

Amendment No. 929

Assembly Amendment to Senate Bill No. 439 Second Reprint (BDR 40-987)

Proposed by: Assembly Committee on Health and Human Services

Amends: Summary: No Title: No Preamble: No Joint Sponsorship: Yes Digest: No

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 439 R2 (§ 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.



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

MARCH 27, 2023

JOINT SPONSORS: ASSEMBLYWOMEN GONZÁLEZ, PETERS AND TAYLOR

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)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to communicable diseases; requiring certain state and local agencies to develop policies to provide uninterrupted services during a public health emergency to certain persons; 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 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; 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** of
10 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 Existing law requires the Director of the Department of Corrections to establish standards
17 for the medical and dental services of each institution or facility under the control of the
18 Department. (NRS 209.381) Existing law also requires a sheriff, chief of police or town
19 marshal to arrange for the administration of medical care required by prisoners while in his or
20 her custody. (NRS 211.140) **Sections 11 and 12** of this bill impose certain requirements on
21 the operators of public and private prisons, jails and detention facilities to ensure the access of
22 prisoners to treatment for human immunodeficiency virus and methods of preventing the
23 acquisition of human immunodeficiency virus.

24 Existing law prohibits a prisoner from using, propelling, discharging, spreading or
25 concealing human excrement or bodily fluid with intent or under circumstances where it is
26 reasonably likely that the excrement or fluid will come in contact with another person. Under
27 most circumstances, a violation is a gross misdemeanor, a category D felony or a category B
28 felony, depending on the circumstances of the prisoner's confinement. However, if the
29 prisoner knew at the time of the offense that any portion of the excrement or bodily fluid
30 contained a communicable disease that causes or is reasonably likely to cause substantial
31 bodily harm, the violation is a category A felony, regardless of whether the communicable
32 disease was transmitted. (NRS 212.189) **Section 13** of this bill instead provides that such a
33 violation is only a category A felony where: (1) the communicable disease was likely to be
34 transmitted by his or her conduct; and (2) the communicable disease was actually transmitted
35 as a result of the conduct. **Section 78** of this bill provides that the provisions of **section 13**
36 apply retroactively to violations that occurred before the effective date of that section, if the
37 person who committed the violation has not been convicted before that date.

38 Existing law requires public and private health plans, including Medicaid and health plans
39 for state government employees, to cover an examination and testing of a pregnant woman for
40 *Chlamydia trachomatis*, gonorrhea, hepatitis B, hepatitis C and syphilis. (NRS 287.04335,
41 422.27173, 689A.0412, 689B.0315, 689C.1675, 695A.1856, 695B.1913, 695C.1737,
42 695G.1714) **Sections 16, 22, 34, 42, 47, 52, 55, 60, 65, 67 and 72** of this bill additionally
43 require such insurance plans to cover: (1) testing for, treatment of and prevention of sexually
44 transmitted diseases; and (2) condoms for certain covered persons.

45 Existing law requires certain public and private health plans, including health plans for
46 state government employees, to cover drugs that prevent the acquisition of human
47 immunodeficiency virus and any related laboratory or diagnostic procedures. (NRS 287.010,
48 287.04335, 689A.0437, 689B.0312, 689C.1671, 695A.1843, 695B.1924, 695C.1743,
49 695G.1705) **Sections 31, 37, 44, 51, 57, 62, 68 and 74** of this bill require such insurance plans
50 to cover all such drugs approved by the United States Food and Drug Administration and all
51 drugs approved by the Food and Drug Administration for treating human immunodeficiency
52 virus or hepatitis C without restrictions, other than step therapy. **Sections 23, 37, 44, 51, 57,**
53 **62, 68 and 74** of this bill require such insurance plans to: (1) cover any service to test for,
54 prevent or treat those diseases provided by a provider of primary care if the service is covered
55 when provided by a specialist and certain other requirements are met; and (2) reimburse an
56 advanced practice registered nurse or a physician assistant for such services at a rate equal to
57 that provided to a physician. **Sections 16, 20, 31, 33, 41, 46, 52, 54, 59, 64, 67 and 71** impose
58 similar requirements regarding: (1) coverage of certain drugs approved by the Food and Drug
59 Administration to treat substance use disorder; (2) coverage of services for the treatment of
60 substance use disorder provided by a provider of primary care; and (3) reimbursement for
61 such services provided by an advanced practice registered nurse. **Sections 14.5-15.5** of this
62 bill make conforming changes to exempt local governmental agencies that provide health
63 insurance to employees through a plan of self-insurance from the amendatory provisions of
64 **section 44** while maintaining existing requirements that apply to such insurance. **Sections 36,**
65 **38, 49 and 50** of this bill make conforming changes to indicate that the coverage required by
66 **sections 33 and 46** is in addition to certain coverage of services for the treatment of substance

67 use disorder that certain insurers are required by existing law to provide. **Sections 14 and 39**
 68 of this bill make conforming changes to indicate the proper placement of **sections 20, 22, 33**
 69 **and 34** in the Nevada Revised Statutes. **Section 69** of this bill authorizes the Commissioner of
 70 Insurance to suspend or revoke the certificate of a health maintenance organization that fails
 71 to comply with the requirements of **section 64 or 65**. The Commissioner would also be
 72 authorized to take such action against any health insurer who fails to comply with the
 73 requirements of **sections 33, 34, 37, 41-44, 46, 47, 50, 54-57, 59-62, 67, 68 or 71-74** of this
 74 bill. (NRS 680A.200, 695C.330)

75 Existing law requires the Department of Health and Human Services to develop a list of
 76 preferred prescription drugs to be used for the Medicaid program. Existing law requires the
 77 Department to: (1) include on that list drugs for the prevention of human immunodeficiency
 78 virus; and (2) include drugs prescribed to treat the human immunodeficiency virus on a list of
 79 drugs that are excluded from the restrictions imposed on drugs that are on the list of preferred
 80 prescription drugs. (NRS 422.4025) **Section 25** of this bill requires the Medicaid program to
 81 cover a prescription drug that is not on the list of preferred prescription drugs if the drug is:
 82 (1) used to treat hepatitis C, used to provide medication-assisted treatment for opioid use
 83 disorder, used to support safe withdrawal from substance use disorder or is in the same class
 84 as a prescription drug on the list of preferred prescription drugs; and (2) is unsuitable for a
 85 recipient of Medicaid for certain reasons.

86 Existing law requires physicians, osteopathic physicians, physician assistants and nurses
 87 to complete certain continuing education in order to renew their licenses. (NRS 630.253,
 88 632.343, 633.471) **Sections 28-30 and 75** of this bill require such a provider of health care
 89 who provides or supervises the provision of emergency medical care or primary care in a
 90 hospital to complete before the first renewal of their license or, for currently practicing
 91 providers, the next renewal of their license, at least 2 hours of training in stigma,
 92 discrimination and unrecognized bias toward persons who have acquired or are at a high risk
 93 of acquiring human immunodeficiency virus. **Section 27** of this bill authorizes any provider of
 94 health care to use training in that subject in place of not more than 2 hours of any other
 95 training that the provider is required to complete, other than continuing education relating to
 96 ethics.

97 Senate Bill No. 275 of the 2021 Legislative Session repealed certain criminal offenses for
 98 which an element of the offense was having the human immunodeficiency virus. (Section 24,
 99 chapter 491, Statutes of Nevada 2021, at page 3199) **Section 77** of this bill provides that the
 100 repeal of those offenses applies retroactively to violations that occurred before the effective
 101 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:*

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

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

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

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

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

9 441A.334 As used in this section and NRS 441A.335 and 441A.336, *and*
10 *section 1 of this act*, “provider of health care” means a physician, nurse or
11 physician assistant licensed in accordance with state law.

12 **Sec. 3.** (Deleted by amendment.)

13 **Sec. 4.** (Deleted by amendment.)

14 **Sec. 5.** (Deleted by amendment.)

15 **Sec. 6.** (Deleted by amendment.)

16 **Sec. 7.** (Deleted by amendment.)

17 **Sec. 8.** (Deleted by amendment.)

18 **Sec. 9.** (Deleted by amendment.)

19 **Sec. 10.** (Deleted by amendment.)

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

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

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

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

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

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

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

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

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

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

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

51 4. *As used in this section, “provider of health care” has the meaning*
52 *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, to all prisoners free of charge.*

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

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

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

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

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

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

35 212.189 1. Except as otherwise provided in subsection 10, a prisoner who is
36 under lawful arrest, in lawful custody or in lawful confinement shall not knowingly:

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

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

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

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

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

48 (2) Under circumstances in which the excrement or bodily fluid is
49 reasonably likely to come into physical contact with any portion of the body of
50 another person, including, without limitation, an officer or employee of a prison or
51 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* the
19 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 section 20 of this act*, 422.580, 432.010 to 432.133, inclusive,
53 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to

1 445A.055, inclusive, and all other provisions of law relating to the functions of the
2 divisions of the Department, but is not responsible for the clinical activities of the
3 Division of Public and Behavioral Health or the professional line activities of the
4 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 new
39 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, 689B.265, 689B.287 and 689B.500 apply to coverage provided pursuant
9 to this paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and
10 689B.500 only apply to coverage for active officers and employees of the
11 governing body, or the dependents of such officers and employees.

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

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

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

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

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

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

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

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

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

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

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

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

50 287.040 The provisions of NRS 287.010 to 287.040, inclusive, **and section**
51 **14.5 of this act** do not make it compulsory upon any governing body of any county,
52 school district, municipal corporation, political subdivision, public corporation or
53 other local governmental agency of the State of Nevada, except as otherwise

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

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

13 287.04335 If the Board provides health insurance through a plan of self-
14 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,
15 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,
16 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
17 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, *and sections 71 and 72*
18 *of this act*, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to
19 695G.310, inclusive, and 695G.405, in the same manner as an insurer that is
20 licensed pursuant to title 57 of NRS is required to comply with those provisions.

21 **Sec. 17.** (Deleted by amendment.)

22 **Sec. 18.** (Deleted by amendment.)

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

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

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

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

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

36 **Sec. 21.** (Deleted by amendment.)

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

38 422.27173 The Director shall include in the State Plan for Medicaid a
39 requirement that the State must pay the nonfederal share of expenditures incurred
40 for :

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

47 ~~1~~ *(a) Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C in*
48 *accordance with NRS 442.013.*

49 ~~2~~ *(b) Syphilis in accordance with NRS 442.010.*

50 *2. Condoms for recipients of Medicaid.*

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

52 422.27235 *1.* The Director shall include in the State Plan for Medicaid a
53 requirement that the State pay the nonfederal share of expenditures incurred for:

1 ~~11~~ (a) Any laboratory testing that is necessary for therapy that uses a drug
2 approved by the United States Food and Drug Administration for preventing the
3 acquisition of human immunodeficiency virus. ~~12~~ ~~and~~

4 ~~12~~ (b) The services of a pharmacist described in NRS 639.28085. The State
5 must provide reimbursement for such services at a rate equal to the rate of
6 reimbursement provided to a physician, physician assistant or advanced practice
7 registered nurse for similar services.

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

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

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

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

21 3. *As used in this section, "primary care" means the practice of family*
22 *medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.*

23 Sec. 24. (Deleted by amendment.)

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

25 422.4025 1. The Department shall:

26 (a) By regulation, develop a list of preferred prescription drugs to be used for
27 the Medicaid program and the Children's Health Insurance Program, and each
28 public or nonprofit health benefit plan that elects to use the list of preferred
29 prescription drugs as its formulary pursuant to NRS 287.012, 287.0433 or
30 687B.407; and

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

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

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

44 (b) Antirejection medications for organ transplants;

45 (c) Antihemophilic medications; and

46 (d) Any prescription drug which the Board identifies as appropriate for
47 exclusion from any restrictions that are imposed by the Medicaid program on drugs
48 that are on the list of preferred prescription drugs.

49 3. The regulations must provide that the Board makes the final determination
50 of:

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

1 by the Medicaid program on drugs that are on the list of preferred prescription
2 drugs;

3 (b) Which therapeutically equivalent prescription drugs will be reviewed for
4 inclusion on the list of preferred prescription drugs and for exclusion from any
5 restrictions that are imposed by the Medicaid program on drugs that are on the list
6 of preferred prescription drugs; and

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

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

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

15 (b) Prescription drugs to prevent the acquisition of human immunodeficiency
16 virus.

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

22 6. *The Medicaid program must cover a prescription drug that is not*
23 *included on the list of preferred prescription drugs as if the drug were included*
24 *on that list if:*

25 (a) *The drug is:*

26 (1) *Used to treat hepatitis C;*

27 (2) *Used to provide medication-assisted treatment for opioid use disorder;*

28 (3) *Used to support safe withdrawal from substance use disorder; or*

29 (4) *In the same class as a drug on the list of preferred prescription drugs;*

30 *and*

31 (b) *All preferred prescription drugs within the same class as the drug are*
32 *unsuitable for a recipient of Medicaid because:*

33 (1) *The recipient is allergic to all preferred prescription drugs within the*
34 *same class as the drug;*

35 (2) *All preferred prescription drugs within the same class as the drug are*
36 *contraindicated for the recipient or are likely to interact in a harmful manner*
37 *with another drug that the recipient is taking;*

38 (3) *The recipient has a history of adverse reactions to all preferred*
39 *prescription drugs within the same class as the drug; or*

40 (4) *The drug has a unique indication that is supported by peer-reviewed*
41 *clinical evidence or approved by the United States Food and Drug*
42 *Administration.*

43 7. On or before February 1 of each year, the Department shall:

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

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

- 4 (1) In odd-numbered years, the Legislature; or
- 5 (2) In even-numbered years, the Legislative Commission.

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

7 608.156 1. ~~##~~ *In addition to any benefits required by NRS 608.1555*, an
8 employer provides health benefits for his or her employees, the employer shall
9 provide benefits for the expenses for the treatment of alcohol and substance use
10 disorders. The annual benefits provided by the employer must ~~consist of:~~ *include,*
11 *without limitation:*

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

14 (b) Treatment for a patient admitted to a facility, with a maximum benefit of
15 \$9,000 per calendar year.

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

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

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

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

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

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

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

33 629.093 Unless a specific statute or regulation requires or authorizes a greater
34 number of hours, a provider of health care may use credit earned for continuing
35 education relating to Alzheimer's disease *or the stigma, discrimination and*
36 *unrecognized bias toward persons who have acquired or are at a high risk of*
37 *acquiring human immunodeficiency virus* in place of not more than 2 hours each
38 year of the continuing education that the provider of health care is required to
39 complete, other than any continuing education relating to ethics that the provider of
40 health care is required to complete.

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

42 630.253 1. The Board shall, as a prerequisite for the:

- 43 (a) Renewal of a license as a physician assistant; or
- 44 (b) Biennial registration of the holder of a license to practice medicine,

45 ~~require~~ *require* each holder to submit evidence of compliance with the requirements for
46 continuing education as set forth in regulations adopted by the Board.

47 2. These requirements:

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

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

- 1 (1) An overview of acts of terrorism and weapons of mass destruction;
- 2 (2) Personal protective equipment required for acts of terrorism;
- 3 (3) Common symptoms and methods of treatment associated with exposure
- 4 to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- 5 (4) Syndromic surveillance and reporting procedures for acts of terrorism
- 6 that involve biological agents; and
- 7 (5) An overview of the information available on, and the use of, the Health
- 8 Alert Network.

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

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

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

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

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

23 (3) Must address persons of different cultural backgrounds, including,
24 without limitation:

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

26 (II) Persons from various religious backgrounds;

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

28 (IV) Children and senior citizens;

29 (V) Veterans;

30 (VI) Persons with a mental illness;

31 (VII) Persons with an intellectual disability, developmental disability
32 or physical disability; and

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

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

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

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

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

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

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

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

5 (d) The importance of maintenance of function and independence for older
6 persons.

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

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

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

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

20 (c) The detection of suicidal thoughts and ideations and the prevention of
21 suicide.

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

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

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

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

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

39 10. As used in this section:

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

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

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

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

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

46 ~~(e)~~ (f) "Weapon of mass destruction" has the meaning ascribed to it in NRS
47 202.4445.

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

49 632.343 1. The Board shall not renew any license issued under this chapter
50 until the licensee has submitted proof satisfactory to the Board of completion,
51 during the 2-year period before renewal of the license, of 30 hours in a program of
52 continuing education approved by the Board in accordance with regulations

1 adopted by the Board. Except as otherwise provided in subsection 3, the licensee is
2 exempt from this provision for the first biennial period after graduation from:

- 3 (a) An accredited school of professional nursing;
- 4 (b) An accredited school of practical nursing;
- 5 (c) An approved school of professional nursing in the process of obtaining
6 accreditation; or
- 7 (d) An approved school of practical nursing in the process of obtaining
8 accreditation.

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

15 3. The program of continuing education required by subsection 1 must
16 include:

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

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

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

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

- 29 (1) An overview of acts of terrorism and weapons of mass destruction;
- 30 (2) Personal protective equipment required for acts of terrorism;
- 31 (3) Common symptoms and methods of treatment associated with exposure
32 to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- 33 (4) Syndromic surveillance and reporting procedures for acts of terrorism
34 that involve biological agents; and
- 35 (5) An overview of the information available on, and the use of, the Health
36 Alert Network.

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

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

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

44 (3) Must address persons of different cultural backgrounds, including,
45 without limitation:

- 46 (I) Persons from various gender, racial and ethnic backgrounds;
- 47 (II) Persons from various religious backgrounds;
- 48 (III) Lesbian, gay, bisexual, transgender and questioning persons;
- 49 (IV) Children and senior citizens;
- 50 (V) Veterans;
- 51 (VI) Persons with a mental illness;
- 52 (VII) Persons with an intellectual disability, developmental disability
53 or physical disability; and

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

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

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

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

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

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

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

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

26 (d) The importance of maintenance of function and independence for older
27 persons.

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

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

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

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

40 8. As used in this section:

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

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

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

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

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

47 ~~(e)~~ (f) "Weapon of mass destruction" has the meaning ascribed to it in NRS
48 202.4445.

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

50 633.471 1. Except as otherwise provided in subsection ~~144~~ 15 and NRS
51 633.491, every holder of a license, except a physician assistant, issued under this
52 chapter, except a temporary or a special license, may renew the license on or before
53 January 1 of each calendar year after its issuance by:

1 (a) Applying for renewal on forms provided by the Board;
2 (b) Paying the annual license renewal fee specified in this chapter;
3 (c) Submitting a list of all actions filed or claims submitted to arbitration or
4 mediation for malpractice or negligence against the holder during the previous year;

5 (d) Subject to subsection ~~§ 3-14~~ 14, submitting evidence to the Board that in the
6 year preceding the application for renewal the holder has attended courses or
7 programs of continuing education approved by the Board in accordance with
8 regulations adopted by the Board totaling a number of hours established by the
9 Board which must not be less than 35 hours nor more than that set in the
10 requirements for continuing medical education of the American Osteopathic
11 Association; and

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

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

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

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

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

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

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

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

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

47 8. The continuing education requirements approved by the Board must allow
48 the holder of a license as an osteopathic physician or physician assistant to receive
49 credit toward the total amount of continuing education required by the Board for
50 the completion of a course of instruction relating to genetic counseling and genetic
51 testing.

52 9. The Board shall require each holder of a license to practice osteopathic
53 medicine to receive as a portion of his or her continuing education at least 2 hours

1 of instruction every 4 years on evidence-based suicide prevention and awareness
2 which may include, without limitation, instruction concerning:

- 3 (a) The skills and knowledge that the licensee needs to detect behaviors that
4 may lead to suicide, including, without limitation, post-traumatic stress disorder;
- 5 (b) Approaches to engaging other professionals in suicide intervention; and
- 6 (c) The detection of suicidal thoughts and ideations and the prevention of
7 suicide.

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

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

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

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

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

23 (c) Must address persons of different cultural backgrounds, including, without
24 limitation:

- 25 (1) Persons from various gender, racial and ethnic backgrounds;
- 26 (2) Persons from various religious backgrounds;
- 27 (3) Lesbian, gay, bisexual, transgender and questioning persons;
- 28 (4) Children and senior citizens;
- 29 (5) Veterans;
- 30 (6) Persons with a mental illness;
- 31 (7) Persons with an intellectual disability, developmental disability or
32 physical disability; and

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

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

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

48 ~~14.~~ 15. Members of the Armed Forces of the United States and the United
49 States Public Health Service are exempt from payment of the annual license
50 renewal fee during their active duty status.

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

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

2 687B.225 1. Except as otherwise provided in NRS 689A.0405, 689A.0412,
3 689A.0413, **689A.0437**, 689A.044, 689A.0445, 689B.031, **689B.0312**, 689B.0313,
4 689B.0315, 689B.0317, 689B.0374, **689C.1671**, 689C.1675, **695A.1843**,
5 695A.1856, 695B.1912, 695B.1913, 695B.1914, **695B.1924**, 695B.1925,
6 695B.1942, 695C.1713, 695C.1735, 695C.1737, **695C.1743**, 695C.1745,
7 695C.1751, 695G.170, **695G.1705**, 695G.171, 695G.1714 and 695G.177, **and**
8 **sections 33, 41, 46, 54, 59, 64 and 71 of this act**, any contract for group, blanket or
9 individual health insurance or any contract by a nonprofit hospital, medical or
10 dental service corporation or organization for dental care which provides for
11 payment of a certain part of medical or dental care may require the insured or
12 member to obtain prior authorization for that care from the insurer or organization.
13 The insurer or organization shall:

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

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

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

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

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

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

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

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

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

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

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

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

41 **3. An insurer shall not:**

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

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

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

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

51 **5. A policy of health insurance subject to the provisions of this chapter that**
52 **is delivered, issued for delivery or renewed on or after January 1, 2024, has the**

1 *legal effect of including the coverage required by subsection 1, and any provision*
2 *of the policy that conflicts with the provisions of this section is void.*

3 6. As used in this section:

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

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

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

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

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

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

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

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

29 **Sec. 35.** (Deleted by amendment.)

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

31 689A.030 A policy of health insurance must not be delivered or issued for
32 delivery to any person in this State unless it otherwise complies with this Code, and
33 complies with the following:

34 1. The entire money and other considerations for the policy must be expressed
35 therein.

36 2. The time when the insurance takes effect and terminates must be expressed
37 therein.

38 3. It must purport to insure only one person, except that a policy may insure,
39 originally or by subsequent amendment, upon the application of an adult member of
40 a family, who shall be deemed the policyholder, any two or more eligible members
41 of that family, including the husband, wife, domestic partner as defined in NRS
42 122A.030, dependent children, from the time of birth, adoption or placement for the
43 purpose of adoption as provided in NRS 689A.043, or any child on or before the
44 last day of the month in which the child attains 26 years of age, and any other
45 person dependent upon the policyholder.

46 4. The style, arrangement and overall appearance of the policy must not give
47 undue prominence to any portion of the text, and every printed portion of the text of
48 the policy and of any endorsements or attached papers must be plainly printed in
49 light-faced type of a style in general use, the size of which must be uniform and not
50 less than 10 points with a lowercase unspaced alphabet length not less than 120
51 points. “Text” includes all printed matter except the name and address of the
52 insurer, the name or the title of the policy, the brief description, if any, and captions
53 and subcaptions.

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

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

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

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

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

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

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

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

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

29 689A.0437 1. An insurer that offers or issues a policy of health insurance
30 shall include in the policy coverage for:

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

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

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

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

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

46 ~~[-e)]~~ (d) The services described in NRS 639.28085, when provided by a
47 pharmacist who participates in the network plan of the insurer.

48 2. An insurer that offers or issues a policy of health insurance shall reimburse
49 ~~[-a]~~:

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

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

5 3. An insurer ~~[may subject]~~ shall not:

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

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

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

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

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

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

22 6. As used in this section:

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

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

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

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

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

36 689A.046 1. ~~[The]~~ *In addition to the benefits required by section 33 of this*
37 *act, the* benefits provided by a policy for health insurance for treatment of alcohol
38 or substance use disorder must ~~[consist of:]~~ *include, without limitation:*

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

41 (b) Treatment for a patient admitted to a facility, with a minimum benefit of
42 \$9,000 per calendar year.

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

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

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

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

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

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

7 689A.330 If any policy is issued by a domestic insurer for delivery to a
8 person residing in another state, and if the insurance commissioner or
9 corresponding public officer of that other state has informed the Commissioner that
10 the policy is not subject to approval or disapproval by that officer, the
11 Commissioner may by ruling require that the policy meet the standards set forth in
12 NRS 689A.030 to 689A.320, inclusive ~~H~~, *and sections 33 and 34 of this act.*

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

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

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

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

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

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

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

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

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

34 3. *An insurer shall not:*

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

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

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

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

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

48 6. *As used in this section:*

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

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

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

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

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

11 (a) Coverage of testing for and the treatment of and prevention of sexually
12 transmitted diseases, including, without limitation, Chlamydia trachomatis,
13 gonorrhoea, syphilis, human immunodeficiency virus and hepatitis B and C, for
14 all insureds, regardless of age. Such coverage must include, without limitation,
15 the coverage required by NRS 689B.0312 and 689B.0315.

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

18 2. A policy of group health insurance subject to the provisions of this
19 chapter that is delivered, issued for delivery or renewed on or after January 1,
20 2024, has the legal effect of including the coverage required by subsection 1, and
21 any provision of the policy that conflicts with the provisions of this section is void.

22 **Sec. 43.** (Deleted by amendment.)

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

24 689B.0312 1. An insurer that offers or issues a policy of group health
25 insurance shall include in the policy coverage for:

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

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

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

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

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

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

43 2. An insurer that offers or issues a policy of group health insurance shall
44 reimburse ~~at~~ :

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

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

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

1 (a) *Subject* the benefits required by subsection 1 to ~~reasonable~~ medical
2 management techniques ~~H~~, *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. An insurer 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 insurer.

13 5. A policy of group health insurance subject to the provisions of this chapter
14 that is delivered, issued for delivery or renewed on or after ~~October~~ *January* 1,
15 ~~2021~~ *2024*, has the legal effect of including the coverage required by subsection
16 1, and any provision of the policy that conflicts with the provisions of this section is
17 void.

18 6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 5. A health benefit plan subject to the provisions of this chapter that is
11 delivered, issued for delivery or renewed on or after January 1, 2024, has the
12 legal effect of including the coverage required by subsection 1, and any provision
13 of the plan 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 health benefit plan offered by a carrier under
20 which the financing and delivery of medical care, including items and services
21 paid for as medical care, are provided, in whole or in part, through a defined set
22 of providers under contract with the carrier. 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. 47. 1.** A carrier that offers or issues a health benefit plan shall
28 include in the plan:

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 689C.1671 and 689C.1675.

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

36 2. A health benefit plan subject to the provisions of this chapter that is
37 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 plan that conflicts with the provisions of this section is void.

40 **Sec. 48.** (Deleted by amendment.)

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

42 689C.166 Each group health insurance policy must contain in substance a
43 provision for benefits payable for expenses incurred for the treatment of alcohol or
44 substance use disorder, as provided in NRS 689C.167 ~~§~~ and section 46 of this act.

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

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

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

52 (b) Treatment for a patient admitted to a facility, with a minimum benefit of
53 \$9,000 per calendar year.

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

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

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

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

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

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

17 689C.1671 1. A carrier that offers or issues a health benefit plan shall
18 include in the plan coverage for:

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

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

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

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

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

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

36 2. A carrier that offers or issues a health benefit plan shall reimburse ~~{a}~~:

37 (a) A pharmacist who participates in the health benefit plan of the carrier for
38 the services described in NRS 639.28085 at a rate equal to the rate of
39 reimbursement provided to a physician, physician assistant or advanced practice
40 registered nurse for similar services.

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

45 3. A carrier ~~{may subject}~~ shall not:

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

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

50 (c) *Refuse to cover a drug described in paragraph (a) of subsection 1 because*
51 *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 carrier shall ensure that the benefits required by subsection 1 are made
5 available to an insured through a provider of health care who participates in the
6 network plan of the carrier.

7 5. A health benefit plan subject to the provisions of this chapter that is
8 delivered, issued for delivery or renewed on or after ~~October~~ *January* 1, ~~[2021,]~~
9 *2024*, has the legal effect of including the coverage required by subsection 1, and
10 any provision of the plan that conflicts with the provisions of this section is void.

11 6. As used in this section:

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

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

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

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

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

25 689C.425 A voluntary purchasing group and any contract issued to such a
26 group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the
27 provisions of NRS 689C.015 to 689C.355, inclusive, *and sections 46 and 47 of this*
28 *act* to the extent applicable and not in conflict with the express provisions of NRS
29 687B.408 and 689C.360 to 689C.600, inclusive.

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

32 **Sec. 54. 1. A society that offers or issues a benefit contract shall include**
33 **in the contract 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 society shall provide the coverage required by paragraph (a) of*
49 *subsection 1 regardless of whether the drug is included in the formulary of the*
50 *society.*

51 3. *A society 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 society shall ensure that the benefits required by subsection 1 are made
6 available to an insured through a provider of health care who participates in the
7 network plan of the society.

8 5. A benefit contract subject to the provisions of this chapter that is
9 delivered, issued for delivery or renewed on or after January 1, 2024, has the
10 legal effect of including the coverage required by subsection 1, and any provision
11 of the contract 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
14 control the cost or use of health care services or prescription drugs. The term
15 includes, without limitation, the use of step therapy, prior authorization and
16 categorizing drugs and devices based on cost, type or method of administration.

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

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

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

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

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

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

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

38 **Sec. 56.** (Deleted by amendment.)

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

40 695A.1843 1. A society that offers or issues a benefit contract shall include
41 in the benefit coverage for:

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

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

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

52 (I) The service is within the scope of practice of the provider of primary
53 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 ~~(c)~~ ***(d) The services described in NRS 639.28085, when provided by a***
5 ***pharmacist who participates in the network plan of the society.***

6 2. A society that offers or issues a benefit contract shall reimburse ~~(a)~~ :

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

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

15 3. A society ~~(may subject)~~ shall not:

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

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

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

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

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

28 5. A benefit contract subject to the provisions of this chapter that is delivered,
29 issued for delivery or renewed on or after ~~(October)~~ ***January 1, (2021,) 2024,*** has
30 the legal effect of including the coverage required by subsection 1, and any
31 provision of the plan that conflicts with the provisions of this section is void.

32 6. As used in this section:

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

37 ***(b) “Network plan” means a benefit contract offered by a society under which***
38 ***the financing and delivery of medical care, including items and services paid for as***
39 ***medical care, are provided, in whole or in part, through a defined set of providers***
40 ***under contract with the society. The term does not include an arrangement for the***
41 ***financing of premiums.***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 4. *A hospital or medical services corporation shall ensure that the benefits*
22 *required by subsection 1 are made available to an insured through a provider of*
23 *health care who participates in the network plan of the hospital or medical*
24 *services corporation.*

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

29 6. *As used in this section:*

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

34 (b) *“Network plan” means a policy of health insurance offered by a hospital*
35 *or medical services corporation under which the financing and delivery of*
36 *medical care, including items and services paid for as medical care, are provided,*
37 *in whole or in part, through a defined set of providers under contract with the*
38 *hospital or medical services corporation. The term does not include an*
39 *arrangement for the financing of premiums.*

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

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

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

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

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

52 2. *A policy of health insurance subject to the provisions of this chapter that*
53 *is delivered, issued for delivery or renewed on or after January 1, 2024, has the*

1 *legal effect of including the coverage required by subsection 1, and any provision*
2 *of the policy that conflicts with the provisions of this section is void.*

3 **Sec. 61.** (Deleted by amendment.)

4 **Sec. 62.** NRS 695B.1924 is hereby amended to read as follows:

5 695B.1924 1. A hospital or medical services corporation that offers or
6 issues a policy of health insurance shall include in the policy coverage for:

7 (a) ~~{Drugs}~~ *All drugs* approved by the United States Food and Drug
8 Administration for preventing the acquisition of human immunodeficiency virus ~~{}~~
9 *or treating human immunodeficiency virus or hepatitis C in the form*
10 *recommended by the prescribing practitioner, regardless of whether the drug is*
11 *included in the formulary of the hospital or medical services organization;*

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

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

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

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

22 ~~{(e)}~~ (d) The services described in NRS 639.28085, when provided by a
23 pharmacist who participates in the network plan of the hospital or medical services
24 corporation.

25 2. A hospital or medical services corporation that offers or issues a policy of
26 health insurance shall reimburse ~~{a}~~:

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

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

36 3. A hospital or medical services corporation ~~{may subject}~~ *shall not:*

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

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

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

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

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

50 5. A policy of health insurance subject to the provisions of this chapter that is
51 delivered, issued for delivery or renewed on or after ~~{October}~~ *January* 1, ~~{2021,}~~
52 *2024*, has the legal effect of including the coverage required by subsection 1, and
53 any provision of the policy that conflicts with the provisions of this section is void.

1 6. As used in this section:

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

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

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

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

15 **Sec. 63.** Chapter 695C of NRS is hereby amended by adding thereto the
16 provisions set forth as sections 64, 65 and 66 of this act.

17 **Sec. 64. 1.** *A health maintenance organization that offers or issues a*
18 *health care plan shall include in the plan coverage for:*

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

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

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

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

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

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

33 2. *A health maintenance organization shall provide the coverage required*
34 *by paragraph (a) of subsection 1 regardless of whether the drug is included in the*
35 *formulary of the health maintenance organization.*

36 3. *A health maintenance organization shall not:*

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

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

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

43 4. *A health maintenance organization shall ensure that the benefits*
44 *required by subsection 1 are made available to an enrollee through a provider of*
45 *health care who participates in the network plan of the health maintenance*
46 *organization.*

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

51 6. As used in this section:

52 (a) "Medical management technique" means a practice which is used to
53 control the cost or use of health care services or prescription drugs. The term

1 *includes, without limitation, the use of step therapy, prior authorization and*
2 *categorizing drugs and devices based on cost, type or method of administration.*

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

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

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

12 **Sec. 65. 1. A health maintenance organization that offers or issues a**
13 **health care plan shall include in the plan:**

14 *(a) Coverage of testing for and the treatment and prevention of sexually*
15 *transmitted diseases, including, without limitation, Chlamydia trachomatis,*
16 *gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for*
17 *all enrollees, regardless of age. Such coverage must include, without limitation,*
18 *the coverage required by NRS 695C.1737 and 695C.1743.*

19 *(b) Unrestricted coverage of condoms for enrollees who are 13 years of age*
20 *or older.*

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

25 **Sec. 66.** (Deleted by amendment.)

26 **Sec. 67.** NRS 695C.050 is hereby amended to read as follows:

27 695C.050 1. Except as otherwise provided in this chapter or in specific
28 provisions of this title, the provisions of this title are not applicable to any health
29 maintenance organization granted a certificate of authority under this chapter. This
30 provision does not apply to an insurer licensed and regulated pursuant to this title
31 except with respect to its activities as a health maintenance organization authorized
32 and regulated pursuant to this chapter.

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

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

40 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,
41 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733,
42 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.1759, 695C.176 to
43 695C.200, inclusive, and 695C.265 do not apply to a health maintenance
44 organization that provides health care services through managed care to recipients
45 of Medicaid under the State Plan for Medicaid or insurance pursuant to the
46 Children's Health Insurance Program pursuant to a contract with the Division of
47 Health Care Financing and Policy of the Department of Health and Human
48 Services. This subsection does not exempt a health maintenance organization from
49 any provision of this chapter for services provided pursuant to any other contract.

50 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701,
51 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347,
52 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 **and sections 64**
53 **and 65 of this act** apply to a health maintenance organization that provides health

1 care services through managed care to recipients of Medicaid under the State Plan
2 for Medicaid.

3 **Sec. 68.** NRS 695C.1743 is hereby amended to read as follows:

4 695C.1743 1. A health maintenance organization that offers or issues a
5 health care plan shall include in the plan coverage for:

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

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

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

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

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

21 ~~{(e)}~~ (d) The services described in NRS 639.28085, when provided by a
22 pharmacist who participates in the network plan of the health maintenance
23 organization.

24 2. A health maintenance organization that offers or issues a health care plan
25 shall reimburse ~~{a}~~ :

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

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

35 3. A health maintenance organization ~~{may subject}~~ shall not:

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

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

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

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

45 4. A health maintenance organization shall ensure that the benefits required
46 by subsection 1 are made available to an enrollee through a provider of health care
47 who participates in the network plan of the health maintenance organization.

48 5. A health care plan subject to the provisions of this chapter that is delivered,
49 issued for delivery or renewed on or after ~~{October}~~ *January 1, [2021.] 2024*, has
50 the legal effect of including the coverage required by subsection 1, and any
51 provision of the plan that conflicts with the provisions of this section is void.

52 6. As used in this section:

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

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

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

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

14 **Sec. 69.** NRS 695C.330 is hereby amended to read as follows:

15 695C.330 1. The Commissioner may suspend or revoke any certificate of
16 authority issued to a health maintenance organization pursuant to the provisions of
17 this chapter if the Commissioner finds that any of the following conditions exist:

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

24 (b) The health maintenance organization issues evidence of coverage or uses a
25 schedule of charges for health care services which do not comply with the
26 requirements of NRS 695C.1691 to 695C.200, inclusive, *and sections 64 and 65 of*
27 *this act* or 695C.207;

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

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

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

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

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

37 (f) The health maintenance organization has failed to put into effect a
38 mechanism affording the enrollees an opportunity to participate in matters relating
39 to the content of programs pursuant to NRS 695C.110;

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

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

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

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

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

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

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

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

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

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

18 **Sec. 70.** Chapter 695G of NRS is hereby amended by adding thereto the
19 provisions set forth as sections 71, 72 and 73 of this act.

20 **Sec. 71. 1. A managed care organization that offers or issues a health**
21 **care plan shall include in the plan coverage for:**

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

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

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

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

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

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

36 2. *A managed care organization shall provide the coverage required by*
37 *paragraph (a) of subsection 1 regardless of whether the drug is included in the*
38 *formulary of the managed care organization.*

39 3. *A managed care organization shall not:*

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

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

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

46 4. *A managed care organization shall ensure that the benefits required by*
47 *subsection 1 are made available to an insured through a provider of health care*
48 *who participates in the network plan of the managed care organization.*

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

53 6. *As used in this section:*

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

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

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

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

14 **Sec. 72.** 1. A managed care organization that offers or issues a health
15 care plan shall include in the plan:

16 (a) Coverage of testing for, treatment of and prevention of sexually
17 transmitted diseases, including, without limitation, Chlamydia trachomatis,
18 gonorrhea, syphilis, human immunodeficiency virus and hepatitis B and C, for
19 all insureds, regardless of age. Such coverage must include, without limitation,
20 the coverage required by NRS 695G.1705 and 695G.1714.

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

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

27 **Sec. 73.** (Deleted by amendment.)

28 **Sec. 74.** NRS 695G.1705 is hereby amended to read as follows:

29 695G.1705 1. A managed care organization that offers or issues a health
30 care plan shall include in the plan coverage for:

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

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

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

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

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

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

48 2. A managed care organization that offers or issues a health care plan shall
49 reimburse ~~{a}~~:

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

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

5 3. A managed care organization ~~{may subject}~~ shall not:

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

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

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

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

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

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

22 6. As used in this section:

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

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

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

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

36 **Sec. 75.** 1. The first application that a physician, osteopathic physician or
37 physician assistant licensed pursuant to chapter 630 or 633 of NRS or a nurse who
38 provides or supervises the provision of emergency medical services in a hospital or
39 primary care and who is licensed on January 1, 2024, submits to renew his or her
40 license on or after that date must include, without limitation, proof that the
41 applicant has completed at least 2 hours of training in the stigma, discrimination
42 and unrecognized bias toward persons who have acquired or are at a high risk of
43 acquiring human immunodeficiency virus, as required by NRS 630.253, 632.343
44 and 633.471, as amended by sections 28, 29 and 30 of this act, respectively, as
45 applicable.

46 2. As used in this section, “primary care” means the practice of family
47 medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

48 **Sec. 76.** The Legislature hereby finds and declares that:

49 1. In *Lapinski v. State*, 84 Nev. 611, 613 (1968), the Nevada Supreme Court
50 held that “the power to define crimes and penalties lies exclusively in the
51 legislature.”

52 2. The Nevada Supreme Court has further held in *Tellis v. State*, 84 Nev. 587,
53 591 (1968), *Sparkman v. State*, 95 Nev. 76, 82 (1979) and *State v. Dist. Ct. (Pullin)*,

1 124 Nev. 564, 567-68 (2008), that the penalty for a crime is determined by the law
2 in effect at the time the offender committed the crime and not the law in effect at
3 the time the offender is sentenced unless the Legislature has expressed its clear
4 intent that a statute ameliorating the penalty apply retroactively.

5 3. NRS 441A.118 states that “[t]he Legislature hereby finds and declares that
6 the spread of communicable diseases is best addressed through public health
7 measures rather than criminalization.”

8 4. For those reasons, the Legislature is exercising its exclusive power to
9 define the acts which subject a person to criminal penalties by:

10 (a) Retroactively applying the provisions of section 24 of chapter 491, Statutes
11 of Nevada 2021, at page 3199, which repealed certain criminal offenses that were
12 based on a person having the human immunodeficiency virus, to apply to conduct
13 that occurred before those offenses were repealed; and

14 (b) Making certain offenses which were punishable as category A felonies
15 before the effective date of section 13 of this act based on the potential to spread a
16 communicable disease instead punishable as category B felonies, category D
17 felonies or gross misdemeanors.

18 **Sec. 77.** 1. The provisions of section 24 of chapter 491, Statutes of Nevada
19 2021, at page 3199, apply to any violation of NRS 201.205 or 201.358, as those
20 sections existed before the enactment of section 24 of chapter 491, Statutes of
21 Nevada 2021, at page 3199, if the violation occurred before, on or after June 6,
22 2021, and the person was convicted on or after the effective date of this section.

23 2. If, before June 6, 2021, a person committed a violation of a NRS 201.205
24 or 201.358, as those sections existed before the enactment of section 24 of chapter
25 491, Statutes of Nevada 2021, at page 3199, and the person was not charged for that
26 violation before the effective date of this section, the person must not be charged
27 for that violation.

28 3. Each court in this State shall cancel each outstanding bench warrant issued
29 by the court for a person who failed to appear in court in relation to an alleged
30 violation of NRS 201.205 or 201.358, as those sections existed before the
31 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at page 3199.

32 4. The Central Repository for Nevada Records of Criminal History shall
33 remove from each database or compilation of records of criminal history
34 maintained by the Central Repository all records of bench warrants issued for a
35 person who failed to appear in court in relation to an alleged violation of NRS
36 201.205 or 201.358, as those sections existed before the enactment of section 24 of
37 chapter 491, Statutes of Nevada 2021, at page 3199.

38 **Sec. 78.** 1. The provisions of NRS 212.189, as amended by section 13 of
39 this act, apply to any violation of that section, that occurred before, on or after the
40 effective date of that section, if the person was not convicted before the effective
41 date of that section.

42 2. If a person commits a violation of a NRS 212.189 which is punishable as a
43 category A felony before the effective date of section 13 of this act, and the
44 violation is punishable as a category B felony, a category D felony or a gross
45 misdemeanor pursuant to NRS 212.189, as amended by section 13 of this act, the
46 person must not be charged with or convicted of a category A felony, if the
47 violation occurs on or after the effective date of section 13 of this act, and may only
48 be charged with and convicted of a category B felony, category D felony or gross
49 misdemeanor, as applicable, on or after the effective date of section 13 of this act.

50 **Sec. 79.** The provisions of NRS 354.599 do not apply to any additional
51 expenses of a local government that are related to the provisions of this act.

52 **Sec. 80.** 1. This section and sections 3 to 10, inclusive, 13, 76, 77 and 78 of
53 this act become effective upon passage and approval.

1 2. Sections 1, 2, 11, 12, 14 to 75, inclusive, and 79 of this act become
2 effective:

3 (a) Upon passage and approval for the purpose of adopting any regulations and
4 performing any other preparatory administrative tasks that are necessary to carry
5 out the provisions of this act; and

6 (b) On January 1, 2024, for all other purposes.