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FIRST REPRINT

S.B. 439

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)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

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

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

43 Existing law requires public and private health plans, including Medicaid and
44 health plans for state government employees, to cover an examination and testing
45 of a pregnant woman for *Chlamydia trachomatis*, gonorrhea, hepatitis B, hepatitis
46 C and syphilis. (NRS 287.04335, 422.27173, 689A.0412, 689B.0315, 689C.1675,
47 695A.1856, 695B.1913, 695C.1737, 695G.1714) **Sections 16, 22, 34, 42, 47, 52,**
48 **55, 60, 65, 67 and 72** of this bill additionally require such insurance plans to cover:
49 (1) testing for, treatment of and prevention of sexually transmitted diseases; and (2)
50 condoms for certain covered persons.

51 Existing law requires public and private health plans, including Medicaid and
52 health plans for state government employees, to cover drugs that prevent the
53 acquisition of human immunodeficiency virus and any related laboratory or
54 diagnostic procedures. (NRS 287.010, 287.04335, 422.27235, 422.4025,



55 689A.0437, 689B.0312, 689C.1671, 695A.1843, 695B.1924, 695C.1743,
56 695G.1705) **Sections 25, 31, 37, 44, 51, 57, 62, 68 and 74** of this bill require such
57 insurance plans to cover all such drugs approved by the United States Food and
58 Drug Administration and all drugs approved by the Food and Drug Administration
59 for treating human immunodeficiency virus or hepatitis C without restrictions, other
60 than step therapy. **Sections 23, 37, 44, 51, 57, 62, 68 and 74** of this bill require
61 such insurance plans to: (1) cover any service to test for, prevent or treat those
62 diseases provided by a provider of primary care if the service is covered when
63 provided by a specialist and certain other requirements are met; and (2) reimburse
64 an advanced practice registered nurse or a physician assistant for such services at a
65 rate equal to that provided to a physician. **Sections 16, 20, 25, 31, 33, 41, 46, 52,**
66 **54, 59, 64, 67 and 71** impose similar requirements regarding: (1) coverage of
67 certain drugs approved by the Food and Drug Administration to treat substance use
68 disorder; (2) coverage of services for the treatment of substance use disorder
69 provided by a provider of primary care; and (3) reimbursement for such services
70 provided by an advanced practice registered nurse. **Sections 14.5-15.5** of this bill
71 make conforming changes to exempt local governmental agencies that provide
72 health insurance to employees through a plan of self-insurance from the
73 amendatory provisions of **section 44** while maintaining existing requirements that
74 apply to such insurance. **Sections 36, 38, 49 and 50** of this bill make conforming
75 changes to indicate that the coverage required by **sections 33 and 46** is in addition
76 to certain coverage of services for the treatment of substance use disorder that
77 certain insurers are required by existing law to provide. **Sections 14 and 39** of this
78 bill make conforming changes to indicate the proper placement of **sections 20, 22,**
79 **33 and 34** in the Nevada Revised Statutes. **Section 69** of this bill authorizes the
80 Commissioner of Insurance to suspend or revoke the certificate of a health
81 maintenance organization that fails to comply with the requirements of **section 64**
82 **or 65**. The Commissioner would also be authorized to take such action against any
83 health insurer who fails to comply with the requirements of **sections 33, 34, 37, 41-**
84 **44, 46, 47, 50, 54-57, 59-62, 67, 68 or 71-74** of this bill. (NRS 680A.200,
85 695C.330)

86 Existing law requires the board of trustees of each school district to establish a
87 course or unit of a course of instruction concerning acquired immune deficiency
88 syndrome, the human reproductive system, related communicable diseases and
89 sexual responsibility which must be taught by a teacher or school nurse whose
90 qualifications have been approved by the board of trustees. (NRS 389.036) **Section**
91 **17** of this bill instead requires the board of trustees of a school district to establish a
92 course or unit of a course of evidence-based, factual instruction in sexuality
93 education. **Section 17** additionally authorizes a provider of health care or other
94 qualified person approved by the board of trustees to teach such a course. **Section**
95 **18** of this bill requires the standards adopted by the Council to Establish Academic
96 Standards for Public Schools for instruction in health to include standards for
97 sexuality education. **Section 18** also authorizes the Council to include topics related
98 to sexuality education in the standards for other courses where appropriate.

99 Existing law requires physicians, osteopathic physicians, physician assistants
100 and nurses to complete certain continuing education in order to renew their
101 licenses. (NRS 630.253, 632.343, 633.471) **Sections 28-30 and 75** of this bill
102 require such a provider of health care who provides or supervises the provision of
103 emergency medical care or primary care in a hospital to complete before the first
104 renewal of their license or, for currently practicing providers, the next renewal of
105 their license, at least 2 hours of training in stigma, discrimination and unrecognized
106 bias toward persons who have acquired or are at a high risk of acquiring human
107 immunodeficiency virus. **Section 27** of this bill authorizes any provider of health
108 care to use training in that subject in place of not more than 2 hours of any other



109 training that the provider is required to complete, other than continuing education
110 relating to ethics.

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

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

1 **Section 1.** Chapter 441A of NRS is hereby amended by
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.*

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

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

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

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

28 441A.334 As used in this section and NRS 441A.335 and
29 441A.336, *and section 1 of this act*, “provider of health care” means
30 a physician, nurse or physician assistant licensed in accordance with
31 state law.

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

42 212.189 1. *Except as otherwise provided in subsection 10, a*
43 *prisoner who is under lawful arrest, in lawful custody or in lawful*
44 *confinement shall not knowingly:*

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

13 (a) Conducted pursuant to paragraphs (a) and (b) of subsection
14 8; or

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

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

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

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

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

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

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

38 (2) For each such officer or employee:

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

44 (II) Of any law enforcement agency, the law enforcement
45 agency that employs the officer or employee shall pay for any



1 appropriate examinations and testing requested by the officer or
2 employee to determine whether a communicable disease was
3 transmitted to the officer or employee as a result of the act.

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

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

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

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

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

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

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

35 232.320 1. The Director:

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

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

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

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



1 (4) The Administrator of the Division of Health Care
2 Financing and Policy; and

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

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

16 (c) Shall administer any state program for persons with
17 developmental disabilities established pursuant to the
18 Developmental Disabilities Assistance and Bill of Rights Act of
19 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

30 (3) Provide for communication and the coordination of those
31 services among nonprofit organizations, agencies of local
32 government, the State and the Federal Government;

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

35 (5) Set forth sufficient information to assist the Department
36 in providing those services and in the planning and budgeting for the
37 future provision of those services; and

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

43 (e) May, by regulation, require nonprofit organizations and state
44 and local governmental agencies to provide information regarding
45 the programs of those organizations and agencies, excluding



1 detailed information relating to their budgets and payrolls, which the
2 Director deems necessary for the performance of the duties imposed
3 upon him or her pursuant to this section.

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

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

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

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

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

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

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

23 *2. The governing body of any county, school district,*
24 *municipal corporation, political subdivision, public corporation or*
25 *other local governmental agency of the State of Nevada that*
26 *provides health insurance through a plan of self-insurance shall*
27 *reimburse a pharmacist who participates in the network plan of*
28 *the governing body for the services described in NRS 639.28085 at*
29 *a rate equal to the rate of reimbursement provided to a physician,*
30 *physician assistant or advanced practice registered nurse for*
31 *similar services.*

32 *3. The governing body of any county, school district,*
33 *municipal corporation, political subdivision, public corporation or*
34 *other local governmental agency of the State of Nevada that*
35 *provides health insurance through a plan of self-insurance may*
36 *subject the benefits required by subsection 1 to reasonable medical*
37 *management techniques.*

38 *4. The governing body of any county, school district,*
39 *municipal corporation, political subdivision, public corporation or*
40 *other local governmental agency of the State of Nevada that*
41 *provides health insurance through a plan of self-insurance shall*
42 *ensure that the benefits required by subsection 1 are made*
43 *available to an insured through a provider of health care who*
44 *participates in the network plan of the governing body.*



1 5. *A plan of self-insurance described in subsection 1 that is*
2 *delivered, issued for delivery or renewed on or after January 1,*
3 *2024, has the legal effect of including the coverage required by*
4 *subsection 1, and any provision of the plan that conflicts with the*
5 *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 plan of self-insurance provided*
13 *by the governing body of a local governmental agency under*
14 *which the financing and delivery of medical care, including items*
15 *and services paid for as medical care, are provided, in whole or in*
16 *part, through a defined set of providers under contract with the*
17 *governing body. The term does not include an arrangement for the*
18 *financing of premiums.*

19 (c) *“Provider of health care” has the meaning ascribed to it in*
20 *NRS 629.031.*

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

22 287.010 1. The governing body of any county, school
23 district, municipal corporation, political subdivision, public
24 corporation or other local governmental agency of the State of
25 Nevada may:

26 (a) Adopt and carry into effect a system of group life, accident
27 or health insurance, or any combination thereof, for the benefit of its
28 officers and employees, and the dependents of officers and
29 employees who elect to accept the insurance and who, where
30 necessary, have authorized the governing body to make deductions
31 from their compensation for the payment of premiums on the
32 insurance.

33 (b) Purchase group policies of life, accident or health insurance,
34 or any combination thereof, for the benefit of such officers and
35 employees, and the dependents of such officers and employees, as
36 have authorized the purchase, from insurance companies authorized
37 to transact the business of such insurance in the State of Nevada,
38 and, where necessary, deduct from the compensation of officers and
39 employees the premiums upon insurance and pay the deductions
40 upon the premiums.

41 (c) Provide group life, accident or health coverage through a
42 self-insurance reserve fund and, where necessary, deduct
43 contributions to the maintenance of the fund from the compensation
44 of officers and employees and pay the deductions into the fund. The
45 money accumulated for this purpose through deductions from the



1 compensation of officers and employees and contributions of the
2 governing body must be maintained as an internal service fund as
3 defined by NRS 354.543. The money must be deposited in a state or
4 national bank or credit union authorized to transact business in the
5 State of Nevada. Any independent administrator of a fund created
6 under this section is subject to the licensing requirements of chapter
7 683A of NRS, and must be a resident of this State. Any contract
8 with an independent administrator must be approved by the
9 Commissioner of Insurance as to the reasonableness of
10 administrative charges in relation to contributions collected and
11 benefits provided. The provisions of NRS 686A.135, 687B.352,
12 687B.408, 687B.723, 687B.725, 689B.030 to **689B.031, inclusive,**
13 **689B.0313 to** 689B.050, inclusive, 689B.265, 689B.287 and
14 689B.500 apply to coverage provided pursuant to this paragraph,
15 except that the provisions of NRS 689B.0378, 689B.03785 and
16 689B.500 only apply to coverage for active officers and employees
17 of the governing body, or the dependents of such officers and
18 employees.

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

25 2. If a school district offers group insurance to its officers and
26 employees pursuant to this section, members of the board of trustees
27 of the school district must not be excluded from participating in the
28 group insurance. If the amount of the deductions from compensation
29 required to pay for the group insurance exceeds the compensation to
30 which a trustee is entitled, the difference must be paid by the trustee.

31 3. In any county in which a legal services organization exists,
32 the governing body of the county, or of any school district,
33 municipal corporation, political subdivision, public corporation or
34 other local governmental agency of the State of Nevada in the
35 county, may enter into a contract with the legal services
36 organization pursuant to which the officers and employees of the
37 legal services organization, and the dependents of those officers and
38 employees, are eligible for any life, accident or health insurance
39 provided pursuant to this section to the officers and employees, and
40 the dependents of the officers and employees, of the county, school
41 district, municipal corporation, political subdivision, public
42 corporation or other local governmental agency.

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



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

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

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

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

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

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

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

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

21 287.040 The provisions of NRS 287.010 to 287.040, inclusive,
22 *and section 14.5 of this act* do not make it compulsory upon any
23 governing body of any county, school district, municipal
24 corporation, political subdivision, public corporation or other local
25 governmental agency of the State of Nevada, except as otherwise
26 provided in NRS 287.021 or subsection 4 of NRS 287.023 or in an
27 agreement entered into pursuant to subsection 3 of NRS 287.015, to
28 pay any premiums, contributions or other costs for group insurance,
29 a plan of benefits or medical or hospital services established
30 pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or
31 (d) of subsection 1 of NRS 287.025, for coverage under the Public
32 Employees' Benefits Program, or to make any contributions to a
33 trust fund established pursuant to NRS 287.017, or upon any officer
34 or employee of any county, school district, municipal corporation,
35 political subdivision, public corporation or other local governmental
36 agency of this State to accept any such coverage or to assign his or
37 her wages or salary in payment of premiums or contributions
38 therefor.

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

41 287.04335 If the Board provides health insurance through a
42 plan of self-insurance, it shall comply with the provisions of NRS
43 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353,
44 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162,
45 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167,



1 695G.1675, 695G.170 to 695G.174, inclusive, *and sections 71 and*
2 *72 of this act*, 695G.176, 695G.177, 695G.200 to 695G.230,
3 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, in the
4 same manner as an insurer that is licensed pursuant to title 57 of
5 NRS is required to comply with those provisions.

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

7 389.036 1. The board of trustees of a school district shall
8 ~~establish~~ :

9 (a) *Establish* a course or unit of a course of ~~f~~

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

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

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

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

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

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

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

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

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

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

40 (8) *Statutes related to age of consent and statutory rape,*
41 *including, without limitation, NRS 200.366, 200.727, 201.230,*
42 *201.540 and 201.550, and preventing statutory rape;*

43 (9) *Statutes related to the transmission and possession of*
44 *sexually explicit images, including, without limitation, NRS*
45 *200.604, 200.727, 200.730 and 200.780, and avoiding participation*



1 *in such acts and exploitation of others through the creation and*
2 *transmission of such images over the Internet or in any other*
3 *manner; and*

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

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

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

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

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

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

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

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

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

33 3. *Each board of trustees shall appoint an advisory committee*
34 *consisting of:*

35 (a) *Five parents of children who attend schools in the district;*
36 *and*

37 (b) *Four representatives, one from each of four of the following*
38 *professions or occupations:*

39 (1) *Medicine or nursing;*

40 (2) *Counseling;*

41 (3) *Religion;*

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

43 (5) *Teaching.*

44 **{→ This}**



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

7 ~~[3.]~~ **5.** The subjects of the ~~[courses]~~ *course or unit of a course*
8 *of instruction* may be taught only by a teacher , ~~[or]~~ school nurse
9 ~~[whose qualifications have]~~ , *provider of health care or other*
10 *person who has* been ~~[previously]~~ approved by the board of
11 trustees. *The board of trustees may approve a person for the*
12 *purposes of this subsection if it determines that the person has*
13 *demonstrated competency in the applicable subject and the use of*
14 *the required instructional materials.*

15 ~~[4.]~~ **6.** The parent or guardian of each pupil to whom a course
16 *or unit of a course of instruction established pursuant to this*
17 *section* is offered must first be furnished written notice that the
18 course *or unit of a course* will be offered. The notice must be given
19 in the usual manner used by the local district to transmit written
20 material to parents, and must contain a form for the signature of the
21 parent or guardian of the pupil consenting to the pupil's attendance.
22 Upon receipt of the written consent of the parent or guardian, the
23 pupil may attend the course ~~[.]~~ *or unit of a course*. If the written
24 consent of the parent or guardian is not received, the pupil must be
25 excused from such attendance without any penalty as to credits or
26 academic standing. Any course *or unit of a course* offered pursuant
27 to this section is not a requirement for graduation.

28 ~~[5.]~~ **7.** All instructional materials to be used in a course *or unit*
29 *of a course of instruction established pursuant to this section* must
30 be available for inspection by parents or guardians of pupils at
31 reasonable times and locations before the course is taught, and
32 appropriate written notice of the availability of the material must be
33 furnished to all parents and guardians.

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

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

37 389.520 1. The Council shall:

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

- 43 (1) English language arts;
44 (2) Mathematics;
45 (3) Science;



1 (4) Social studies, which includes only the subjects of
2 history, geography, economics, civics, financial literacy and
3 multicultural education;

4 (5) The arts;

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

7 (7) Health;

8 (8) Physical education; and

9 (9) A foreign or world language.

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

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

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

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

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

26 (2) Methods to ensure the prevention of:

27 (I) Cyber-bullying;

28 (II) Plagiarism; and

29 (III) The theft of information or data in an electronic
30 form;

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

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

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

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

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

42 (1) Methods to maintain the security of personal identifying
43 information and financial information, including, without limitation,
44 identifying unsolicited electronic communication which is sent for



1 the purpose of obtaining such personal and financial information for
2 an unlawful purpose;

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

5 (3) The effects of a computer contaminant;

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

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

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

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

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

18 (a) **Mental** health and the relationship between mental health
19 and physical health.

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

23 5. The Council shall establish standards of content and
24 performance for each grade level in kindergarten and grades 1 to 8,
25 inclusive, for English language arts and mathematics. The Council
26 shall establish standards of content and performance for the grade
27 levels selected by the Council for the other courses of study
28 prescribed in subsection 1.

29 6. The Council shall forward to the State Board the standards
30 of content and performance established by the Council for each
31 course of study. The State Board shall:

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

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

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

41 (a) Consider the objection provided by the State Board and
42 determine whether to revise the standards based upon the objection;
43 and

44 (b) Return the standards or the revised standards, as applicable,
45 to the State Board.



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

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

5 9. As used in this section:

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

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

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

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

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

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

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

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

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

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

30 422.27173 The Director shall include in the State Plan for
31 Medicaid a requirement that the State must pay the nonfederal share
32 of expenditures incurred for :

33 **1. *Testing for and the treatment and prevention of sexually
34 transmitted diseases, including, without limitation, Chlamydia
35 trachomatis, gonorrhea, syphilis, human immunodeficiency virus
36 and hepatitis B and C, for all recipients of Medicaid, regardless of
37 age. Services covered pursuant to this section must include,
38 without limitation, the examination of a pregnant woman for the
39 discovery of:***

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

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

43 **2. *Condoms for recipients of Medicaid.***



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

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

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

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

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

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

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

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

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

33 **Sec. 24.** (Deleted by amendment.)

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

35 422.4025 1. The Department shall:

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

41 (b) Negotiate and enter into agreements to purchase the drugs
42 included on the list of preferred prescription drugs on behalf of the
43 health benefit plans described in paragraph (a) or enter into a
44 contract pursuant to NRS 422.4053 with a pharmacy benefit
45 manager, health maintenance organization or one or more public or



1 private entities in this State, the District of Columbia or other states
2 or territories of the United States, as appropriate, to negotiate such
3 agreements.

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

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

13 (b) Antirejection medications for organ transplants;

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

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

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

21 3. The regulations must provide that the Board makes the final
22 determination of:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



1 3. 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 the employer are paid.

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

6 (a) Program for the treatment of alcohol or substance use
7 disorders which is certified by the Division of Public and Behavioral
8 Health 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, is accredited by The Joint Commission or CARF
13 International and provides a program for the treatment of alcohol or
14 substance use disorders as part of its accredited activities.

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

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

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

27 630.253 1. The Board shall, as a prerequisite for the:

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

29 (b) Biennial registration of the holder of a license to practice
30 medicine,

31 ↪ require each holder to submit evidence of compliance with the
32 requirements for continuing education as set forth in regulations
33 adopted by the Board.

34 2. These requirements:

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

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

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



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

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

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

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

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

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

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

24 (1) May include the training provided pursuant to NRS
25 449.103, where applicable.

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

28 (3) Must address persons of different cultural backgrounds,
29 including, without limitation:

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

32 (II) Persons from various religious backgrounds;

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

35 (IV) Children and senior citizens;

36 (V) Veterans;

37 (VI) Persons with a mental illness;

38 (VII) Persons with an intellectual disability,
39 developmental disability or physical disability; and

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

44 (f) Must allow the holder of a license to receive credit toward
45 the total amount of continuing education required by the Board for



1 the completion of a course of instruction relating to genetic
2 counseling and genetic testing.

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

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

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

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

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

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

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

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

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

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

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



1 (c) The detection of suicidal thoughts and ideations and the
2 prevention of suicide.

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

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

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

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

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

22 10. As used in this section:

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

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

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

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

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

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

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

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

45 (a) An accredited school of professional nursing;



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

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

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

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

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

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

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

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

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

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

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

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

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

42 (c) For each person licensed pursuant to this chapter, one or
43 more courses of instruction that provide at least 2 hours of
44 instruction relating to cultural competency and diversity, equity and
45 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 ~~H3.1~~ 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 ~~H3.1~~ 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.** (Deleted by amendment.)



1 **Sec. 36.** NRS 689A.030 is hereby amended to read as follows:
2 689A.030 A policy of health insurance must not be delivered
3 or issued for delivery to any person in this State unless it otherwise
4 complies with this Code, and complies with the following:

5 1. The entire money and other considerations for the policy
6 must be expressed therein.

7 2. The time when the insurance takes effect and terminates
8 must be expressed therein.

9 3. It must purport to insure only one person, except that a
10 policy may insure, originally or by subsequent amendment, upon the
11 application of an adult member of a family, who shall be deemed the
12 policyholder, any two or more eligible members of that family,
13 including the husband, wife, domestic partner as defined in NRS
14 122A.030, dependent children, from the time of birth, adoption or
15 placement for the purpose of adoption as provided in NRS
16 689A.043, or any child on or before the last day of the month in
17 which the child attains 26 years of age, and any other person
18 dependent upon the policyholder.

19 4. The style, arrangement and overall appearance of the policy
20 must not give undue prominence to any portion of the text, and
21 every printed portion of the text of the policy and of any
22 endorsements or attached papers must be plainly printed in light-
23 faced type of a style in general use, the size of which must be
24 uniform and not less than 10 points with a lowercase unspaced
25 alphabet length not less than 120 points. "Text" includes all printed
26 matter except the name and address of the insurer, the name or the
27 title of the policy, the brief description, if any, and captions and
28 subcaptions.

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

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

41 7. The policy must not contain any provision purporting to
42 make any portion of the charter, rules, constitution or bylaws of the
43 insurer a part of the policy unless that portion is set forth in full in
44 the policy, except in the case of the incorporation of or reference to



1 a statement of rates or classification of risks, or short-rate table filed
2 with the Commissioner.

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

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

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

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

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

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

22 689A.0437 1. An insurer that offers or issues a policy of
23 health insurance shall include in the policy coverage for:

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

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

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

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



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

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

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

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

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

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

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

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

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

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

31 6. As used in this section:

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

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

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



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

3 **Sec. 38.** NRS 689A.046 is hereby amended to read as follows:
4 689A.046 1. ~~The~~ *In addition to the benefits required by*
5 *section 33 of this act, the* benefits provided by a policy for health
6 insurance for treatment of alcohol or substance use disorder must
7 ~~consist of:~~ *include, without limitation:*

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

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

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

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

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

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

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

29 **Sec. 39.** NRS 689A.330 is hereby amended to read as follows:
30 689A.330 If any policy is issued by a domestic insurer for
31 delivery to a person residing in another state, and if the insurance
32 commissioner or corresponding public officer of that other state has
33 informed the Commissioner that the policy is not subject to approval
34 or disapproval by that officer, the Commissioner may by ruling
35 require that the policy meet the standards set forth in NRS 689A.030
36 to 689A.320, inclusive ~~and~~, *and sections 33 and 34 of this act.*

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

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

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

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



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

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

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

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

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

14 3. *An insurer shall not:*

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

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

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

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

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

32 6. *As used in this section:*

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

42 (2) The provider of primary care is capable of providing the
43 service safely and effectively in consultation with a specialist and
44 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 insurer.

4 2. An insurer that offers or issues a policy of group health
5 insurance shall reimburse ~~[a]~~:

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

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

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

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

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

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

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

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

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

34 6. As used in this section:

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

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



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

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

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

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

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

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

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

17 (b) *Any service for the treatment of substance use disorder*
18 *provided by a provider of primary care if the service is covered*
19 *when provided by a specialist 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.*

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

28 3. *A carrier shall not:*

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

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

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

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

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

45 6. *As used in this section:*



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

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

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

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

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

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

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

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

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

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

34 689C.166 Each group health insurance policy must contain in
35 substance a provision for benefits payable for expenses incurred for
36 the treatment of alcohol or substance use disorder, as provided in
37 NRS 689C.167 ~~and~~ and section 46 of this act.

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

39 689C.167 1. ~~The~~ In addition to the benefits required by
40 section 46 of this act, the benefits provided by a group policy for
41 health insurance, as required by NRS 689C.166, for the treatment of
42 alcohol or substance use disorders must ~~consist of:~~ include,
43 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 and 47 of this act* to the extent
13 applicable and not in conflict with the express provisions of NRS
14 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.** (Deleted by amendment.)

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

44 695A.1843 1. A society that offers or issues a benefit
45 contract shall include in the benefit coverage for:



1 (a) ~~[Drugs]~~ *All* approved by the United States Food and Drug
2 Administration for preventing the acquisition of human
3 immunodeficiency virus ~~[:]~~ *or treating human immunodeficiency*
4 *virus or hepatitis C in the form recommended by the prescribing*
5 *practitioner, regardless of whether the drug is included in the*
6 *formulary of the society;*

7 (b) Laboratory testing that is necessary for therapy that uses
8 ~~[such]~~ a drug ~~[:]~~ *to prevent the acquisition of human*
9 *immunodeficiency virus;*

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

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

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

19 ~~[(e)]~~ (d) The services described in NRS 639.28085, when
20 provided by a pharmacist who participates in the network plan of the
21 society.

22 2. A society that offers or issues a benefit contract shall
23 reimburse ~~[a]~~ :

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

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

33 3. A society ~~[may subject]~~ *shall not:*

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

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

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

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



1 4. A society shall ensure that the benefits required by
2 subsection 1 are made available to an insured through a provider of
3 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 ~~October~~ **January** 1, ~~2021,~~ **2024**, has the legal effect of including
7 the coverage required by subsection 1, and any provision of the plan
8 that conflicts with the provisions of this section is void.

9 6. As used in this section:

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

15 (b) "Network plan" means a benefit contract offered by a society
16 under which the financing and delivery of medical care, including
17 items and services paid for as medical care, are provided, in whole
18 or in part, through a defined set of providers under contract with the
19 society. The term does not include an arrangement for the financing
20 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. 58.** Chapter 695B of NRS is hereby amended by adding
27 thereto the provisions set forth as sections 59, 60 and 61 of this act.

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

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

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

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

38 (b) *Any service for the treatment of substance use disorder*
39 *provided by a provider of primary care if the service is covered*
40 *when provided by a specialist 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.*



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

5 3. A hospital or medical services corporation shall not:

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

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

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

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

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

23 6. As used in this section:

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

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

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

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

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

44 (a) Coverage of testing for and the treatment and prevention of
45 sexually transmitted diseases, including, without limitation,



1 *Chlamydia trachomatis, gonorrhea, syphilis, human*
2 *immunodeficiency virus and hepatitis B and C, for all insureds,*
3 *regardless of age. Such coverage must include, without limitation,*
4 *the coverage required by NRS 695B.1913 and 695B.1924.*

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

7 2. *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 **Sec. 61.** (Deleted by amendment.)

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

15 695B.1924 1. A hospital or medical services corporation that
16 offers or issues a policy of health insurance shall include in the
17 policy coverage for:

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

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

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

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

33 (2) *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; and*

36 ~~{E}~~ (d) The services described in NRS 639.28085, when
37 provided by a pharmacist who participates in the network plan of the
38 hospital or medical services corporation.

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

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



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

7 3. A hospital or medical services corporation ~~may subject~~
8 *shall not:*

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

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

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

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

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

23 5. A policy of health insurance subject to the provisions of this
24 chapter that is delivered, issued for delivery or renewed on or after
25 ~~October~~ *January* 1, ~~2021,~~ *2024*, has the legal effect of including
26 the coverage required by subsection 1, and any provision of the
27 policy that 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 is
30 used to control the cost or use of health care services or prescription
31 drugs. The term includes, without limitation, the use of step therapy,
32 prior authorization and categorizing drugs and devices based on
33 cost, type or method of administration.

34 (b) "Network plan" means a policy of health insurance offered
35 by a hospital or medical services corporation under which the
36 financing and delivery of medical care, including items and services
37 paid for as medical care, are provided, in whole or in part, through a
38 defined set of providers under contract with the hospital or medical
39 services corporation. The term does not include an arrangement for
40 the 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. 63.** Chapter 695C of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 64, 65 and 66 of this act.

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

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

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

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

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

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

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

20 2. *A health maintenance organization shall provide the*
21 *coverage required by paragraph (a) of subsection 1 regardless of*
22 *whether the drug is included in the formulary of the health*
23 *maintenance organization.*

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

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

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

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

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

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

42 6. *As used in this section:*

43 *(a) "Medical management technique" means a practice which*
44 *is used to control the cost or use of health care services or*
45 *prescription drugs. The term includes, without limitation, the use*



1 of step therapy, prior authorization and categorizing drugs and
2 devices based on cost, type or method of administration.

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

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

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

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

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

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

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

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

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

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

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

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



1 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
2 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
3 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
4 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,
5 inclusive, and 695C.265 do not apply to a health maintenance
6 organization that provides health care services through managed
7 care to recipients of Medicaid under the State Plan for Medicaid or
8 insurance pursuant to the Children's Health Insurance Program
9 pursuant to a contract with the Division of Health Care Financing
10 and Policy of the Department of Health and Human Services. This
11 subsection does not exempt a health maintenance organization from
12 any provision of this chapter for services provided pursuant to any
13 other contract.

14 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
15 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333,
16 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743,
17 695C.1745 and 695C.1757 *and sections 64 and 65 of this act* apply
18 to a health maintenance organization that provides health care
19 services through managed care to recipients of Medicaid under the
20 State Plan for Medicaid.

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

23 695C.1743 1. A health maintenance organization that offers
24 or issues a health care plan shall include in the plan coverage for:

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

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

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

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

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

43 ~~(e)~~ (d) The services described in NRS 639.28085, when
44 provided by a pharmacist who participates in the network plan of the
45 health maintenance organization.



1 2. A health maintenance organization that offers or issues a
2 health care plan shall reimburse ~~fa~~:

3 (a) A pharmacist who participates in the network plan of the
4 health maintenance organization for the services described in NRS
5 639.28085 at a rate equal to the rate of reimbursement provided to a
6 physician, physician assistant or advanced practice registered nurse
7 for similar services.

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

14 3. A health maintenance organization ~~may subject~~ shall not:

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

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

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

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

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

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

34 6. As used in this section:

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

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



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

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

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

7 695C.330 1. The Commissioner may suspend or revoke any
8 certificate of authority issued to a health maintenance organization
9 pursuant to the provisions of this chapter if the Commissioner finds
10 that any of the following conditions exist:

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

18 (b) The health maintenance organization issues evidence of
19 coverage or uses a schedule of charges for health care services
20 which do not comply with the requirements of NRS 695C.1691 to
21 695C.200, inclusive, *and sections 64 and 65 of this act* or
22 695C.207;

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

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

27 (1) Does not meet the requirements of subsection 1 of NRS
28 695C.080; or

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

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

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

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

40 (1) Resolving complaints in a manner reasonably to dispose
41 of valid complaints; and

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



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

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

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

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

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

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

18 4. If the certificate of authority of a health maintenance
19 organization is revoked, the organization shall proceed, immediately
20 following the effective date of the order of revocation, to wind up its
21 affairs and shall conduct no further business except as may be
22 essential to the orderly conclusion of the affairs of the organization.
23 It shall engage in no further advertising or solicitation of any kind.
24 The Commissioner may, by written order, permit such further
25 operation of the organization as the Commissioner may find to be in
26 the best interest of enrollees to the end that enrollees are afforded
27 the greatest practical opportunity to obtain continuing coverage for
28 health care.

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

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

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

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

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

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

43 **(1) The service is within the scope of practice of the**
44 **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.*

4 2. *A managed care organization shall provide the coverage*
5 *required by paragraph (a) of subsection 1 regardless of whether*
6 *the drug is included in the formulary of the managed care*
7 *organization.*

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

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

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

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

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

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

26 6. *As used in this section:*

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

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

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

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

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



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

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

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

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

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

17 695G.1705 1. A managed care organization that offers or
18 issues a health care plan shall include in the plan coverage for:

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

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

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

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

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

37 ~~(e)~~ (d) The services described in NRS 639.28085, when
38 provided by a pharmacist who participates in the network plan of the
39 managed care organization.

40 2. A managed care organization that offers or issues a health
41 care plan shall reimburse ~~and~~:

42 (a) A pharmacist who participates in the network plan of the
43 managed care organization for the services described in NRS
44 639.28085 at a rate equal to the rate of reimbursement provided to a



1 physician, physician assistant or advanced practice registered nurse
2 for similar services.

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

8 3. A managed care organization ~~may subject~~ shall not:

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

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

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

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

19 4. A managed care organization shall ensure that the benefits
20 required by subsection 1 are made available to an insured through a
21 provider of health care who participates in the network plan of the
22 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 ~~October~~ *January* 1, ~~2021,~~ *2024*, has the legal effect of including
26 the coverage required by subsection 1, and any provision of the plan
27 that 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 is
30 used to control the cost or use of health care services or prescription
31 drugs. The term includes, without limitation, the use of step therapy,
32 prior authorization and categorizing drugs and devices based on
33 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 delivery
36 of medical care, including items and services paid for as medical
37 care, are provided, in whole or in part, through a defined set of
38 providers under contract with the managed care organization. The
39 term does not include an arrangement for the financing of
40 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. 75.** 1. The first application that a physician, osteopathic
2 physician or physician assistant licensed pursuant to chapter 630 or
3 633 of NRS or a nurse who provides or supervises the provision of
4 emergency medical services in a hospital or primary care and who is
5 licensed on January 1, 2024, submits to renew his or her license on
6 or after that date must include, without limitation, proof that the
7 applicant has completed at least 2 hours of training in the stigma,
8 discrimination and unrecognized bias toward persons who have
9 acquired or are at a high risk of acquiring human immunodeficiency
10 virus, as required by NRS 630.253, 632.343 and 633.471, as
11 amended by sections 28, 29 and 30 of this act, respectively, as
12 applicable.

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

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

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

20 2. The Nevada Supreme Court has further held in *Tellis v.*
21 *State*, 84 Nev. 587, 591 (1968), *Sparkman v. State*, 95 Nev. 76, 82
22 (1979) and *State v. Dist. Ct. (Pullin)*, 124 Nev. 564, 567-68 (2008),
23 that the penalty for a crime is determined by the law in effect at the
24 time the offender committed the crime and not the law in effect at
25 the time the offender is sentenced unless the Legislature has
26 expressed its clear intent that a statute ameliorating the penalty
27 apply retroactively.

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

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

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

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

44 **Sec. 77.** 1. The provisions of section 24 of chapter 491,
45 Statutes of Nevada 2021, at page 3199, apply to any violation of



1 NRS 201.205 or 201.358, as those sections existed before the
2 enactment of section 24 of chapter 491, Statutes of Nevada 2021, at
3 page 3199, if the violation occurred before, on or after June 6, 2021,
4 and the person was convicted on or after the effective date of this
5 section.

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

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

17 4. The Central Repository for Nevada Records of Criminal
18 History shall remove from each database or compilation of records
19 of criminal history maintained by the Central Repository all records
20 of bench warrants issued for a person who failed to appear in court
21 in relation to an alleged violation of NRS 201.205 or 201.358, as
22 those sections existed before the enactment of section 24 of chapter
23 491, Statutes of Nevada 2021, at page 3199.

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

28 2. If a person commits a violation of a NRS 212.189 which is
29 punishable as a category A felony before the effective date of
30 section 13 of this act, and the violation is punishable as a category B
31 felony, a category D felony or a gross misdemeanor pursuant to
32 NRS 212.189, as amended by section 13 of this act, the person must
33 not be charged with or convicted of a category A felony, if the
34 violation occurs on or after the effective date of section 13 of this
35 act, and may only be charged with and convicted of a category B
36 felony, category D felony or gross misdemeanor, as applicable, on
37 or after the effective date of section 13 of this act.

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

41 **Sec. 80.** 1. This section and sections 3 to 10, inclusive, 13,
42 76, 77 and 78 of this act become effective upon passage and
43 approval.

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



- 1 (a) Upon passage and approval for the purpose of adopting any
2 regulations and performing any other preparatory administrative
3 tasks that are necessary to carry out the provisions of this act; and
4 (b) On January 1, 2024, for all other purposes.

