

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

MARCH 27, 2023

Referred to Committee on Health and Human Services

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

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

CONTAINS UNFUNDED MANDATE (§§ 1, 15, 44)  
(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; authorizing a person who has been convicted of certain crimes to petition a court to vacate the judgment and seal certain records; requiring a public or private detention facility to take certain measures to ensure the access of prisoners to treatment for and methods to prevent the acquisition of human immunodeficiency virus; revising provisions governing certain crimes committed by prisoners; requiring the board of trustees of a school district to establish a course or unit of a course of evidence-based, factual instruction in sexuality education; requiring certain public and private health insurers to provide certain coverage; requiring such an insurer to reimburse an advanced practice registered nurse or physician assistant at the same rate as a physician for certain services; imposing certain requirements relating to cost sharing for prescription drugs; authorizing providers of health care to receive credit toward requirements for continuing education for certain training relating to the human immunodeficiency virus; requiring certain providers of health care to complete such training; providing that the repeal or revision of certain crimes applies retroactively; and providing other matters properly relating thereto.



**Legislative Counsel's Digest:**

1 Existing law requires the Division of Public and Behavioral Health of the  
2 Department of Health and Human Services and district, county and city health  
3 departments to perform certain functions relating to public health in this State,  
4 including certain duties relating to the control of communicable diseases. (NRS  
5 439.150-439.265, 439.340, 439.350, 439.360, 439.366, 439.367, 439.3675,  
6 439.405, 439.410, 439.460, 439.470) Existing law also requires a district health  
7 officer or the Chief Medical Officer to perform certain duties relating to the control  
8 of communicable diseases. (Chapter 441A of NRS) Existing law prescribes certain  
9 responsibilities of the Division of Health Care Financing and Policy of the  
10 Department concerning the administration of the Medicaid program. (NRS  
11 422.061, 422.063) **Section 1** of this bill requires the Department and all district,  
12 county and city boards of health to develop policies to provide uninterrupted  
13 services during a public health emergency to persons who have been diagnosed  
14 with the human immunodeficiency virus or persons who are at a high risk of  
15 acquiring the human immunodeficiency virus. **Section 2** of this bill makes a  
16 conforming change to indicate the proper placement of **section 1** in the Nevada  
17 Revised Statutes.

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

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

46 Existing law prohibits a prisoner from using, propelling, discharging, spreading  
47 or concealing human excrement or bodily fluid with intent or under circumstances  
48 where it is reasonably likely that the excrement or fluid will come in contact with  
49 another person. Under most circumstances, a violation is a gross misdemeanor or a  
50 category D felony, depending on the circumstances of the prisoner's confinement.  
51 However, if the prisoner knew at the time of the offense that any portion of the  
52 excrement or bodily fluid contained a communicable disease that causes or is  
53 reasonably likely to cause substantial bodily harm, the violation is a category A  
54 felony, regardless of whether the communicable disease was transmitted.



55 (NRS 212.189) **Section 13** of this bill instead provides that such a violation is only  
56 a category A felony where: (1) the prisoner knew the communicable disease was  
57 likely to be transmitted by his or her conduct; and (2) the communicable disease  
58 was actually transmitted as a result of the conduct. **Section 78** of this bill provides  
59 that the provisions of **section 13** apply retroactively to violations that occurred  
60 before the effective date of that section, if the person who committed the violation  
61 has not been convicted before that date.

62 Existing law requires public and private health plans, including Medicaid and  
63 health plans for state and local government employees, to cover an examination and  
64 testing of a pregnant woman for *Chlamydia trachomatis*, gonorrhea, hepatitis B,  
65 hepatitis C and syphilis. (NRS 287.010, 287.04335, 422.27173, 689A.0412,  
66 689B.0315, 689C.1675, 695A.1856, 695B.1913, 695C.1737, 695G.1714) **Sections**  
67 **15, 16, 23, 34, 42, 47, 52, 55, 60, 65, 67 and 72** of this bill additionally require  
68 such insurance plans to cover: (1) testing for, treatment of and prevention of  
69 sexually transmitted diseases; and (2) condoms for covered persons who are 13  
70 years of age or older. **Sections 15, 16, 22, 35, 43, 48, 52, 56, 61, 66, 67 and 73** of  
71 this bill require an insurer to count any amount paid by a covered person or another  
72 person or entity on behalf of a covered person toward any cost sharing requirement  
73 applicable to certain prescription drugs, including drugs to prevent human  
74 immunodeficiency virus, treat human immunodeficiency virus or hepatitis C or  
75 provide certain treatment for substance use disorder. **Section 21** of this bill defines  
76 the term "pharmacy benefit manager" for the purpose of provisions of law  
77 governing Medicaid coverage of prescription drugs.

78 Existing law requires public and private health plans, including Medicaid and  
79 health plans for state and local government employees, to cover drugs that prevent  
80 the acquisition of human immunodeficiency virus and any related laboratory or  
81 diagnostic procedures. (NRS 287.010, 287.04335, 422.27235, 422.4025,  
82 689A.0437, 689B.0312, 689C.1671, 695A.1843, 695B.1924, 695C.1743,  
83 695G.1705) **Sections 26, 31, 37, 44, 51, 57, 62, 68 and 74** of this bill require such  
84 insurance plans to cover all such drugs approved by the United States Food and  
85 Drug Administration and all drugs approved by the Food and Drug Administration  
86 for treating human immunodeficiency virus or hepatitis C without restrictions, other  
87 than step therapy. **Sections 24, 37, 44, 51, 57, 62, 68 and 74** of this bill require  
88 such insurance plans to: (1) cover any service to test for, prevent or treat those  
89 diseases provided by a provider of primary care if the service is covered when  
90 provided by a specialist and certain other requirements are met; and (2) reimburse  
91 an advanced practice registered nurse or a physician assistant for such services at a  
92 rate equal to that provided to a physician. **Sections 15, 16, 20, 26, 31, 33, 41, 46,**  
93 **52, 54, 59, 64, 67 and 71** impose similar requirements regarding: (1) coverage of  
94 certain drugs approved by the Food and Drug Administration to treat substance use  
95 disorder; (2) coverage of services for the treatment of substance use disorder  
96 provided by a provider of primary care; and (3) reimbursement for such services  
97 provided by an advanced practice registered nurse. **Sections 36, 38, 49 and 50** of  
98 this bill make conforming changes to indicate that the coverage required by  
99 **sections 33 and 46** is in addition to certain coverage of services for the treatment of  
100 substance use disorder that certain insurers are required by existing law to provide.  
101 **Sections 14, 25 and 39** of this bill make conforming changes to indicate the proper  
102 placement of **sections 20-22 and 33-35** in the Nevada Revised Statutes. **Section 69**  
103 of this bill authorizes the Commissioner of Insurance to suspend or revoke the  
104 certificate of a health maintenance organization that fails to comply with the  
105 requirements of **sections 64-66**. The Commissioner would also be authorized to  
106 take such action against any health insurer who fails to comply with the  
107 requirements of **sections 33-35, 37, 41-44, 46-48, 50, 54-57, 59-62, 67, 68 or 71-74**  
108 of this bill. (NRS 680A.200, 695C.330)



109 Existing law requires the board of trustees of each school district to establish a  
110 course or unit of a course of instruction concerning acquired immune deficiency  
111 syndrome, the human reproductive system, related communicable diseases and  
112 sexual responsibility which must be taught by a teacher or school nurse whose  
113 qualifications have been approved by the board of trustees. (NRS 389.036) **Section**  
114 **17** of this bill instead requires the board of trustees of a school district to establish a  
115 course or unit of a course of evidence-based, factual instruction in sexuality  
116 education. **Section 17** additionally authorizes a provider of health care or other  
117 qualified person approved by the board of trustees to teach such a course. **Section**  
118 **18** of this bill requires the standards adopted by the Council to Establish Academic  
119 Standards for Public Schools for instruction in health to include standards for  
120 sexuality education. **Section 18** also authorizes the Council to include topics related  
121 to sexuality education in the standards for other courses where appropriate.

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

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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  
2 adding thereto a new section to read as follows:

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

13 (a) *Over the Internet;*

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

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

18 2. *As used in this section:*

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



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

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

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

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

8 441A.334 As used in this section and NRS 441A.335 and  
9 441A.336, *and section 1 of this act*, “provider of health care” means  
10 a physician, nurse or physician assistant licensed in accordance with  
11 state law.

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

14 1. *If a person has been convicted of a violation of NRS*  
15 *201.205 or 201.358, as those sections existed before June 6, 2021,*  
16 *which is the effective date of repeal of those sections by section 24*  
17 *of chapter 491, Statutes of Nevada 2021, at page 3199, the person*  
18 *may petition the court in which he or she was convicted for an*  
19 *order:*

20 (a) *Vacating the judgment; and*

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

25 2. *A petition filed pursuant to subsection 1 must satisfy the*  
26 *requirements of NRS 179.245.*

27 3. *Except as otherwise provided in subsection 6, the court*  
28 *shall grant a petition filed pursuant to subsection 1 if the petition*  
29 *meets the requirements of this section.*

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

32 (a) *Vacate the judgment and dismiss the accusatory pleading;*  
33 *and*

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

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

44 6. *If the court enters an order pursuant to subsection 5, the*  
45 *court shall also order sealed the records of the petitioner which*



1 *relate to the judgment being vacated in accordance with*  
2 *paragraph (b) of subsection 4, regardless of whether any records*  
3 *relating to other convictions are ineligible for sealing, either by*  
4 *operation of law or because of a deficiency in the petition.*

5 *7. No fee may be charged by any court or agency of criminal*  
6 *justice for the submission of a petition pursuant to this section.*

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

8 179.241 As used in NRS 179.2405 to 179.301, inclusive, *and*  
9 *section 3 of this act*, unless the context otherwise requires, the  
10 words and terms defined in NRS 179.242, 179.243 and 179.244  
11 have the meanings ascribed to them in those sections.

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

13 179.245 1. Except as otherwise provided in subsection 6 and  
14 NRS 176.211, 176A.245, 176A.265, 176A.295, 179.247, 179.259,  
15 201.354 and 453.3365 ~~§~~ *and section 3 of this act*, a person may  
16 petition the court in which the person was convicted for the sealing  
17 of all records relating to a conviction of:

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

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

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

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

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

38 (f) Except as otherwise provided in paragraph (e), if the offense  
39 is punished as a misdemeanor, a battery pursuant to NRS 200.481,  
40 harassment pursuant to NRS 200.571, stalking pursuant to NRS  
41 200.575 or a violation of a temporary or extended order for  
42 protection, after 2 years from the date of release from actual custody  
43 or from the date when the person is no longer under a suspended  
44 sentence, whichever occurs later; or



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

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

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

8 (b) If the petition references NRS 453.3365, include a certificate  
9 of acknowledgment or the disposition of the proceedings for the  
10 records to be sealed from all agencies of criminal justice which  
11 maintain such records;

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

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

19 (1) Date of birth of the petitioner;

20 (2) Specific conviction to which the records to be sealed  
21 pertain; and

22 (3) Date of arrest relating to the specific conviction to which  
23 the records to be sealed pertain.

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

31 4. If the prosecuting agency that prosecuted the petitioner for  
32 the crime stipulates to the sealing of the records, the court shall  
33 apply the presumption set forth in NRS 179.2445 and seal the  
34 records. If the prosecuting agency does not stipulate to the sealing of  
35 the records or does not file a written objection within 30 days after  
36 receiving notification pursuant to subsection 3 and the court makes  
37 the findings set forth in subsection 5, the court may order the sealing  
38 of the records in accordance with subsection 5 without a hearing. If  
39 the court does not order the sealing of the records or the prosecuting  
40 agency files a written objection, a hearing on the petition must be  
41 conducted. At the hearing, unless an objecting party presents  
42 evidence sufficient to rebut the presumption set forth in NRS  
43 179.2445, the court shall apply the presumption and seal the records.

44 5. If the court finds that, in the period prescribed in subsection  
45 1, the petitioner has not been charged with any offense for which the



1 charges are pending or convicted of any offense, except for minor  
2 moving or standing traffic violations, the court may order sealed all  
3 records of the conviction which are in the custody of any agency of  
4 criminal justice or any public or private agency, company, official  
5 or other custodian of records in the State of Nevada, and may also  
6 order all such records of the petitioner returned to the file of the  
7 court where the proceeding was commenced from, including,  
8 without limitation, the Federal Bureau of Investigation and all other  
9 agencies of criminal justice which maintain such records and which  
10 are reasonably known by either the petitioner or the court to have  
11 possession of such records.

12 6. A person may not petition the court to seal records relating  
13 to a conviction of:

14 (a) A crime against a child;

15 (b) A sexual offense;

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

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

21 (e) A violation of NRS 484C.430;

22 (f) A homicide resulting from driving or being in actual physical  
23 control of a vehicle while under the influence of intoxicating liquor  
24 or a controlled substance or resulting from any other conduct  
25 prohibited by NRS 484C.110, 484C.130 or 484C.430;

26 (g) A violation of NRS 488.410 that is punishable as a felony  
27 pursuant to NRS 488.427; or

28 (h) A violation of NRS 488.420 or 488.425.

29 7. The provisions of paragraph (e) of subsection 1 and  
30 paragraph (d) of subsection 6 must not be construed to preclude a  
31 person from being able to petition the court to seal records relating  
32 to a conviction for a violation of NRS 484C.110 or 484C.120  
33 pursuant to this section if the person was found guilty of a violation  
34 of NRS 484C.110 or 484C.120 that is punishable pursuant to:

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

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

41 8. If the court grants a petition for the sealing of records  
42 pursuant to this section, upon the request of the person whose  
43 records are sealed, the court may order sealed all records of the civil  
44 proceeding in which the records were sealed.

45 9. As used in this section:





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

3 (b) "Sexual offense" means:

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

8 (2) Sexual assault pursuant to NRS 200.366.

9 (3) Statutory sexual seduction pursuant to NRS 200.368, if  
10 punishable as a felony.

11 (4) Battery with intent to commit sexual assault pursuant to  
12 NRS 200.400.

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

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

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

23 (8) An offense involving pornography and a minor pursuant  
24 to NRS 200.710 to 200.730, inclusive.

25 (9) Incest pursuant to NRS 201.180.

26 (10) Open or gross lewdness pursuant to NRS 201.210, if  
27 punishable as a felony.

28 (11) Indecent or obscene exposure pursuant to NRS 201.220,  
29 if punishable as a felony.

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

31 (13) Sexual penetration of a dead human body pursuant to  
32 NRS 201.450.

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

35 (15) Sexual conduct between certain employees of a college  
36 or university and a student pursuant to NRS 201.550.

37 (16) Luring a child or a person with mental illness pursuant  
38 to NRS 201.560, if punishable as a felony.

39 (17) An attempt to commit an offense listed in this  
40 paragraph.

41 **Sec. 6.** NRS 179.2595 is hereby amended to read as follows:

42 179.2595 Notwithstanding the procedure established in NRS  
43 179.245, 179.255 or 179.259 *or section 3 of this act* for the filing of  
44 a petition for the sealing of records:




1 1. If a person wishes to have more than one record sealed and  
2 would otherwise need to file a petition in more than one court for  
3 the sealing of the records, the person may, instead of filing a petition  
4 in each court, file a petition in district court for the sealing of all  
5 such records.

6 2. If a person files a petition for the sealing of records in  
7 district court pursuant to subsection 1 or NRS 179.245, 179.255 or  
8 179.259, the district court may order the sealing of any other records  
9 in the justice or municipal courts in accordance with the provisions  
10 of NRS 179.2405 to 179.301, inclusive.

11 3. A district court shall act in accordance with subsection 2  
12 regardless of whether a petition filed pursuant to this section  
13 includes a request for the sealing of a record in a district court.

14 **Sec. 7.** NRS 179.271 is hereby amended to read as follows:

15 179.271 1. Except as otherwise provided in this section   
16 *and section 3 of this act*, if an offense is decriminalized:

17 (a) Any person who was convicted of that offense before the  
18 date on which the offense was decriminalized may submit a written  
19 request to any court in which the person was convicted of that  
20 offense for the sealing of any record of criminal history in its  
21 possession and in the possession of any agency of criminal justice  
22 relating to the conviction.

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

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

38 3. The provisions of this section do not apply to a traffic  
39 offense.

40 4. As used in this section:

41 (a) "Decriminalized" means that an offense is no longer  
42 punishable as a crime as the result of enactment of an act of the  
43 Legislature or the passage of a referendum petition or initiative  
44 petition pursuant to Article 19 of the Nevada Constitution.



1 (b) "Traffic offense" means a violation of any state or local law  
2 or ordinance governing the operation of a motor vehicle upon any  
3 highway within this State.

4 **Sec. 8.** NRS 179.275 is hereby amended to read as follows:

5 179.275 Where the court orders the sealing of a record  
6 pursuant to NRS 34.970, 174.034, 176.211, 176A.245, 176A.265,  
7 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271,  
8 201.354 or 453.3365, *or section 3 of this act*, a copy of the order  
9 must be sent to:

10 1. The Central Repository for Nevada Records of Criminal  
11 History; and

12 2. Each agency of criminal justice and each public or private  
13 company, agency, official or other custodian of records named in  
14 the order, and that person shall seal the records in his or her custody  
15 which relate to the matters contained in the order, shall advise the  
16 court of compliance and shall then seal the order.

17 **Sec. 9.** NRS 179.285 is hereby amended to read as follows:

18 179.285 Except as otherwise provided in NRS 179.301:

19 1. If the court orders a record sealed pursuant to NRS 34.970,  
20 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245,  
21 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or  
22 453.3365 ~~§~~ *or section 3 of this act*:

23 (a) All proceedings recounted in the record are deemed never to  
24 have occurred, and the person to whom the order pertains may  
25 properly answer accordingly to any inquiry, including, without  
26 limitation, an inquiry relating to an application for employment,  
27 concerning the arrest, conviction, dismissal or acquittal and the  
28 events and proceedings relating to the arrest, conviction, dismissal  
29 or acquittal.

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

- 32 (1) The right to vote;  
33 (2) The right to hold office; and  
34 (3) The right to serve on a jury.

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

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

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



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

10 4. A person who has had his or her records sealed in this State  
11 or any other state may present official documentation that the person  
12 has been restored to his or her civil rights or a court order restoring  
13 civil rights as proof that the person has been restored to the right to  
14 vote, to hold office and to serve as a juror.

15 **Sec. 10.** NRS 179.295 is hereby amended to read as follows:

16 179.295 1. The person who is the subject of the records that  
17 are sealed pursuant to NRS 34.970, 174.034, 176.211, 176A.245,  
18 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259,  
19 179.2595, 179.271, 201.354 or 453.3365 *or section 3 of this act*  
20 may petition the court that ordered the records sealed to permit  
21 inspection of the records by a person named in the petition, and the  
22 court may order such inspection. Except as otherwise provided in  
23 this section, subsection 9 of NRS 179.255 and NRS 179.259 and  
24 179.301, the court may not order the inspection of the records under  
25 any other circumstances.

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

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

38 4. This section does not prohibit a court from considering a  
39 proceeding for which records have been sealed pursuant to NRS  
40 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245,  
41 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or  
42 453.3365 *or section 3 of this act* in determining whether to grant a  
43 petition pursuant to NRS 176.211, 176A.245, 176A.265, 176A.295,  
44 179.245, 179.255, 179.259, 179.2595 or 453.3365 for a conviction  
45 of another offense.



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

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

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

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

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

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

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

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

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

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

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

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

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

42       1. *A sheriff, chief of police or town marshal who is*  
43       *responsible for a county, city or town jail or detention facility shall*  
44       *not enter into a contract or other agreement with any person or*  
45       *entity to provide medical services to prisoners who are diagnosed*



1 *with human immunodeficiency virus unless the person or entity*  
2 *demonstrates that at least 95 percent of the patients who are*  
3 *diagnosed with human immunodeficiency virus to whom the*  
4 *person or entity provides medical services:*

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

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

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

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

17 (b) *Methods of preventing the acquisition of human*  
18 *immunodeficiency virus, including, without limitation, drugs*  
19 *approved by the United States Food and Drug Administration for*  
20 *that purpose and condoms, 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*  
23 *subsection 2 for which a prescription is required to a prisoner for*  
24 *whom such a prescription has not been issued.*

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

27 4. If a prisoner who is under lawful arrest, in lawful custody or  
28 in lawful confinement violates any provision of paragraph (d) of  
29 subsection 1 and, at the time of the offense, the prisoner knew that  
30 any portion of the excrement or bodily fluid involved in the offense  
31 contained a communicable disease that causes or is reasonably  
32 likely to cause substantial bodily harm ~~[, whether or not]~~ *and is*  
33 *likely to be transmitted as a result of the offense* and the  
34 communicable disease was transmitted to a victim as a result of the  
35 offense, the prisoner is guilty of a category A felony and shall be  
36 punished by imprisonment in the state prison:

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

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

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

42 5. A sentence imposed upon a prisoner pursuant to subsection  
43 2, 3 or 4:

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



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

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

10 (a) Conducted pursuant to paragraphs (a) and (b) of subsection  
11 8; or

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

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

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

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

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

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

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

35 (2) For each such officer or employee:

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

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





1 (d) The results of the investigation conducted pursuant to  
2 subsection 7 and the results of any examinations or testing  
3 conducted pursuant to paragraphs (a) and (b) must be submitted to  
4 the district attorney of the county in which the act was committed or  
5 to the Office of the Attorney General for possible prosecution of  
6 each prisoner who committed the act.

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

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

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

23 (b) Involves the discharge of human excrement or bodily fluid  
24 directly from the body of the prisoner and the discharge is the direct  
25 result of a temporary or permanent injury, disease or medical  
26 condition afflicting the prisoner that prevents the prisoner from  
27 having physical control over the discharge of his or her own  
28 excrement or bodily fluid; or

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

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

32 232.320 1. The Director:

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

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

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

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

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

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



1 (b) Shall administer, through the divisions of the Department,  
2 the provisions of chapters 63, 424, 425, 427A, 432A to 442,  
3 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS  
4 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*  
5 *sections 20, 21 and 22 of this act*, 422.580, 432.010 to 432.133,  
6 inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430,  
7 inclusive, and 445A.010 to 445A.055, inclusive, and all other  
8 provisions of law relating to the functions of the divisions of the  
9 Department, but is not responsible for the clinical activities of the  
10 Division of Public and Behavioral Health or the professional line  
11 activities of the other divisions.

12 (c) Shall administer any state program for persons with  
13 developmental disabilities established pursuant to the  
14 Developmental Disabilities Assistance and Bill of Rights Act of  
15 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

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

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

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

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

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

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



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

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

5 287.010 1. The governing body of any county, school  
6 district, municipal corporation, political subdivision, public  
7 corporation or other local governmental agency of the State of  
8 Nevada may:

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

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

24 (c) Provide group life, accident or health coverage through a  
25 self-insurance reserve fund and, where necessary, deduct  
26 contributions to the maintenance of the fund from the compensation  
27 of officers and employees and pay the deductions into the fund. The  
28 money accumulated for this purpose through deductions from the  
29 compensation of officers and employees and contributions of the  
30 governing body must be maintained as an internal service fund as  
31 defined by NRS 354.543. The money must be deposited in a state or  
32 national bank or credit union authorized to transact business in the  
33 State of Nevada. Any independent administrator of a fund created  
34 under this section is subject to the licensing requirements of chapter  
35 683A of NRS, and must be a resident of this State. Any contract  
36 with an independent administrator must be approved by the  
37 Commissioner of Insurance as to the reasonableness of  
38 administrative charges in relation to contributions collected and  
39 benefits provided. The provisions of NRS 686A.135, 687B.352,  
40 687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive,  
41 *and sections 42, 43 and 44 of this act*, 689B.265, 689B.287 and  
42 689B.500 apply to coverage provided pursuant to this paragraph,  
43 except that the provisions of NRS 689B.0378, 689B.03785 and  
44 689B.500 only apply to coverage for active officers and employees



1 of the governing body, or the dependents of such officers and  
2 employees.

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

(a) *Establish* a course or unit of a course of ~~§~~

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

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

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

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

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

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

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

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



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

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

7           (8) *Statutes related to age of consent and statutory rape,*  
8 *including, without limitation, NRS 200.366, 200.727, 201.230,*  
9 *201.540 and 201.550, and preventing statutory rape;*

10          (9) *Statutes related to the transmission and possession of*  
11 *sexually explicit images, including, without limitation, NRS*  
12 *200.604, 200.727, 200.730 and 200.780, and avoiding participation*  
13 *in such acts and exploitation of others through the creation and*  
14 *transmission of such images over the Internet or in any other*  
15 *manner; and*

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

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

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

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

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

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

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

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

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



1       **3.** Each board of trustees shall appoint an advisory committee  
2 consisting of:

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

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

7           (1) Medicine or nursing;

8           (2) Counseling;

9           (3) Religion;

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

11          (5) Teaching.

12 ~~{→ This}~~

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

19       ~~{3-}~~ **5.** The subjects of the ~~{courses}~~ *course or unit of a course*  
20 *of instruction* may be taught only by a teacher , ~~{or}~~ school nurse  
21 ~~{whose qualifications have}~~ , *provider of health care or other*  
22 *person who has* been ~~{previously}~~ approved by the board of  
23 trustees. *The board of trustees may approve a person for the*  
24 *purposes of this subsection if it determines that the person has*  
25 *demonstrated competency in the applicable subject and the use of*  
26 *the required instructional materials.*

27       ~~{4-}~~ **6.** The parent or guardian of each pupil to whom a course  
28 *or unit of a course of instruction established pursuant to this*  
29 *section* is offered must first be furnished written notice that the  
30 course *or unit of a course* will be offered. The notice must be given  
31 in the usual manner used by the local district to transmit written  
32 material to parents, and must contain a form for the signature of the  
33 parent or guardian of the pupil consenting to the pupil's attendance.  
34 Upon receipt of the written consent of the parent or guardian, the  
35 pupil may attend the course ~~{-}~~ *or unit of a course*. If the written  
36 consent of the parent or guardian is not received, the pupil must be  
37 excused from such attendance without any penalty as to credits or  
38 academic standing. Any course *or unit of a course* offered pursuant  
39 to this section is not a requirement for graduation.

40       ~~{5-}~~ **7.** All instructional materials to be used in a course *or unit*  
41 *of a course of instruction established pursuant to this section* must  
42 be available for inspection by parents or guardians of pupils at  
43 reasonable times and locations before the course is taught, and  
44 appropriate written notice of the availability of the material must be  
45 furnished to all parents and guardians.



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

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

4 389.520 1. The Council shall:

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

10 (1) English language arts;

11 (2) Mathematics;

12 (3) Science;

13 (4) Social studies, which includes only the subjects of  
14 history, geography, economics, civics, financial literacy and  
15 multicultural education;

16 (5) The arts;

17 (6) Computer education and technology, which includes  
18 computer science and computational thinking;

19 (7) Health;

20 (8) Physical education; and

21 (9) A foreign or world language.

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

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

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

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

36 (1) Rules of conduct for the acceptable use of the Internet  
37 and other electronic devices; and

38 (2) Methods to ensure the prevention of:

39 (I) Cyber-bullying;

40 (II) Plagiarism; and

41 (III) The theft of information or data in an electronic

42 form;

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





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

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

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

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

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

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

17 (3) The effects of a computer contaminant;

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

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

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

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

29 4. The standards for health must include **[mental]** :

30 (a) **Mental** health and the relationship between mental health  
31 and physical health.

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

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

41 6. The Council shall forward to the State Board the standards  
42 of content and performance established by the Council for each  
43 course of study. The State Board shall:

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



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

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

8 (a) Consider the objection provided by the State Board and  
9 determine whether to revise the standards based upon the objection;  
10 and

11 (b) Return the standards or the revised standards, as applicable,  
12 to the State Board.

13 ↪ The State Board shall adopt the standards of content and  
14 performance or the revised standards, as applicable.

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

17 9. As used in this section:

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

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

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

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

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

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

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

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

39 **Sec. 21. *When calculating the amount of the contribution by***  
40 ***a recipient of Medicaid towards a deductible, copayment,***  
41 ***coinsurance or any other cost-sharing requirement for***  
42 ***prescription drugs, the Department or any pharmacy benefit***  
43 ***manager or health maintenance organization that manages***  
44 ***pharmacy benefits for the Department pursuant to NRS 422.4053***



1 *must include the amount paid by the recipient or another person*  
2 *or entity on behalf of the recipient for a prescription drug:*

3 1. *That has no generic equivalent;*

4 2. *For which the Department, pharmacy benefit manager or*  
5 *health maintenance organization has imposed a requirement for*  
6 *prior authorization or a step therapy protocol pursuant to*  
7 *NRS 422.403;*

8 3. *Which is only covered under the State Plan for Medicaid*  
9 *after the recipient:*

10 (a) *Obtains an exception to a general policy of the*  
11 *Department, pharmacy benefit manager or health maintenance*  
12 *organization; or*

13 (b) *Wins an appeal of such a policy; or*

14 4. *That is prescribed to:*

15 (a) *Prevent the acquisition of human immunodeficiency virus;*

16 (b) *Treat human immunodeficiency virus or hepatitis C;*

17 (c) *Provide medication-assisted treatment for opioid use*  
18 *disorder; or*

19 (d) *Support safe withdrawal from substance use disorder.*

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

22 422.27173 The Director shall include in the State Plan for  
23 Medicaid a requirement that the State must pay the nonfederal share  
24 of expenditures incurred for :

25 1. *Testing for and the treatment and prevention of sexually*  
26 *transmitted diseases, including, without limitation, Chlamydia*  
27 *trachomatis, gonorrhea, syphilis, human immunodeficiency virus*  
28 *and hepatitis B and C, for all recipients of Medicaid, regardless of*  
29 *age. Services covered pursuant to this section must include,*  
30 *without limitation, the examination of a pregnant woman for the*  
31 *discovery of:*

32 ~~{1}~~ (a) Chlamydia trachomatis, gonorrhea, hepatitis B and  
33 hepatitis C in accordance with NRS 442.013.

34 ~~{2}~~ (b) Syphilis in accordance with NRS 442.010.

35 2. *Condoms for recipients of Medicaid who are 13 years of*  
36 *age or older.*

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

39 422.27235 1. The Director shall include in the State Plan for  
40 Medicaid a requirement that the State pay the nonfederal share of  
41 expenditures incurred for:

42 ~~{1}~~ (a) Any laboratory testing that is necessary for therapy that  
43 uses a drug approved by the United States Food and Drug  
44 Administration for preventing the acquisition of human  
45 immunodeficiency virus. ~~{; and}~~



1 ~~(2)~~ (b) The services of a pharmacist described in NRS  
2 639.28085. The State must provide reimbursement for such services  
3 at a rate equal to the rate of reimbursement provided to a physician,  
4 physician assistant or advanced practice registered nurse for similar  
5 services.

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

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

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

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

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

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

25 422.401 As used in NRS 422.401 to 422.406, inclusive, *and*  
26 *section 21 of this act*, unless the context otherwise requires, the  
27 words and terms defined in NRS 422.4015 to 422.4024, inclusive,  
28 *and section 21 of this act* have the meanings ascribed to them in  
29 those sections.

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

31 422.4025 1. The Department shall:

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

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



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

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

10 (b) Antirejection medications for organ transplants;

11 (c) Antihemophilic medications; ~~and~~

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

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

18 3. The regulations must provide that the Board makes the final  
19 determination of:

20 (a) Whether a class of therapeutic prescription drugs is included  
21 on the list of preferred prescription drugs and is excluded from any  
22 restrictions that are imposed by the Medicaid program on drugs that  
23 are on the list of preferred prescription drugs;

24 (b) Which therapeutically equivalent prescription drugs will be  
25 reviewed for inclusion on the list of preferred prescription drugs and  
26 for exclusion from any restrictions that are imposed by the Medicaid  
27 program on drugs that are on the list of preferred prescription drugs;  
28 and

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

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

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

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

40 (1) *Prevent* the acquisition of human immunodeficiency  
41 virus ~~and~~ *or hepatitis C or treat those diseases.*

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



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

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

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

10          (a) Compile a report concerning the agreements negotiated  
11 pursuant to paragraph (b) of subsection 1 and contracts entered into  
12 pursuant to NRS 422.4053 which must include, without limitation,  
13 the financial effects of obtaining prescription drugs through those  
14 agreements and contracts, in total and aggregated separately for  
15 agreements negotiated by the Department, contracts with a  
16 pharmacy benefit manager, contracts with a health maintenance  
17 organization and contracts with public and private entities from this  
18 State, the District of Columbia and other states and territories of the  
19 United States; and

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

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

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

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

26          608.156 1. ~~##~~ ***In addition to any benefits required by NRS***  
27 ***608.1555, an employer provides health benefits for his or her***  
28 ***employees, the employer shall provide benefits for the expenses for***  
29 ***the treatment of alcohol and substance use disorders. The annual***  
30 ***benefits provided by the employer must ~~consist of:~~ include,***  
31 ***without limitation:***

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

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

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

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

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



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

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

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

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

13 629.093 Unless a specific statute or regulation requires or  
14 authorizes a greater number of hours, a provider of health care may  
15 use credit earned for continuing education relating to Alzheimer's  
16 disease *or the stigma, discrimination and unrecognized bias*  
17 *toward persons who have acquired or are at a high risk of*  
18 *acquiring human immunodeficiency virus* in place of not more  
19 than 2 hours each year of the continuing education that the provider  
20 of health care is required to complete, other than any continuing  
21 education relating to ethics that the provider of health care is  
22 required to complete.

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

24 630.253 1. The Board shall, as a prerequisite for the:

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

26 (b) Biennial registration of the holder of a license to practice  
27 medicine,

28 ➔ require each holder to submit evidence of compliance with the  
29 requirements for continuing education as set forth in regulations  
30 adopted by the Board.

31 2. These requirements:

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

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

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

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



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

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

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

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

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

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

22 (1) May include the training provided pursuant to NRS  
23 449.103, where applicable.

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

26 (3) Must address persons of different cultural backgrounds,  
27 including, without limitation:

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

30 (II) Persons from various religious backgrounds;

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

33 (IV) Children and senior citizens;

34 (V) Veterans;

35 (VI) Persons with a mental illness;

36 (VII) Persons with an intellectual disability,  
37 developmental disability or physical disability; and

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

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





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

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

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

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

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

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

24 (d) The importance of maintenance of function and  
25 independence for older persons.

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

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

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

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

43 (c) The detection of suicidal thoughts and ideations and the  
44 prevention of suicide.



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

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

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

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

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

20 10. As used in this section:

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

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

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

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

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

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

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

35 632.343 1. The Board shall not renew any license issued  
36 under this chapter until the licensee has submitted proof satisfactory  
37 to the Board of completion, during the 2-year period before renewal  
38 of the license, of 30 hours in a program of continuing education  
39 approved by the Board in accordance with regulations adopted by  
40 the Board. Except as otherwise provided in subsection 3, the  
41 licensee is exempt from this provision for the first biennial period  
42 after graduation from:

43 (a) An accredited school of professional nursing;

44 (b) An accredited school of practical nursing;



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

3 (d) An approved school of practical nursing in the process of  
4 obtaining accreditation.

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

13 3. The program of continuing education required by subsection  
14 1 must include:

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

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

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

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

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

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

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

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

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

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



1 (1) May include the training provided pursuant to NRS  
2 449.103, where applicable.

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

5 (3) Must address persons of different cultural backgrounds,  
6 including, without limitation:

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

9 (II) Persons from various religious backgrounds;

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

12 (IV) Children and senior citizens;

13 (V) Veterans;

14 (VI) Persons with a mental illness;

15 (VII) Persons with an intellectual disability,  
16 developmental disability or physical disability; and

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

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

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

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

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

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

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



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

3 (d) The importance of maintenance of function and  
4 independence for older persons.

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

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

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

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

20 8. As used in this section:

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

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

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

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

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

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

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

35 633.471 1. Except as otherwise provided in subsection ~~4~~  
36 **15** and NRS 633.491, every holder of a license, except a physician  
37 assistant, issued under this chapter, except a temporary or a special  
38 license, may renew the license on or before January 1 of each  
39 calendar year after its issuance by:

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

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

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



1 (d) Subject to subsection ~~H3, I~~ 14, submitting evidence to the  
2 Board that in the year preceding the application for renewal the  
3 holder has attended courses or programs of continuing education  
4 approved by the Board in accordance with regulations adopted by  
5 the Board totaling a number of hours established by the Board  
6 which must not be less than 35 hours nor more than that set in the  
7 requirements for continuing medical education of the American  
8 Osteopathic Association; and

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

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

13 3. The Board shall request submission of verified evidence of  
14 completion of the required number of hours of continuing medical  
15 education annually from no fewer than one-third of the applicants  
16 for renewal of a license to practice osteopathic medicine or a license  
17 to practice as a physician assistant. Subject to subsection ~~H3, I~~ 14,  
18 upon a request from the Board, an applicant for renewal of a license  
19 to practice osteopathic medicine or a license to practice as a  
20 physician assistant shall submit verified evidence satisfactory to the  
21 Board that in the year preceding the application for renewal the  
22 applicant attended courses or programs of continuing medical  
23 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  
26 osteopathic medicine to complete a course of instruction within 2  
27 years after initial licensure that provides at least 2 hours of  
28 instruction on evidence-based suicide prevention and awareness as  
29 described in subsection 9.

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

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

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

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



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

8 8. The continuing education requirements approved by the  
9 Board must allow the holder of a license as an osteopathic physician  
10 or physician assistant to receive credit toward the total amount of  
11 continuing education required by the Board for the completion of a  
12 course of instruction relating to genetic counseling and genetic  
13 testing.

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

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

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

24 (c) The detection of suicidal thoughts and ideations and the  
25 prevention of suicide.

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

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

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

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

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

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



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

3 (2) Persons from various religious backgrounds;

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

6 (4) Children and senior citizens;

7 (5) Veterans;

8 (6) Persons with a mental illness;

9 (7) Persons with an intellectual disability, developmental  
10 disability or physical disability; and

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

15 13. *The Board shall require each holder of a license to*  
16 *practice osteopathic medicine or as a physician assistant who*  
17 *provides or supervises the provision of emergency medical services*  
18 *in a hospital or primary care to complete at least 2 hours of*  
19 *training in the stigma, discrimination and unrecognized bias*  
20 *toward persons who have acquired or are at a high risk of*  
21 *acquiring human immunodeficiency virus within 2 years after*  
22 *beginning to provide or supervise the provision of such services or*  
23 *care.*

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

31 ~~H4.1~~ 15. Members of the Armed Forces of the United States  
32 and the United States Public Health Service are exempt from  
33 payment of the annual license renewal fee during their active duty  
34 status.

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

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

39 687B.225 1. Except as otherwise provided in NRS  
40 689A.0405, 689A.0412, 689A.0413, **689A.0437**, 689A.044,  
41 689A.0445, 689B.031, **689B.0312**, 689B.0313, 689B.0315,  
42 689B.0317, 689B.0374, **689C.1671**, 689C.1675, **695A.1843**,  
43 695A.1856, 695B.1912, 695B.1913, 695B.1914, **695B.1924**,  
44 695B.1925, 695B.1942, 695C.1713, 695C.1735, 695C.1737,  
45 **695C.1743**, 695C.1745, 695C.1751, 695G.170, **695G.1705**,





1 695G.171, 695G.1714 and 695G.177, *and sections 33, 41, 46, 54,*  
2 *59, 64 and 71 of this act,* any contract for group, blanket or  
3 individual health insurance or any contract by a nonprofit hospital,  
4 medical or dental service corporation or organization for dental care  
5 which provides for payment of a certain part of medical or dental  
6 care may require the insured or member to obtain prior authorization  
7 for that care from the insurer or organization. The insurer or  
8 organization shall:

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

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

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

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

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

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

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

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

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

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

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

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

38 3. *An insurer shall not:*

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

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



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

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

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

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

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

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

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

31 (a) *Coverage of testing for and the treatment and prevention of*  
32 *sexually transmitted diseases, including, without limitation,*  
33 *Chlamydia trachomatis, gonorrhea, syphilis, human*  
34 *immunodeficiency virus and hepatitis B and C, for all insureds,*  
35 *regardless of age. Such coverage must include, without limitation,*  
36 *the coverage required by NRS 689A.0412 and 689A.0437.*

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

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

44 **Sec. 35.** 1. *A policy of health insurance which provides*  
45 *coverage for prescription drugs must provide that, when*



1 *calculating the amount of the contribution by an insured towards*  
2 *a deductible, copayment, coinsurance or any other cost-sharing*  
3 *requirement for prescription drugs, the insurer or any pharmacy*  
4 *benefit manager that manages pharmacy benefits for the insurer*  
5 *must include the amount paid by the insured or another person or*  
6 *entity on behalf of the insured for a prescription drug:*

7 (a) *That has no generic equivalent;*

8 (b) *For which the insurer or pharmacy benefit manager has*  
9 *imposed a requirement for prior authorization or a step therapy*  
10 *protocol;*

11 (c) *Which is only covered under the policy of health insurance*  
12 *after the insured:*

13 (1) *Obtains an exception to a general policy of the insurer*  
14 *or pharmacy benefit manager; or*

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

16 (d) *That is prescribed to:*

17 (1) *Prevent the acquisition of human immunodeficiency*  
18 *virus;*

19 (2) *Treat human immunodeficiency virus or hepatitis C;*

20 (3) *Provide medication-assisted treatment for opioid use*  
21 *disorder; or*

22 (4) *Support safe withdrawal from substance use disorder.*

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

28 3. *As used in this section, "pharmacy benefit manager" has*  
29 *the meaning ascribed to it in NRS 683A.174.*

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  
32 or issued for delivery to any person in this State unless it otherwise  
33 complies with this Code, and complies with the following:

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

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

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



1 which the child attains 26 years of age, and any other person  
2 dependent upon the policyholder.

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

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

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

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

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

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

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

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



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

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

5 689A.0437 1. An insurer that offers or issues a policy of  
6 health insurance shall include in the policy coverage for:

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

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

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

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

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

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

28 2. An insurer that offers or issues a policy of health insurance  
29 shall reimburse ~~[a]~~ :

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

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

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

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

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



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

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

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

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

15 6. As used in this section:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

16 689A.330 If any policy is issued by a domestic insurer for  
17 delivery to a person residing in another state, and if the insurance  
18 commissioner or corresponding public officer of that other state has  
19 informed the Commissioner that the policy is not subject to approval  
20 or disapproval by that officer, the Commissioner may by ruling  
21 require that the policy meet the standards set forth in NRS 689A.030  
22 to 689A.320, inclusive **[H]**, **and sections 33, 34 and 35 of this act.**

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

18 6. As used in this section:

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

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

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

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

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

37 (a) Coverage of testing for and the treatment of and prevention  
38 of sexually transmitted diseases, including, without limitation,  
39 Chlamydia trachomatis, gonorrhea, syphilis, human  
40 immunodeficiency virus and hepatitis B and C, for all insureds,  
41 regardless of age. Such coverage must include, without limitation,  
42 the coverage required by NRS 689B.0312 and 689B.0315.

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





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

7 **Sec. 43.** 1. A policy of group health insurance which  
8 provides coverage for prescription drugs must provide that, when  
9 calculating the amount of the contribution by an insured towards  
10 a deductible, copayment, coinsurance or any other cost-sharing  
11 requirement for prescription drugs, the insurer or any pharmacy  
12 benefit manager that manages pharmacy benefits for the insurer  
13 must include the amount paid by the insured or another person or  
14 entity on behalf of the insured for a prescription drug:

15 (a) That has no generic equivalent;

16 (b) For which the insurer or pharmacy benefit manager has  
17 imposed a requirement for prior authorization or a step therapy  
18 protocol;

19 (c) Which is only covered under the policy of group health  
20 insurance after the insured:

21 (1) Obtains an exception to a general policy of the insurer  
22 or pharmacy benefit manager; or

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

24 (d) That is prescribed to:

25 (1) Prevent the acquisition of human immunodeficiency  
26 virus;

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

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

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

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

37 3. As used in this section, "pharmacy benefit manager" has  
38 the meaning ascribed to it in NRS 683A.174.

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

41 689B.0312 1. An insurer that offers or issues a policy of  
42 group health insurance shall include in the policy coverage for:

43 (a) ~~Drugs~~ All drugs approved by the United States Food and  
44 Drug Administration for preventing the acquisition of human  
45 immunodeficiency virus ~~;~~ or treating human immunodeficiency



1 *virus or hepatitis C in the form recommended by the prescribing*  
2 *practitioner, regardless of whether the drug is included in the*  
3 *formulary of the insurer;*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44 5. A policy of group health insurance subject to the provisions  
45 of this chapter that is delivered, issued for delivery or renewed on or



1 after ~~October~~ *January* 1, ~~2021,~~ *2024*, has the legal effect of  
2 including the coverage required by subsection 1, and any provision  
3 of the policy that conflicts with the provisions of this section is void.

4 6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

43 3. *A carrier shall not:*



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

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

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

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

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

17 6. As used in this section:

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

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

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

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

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

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

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

44 2. A health benefit plan subject to the provisions of this  
45 chapter that is delivered, issued for delivery or renewed on or after



1 *January 1, 2024, has the legal effect of including the coverage*  
2 *required by subsection 1, and any provision of the plan that*  
3 *conflicts with the provisions of this section is void.*

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

12 (a) *That has no generic equivalent;*

13 (b) *For which the carrier or pharmacy benefit manager has*  
14 *imposed a requirement for prior authorization or a step therapy*  
15 *protocol;*

16 (c) *Which is only covered under the health benefit plan after*  
17 *the insured:*

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

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

21 (d) *That is prescribed to:*

22 (1) *Prevent the acquisition of human immunodeficiency*  
23 *virus;*

24 (2) *Treat human immunodeficiency virus or hepatitis C;*

25 (3) *Provide medication-assisted treatment for opioid use*  
26 *disorder; or*

27 (4) *Support safe withdrawal from substance use disorder.*

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

33 3. *As used in this section, “pharmacy benefit manager” has*  
34 *the meaning ascribed to it in NRS 683A.174.*

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

36 689C.166 Each group health insurance policy must contain in  
37 substance a provision for benefits payable for expenses incurred for  
38 the treatment of alcohol or substance use disorder, as provided in  
39 NRS 689C.167 ~~[ ]~~ and section 46 of this act.

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

41 689C.167 1. ~~[The]~~ *In addition to the benefits required by*  
42 *section 46 of this act, the* benefits provided by a group policy for  
43 health insurance, as required by NRS 689C.166, for the treatment of  
44 alcohol or substance use disorders must ~~[consist of:]~~ *include,*  
45 *without limitation:*



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

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

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

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

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

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

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

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

24 689C.1671 1. A carrier that offers or issues a health benefit  
25 plan shall include in the plan coverage for:

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

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

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

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

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



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

4 2. A carrier that offers or issues a health benefit plan shall  
5 reimburse ~~[(a)]~~:

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

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

16 3. A carrier ~~[(may subject)]~~ shall not:

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

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

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

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

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

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

35 6. As used in this section:

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

41 (b) "Network plan" means a health benefit plan offered by a  
42 carrier under which the financing and delivery of medical care,  
43 including items and services paid for as medical care, are provided,  
44 in whole or in part, through a defined set of providers under contract



1 with the carrier. The term does not include an arrangement for the  
2 financing of premiums.

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

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

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

9 689C.425 A voluntary purchasing group and any contract  
10 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
11 inclusive, are subject to the provisions of NRS 689C.015 to  
12 689C.355, inclusive, *and sections 46, 47 and 48 of this act* to the  
13 extent applicable and not in conflict with the express provisions of  
14 NRS 687B.408 and 689C.360 to 689C.600, inclusive.

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

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

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

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

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

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

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

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

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

37 3. *A society shall not:*

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

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

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





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

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

9 6. As used in this section:

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

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

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

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

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

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

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

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

41 **Sec. 56. 1.** A benefit contract which provides coverage for  
42 prescription drugs must provide that, when calculating the amount  
43 of the contribution by an insured towards a deductible, copayment,  
44 coinsurance or any other cost-sharing requirement for  
45 prescription drugs, the society or any pharmacy benefit manager



1 *that manages pharmacy benefits for the society must include the*  
2 *amount paid by the insured or another person or entity on behalf*  
3 *of the insured for a prescription drug:*

4 (a) *That has no generic equivalent;*

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

8 (c) *Which is only covered under the benefit contract after the*  
9 *insured:*

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

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

13 (d) *That is prescribed to:*

14 (1) *Prevent the acquisition of human immunodeficiency*  
15 *virus;*

16 (2) *Treat human immunodeficiency virus or hepatitis C;*

17 (3) *Provide medication-assisted treatment for opioid use*  
18 *disorder; or*

19 (4) *Support safe withdrawal from substance use disorder.*

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

25 3. *As used in this section, "pharmacy benefit manager" has*  
26 *the meaning ascribed to it in NRS 683A.174.*

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

29 695A.1843 1. A society that offers or issues a benefit  
30 contract shall include in the benefit coverage for:

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

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

40 (c) *Any service to test for, prevent or treat human*  
41 *immunodeficiency virus or hepatitis C provided by a provider of*  
42 *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*  
45 *provider of primary care; or*



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

4           ~~[(e)]~~ ***(d) The services described in NRS 639.28085, when***  
5 ***provided by a pharmacist who participates in the network plan of the***  
6 ***society.***

7           2. A society that offers or issues a benefit contract shall  
8 reimburse ~~[(a)]~~ :

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

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

18           3. A society ~~[(may-subject)]~~ shall not:

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

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

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

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

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

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

37           6. As used in this section:

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

43           ***(b) “Network plan” means a benefit contract offered by a society***  
44 ***under which the financing and delivery of medical care, including***  
45 ***items and services paid for as medical care, are provided, in whole***



1 or in part, through a defined set of providers under contract with the  
2 society. The term does not include an arrangement for the financing  
3 of premiums.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

6 6. As used in this section:

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

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

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

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

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

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

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

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

40 **Sec. 61. 1.** A policy of health insurance which provides  
41 coverage for prescription drugs must provide that, when  
42 calculating the amount of the contribution by an insured towards  
43 a deductible, copayment, coinsurance or any other cost-sharing  
44 requirement for prescription drugs, the hospital or medical  
45 services corporation or any pharmacy benefit manager that



1 *manages pharmacy benefits for the hospital or medical services*  
2 *corporation must include the amount paid by the insured or*  
3 *another person or entity on behalf of the insured for a prescription*  
4 *drug:*

5 (a) *That has no generic equivalent;*

6 (b) *For which the hospital or medical services corporation or*  
7 *pharmacy benefit manager has imposed a requirement for prior*  
8 *authorization or a step therapy protocol; or*

9 (c) *Which is only covered under the policy of health insurance*  
10 *after the insured:*

11 (1) *Obtains an exception to a general policy of the hospital*  
12 *or medical services corporation or pharmacy benefit manager; or*

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

14 (d) *That is prescribed to:*

15 (1) *Prevent the acquisition of human immunodeficiency*  
16 *virus;*

17 (2) *Treat human immunodeficiency virus or hepatitis C;*

18 (3) *Provide medication-assisted treatment for opioid use*  
19 *disorder; or*

20 (4) *Support safe withdrawal from substance use disorder.*

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

26 3. *As used in this section, “pharmacy benefit manager” has*  
27 *the meaning ascribed to it in NRS 683A.174.*

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

30 695B.1924 1. A hospital or medical services corporation that  
31 offers or issues a policy of health insurance shall include in the  
32 policy coverage for:

33 (a) ~~Drugs~~ *All drugs* approved by the United States Food and  
34 Drug Administration for preventing the acquisition of human  
35 immunodeficiency virus ~~;~~ *or treating human immunodeficiency*  
36 *virus or hepatitis C in the form recommended by the prescribing*  
37 *practitioner, regardless of whether the drug is included in the*  
38 *formulary of the hospital or medical services organization;*

39 (b) Laboratory testing that is necessary for therapy using ~~such~~  
40 a drug ~~;~~ *to prevent the acquisition of human immunodeficiency*  
41 *virus;*

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



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

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

6           ~~(c)~~ (d) The services described in NRS 639.28085, when  
7 provided by a pharmacist who participates in the network plan of the  
8 hospital or medical services corporation.

9           2. A hospital or medical services corporation that offers or  
10 issues a policy of health insurance shall reimburse ~~it~~:

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

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

22           3. A hospital or medical services corporation ~~may subject~~  
23 *shall not:*

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

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

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

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

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

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

43           6. As used in this section:

44           (a) "Medical management technique" means a practice which is  
45 used to control the cost or use of health care services or prescription



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





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

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

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

13 6. As used in this section:

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

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

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

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

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

33 (a) Coverage of testing for and the treatment and prevention of  
34 sexually transmitted diseases, including, without limitation,  
35 Chlamydia trachomatis, gonorrhea, syphilis, human  
36 immunodeficiency virus and hepatitis B and C, for all enrollees,  
37 regardless of age. Such coverage must include, without limitation,  
38 the coverage required by NRS 695C.1737 and 695C.1743.

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

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



1       **Sec. 66. 1.** *A health care plan which provides coverage for*  
2 *prescription drugs must provide that, when calculating the amount*  
3 *of the contribution by an enrollee towards a deductible,*  
4 *copayment, coinsurance or any other cost-sharing requirement for*  
5 *prescription drugs, the health maintenance organization or any*  
6 *pharmacy benefit manager that manages pharmacy benefits for*  
7 *the health maintenance organization must include the amount*  
8 *paid by the enrollee or another person or entity on behalf of the*  
9 *enrollee for a prescription drug:*

10       *(a) That has no generic equivalent;*

11       *(b) For which the health maintenance organization or*  
12 *pharmacy benefit manager has imposed a requirement for prior*  
13 *authorization or a step therapy protocol;*

14       *(c) Which is only covered under the health care plan after the*  
15 *enrollee:*

16           *(1) Obtains an exception to a general policy of the health*  
17 *maintenance organization or pharmacy benefit manager; or*

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

19       *(d) That is prescribed to:*

20           *(1) Prevent the acquisition of human immunodeficiency*  
21 *virus;*

22           *(2) Treat human immunodeficiency virus or hepatitis C;*

23           *(3) Provide medication-assisted treatment for opioid use*  
24 *disorder; or*

25           *(4) Support safe withdrawal from substance use disorder.*

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

31       **3.** *As used in this section, “pharmacy benefit manager” has*  
32 *the meaning ascribed to it in NRS 683A.174.*

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

34       695C.050 1. Except as otherwise provided in this chapter or  
35 in specific provisions of this title, the provisions of this title are not  
36 applicable to any health maintenance organization granted a  
37 certificate of authority under this chapter. This provision does not  
38 apply to an insurer licensed and regulated pursuant to this title  
39 except with respect to its activities as a health maintenance  
40 organization authorized and regulated pursuant to this chapter.

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



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

4 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,  
5 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to  
6 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,  
7 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,  
8 inclusive, and 695C.265 do not apply to a health maintenance  
9 organization that provides health care services through managed  
10 care to recipients of Medicaid under the State Plan for Medicaid or  
11 insurance pursuant to the Children's Health Insurance Program  
12 pursuant to a contract with the Division of Health Care Financing  
13 and Policy of the Department of Health and Human Services. This  
14 subsection does not exempt a health maintenance organization from  
15 any provision of this chapter for services provided pursuant to any  
16 other contract.

17 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,  
18 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333,  
19 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743,  
20 695C.1745 and 695C.1757 *and sections 64, 65 and 66 of this act*  
21 apply to a health maintenance organization that provides health care  
22 services through managed care to recipients of Medicaid under the  
23 State Plan for Medicaid.

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

26 695C.1743 1. A health maintenance organization that offers  
27 or issues a health care plan shall include in the plan coverage for:

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

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

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

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

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



1 ~~[(e)]~~ (d) The services described in NRS 639.28085, when  
2 provided by a pharmacist who participates in the network plan of the  
3 health maintenance organization.

4 2. A health maintenance organization that offers or issues a  
5 health care plan shall reimburse ~~[(a)]~~:

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

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

17 3. A health maintenance organization ~~[(may subject)]~~ shall not:

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

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

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

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

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

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

37 6. As used in this section:

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

43 (b) "Network plan" means a health care plan offered by a health  
44 maintenance organization under which the financing and delivery of  
45 medical care, including items and services paid for as medical care,



1 are provided, in whole or in part, through a defined set of providers  
2 under contract with the health maintenance organization. The term  
3 does not include an arrangement for the financing of premiums.

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

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

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

10 695C.330 1. The Commissioner may suspend or revoke any  
11 certificate of authority issued to a health maintenance organization  
12 pursuant to the provisions of this chapter if the Commissioner finds  
13 that any of the following conditions exist:

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

21 (b) The health maintenance organization issues evidence of  
22 coverage or uses a schedule of charges for health care services  
23 which do not comply with the requirements of NRS 695C.1691 to  
24 695C.200, inclusive, *and sections 64, 65 and 66 of this act* or  
25 695C.207;

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

21 4. If the certificate of authority of a health maintenance  
22 organization is revoked, the organization shall proceed, immediately  
23 following the effective date of the order of revocation, to wind up its  
24 affairs and shall conduct no further business except as may be  
25 essential to the orderly conclusion of the affairs of the organization.  
26 It shall engage in no further advertising or solicitation of any kind.  
27 The Commissioner may, by written order, permit such further  
28 operation of the organization as the Commissioner may find to be in  
29 the best interest of enrollees to the end that enrollees are afforded  
30 the greatest practical opportunity to obtain continuing coverage for  
31 health care.

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

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

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

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

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

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



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

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

6           2. *A managed care organization shall provide the coverage*  
7 *required by paragraph (a) of subsection 1 regardless of whether*  
8 *the drug is included in the formulary of the managed care*  
9 *organization.*

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

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

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

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

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

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

28          6. *As used in this section:*

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

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

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

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



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

3     (i) *Coverage of testing for, treatment of and prevention of*  
4 *sexually transmitted diseases, including, without limitation,*  
5 *Chlamydia trachomatis, gonorrhea, syphilis, human*  
6 *immunodeficiency virus and hepatitis B and C, for all insureds,*  
7 *regardless of age. Such coverage must include, without limitation,*  
8 *the coverage required by NRS 695G.1705 and 695G.1714.*

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

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

16     **Sec. 73. 1.** *A health care plan which provides coverage for*  
17 *prescription drugs must provide that, when calculating the amount*  
18 *of the contribution by an insured towards a deductible, copayment,*  
19 *coinsurance or any other cost-sharing requirement for*  
20 *prescription drugs, the managed care organization or any*  
21 *pharmacy benefit manager that manages pharmacy benefits for*  
22 *the managed care organization must include the amount paid by*  
23 *the insured or another person or entity on behalf of the insured*  
24 *for a prescription drug:*

25     (i) *That has no generic equivalent;*

26     (ii) *For which the managed care organization or pharmacy*  
27 *benefit manager has imposed a requirement for prior*  
28 *authorization or a step therapy protocol;*

29     (iii) *Which is only covered under the health care plan after the*  
30 *insured:*

31     (1) *Obtains an exception to a general policy of the managed*  
32 *care organization or pharmacy benefit manager; or*

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

34     (iv) *That is prescribed to:*

35     (1) *Prevent the acquisition of human immunodeficiency*  
36 *virus;*

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

38     (3) *Provide medication-assisted treatment for opioid use*  
39 *disorder; or*

40     (4) *Support safe withdrawal from substance use disorder.*

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





1       **3. As used in this section, "pharmacy benefit manager" has**  
2 **the meaning ascribed to it in NRS 683A.174.**

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

5       695G.1705 1. A managed care organization that offers or  
6 issues a health care plan shall include in the plan coverage for:

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

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

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

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

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

25       ~~[(e)]~~ (d) The services described in NRS 639.28085, when  
26 provided by a pharmacist who participates in the network plan of the  
27 managed care organization.

28       2. A managed care organization that offers or issues a health  
29 care plan shall reimburse ~~[a]~~:

30       (a) A pharmacist who participates in the network plan of the  
31 managed care organization for the services described in NRS  
32 639.28085 at a rate equal to the rate of reimbursement provided to a  
33 physician, physician assistant or advanced practice registered nurse  
34 for similar services.

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

40       3. A managed care organization ~~[may subject]~~ **shall not:**

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

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



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

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

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

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

16 6. As used in this section:

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

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

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

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

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



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

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

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

8 2. The Nevada Supreme Court has further held in *Tellis v.*  
9 *State*, 84 Nev. 587, 591 (1968), *Sparkman v. State*, 95 Nev. 76, 82  
10 (1979) and *State v. Dist. Ct. (Pullin)*, 124 Nev. 564, 567-68 (2008),  
11 that the penalty for a crime is determined by the law in effect at the  
12 time the offender committed the crime and not the law in effect at  
13 the time the offender is sentenced unless the Legislature has  
14 expressed its clear intent that a statute ameliorating the penalty  
15 apply retroactively.

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

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

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

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

32 **Sec. 77.** 1. The provisions of section 24 of chapter 491,  
33 Statutes of Nevada 2021, at page 3199, apply to any violation of  
34 NRS 201.205 or 201.358, as those sections existed before the  
35 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at  
36 page 3199, if the violation occurred before, on or after June 6, 2021,  
37 and the person was convicted on or after the effective date of this  
38 section.

39 2. The provisions of section 3 of this act apply to any violation  
40 of NRS 201.205 or 201.358, as those sections existed before the  
41 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at  
42 page 3199, if the violation occurred before, on or after June 6, 2021,  
43 regardless of when the person was convicted.

44 3. If, before June 6, 2021, a person committed a violation of a  
45 NRS 201.205 or 201.358, as those sections existed before the



1 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at  
2 page 3199, and the person was not charged for that violation before  
3 the effective date of this section, the person must not be charged for  
4 that violation.

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

10 5. The Central Repository for Nevada Records of Criminal  
11 History shall remove from each database or compilation of records  
12 of criminal history maintained by the Central Repository all records  
13 of bench warrants issued for a person who failed to appear in court  
14 in relation to an alleged violation of NRS 201.205 or 201.358, as  
15 those sections existed before the enactment of section 24 of chapter  
16 491, Statutes of Nevada 2021, at page 3199.

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

21 2. If a person commits a violation of a NRS 212.189 which is  
22 punishable as a category A felony before the effective date of  
23 section 13 of this act, and the violation is punishable as a category B  
24 felony, a category D felony or a gross misdemeanor pursuant to  
25 NRS 212.189, as amended by section 13 of this act, the person must  
26 not be charged with or convicted of a category A felony, if the  
27 violation occurs on or after the effective date of section 13 of this  
28 act, and may only be charged with and convicted of a category B  
29 felony, category D felony or gross misdemeanor, as applicable, on  
30 or after the effective date of section 13 of this act.

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

34 **Sec. 80.** 1. This section and sections 3 to 10, inclusive, 13,  
35 76, 77 and 78 of this act become effective upon passage and  
36 approval.

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

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

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

