therapy protocol;~~

~~— (c) Which is only covered under the health benefit plan after the insured:~~

~~(1) Obtains an exception to a general policy of the carrier or pharmacy benefit manager; or~~

~~(2) Wins an appeal of such a policy; or~~

~~(d) That is prescribed to:~~

~~(1) Prevent the acquisition of human immunodeficiency virus;~~

~~(2) Treat human immunodeficiency virus or hepatitis C;~~

~~(3) Provide medication assisted treatment for opioid use disorder; or~~

~~(4) Support safe withdrawal from substance use disorder.~~

~~2. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the provisions required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.~~

~~3. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.~~ **(Deleted by amendment.)**

**Sec. 49.** NRS 689C.166 is hereby amended to read as follows:

689C.166 Each group health insurance policy must contain in substance a provision for benefits payable for expenses incurred for the treatment of alcohol or substance use disorder, as provided in NRS 689C.167 ~~and~~ **and section 46 of this act.**

**Sec. 50.** NRS 689C.167 is hereby amended to read as follows:

689C.167 1. ~~The~~ **In addition to the benefits required by section 46 of this act, the** benefits provided by a group policy for health insurance, as required by NRS 689C.166, for the treatment of alcohol or substance use disorders must ~~consist of~~ **include, without limitation:**

(a) Treatment for withdrawal from the physiological effects of alcohol or drugs, with a minimum benefit of \$1,500 per calendar year.

(b) Treatment for a patient admitted to a facility, with a minimum benefit of \$9,000 per calendar year.

(c) Counseling for a person, group or family who is not admitted to a facility, with a minimum benefit of \$2,500 per calendar year.

2. Except as otherwise provided in NRS 687B.409, these benefits must be paid in the same manner as benefits for any other illness covered by a similar policy are paid.

3. The insured person is entitled to these benefits if treatment is received in any:

(a) Facility for the treatment of alcohol or substance use disorders which is certified by the Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) Hospital or other medical facility or facility for the dependent which is licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services, is accredited by The Joint Commission or CARF International and provides a program for the treatment of alcohol or substance use disorders as part of its accredited activities.

**Sec. 51.** NRS 689C.1671 is hereby amended to read as follows:

689C.1671 1. A carrier that offers or issues a health benefit plan shall include in the plan coverage for:

(a) ~~Drugs~~ **All drugs** approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus ~~or treating human immunodeficiency virus or hepatitis C in the form recommended by the prescribing practitioner, regardless of whether the drug is included in the formulary of the carrier;~~

(b) Laboratory testing that is necessary for therapy that uses ~~such~~ a drug ~~to prevent the acquisition of human immunodeficiency virus;~~

(c) **Any service to test for, prevent or treat human immunodeficiency virus or hepatitis C provided by a provider of primary care if the service is covered when provided by a specialist and:**

**(1) The service is within the scope of practice of the provider of primary care; or**

**(2) The provider of primary care is capable of providing the service safely and effectively in consultation with a specialist and the provider engages in such consultation;** and

~~(e)~~ **(d) The services described in NRS 639.28085, when provided by a pharmacist who participates in the health benefit plan of the carrier.**

2. A carrier that offers or issues a health benefit plan shall reimburse ~~at~~ **:**

**(a) A pharmacist who participates in the health benefit plan of the carrier for the services described in NRS 639.28085 at a rate equal to the rate of**

1 reimbursement provided to a physician, physician assistant or advanced practice  
2 registered nurse for similar services.

3 *(b) An advanced practice registered nurse or a physician assistant who*  
4 *participates in the network plan of the carrier for any service to test for, prevent*  
5 *or treat human immunodeficiency virus or hepatitis C at a rate equal to the rate*  
6 *of reimbursement provided to a physician for similar services.*

7 3. A carrier ~~[may subject]~~ shall not:

8 *(a) Subject* the benefits required by subsection 1 to ~~[reasonable]~~ medical  
9 management techniques ~~[,]~~, *other than step therapy;*

10 *(b) Limit the covered amount of a drug described in paragraph (a) of*  
11 *subsection 1;*

12 *(c) Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
13 *the drug is dispensed by a pharmacy through mail order service; or*

14 *(d) Prohibit or restrict access to any service or drug to treat human*  
15 *immunodeficiency virus or hepatitis C on the same day on which the insured is*  
16 *diagnosed.*

17 4. A carrier shall ensure that the benefits required by subsection 1 are made  
18 available to an insured through a provider of health care who participates in the  
19 network plan of the carrier.

20 5. A health benefit plan subject to the provisions of this chapter that is  
21 delivered, issued for delivery or renewed on or after ~~[October]~~ **January 1, [2021,]**  
22 **2024**, has the legal effect of including the coverage required by subsection 1, and  
23 any provision of the plan that conflicts with the provisions of this section is void.

24 6. As used in this section:

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

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

34 *(c) "Primary care" means the practice of family medicine, pediatrics,*  
35 *internal medicine, obstetrics and gynecology and midwifery.*

36 *(d) "Provider of health care"* has the meaning ascribed to it in NRS 629.031.

37 **Sec. 52.** NRS 689C.425 is hereby amended to read as follows:

38 689C.425 A voluntary purchasing group and any contract issued to such a  
39 group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the  
40 provisions of NRS 689C.015 to 689C.355, inclusive, *and sections 46 ~~[,]~~ and 47*  
41 *~~[and 48] of this act~~ to the extent applicable and not in conflict with the express*  
42 *provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.*

43 **Sec. 53.** Chapter 695A of NRS is hereby amended by adding thereto the  
44 provisions set forth as sections 54, 55 and 56 of this act.

45 **Sec. 54. 1. A society that offers or issues a benefit contract shall include**  
46 **in the contract coverage for:**

47 *(a) All drugs approved by the United States Food and Drug Administration*  
48 *to:*

49 *(1) Provide medication-assisted treatment for opioid use disorder,*  
50 *including, without limitation, buprenorphine, methadone and naltrexone.*

51 *(2) Support safe withdrawal from substance use disorder, including,*  
52 *without limitation, lofexidine.*

1 (b) Any service for the treatment of substance use disorder provided by a  
2 provider of primary care if the service is covered when provided by a specialist  
3 and:

4 (1) The service is within the scope of practice of the provider of primary  
5 care; or

6 (2) The provider of primary care is capable of providing the service safely  
7 and effectively in consultation with a specialist and the provider engages in such  
8 consultation.

9 2. A society shall provide the coverage required by paragraph (a) of  
10 subsection 1 regardless of whether the drug is included in the formulary of the  
11 society.

12 3. A society shall not:

13 (a) Subject the benefits required by paragraph (a) of subsection 1 to medical  
14 management techniques, other than step therapy;

15 (b) Limit the covered amount of a drug described in paragraph (a) of  
16 subsection 1; or

17 (c) Refuse to cover a drug described in paragraph (a) of subsection 1 because  
18 the drug is dispensed by a pharmacy through mail order service.

19 4. A society shall ensure that the benefits required by subsection 1 are made  
20 available to an insured through a provider of health care who participates in the  
21 network plan of the society.

22 5. A benefit contract subject to the provisions of this chapter that is  
23 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
24 legal effect of including the coverage required by subsection 1, and any provision  
25 of the contract that conflicts with the provisions of this section is void.

26 6. As used in this section:

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

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

36 (c) "Primary care" means the practice of family medicine, pediatrics,  
37 internal medicine, obstetrics and gynecology and midwifery.

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

39 **Sec. 55. 1.** A society that offers or issues a benefit contract shall include  
40 in the contract:

41 (a) Coverage of testing for and the treatment and prevention of sexually  
42 transmitted diseases, including, without limitation, *Chlamydia trachomatis*,  
43 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
44 all insureds, regardless of age. Such coverage must include, without limitation,  
45 the coverage required by NRS 695A.1843 and 695A.1856.

46 (b) Unrestricted coverage of condoms for insureds who are 13 years of age or  
47 older.

48 2. A benefit contract subject to the provisions of this chapter that is  
49 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
50 legal effect of including the coverage required by subsection 1, and any provision  
51 of the contract that conflicts with the provisions of this section is void.

52 **Sec. 56. 1.** ~~A benefit contract which provides coverage for prescription~~  
53 ~~drugs must provide that, when calculating the amount of the contribution by an~~

~~insured towards a deductible, copayment, coinsurance or any other cost-sharing requirement for prescription drugs, the society or any pharmacy benefit manager that manages pharmacy benefits for the society must include the amount paid by the insured or another person or entity on behalf of the insured for a prescription drug;~~

~~(a) That has no generic equivalent;~~

~~(b) For which the society or pharmacy benefit manager has imposed a requirement for prior authorization or a step therapy protocol;~~

~~(c) Which is only covered under the benefit contract after the insured:~~

~~(1) Obtains an exception to a general policy of the society or pharmacy benefit manager; or~~

~~(2) Wins an appeal of such a policy; or~~

~~(d) That is prescribed to:~~

~~(1) Prevent the acquisition of human immunodeficiency virus;~~

~~(2) Treat human immunodeficiency virus or hepatitis C;~~

~~(3) Provide medication-assisted treatment for opioid use disorder; or~~

~~(4) Support safe withdrawal from substance use disorder.~~

~~2. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the provisions required by subsection 1, and any provision of the contract that conflicts with the provisions of this section is void.~~

~~3. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.] (Deleted by amendment.)~~

**Sec. 57.** NRS 695A.1843 is hereby amended to read as follows:

695A.1843 1. A society that offers or issues a benefit contract shall include in the benefit coverage for:

(a) ~~{Drugs}~~ All approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus ~~{}~~ or treating human immunodeficiency virus or hepatitis C in the form recommended by the prescribing practitioner, regardless of whether the drug is included in the formulary of the society;

(b) Laboratory testing that is necessary for therapy that uses ~~{such}~~ a drug ~~{}~~ to prevent the acquisition of human immunodeficiency virus;

(c) Any service to test for, prevent or treat human immunodeficiency virus or hepatitis C provided by a provider of primary care if the service is covered when provided by a specialist and:

(1) The service is within the scope of practice of the provider of primary care; or

(2) The provider of primary care is capable of providing the service safely and effectively in consultation with a specialist and the provider engages in such consultation; and

~~{(e)}~~ (d) The services described in NRS 639.28085, when provided by a pharmacist who participates in the network plan of the society.

2. A society that offers or issues a benefit contract shall reimburse ~~{a}~~ :

(a) A pharmacist who participates in the network plan of the society for the services described in NRS 639.28085 at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.

(b) An advanced practice registered nurse or a physician assistant who participates in the network plan of the society for any service to test for, prevent or treat human immunodeficiency virus or hepatitis C at a rate equal to the rate of reimbursement provided to a physician for similar services.

3. A society ~~{may subject}~~ shall not:

1       (a) *Subject* the benefits required by subsection 1 to ~~reasonable~~ medical  
2 management techniques ~~and~~, *other than step therapy*;

3       (b) *Limit the covered amount of a drug described in paragraph (a) of*  
4 *subsection 1;*

5       (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
6 *the drug is dispensed by a pharmacy through mail order service; or*

7       (d) *Prohibit or restrict access to any service or drug to treat human*  
8 *immunodeficiency virus or hepatitis C on the same day on which the insured is*  
9 *diagnosed.*

10       4. A society shall ensure that the benefits required by subsection 1 are made  
11 available to an insured through a provider of health care who participates in the  
12 network plan of the society.

13       5. A benefit contract subject to the provisions of this chapter that is delivered,  
14 issued for delivery or renewed on or after ~~October~~ **January 1, 2024**, has  
15 the legal effect of including the coverage required by subsection 1, and any  
16 provision of the plan that conflicts with the provisions of this section is void.

17       6. As used in this section:

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

22       (b) "Network plan" means a benefit contract offered by a society under which  
23 the financing and delivery of medical care, including items and services paid for as  
24 medical care, are provided, in whole or in part, through a defined set of providers  
25 under contract with the society. The term does not include an arrangement for the  
26 financing of premiums.

27       (c) "*Primary care*" means the practice of family medicine, pediatrics,  
28 internal medicine, obstetrics and gynecology and midwifery.

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

30       **Sec. 58.** Chapter 695B of NRS is hereby amended by adding thereto the  
31 provisions set forth as sections 59, 60 and 61 of this act.

32       **Sec. 59. 1.** *A hospital or medical services corporation that offers or issues*  
33 *a policy of health insurance shall include in the policy coverage for:*

34       (a) *All drugs approved by the United States Food and Drug Administration*  
35 *to:*

36       (1) *Provide medication-assisted treatment for opioid use disorder,*  
37 *including, without limitation, buprenorphine, methadone and naltrexone.*

38       (2) *Support safe withdrawal from substance use disorder, including,*  
39 *without limitation, lofexidine.*

40       (b) *Any service for the treatment of substance use disorder provided by a*  
41 *provider of primary care if the service is covered when provided by a specialist*  
42 *and:*

43       (1) *The service is within the scope of practice of the provider of primary*  
44 *care; or*

45       (2) *The provider of primary care is capable of providing the service safely*  
46 *and effectively in consultation with a specialist and the provider engages in such*  
47 *consultation.*

48       2. *A hospital or medical services corporation shall provide the coverage*  
49 *required by paragraph (a) of subsection 1 regardless of whether the drug is*  
50 *included in the formulary of the hospital or medical services corporation.*

51       3. *A hospital or medical services corporation shall not:*

52       (a) *Subject the benefits required by paragraph (a) of subsection 1 to medical*  
53 *management techniques, other than step therapy;*

1 (b) Limit the covered amount of a drug described in paragraph (a) of  
2 subsection 1; or

3 (c) Refuse to cover a drug described in paragraph (a) of subsection 1 because  
4 the drug is dispensed by a pharmacy through mail order service.

5 4. A hospital or medical services corporation shall ensure that the benefits  
6 required by subsection 1 are made available to an insured through a provider of  
7 health care who participates in the network plan of the hospital or medical  
8 services corporation.

9 5. A policy of health insurance subject to the provisions of this chapter that  
10 is delivered, issued for delivery or renewed on or after January 1, 2024, has the  
11 legal effect of including the coverage required by subsection 1, and any provision  
12 of the policy that conflicts with the provisions of this section is void.

13 6. As used in this section:

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

18 (b) "Network plan" means a policy of health insurance offered by a hospital  
19 or medical services corporation under which the financing and delivery of  
20 medical care, including items and services paid for as medical care, are provided,  
21 in whole or in part, through a defined set of providers under contract with the  
22 hospital or medical services corporation. The term does not include an  
23 arrangement for the financing of premiums.

24 (c) "Primary care" means the practice of family medicine, pediatrics,  
25 internal medicine, obstetrics and gynecology and midwifery.

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

27 **Sec. 60. 1.** A hospital or medical services corporation that offers or issues  
28 a policy of health insurance shall include in the policy:

29 (a) Coverage of testing for and the treatment and prevention of sexually  
30 transmitted diseases, including, without limitation, *Chlamydia trachomatis*,  
31 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
32 all insureds, regardless of age. Such coverage must include, without limitation,  
33 the coverage required by NRS 695B.1913 and 695B.1924.

34 (b) Unrestricted coverage of condoms for insureds who are 13 years of age or  
35 older.

36 2. A policy of health insurance subject to the provisions of this chapter that  
37 is delivered, issued for delivery or renewed on or after January 1, 2024, has the  
38 legal effect of including the coverage required by subsection 1, and any provision  
39 of the policy that conflicts with the provisions of this section is void.

40 **Sec. 61. [1.]** ~~A policy of health insurance which provides coverage for  
41 prescription drugs must provide that, when calculating the amount of the  
42 contribution by an insured towards a deductible, copayment, coinsurance or any  
43 other cost sharing requirement for prescription drugs, the hospital or medical  
44 services corporation or any pharmacy benefit manager that manages pharmacy  
45 benefits for the hospital or medical services corporation must include the amount  
46 paid by the insured or another person or entity on behalf of the insured for a  
47 prescription drug;~~

48 ~~—(a) That has no generic equivalent;~~

49 ~~—(b) For which the hospital or medical services corporation or pharmacy  
50 benefit manager has imposed a requirement for prior authorization or a step  
51 therapy protocol; or~~

52 ~~—(c) Which is only covered under the policy of health insurance after the  
53 insured;~~

~~(1) Obtains an exception to a general policy of the hospital or medical services corporation or pharmacy benefit manager; or~~

~~(2) Wins an appeal of such a policy; or~~

~~(d) That is prescribed to:~~

~~(1) Prevent the acquisition of human immunodeficiency virus;~~

~~(2) Treat human immunodeficiency virus or hepatitis C;~~

~~(3) Provide medication-assisted treatment for opioid use disorder; or~~

~~(4) Support safe withdrawal from substance use disorder.~~

~~2. 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, 2024, has the legal effect of including the provisions required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.~~

~~3. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.] (Deleted by amendment.)~~

**Sec. 62.** NRS 695B.1924 is hereby amended to read as follows:

695B.1924 1. A hospital or medical services corporation that offers or issues a policy of health insurance shall include in the policy coverage for:

(a) ~~Drugs~~ *All drugs* approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus ~~and~~ *or treating human immunodeficiency virus or hepatitis C in the form recommended by the prescribing practitioner, regardless of whether the drug is included in the formulary of the hospital or medical services organization;*

(b) Laboratory testing that is necessary for therapy using ~~such~~ a drug ~~and~~ *to prevent the acquisition of human immunodeficiency virus;*

(c) *Any service to test for, prevent or treat human immunodeficiency virus or hepatitis C provided by a provider of primary care if the service is covered when provided by a specialist and:*

*(1) The service is within the scope of practice of the provider of primary care; or*

*(2) The provider of primary care is capable of providing the service safely and effectively in consultation with a specialist and the provider engages in such consultation; and*

~~and~~ (d) The services described in NRS 639.28085, when provided by a pharmacist who participates in the network plan of the hospital or medical services corporation.

2. A hospital or medical services corporation that offers or issues a policy of health insurance shall reimburse ~~at~~ *:*

(a) A pharmacist who participates in the network plan of the hospital or medical services corporation for the services described in NRS 639.28085 at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.

(b) *An advanced practice registered nurse or a physician assistant who participates in the network plan of the hospital or medical services corporation for any service to test for, prevent or treat human immunodeficiency virus or hepatitis C at a rate equal to the rate of reimbursement provided to a physician for similar services.*

3. A hospital or medical services corporation ~~may subject~~ *shall not:*

(a) *Subject* the benefits required by subsection 1 to ~~reasonable~~ *medical management techniques and, other than step therapy;*

(b) *Limit the covered amount of a drug described in paragraph (a) of subsection 1;*

(c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because the drug is dispensed by a pharmacy through mail order service; or*



1           (d) *Prohibit or restrict access to any service or drug to treat human*  
2 *immunodeficiency virus or hepatitis C on the same day on which the insured is*  
3 *diagnosed.*

4           4. A hospital or medical services corporation shall ensure that the benefits  
5 required by subsection 1 are made available to an insured through a provider of  
6 health care who participates in the network plan of the hospital or medical services  
7 corporation.

8           5. A policy of health insurance subject to the provisions of this chapter that is  
9 delivered, issued for delivery or renewed on or after ~~October~~ *January* 1, ~~[2021,]~~  
10 *2024*, has the legal effect of including the coverage required by subsection 1, and  
11 any provision of the policy that conflicts with the provisions of this section is void.

12           6. As used in this section:

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

17           (b) "Network plan" means a policy of health insurance offered by a hospital or  
18 medical services corporation under which the financing and delivery of medical  
19 care, including items and services paid for as medical care, are provided, in whole  
20 or in part, through a defined set of providers under contract with the hospital or  
21 medical services corporation. The term does not include an arrangement for the  
22 financing of premiums.

23           (c) *"Primary care" means the practice of family medicine, pediatrics,*  
24 *internal medicine, obstetrics and gynecology and midwifery.*

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

26           **Sec. 63.** Chapter 695C of NRS is hereby amended by adding thereto the  
27 provisions set forth as sections 64, 65 and 66 of this act.

28           **Sec. 64. 1. A health maintenance organization that offers or issues a**  
29 *health care plan shall include in the plan coverage for:*

30           (a) *All drugs approved by the United States Food and Drug Administration*  
31 *to:*

32           (1) *Provide medication-assisted treatment for opioid use disorder,*  
33 *including, without limitation, buprenorphine, methadone and naltrexone.*

34           (2) *Support safe withdrawal from substance use disorder, including,*  
35 *without limitation, lofexidine.*

36           (b) *Any service for the treatment of substance use disorder provided by a*  
37 *provider of primary care if the service is covered when provided by a specialist*  
38 *and:*

39           (1) *The service is within the scope of practice of the provider of primary*  
40 *care; or*

41           (2) *The provider of primary care is capable of providing the service safely*  
42 *and effectively in consultation with a specialist and the provider engages in such*  
43 *consultation.*

44           2. *A health maintenance organization shall provide the coverage required*  
45 *by paragraph (a) of subsection 1 regardless of whether the drug is included in the*  
46 *formulary of the health maintenance organization.*

47           3. *A health maintenance organization shall not:*

48           (a) *Subject the benefits required by paragraph (a) of subsection 1 to medical*  
49 *management techniques, other than step therapy;*

50           (b) *Limit the covered amount of a drug described in paragraph (a) of*  
51 *subsection 1; or*

52           (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
53 *the drug is dispensed by a pharmacy through mail order service.*

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

5       5. A health care plan subject to the provisions of this chapter that is  
6 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
7 legal effect of including the coverage required by subsection 1, and any provision  
8 of the plan that conflicts with the provisions of this section is void.

9       6. As used in this section:

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

14       (b) "Network plan" means a health care plan offered by a health  
15 maintenance organization under which the financing and delivery of medical  
16 care, including items and services paid for as medical care, are provided, in  
17 whole or in part, through a defined set of providers under contract with the  
18 health maintenance organization. The term does not include an arrangement for  
19 the financing of premiums.

20       (c) "Primary care" means the practice of family medicine, pediatrics,  
21 internal medicine, obstetrics and gynecology and midwifery.

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

23       **Sec. 65. 1.** A health maintenance organization that offers or issues a  
24 health care plan shall include in the plan:

25       (a) Coverage of testing for and the treatment and prevention of sexually  
26 transmitted diseases, including, without limitation, *Chlamydia trachomatis*,  
27 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
28 all enrollees, regardless of age. Such coverage must include, without limitation,  
29 the coverage required by NRS 695C.1737 and 695C.1743.

30       (b) Unrestricted coverage of condoms for enrollees who are 13 years of age  
31 or older.

32       2. A health care plan subject to the provisions of this chapter that is  
33 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
34 legal effect of including the coverage required by subsection 1, and any provision  
35 of the plan that conflicts with the provisions of this section is void.

36       **Sec. 66. [1.]** ~~A health care plan which provides coverage for prescription  
37 drugs must provide that, when calculating the amount of the contribution by an  
38 enrollee towards a deductible, copayment, coinsurance or any other cost sharing  
39 requirement for prescription drugs, the health maintenance organization or any  
40 pharmacy benefit manager that manages pharmacy benefits for the health  
41 maintenance organization must include the amount paid by the enrollee or  
42 another person or entity on behalf of the enrollee for a prescription drug:~~

43       ~~(a) That has no generic equivalent;~~

44       ~~(b) For which the health maintenance organization or pharmacy benefit  
45 manager has imposed a requirement for prior authorization or a step therapy  
46 protocol;~~

47       ~~(c) Which is only covered under the health care plan after the enrollee:~~

48       ~~(1) Obtains an exception to a general policy of the health maintenance  
49 organization or pharmacy benefit manager; or~~

50       ~~(2) Wins an appeal of such a policy; or~~

51       ~~(d) That is prescribed to:~~

52       ~~(1) Prevent the acquisition of human immunodeficiency virus;~~

53       ~~(2) Treat human immunodeficiency virus or hepatitis C;~~

~~(3) Provide medication-assisted treatment for opioid use disorder, or~~  
~~(4) Support safe withdrawal from substance use disorder.~~  
~~2. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the provisions required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.~~  
~~3. As used in this section, "pharmacy benefit manager" has the meaning ascribed to it in NRS 683A.174.] (Deleted by amendment.)~~

**Sec. 67.** 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.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.1694 to 695C.1698, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 ~~and sections 64 and 65~~ ~~and 65~~ ~~and 66~~ 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. 68.** NRS 695C.1743 is hereby amended to read as follows:

695C.1743 1. A health maintenance organization that offers or issues a health care plan shall include in the plan coverage for:

(a) ~~Drugs~~ All drugs approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus ~~or treating human immunodeficiency virus or hepatitis C in the form recommended by the prescribing practitioner, regardless of whether the drug is included in the formulary of the health maintenance organization;~~

(b) Laboratory testing that is necessary for therapy that uses ~~such~~ a drug ~~to prevent the acquisition of human immunodeficiency virus;~~

(c) Any service to test for, prevent or treat human immunodeficiency virus or hepatitis C provided by a provider of primary care if the service is covered when provided by a specialist and:

(I) The service is within the scope of practice of the provider of primary care; or

1           ***(2) The provider of primary care is capable of providing the service safely***  
2 ***and effectively in consultation with a specialist and the provider engages in such***  
3 ***consultation; and***

4 ~~[(e)]~~ ***(d) The services described in NRS 639.28085, when provided by a***  
5 ***pharmacist who participates in the network plan of the health maintenance***  
6 ***organization.***

7           2. A health maintenance organization that offers or issues a health care plan  
8 shall reimburse ~~[(a)]~~ :

9           ***(a) A pharmacist who participates in the network plan of the health***  
10 ***maintenance organization for the services described in NRS 639.28085 at a rate***  
11 ***equal to the rate of reimbursement provided to a physician, physician assistant or***  
12 ***advanced practice registered nurse for similar services.***

13           ***(b) An advanced practice registered nurse or a physician assistant who***  
14 ***participates in the network plan of the health maintenance organization for any***  
15 ***service to test for, prevent or treat human immunodeficiency virus or hepatitis C***  
16 ***at a rate equal to the rate of reimbursement provided to a physician for similar***  
17 ***services.***

18           3. A health maintenance organization ~~[(may subject)]~~ ***shall not:***

19           ***(a) Subject*** the benefits required by subsection 1 to ~~[(reasonable)]~~ medical  
20 management techniques ~~[(a)]~~, ***other than step therapy;***

21           ***(b) Limit the covered amount of a drug described in paragraph (a) of***  
22 ***subsection 1;***

23           ***(c) Refuse to cover a drug described in paragraph (a) of subsection 1 because***  
24 ***the drug is dispensed by a pharmacy through mail order service; or***

25           ***(d) Prohibit or restrict access to any service or drug to treat human***  
26 ***immunodeficiency virus or hepatitis C on the same day on which the enrollee is***  
27 ***diagnosed.***

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

31           5. A health care plan subject to the provisions of this chapter that is delivered,  
32 issued for delivery or renewed on or after ~~[(October)]~~ ***January 1, [2021,] 2024,*** has  
33 the legal effect of including the coverage required by subsection 1, and any  
34 provision of the plan that conflicts with the provisions of this section is void.

35           6. As used in this section:

36           ***(a) “Medical management technique” means a practice which is used to control***  
37 ***the cost or use of health care services or prescription drugs. The term includes,***  
38 ***without limitation, the use of step therapy, prior authorization and categorizing***  
39 ***drugs and devices based on cost, type or method of administration.***

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

46           ***(c) “Primary care” means the practice of family medicine, pediatrics,***  
47 ***internal medicine, obstetrics and gynecology and midwifery.***

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

49           **Sec. 69.** NRS 695C.330 is hereby amended to read as follows:

50           695C.330 1. The Commissioner may suspend or revoke any certificate of  
51 authority issued to a health maintenance organization pursuant to the provisions of  
52 this chapter if the Commissioner finds that any of the following conditions exist:

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

7 (b) The health maintenance organization issues evidence of coverage or uses a  
8 schedule of charges for health care services which do not comply with the  
9 requirements of NRS 695C.1691 to 695C.200, inclusive, ~~and sections 64~~ ~~and 65~~  
10 ~~and 66 of this act~~ or 695C.207;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1       **Sec. 70.** Chapter 695G of NRS is hereby amended by adding thereto the  
2 provisions set forth as sections 71, 72 and 73 of this act.

3       **Sec. 71. 1.** *A managed care organization that offers or issues a health*  
4 *care plan shall include in the plan coverage for:*

5       *(a) All drugs approved by the United States Food and Drug Administration*  
6 *to:*

7       *(1) Provide medication-assisted treatment for opioid use disorder,*  
8 *including, without limitation, buprenorphine, methadone and naltrexone.*

9       *(2) Support safe withdrawal from substance use disorder, including,*  
10 *without limitation, lofexidine.*

11       *(b) Any service for the treatment of substance use disorder provided by a*  
12 *provider of primary care if the service is covered when provided by a specialist*  
13 *and:*

14       *(1) The service is within the scope of practice of the provider of primary*  
15 *care; or*

16       *(2) The provider of primary care is capable of providing the service safely*  
17 *and effectively in consultation with a specialist and the provider engages in such*  
18 *consultation.*

19       2. *A managed care organization shall provide the coverage required by*  
20 *paragraph (a) of subsection 1 regardless of whether the drug is included in the*  
21 *formulary of the managed care organization.*

22       3. *A managed care organization shall not:*

23       *(a) Subject the benefits required by paragraph (a) of subsection 1 to medical*  
24 *management techniques, other than step therapy;*

25       *(b) Limit the covered amount of a drug described in paragraph (a) of*  
26 *subsection 1; or*

27       *(c) Refuse to cover a drug described in paragraph (a) of subsection 1 because*  
28 *the drug is dispensed by a pharmacy through mail order service.*

29       4. *A managed care organization shall ensure that the benefits required by*  
30 *subsection 1 are made available to an insured through a provider of health care*  
31 *who participates in the network plan of the managed care organization.*

32       5. *A health care plan subject to the provisions of this chapter that is*  
33 *delivered, issued for delivery or renewed on or after January 1, 2024, has the*  
34 *legal effect of including the coverage required by subsection 1, and any provision*  
35 *of the plan that conflicts with the provisions of this section is void.*

36       6. *As used in this section:*

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

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

47       *(c) "Primary care" means the practice of family medicine, pediatrics,*  
48 *internal medicine, obstetrics and gynecology and midwifery.*

49       *(d) "Provider of health care" has the meaning ascribed to it in NRS 629.031.*

50       **Sec. 72. 1.** *A managed care organization that offers or issues a health*  
51 *care plan shall include in the plan:*

52       *(a) Coverage of testing for, treatment of and prevention of sexually*  
53 *transmitted diseases, including, without limitation, Chlamydia trachomatis,*

1 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for  
2 all insureds, regardless of age. Such coverage must include, without limitation,  
3 the coverage required by NRS 695G.1705 and 695G.1714.

4 (b) Unrestricted coverage of condoms for insureds who are 13 years of age or  
5 older.

6 2. A health care plan subject to the provisions of this chapter that is  
7 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
8 legal effect of including the coverage required by subsection 1, and any provision  
9 of the plan that conflicts with the provisions of this section is void.

10 **Sec. 73.** ~~1. A health care plan which provides coverage for prescription  
11 drugs must provide that, when calculating the amount of the contribution by an  
12 insured towards a deductible, copayment, coinsurance or any other cost sharing  
13 requirement for prescription drugs, the managed care organization or any  
14 pharmacy benefit manager that manages pharmacy benefits for the managed  
15 care organization must include the amount paid by the insured or another person  
16 or entity on behalf of the insured for a prescription drug:~~

17 ~~— (a) That has no generic equivalent;~~

18 ~~— (b) For which the managed care organization or pharmacy benefit manager  
19 has imposed a requirement for prior authorization or a step therapy protocol;~~

20 ~~— (c) Which is only covered under the health care plan after the insured:~~

21 ~~— (1) Obtains an exception to a general policy of the managed care  
22 organization or pharmacy benefit manager; or~~

23 ~~— (2) Wins an appeal of such a policy; or~~

24 ~~— (d) That is prescribed to:~~

25 ~~— (1) Prevent the acquisition of human immunodeficiency virus;~~

26 ~~— (2) Treat human immunodeficiency virus or hepatitis C;~~

27 ~~— (3) Provide medication assisted treatment for opioid use disorder; or~~

28 ~~— (4) Support safe withdrawal from substance use disorder.~~

29 ~~2. A health care plan subject to the provisions of this chapter that is  
30 delivered, issued for delivery or renewed on or after January 1, 2024, has the  
31 legal effect of including the provisions required by subsection 1, and any  
32 provision of the plan that conflicts with the provisions of this section is void.~~

33 ~~3. As used in this section, "pharmacy benefit manager" has the meaning  
34 ascribed to it in NRS 683A.174.] (Deleted by amendment.)~~

35 **Sec. 74.** NRS 695G.1705 is hereby amended to read as follows:

36 695G.1705 1. A managed care organization that offers or issues a health  
37 care plan shall include in the plan coverage for:

38 (a) ~~[Drugs]~~ All drugs approved by the United States Food and Drug  
39 Administration for preventing the acquisition of human immunodeficiency virus ~~[-];~~  
40 or treating human immunodeficiency virus or hepatitis C in the form  
41 recommended by the prescribing practitioner, regardless of whether the drug is  
42 included in the formulary of the managed care organization;

43 (b) Laboratory testing that is necessary for therapy that uses ~~[such]~~ a drug ~~[-];~~ to  
44 prevent the acquisition of human immunodeficiency virus;

45 (c) Any service to test for, prevent or treat human immunodeficiency virus or  
46 hepatitis C provided by a provider of primary care if the service is covered when  
47 provided by a specialist and:

48 (1) The service is within the scope of practice of the provider of primary  
49 care; or

50 (2) The provider of primary care is capable of providing the service safely  
51 and effectively in consultation with a specialist and the provider engages in such  
52 consultation; and

1 ~~(e)~~ (d) The services described in NRS 639.28085, when provided by a  
2 pharmacist who participates in the network plan of the managed care organization.

3 2. A managed care organization that offers or issues a health care plan shall  
4 reimburse ~~it~~:

5 (a) A pharmacist who participates in the network plan of the managed care  
6 organization for the services described in NRS 639.28085 at a rate equal to the rate  
7 of reimbursement provided to a physician, physician assistant or advanced practice  
8 registered nurse for similar services.

9 (b) *An advanced practice registered nurse or a physician assistant who  
10 participates in the network plan of the managed care organization for any service  
11 to test for, prevent or treat human immunodeficiency virus or hepatitis C at a rate  
12 equal to the rate of reimbursement provided to a physician for similar services.*

13 3. A managed care organization ~~may subject~~ shall not:

14 (a) *Subject* the benefits required by subsection 1 to ~~reasonable~~ medical  
15 management techniques ~~it~~, *other than step therapy*;

16 (b) *Limit the covered amount of a drug described in paragraph (a) of  
17 subsection 1*;

18 (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because  
19 the drug is dispensed by a pharmacy through mail order service*; or

20 (d) *Prohibit or restrict access to any service or drug to treat human  
21 immunodeficiency virus or hepatitis C on the same day on which the insured is  
22 diagnosed.*

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

26 5. A health care plan subject to the provisions of this chapter that is delivered,  
27 issued for delivery or renewed on or after ~~October~~ *January 1, 2024*, has  
28 the legal effect of including the coverage required by subsection 1, and any  
29 provision of the plan that conflicts with the provisions of this section is void.

30 6. As used in this section:

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

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

41 (c) *“Primary care” means the practice of family medicine, pediatrics,  
42 internal medicine, obstetrics and gynecology and midwifery.*

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

44 **Sec. 75.** 1. The first application that a physician, osteopathic physician or  
45 physician assistant licensed pursuant to chapter 630 or 633 of NRS or a nurse who  
46 provides or supervises the provision of emergency medical services in a hospital or  
47 primary care and who is licensed on January 1, 2024, submits to renew his or her  
48 license on or after that date must include, without limitation, proof that the  
49 applicant has completed at least 2 hours of training in the stigma, discrimination  
50 and unrecognized bias toward persons who have acquired or are at a high risk of  
51 acquiring human immunodeficiency virus, as required by NRS 630.253, 632.343  
52 and 633.471, as amended by sections 28, 29 and 30 of this act, respectively, as  
53 applicable.



1           2. As used in this section, “primary care” means the practice of family  
2 medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

3           **Sec. 76.** The Legislature hereby finds and declares that:

4           1. In *Lapinski v. State*, 84 Nev. 611, 613 (1968), the Nevada Supreme Court  
5 held that “the power to define crimes and penalties lies exclusively in the  
6 legislature.”

7           2. The Nevada Supreme Court has further held in *Tellis v. State*, 84 Nev. 587,  
8 591 (1968), *Sparkman v. State*, 95 Nev. 76, 82 (1979) and *State v. Dist. Ct. (Pullin)*,  
9 124 Nev. 564, 567-68 (2008), that the penalty for a crime is determined by the law  
10 in effect at the time the offender committed the crime and not the law in effect at  
11 the time the offender is sentenced unless the Legislature has expressed its clear  
12 intent that a statute ameliorating the penalty apply retroactively.

13           3. NRS 441A.118 states that “[t]he Legislature hereby finds and declares that  
14 the spread of communicable diseases is best addressed through public health  
15 measures rather than criminalization.”

16           4. For those reasons, the Legislature is exercising its exclusive power to  
17 define the acts which subject a person to criminal penalties by:

18           (a) Retroactively applying the provisions of section 24 of chapter 491, Statutes  
19 of Nevada 2021, at page 3199, which repealed certain criminal offenses that were  
20 based on a person having the human immunodeficiency virus, to apply to conduct  
21 that occurred before those offenses were repealed; and

22           (b) Making certain offenses which were punishable as category A felonies  
23 before the effective date of section 13 of this act based on the potential to spread a  
24 communicable disease instead punishable as category B felonies, category D  
25 felonies or gross misdemeanors.

26           **Sec. 77.** 1. The provisions of section 24 of chapter 491, Statutes of Nevada  
27 2021, at page 3199, apply to any violation of NRS 201.205 or 201.358, as those  
28 sections existed before the enactment of section 24 of chapter 491, Statutes of  
29 Nevada 2021, at page 3199, if the violation occurred before, on or after June 6,  
30 2021, and the person was convicted on or after the effective date of this section.

31           2. ~~“The provisions of section 3 of this act apply to any violation of NRS~~  
32 ~~201.205 or 201.358, as those sections existed before the enactment of section 24 of~~  
33 ~~chapter 491, Statutes of Nevada 2021, at page 3199, if the violation occurred~~  
34 ~~before, on or after June 6, 2021, regardless of when the person was convicted.~~

35           ~~3.~~ If, before June 6, 2021, a person committed a violation of a NRS 201.205  
36 or 201.358, as those sections existed before the enactment of section 24 of chapter  
37 491, Statutes of Nevada 2021, at page 3199, and the person was not charged for that  
38 violation before the effective date of this section, the person must not be charged  
39 for that violation.

40           ~~4.~~ 3. Each court in this State shall cancel each outstanding bench warrant  
41 issued by the court for a person who failed to appear in court in relation to an  
42 alleged violation of NRS 201.205 or 201.358, as those sections existed before the  
43 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at page 3199.

44           ~~5.~~ 4. The Central Repository for Nevada Records of Criminal History shall  
45 remove from each database or compilation of records of criminal history  
46 maintained by the Central Repository all records of bench warrants issued for a  
47 person who failed to appear in court in relation to an alleged violation of NRS  
48 201.205 or 201.358, as those sections existed before the enactment of section 24 of  
49 chapter 491, Statutes of Nevada 2021, at page 3199.

50           **Sec. 78.** 1. The provisions of NRS 212.189, as amended by section 13 of  
51 this act, apply to any violation of that section, that occurred before, on or after the  
52 effective date of that section, if the person was not convicted before the effective  
53 date of that section.

1           2. If a person commits a violation of a NRS 212.189 which is punishable as a  
2 category A felony before the effective date of section 13 of this act, and the  
3 violation is punishable as a category B felony, a category D felony or a gross  
4 misdemeanor pursuant to NRS 212.189, as amended by section 13 of this act, the  
5 person must not be charged with or convicted of a category A felony, if the  
6 violation occurs on or after the effective date of section 13 of this act, and may only  
7 be charged with and convicted of a category B felony, category D felony or gross  
8 misdemeanor, as applicable, on or after the effective date of section 13 of this act.

9           **Sec. 79.** The provisions of NRS 354.599 do not apply to any additional  
10 expenses of a local government that are related to the provisions of this act.

11           **Sec. 80.** 1. This section and sections 3 to 10, inclusive, 13, 76, 77 and 78 of  
12 this act become effective upon passage and approval.

13           2. Sections 1, 2, 11, 12, 14 to 75, inclusive, and 79 of this act become  
14 effective:

15           (a) Upon passage and approval for the purpose of adopting any regulations and  
16 performing any other preparatory administrative tasks that are necessary to carry  
17 out the provisions of this act; and

18           (b) On January 1, 2024, for all other purposes.