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SECOND 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 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 certain public and private health plans, including health
52 plans for state government employees, to cover drugs that prevent the acquisition of
53 human immunodeficiency virus and any related laboratory or diagnostic
54 procedures. (NRS 287.010, 287.04335, 689A.0437, 689B.0312, 689C.1671,
55 695A.1843, 695B.1924, 695C.1743, 695G.1705) **Sections 31, 37, 44, 51, 57, 62, 68**
56 **and 74** of this bill require such insurance plans to cover all such drugs approved by
57 the United States Food and Drug Administration and all drugs approved by the
58 Food and Drug Administration for treating human immunodeficiency virus or



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

85 Existing law requires the Department of Health and Human Services to develop
86 a list of preferred prescription drugs to be used for the Medicaid program. Existing
87 law requires the Department to: (1) include on that list drugs for the prevention of
88 human immunodeficiency virus; and (2) include drugs prescribed to treat the
89 human immunodeficiency virus on a list of drugs that are excluded from the
90 restrictions imposed on drugs that are on the list of preferred prescription drugs.
91 (NRS 422.4025) **Section 25** of this bill requires the Medicaid program to cover a
92 prescription drug that is not on the list of preferred prescription drugs if the drug is:
93 (1) used to treat hepatitis C, used to provide medication-assisted treatment for
94 opioid use disorder, used to support safe withdrawal from substance use disorder or
95 is in the same class as a prescription drug on the list of preferred prescription drugs;
96 and (2) is unsuitable for a recipient of Medicaid for certain reasons.

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

109 Senate Bill No. 275 of the 2021 Legislative Session repealed certain criminal
110 offenses for which an element of the offense was having the human
111 immunodeficiency virus. (Section 24, chapter 491, Statutes of Nevada 2021, at
112 page 3199) **Section 77** of this bill provides that the repeal of those offenses applies



113 retroactively to violations that occurred before the effective date of Senate Bill
114 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.)

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

35 (2) For each such officer or employee:

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

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



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

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

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

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

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

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

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

32 232.320 1. The Director:

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

41 *5. A plan of self-insurance described in subsection 1 that is
42 delivered, issued for delivery or renewed on or after January 1,
43 2024, has the legal effect of including the coverage required by
44 subsection 1, and any provision of the plan that conflicts with the
45 provisions of this section is void.*



1 **6. As used in this section:**

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

7 (b) *“Network plan” means a plan of self-insurance provided*
8 *by the governing body of a local governmental agency under*
9 *which the financing and delivery of medical care, including items*
10 *and services paid for as medical care, are provided, in whole or in*
11 *part, through a defined set of providers under contract with the*
12 *governing body. The term does not include an arrangement for the*
13 *financing of premiums.*

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

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

17 287.010 1. The governing body of any county, school
18 district, municipal corporation, political subdivision, public
19 corporation or other local governmental agency of the State of
20 Nevada may:

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

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

36 (c) Provide group life, accident or health coverage through a
37 self-insurance reserve fund and, where necessary, deduct
38 contributions to the maintenance of the fund from the compensation
39 of officers and employees and pay the deductions into the fund. The
40 money accumulated for this purpose through deductions from the
41 compensation of officers and employees and contributions of the
42 governing body must be maintained as an internal service fund as
43 defined by NRS 354.543. The money must be deposited in a state or
44 national bank or credit union authorized to transact business in the
45 State of Nevada. Any independent administrator of a fund created



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

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

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

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

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

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



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

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

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

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

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

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

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

16 287.040 The provisions of NRS 287.010 to 287.040, inclusive,
17 *and section 14.5 of this act* do not make it compulsory upon any
18 governing body of any county, school district, municipal
19 corporation, political subdivision, public corporation or other local
20 governmental agency of the State of Nevada, except as otherwise
21 provided in NRS 287.021 or subsection 4 of NRS 287.023 or in an
22 agreement entered into pursuant to subsection 3 of NRS 287.015, to
23 pay any premiums, contributions or other costs for group insurance,
24 a plan of benefits or medical or hospital services established
25 pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or
26 (d) of subsection 1 of NRS 287.025, for coverage under the Public
27 Employees' Benefits Program, or to make any contributions to a
28 trust fund established pursuant to NRS 287.017, or upon any officer
29 or employee of any county, school district, municipal corporation,
30 political subdivision, public corporation or other local governmental
31 agency of this State to accept any such coverage or to assign his or
32 her wages or salary in payment of premiums or contributions
33 therefor.

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

36 287.04335 If the Board provides health insurance through a
37 plan of self-insurance, it shall comply with the provisions of NRS
38 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353,
39 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162,
40 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167,
41 695G.1675, 695G.170 to 695G.174, inclusive, *and sections 71 and*
42 *72 of this act*, 695G.176, 695G.177, 695G.200 to 695G.230,
43 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, in the
44 same manner as an insurer that is licensed pursuant to title 57 of
45 NRS is required to comply with those provisions.



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

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

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

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

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

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

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

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

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

21 422.27173 The Director shall include in the State Plan for
22 Medicaid a requirement that the State must pay the nonfederal share
23 of expenditures incurred for :

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

31 ~~{1-}~~ *(a) Chlamydia trachomatis, gonorrhea, hepatitis B and
32 hepatitis C in accordance with NRS 442.013.*

33 ~~{2-}~~ *(b) Syphilis in accordance with NRS 442.010.*

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

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

37 422.27235 **1.** The Director shall include in the State Plan for
38 Medicaid a requirement that the State pay the nonfederal share of
39 expenditures incurred for:

40 ~~{1-}~~ *(a) Any laboratory testing that is necessary for therapy that
41 uses a drug approved by the United States Food and Drug
42 Administration for preventing the acquisition of human
43 immunodeficiency virus. ~~{-and}~~*

44 ~~{2-}~~ *(b) The services of a pharmacist described in NRS
45 639.28085. The State must provide reimbursement for such services*



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

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

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

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

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

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

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

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

24 422.4025 1. The Department shall:

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

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

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



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

4 (b) Antirejection medications for organ transplants;

5 (c) Antihemophilic medications; and

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

10 3. The regulations must provide that the Board makes the final
11 determination of:

12 (a) Whether a class of therapeutic prescription drugs is included
13 on the list of preferred prescription drugs and is excluded from any
14 restrictions that are imposed by the Medicaid program on drugs that
15 are on the list of preferred prescription drugs;

16 (b) Which therapeutically equivalent prescription drugs will be
17 reviewed for inclusion on the list of preferred prescription drugs and
18 for exclusion from any restrictions that are imposed by the Medicaid
19 program on drugs that are on the list of preferred prescription drugs;
20 and

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

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

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

30 (b) Prescription drugs to prevent the acquisition of human
31 immunodeficiency virus.

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

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

41 (a) *The drug is:*

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

35 608.156 1. ~~##~~ *In addition to any benefits required by NRS*
36 *608.1555, an employer provides health benefits for his or her*
37 *employees, the employer shall provide benefits for the expenses for*
38 *the treatment of alcohol and substance use disorders. The annual*
39 *benefits provided by the employer must ~~consist of:~~ include,*
40 *without limitation:*

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

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



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

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

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

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

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

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

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

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

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

32 630.253 1. The Board shall, as a prerequisite for the:

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

34 (b) Biennial registration of the holder of a license to practice
35 medicine,

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

39 2. These requirements:

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

43 (b) Must provide for the completion of a course of instruction,
44 within 2 years after initial licensure, relating to the medical
45 consequences of an act of terrorism that involves the use of a



1 weapon of mass destruction. The course must provide at least 4
2 hours of instruction that includes instruction in the following
3 subjects:

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

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

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

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

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

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

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

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

29 (1) May include the training provided pursuant to NRS
30 449.103, where applicable.

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

33 (3) Must address persons of different cultural backgrounds,
34 including, without limitation:

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

37 (II) Persons from various religious backgrounds;

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

40 (IV) Children and senior citizens;

41 (V) Veterans;

42 (VI) Persons with a mental illness;

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



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

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

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

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

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

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

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

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

32 (d) The importance of maintenance of function and
33 independence for older persons.

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

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



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

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

6 (c) The detection of suicidal thoughts and ideations and the
7 prevention of suicide.

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

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

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

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

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

27 10. As used in this section:

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

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

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

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

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

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

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

42 632.343 1. The Board shall not renew any license issued
43 under this chapter until the licensee has submitted proof satisfactory
44 to the Board of completion, during the 2-year period before renewal
45 of the license, of 30 hours in a program of continuing education



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

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

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

19 3. The program of continuing education required by subsection
20 1 must include:

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

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

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

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

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

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

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

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



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

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

7 (1) May include the training provided pursuant to NRS
8 449.103, where applicable.

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

11 (3) Must address persons of different cultural backgrounds,
12 including, without limitation:

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

15 (II) Persons from various religious backgrounds;

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

18 (IV) Children and senior citizens;

19 (V) Veterans;

20 (VI) Persons with a mental illness;

21 (VII) Persons with an intellectual disability,
22 developmental disability or physical disability; and

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

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

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

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

43 5. The Board shall encourage each licensee who treats or cares
44 for persons who are more than 60 years of age to receive, as a



1 portion of their continuing education, education in geriatrics and
2 gerontology, including such topics as:

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

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

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

9 (d) The importance of maintenance of function and
10 independence for older persons.

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

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

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

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

26 8. As used in this section:

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

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

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

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

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

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

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

41 633.471 1. Except as otherwise provided in subsection ~~(4)~~
42 **15** and NRS 633.491, every holder of a license, except a physician
43 assistant, issued under this chapter, except a temporary or a special
44 license, may renew the license on or before January 1 of each
45 calendar year after its issuance by:



1 (a) Applying for renewal on forms provided by the Board;
2 (b) Paying the annual license renewal fee specified in this
3 chapter;

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

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

15 (e) Submitting all information required to complete the renewal.
16 2. The Secretary of the Board shall notify each licensee of the
17 requirements for renewal not less than 30 days before the date of
18 renewal.

19 3. The Board shall request submission of verified evidence of
20 completion of the required number of hours of continuing medical
21 education annually from no fewer than one-third of the applicants
22 for renewal of a license to practice osteopathic medicine or a license
23 to practice as a physician assistant. Subject to subsection ~~H3.1~~ 14,
24 upon a request from the Board, an applicant for renewal of a license
25 to practice osteopathic medicine or a license to practice as a
26 physician assistant shall submit verified evidence satisfactory to the
27 Board that in the year preceding the application for renewal the
28 applicant attended courses or programs of continuing medical
29 education approved by the Board totaling the number of hours
30 established by the Board.

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

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

43 6. The Board shall encourage each holder of a license to
44 practice osteopathic medicine or as a physician assistant to receive,
45 as a portion of his or her continuing education, training and



1 education in the diagnosis of rare diseases, including, without
2 limitation:

- 3 (a) Recognizing the symptoms of pediatric cancer; and
- 4 (b) Interpreting family history to determine whether such
5 symptoms indicate a normal childhood illness or a condition that
6 requires additional examination.

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

14 8. The continuing education requirements approved by the
15 Board must allow the holder of a license as an osteopathic physician
16 or physician assistant to receive credit toward the total amount of
17 continuing education required by the Board for the completion of a
18 course of instruction relating to genetic counseling and genetic
19 testing.

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

- 25 (a) The skills and knowledge that the licensee needs to detect
26 behaviors that may lead to suicide, including, without limitation,
27 post-traumatic stress disorder;
- 28 (b) Approaches to engaging other professionals in suicide
29 intervention; and
- 30 (c) The detection of suicidal thoughts and ideations and the
31 prevention of suicide.

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

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

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



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

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

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

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

9 (2) Persons from various religious backgrounds;

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

12 (4) Children and senior citizens;

13 (5) Veterans;

14 (6) Persons with a mental illness;

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

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

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

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

37 ~~[14.]~~ 15. Members of the Armed Forces of the United States
38 and the United States Public Health Service are exempt from
39 payment of the annual license renewal fee during their active duty
40 status.

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



1 **Sec. 31.** NRS 687B.225 is hereby amended to read as follows:
2 687B.225 1. Except as otherwise provided in NRS
3 689A.0405, 689A.0412, 689A.0413, *689A.0437*, 689A.044,
4 689A.0445, 689B.031, *689B.0312*, 689B.0313, 689B.0315,
5 689B.0317, 689B.0374, *689C.1671*, 689C.1675, *695A.1843*,
6 695A.1856, 695B.1912, 695B.1913, 695B.1914, *695B.1924*,
7 695B.1925, 695B.1942, 695C.1713, 695C.1735, 695C.1737,
8 *695C.1743*, 695C.1745, 695C.1751, 695G.170, *695G.1705*,
9 695G.171, 695G.1714 and 695G.177, *and sections 33, 41, 46, 54,*
10 *59, 64 and 71 of this act*, any contract for group, blanket or
11 individual health insurance or any contract by a nonprofit hospital,
12 medical or dental service corporation or organization for dental care
13 which provides for payment of a certain part of medical or dental
14 care may require the insured or member to obtain prior authorization
15 for that care from the insurer or organization. The insurer or
16 organization shall:

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

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

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

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

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

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

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

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

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

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



1 3. *An insurer shall not:*

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

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

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

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

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

18 6. *As used in this section:*

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

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

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

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

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

37 (a) *Coverage of testing for and the treatment and prevention of*
38 *sexually transmitted diseases, including, without limitation,*
39 *Chlamydia trachomatis, gonorrhea, syphilis, human*
40 *immunodeficiency virus and hepatitis B and C, for all insureds,*
41 *regardless of age. Such coverage must include, without limitation,*
42 *the coverage required by NRS 689A.0412 and 689A.0437.*

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



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

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

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

8 689A.030 A policy of health insurance must not be delivered
9 or issued for delivery to any person in this State unless it otherwise
10 complies with this Code, and complies with the following:

11 1. The entire money and other considerations for the policy
12 must be expressed therein.

13 2. The time when the insurance takes effect and terminates
14 must be expressed therein.

15 3. It must purport to insure only one person, except that a
16 policy may insure, originally or by subsequent amendment, upon the
17 application of an adult member of a family, who shall be deemed the
18 policyholder, any two or more eligible members of that family,
19 including the husband, wife, domestic partner as defined in NRS
20 122A.030, dependent children, from the time of birth, adoption or
21 placement for the purpose of adoption as provided in NRS
22 689A.043, or any child on or before the last day of the month in
23 which the child attains 26 years of age, and any other person
24 dependent upon the policyholder.

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

7 2. An insurer that offers or issues a policy of health insurance
8 shall reimburse ~~[(a)]~~ :

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

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

18 3. An insurer ~~[(may subject)]~~ shall not:

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

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

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

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

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

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

37 6. As used in this section:

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

43 ***(b) “Network plan” means a policy of health insurance offered***
44 ***by an insurer under which the financing and delivery of medical***
45 ***care, including items and services paid for as medical care, are***



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

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

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

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

10 689A.046 1. ~~[The]~~ *In addition to the benefits required by*
11 *section 33 of this act, the* benefits provided by a policy for health
12 insurance for treatment of alcohol or substance use disorder must
13 ~~[consist of:]~~ *include, without limitation:*

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

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

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

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

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

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

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

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

36 689A.330 If any policy is issued by a domestic insurer for
37 delivery to a person residing in another state, and if the insurance
38 commissioner or corresponding public officer of that other state has
39 informed the Commissioner that the policy is not subject to approval
40 or disapproval by that officer, the Commissioner may by ruling
41 require that the policy meet the standards set forth in NRS 689A.030
42 to 689A.320, inclusive ~~[]~~, *and sections 33 and 34 of this act.*



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

3 **Sec. 41. 1.** *An insurer that offers or issues a policy of*
4 *group health insurance shall include in the policy 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.** *An insurer shall provide the coverage required by*
21 *paragraph (a) of subsection 1 regardless of whether the drug is*
22 *included in the formulary of the insurer.*

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

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

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

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

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

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

41 **6.** *As used in this section:*

42 *(a) "Medical management technique" means a practice which*
43 *is used to control the cost or use of health care services or*
44 *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 policy of group health insurance
4 offered by an insurer under which the financing and delivery of
5 medical care, including items and services paid for as medical
6 care, are provided, in whole or in part, through a defined set of
7 providers under contract with the insurer. The term does not
8 include an arrangement for the financing of premiums.

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

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

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

16 (a) Coverage of testing for and the treatment of and prevention
17 of sexually transmitted diseases, including, without limitation,
18 Chlamydia trachomatis, gonorrhea, syphilis, human
19 immunodeficiency virus and hepatitis B and C, for all insureds,
20 regardless of age. Such coverage must include, without limitation,
21 the coverage required by NRS 689B.0312 and 689B.0315.

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

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

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

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

33 689B.0312 1. An insurer that offers or issues a policy of
34 group health insurance shall include in the policy coverage for:

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

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

44 (c) Any service to test for, prevent or treat human
45 immunodeficiency virus or hepatitis C provided by a provider of



1 *primary care if the service is covered when provided by a specialist*
2 *and:*

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

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

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

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

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

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

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

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

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

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

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

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

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

41 6. As used in this section:

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



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

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

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

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

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

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

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

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

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

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

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

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

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

36 3. *A carrier shall not:*

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

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

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



1 4. A carrier 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 carrier.

4 5. A health benefit plan subject to the provisions of this
5 chapter 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 plan 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 health benefit plan offered by a
16 carrier 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 carrier. 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. 47. 1.** A carrier that offers or issues a health benefit
27 plan shall include in the plan:

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 689C.1671 and 689C.1675.

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

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

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

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

43 689C.166 Each group health insurance policy must contain in
44 substance a provision for benefits payable for expenses incurred for



1 the treatment of alcohol or substance use disorder, as provided in
2 NRS 689C.167 ~~{}~~ *and section 46 of this act.*

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

4 689C.167 1. ~~{The}~~ *In addition to the benefits required by*
5 *section 46 of this act, the* benefits provided by a group policy for
6 health insurance, as required by NRS 689C.166, for the treatment of
7 alcohol or substance use disorders must ~~{consist-of:}~~ *include,*
8 *without limitation:*

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

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

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

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

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

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

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

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

32 689C.1671 1. A carrier that offers or issues a health benefit
33 plan shall include in the plan coverage for:

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

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

43 (c) *Any service to test for, prevent or treat human*
44 *immunodeficiency virus or hepatitis C provided by a provider of*



1 *primary care if the service is covered when provided by a specialist*
2 *and:*

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

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

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

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

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

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

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

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

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

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

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

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

37 5. A health benefit plan subject to the provisions of this chapter
38 that is delivered, issued for delivery or renewed on or after
39 ~~[(October)]~~ *January* 1, ~~[(2021)]~~ *2024*, has the legal effect of including
40 the coverage required by subsection 1, and any provision of the plan
41 that 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 is*
44 *used to control the cost or use of health care services or prescription*
45 *drugs. The term includes, without limitation, the use of step therapy,*



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

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

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

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

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

15 689C.425 A voluntary purchasing group and any contract
16 issued to such a group pursuant to NRS 689C.360 to 689C.600,
17 inclusive, are subject to the provisions of NRS 689C.015 to
18 689C.355, inclusive, *and sections 46 and 47 of this act* to the extent
19 applicable and not in conflict with the express provisions of NRS
20 687B.408 and 689C.360 to 689C.600, inclusive.

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

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

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

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

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

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

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

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

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

43 3. *A society shall not:*



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

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

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

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

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

17 6. As used in this section:

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

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

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

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

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

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

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

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



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

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

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

7 695A.1843 1. A society that offers or issues a benefit
8 contract shall include in the benefit coverage for:

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

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

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

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

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

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

30 2. A society that offers or issues a benefit contract shall
31 reimburse ~~a~~ :

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

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

41 3. A society ~~may subject~~ shall not:

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

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



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

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

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

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

15 6. As used in this section:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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.

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

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

37 (b) "Network plan" means a policy of health insurance offered
38 by a hospital or medical services corporation under which the
39 financing and delivery of medical care, including items and
40 services paid for as medical care, are provided, in whole or in part,
41 through a defined set of providers under contract with the hospital
42 or medical services corporation. The term does not include an
43 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. 60. 1.** A hospital or medical services corporation that
7 offers or issues a policy of health insurance shall include in the
8 policy:

9 (a) Coverage of testing for and the treatment and prevention of
10 sexually transmitted diseases, including, without limitation,
11 Chlamydia trachomatis, gonorrhea, syphilis, human
12 immunodeficiency virus and hepatitis B and C, for all insureds,
13 regardless of age. Such coverage must include, without limitation,
14 the coverage required by NRS 695B.1913 and 695B.1924.

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

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

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

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

25 695B.1924 1. A hospital or medical services corporation that
26 offers or issues a policy of health insurance shall include in the
27 policy coverage for:

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

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

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

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

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



1 ~~[(e)]~~ (d) The services described in NRS 639.28085, when
2 provided by a pharmacist who participates in the network plan of the
3 hospital or medical services corporation.

4 2. A hospital or medical services corporation that offers or
5 issues a policy of health insurance shall reimburse ~~[(a)]~~:

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

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

17 3. A hospital or medical services corporation ~~[(may subject)]~~
18 *shall not:*

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

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

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

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

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

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

38 6. As used in this section:

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

44 (b) "Network plan" means a policy of health insurance offered
45 by a hospital or medical services corporation under which the



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 4. *A health maintenance organization shall ensure that the*
44 *benefits required by subsection 1 are made available to an enrollee*



1 *through a provider of health care who participates in the network*
2 *plan of the health maintenance organization.*

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

8 6. *As used in this section:*

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

14 (b) *“Network plan” means a health care plan offered by a*
15 *health maintenance organization under which the financing and*
16 *delivery of medical care, including items and services paid for as*
17 *medical care, are provided, in whole or in part, through a defined*
18 *set of providers under contract with the health maintenance*
19 *organization. The term does not include an arrangement for the*
20 *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. 65. 1.** *A health maintenance organization that offers*
27 *or issues a health care plan shall include in the plan:*

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 enrollees,*
32 *regardless of age. Such coverage must include, without limitation,*
33 *the coverage required by NRS 695C.1737 and 695C.1743.*

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

36 2. *A health care plan 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 plan that*
40 *conflicts with the provisions of this section is void.*

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

42 **Sec. 67.** NRS 695C.050 is hereby amended to read as follows:
43 695C.050 1. Except as otherwise provided in this chapter or
44 in specific provisions of this title, the provisions of this title are not
45 applicable to any health maintenance organization granted a



1 certificate of authority under this chapter. This provision does not
2 apply to an insurer licensed and regulated pursuant to this title
3 except with respect to its activities as a health maintenance
4 organization authorized and regulated pursuant to this chapter.

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

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

12 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
13 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
14 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
15 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,
16 inclusive, and 695C.265 do not apply to a health maintenance
17 organization that provides health care services through managed
18 care to recipients of Medicaid under the State Plan for Medicaid or
19 insurance pursuant to the Children's Health Insurance Program
20 pursuant to a contract with the Division of Health Care Financing
21 and Policy of the Department of Health and Human Services. This
22 subsection does not exempt a health maintenance organization from
23 any provision of this chapter for services provided pursuant to any
24 other contract.

25 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
26 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333,
27 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743,
28 695C.1745 and 695C.1757 *and sections 64 and 65 of this act* apply
29 to a health maintenance organization that provides health care
30 services through managed care to recipients of Medicaid under the
31 State Plan for Medicaid.

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

34 695C.1743 1. A health maintenance organization that offers
35 or issues a health care plan shall include in the plan coverage for:

36 (a) ~~[Drugs]~~ *All drugs* approved by the United States Food and
37 Drug Administration for preventing the acquisition of human
38 immunodeficiency virus ~~[;]~~ *or treating human immunodeficiency*
39 *virus or hepatitis C in the form recommended by the prescribing*
40 *practitioner, regardless of whether the drug is included in the*
41 *formulary of the health maintenance organization;*

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



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

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

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

10 ~~[(e)]~~ (d) The services described in NRS 639.28085, when
11 provided by a pharmacist who participates in the network plan of the
12 health maintenance organization.

13 2. A health maintenance organization that offers or issues a
14 health care plan shall reimburse ~~[(a)]~~:

15 (a) A pharmacist who participates in the network plan of the
16 health maintenance organization for the services described in NRS
17 639.28085 at a rate equal to the rate of reimbursement provided to a
18 physician, physician assistant or advanced practice registered nurse
19 for similar services.

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

26 3. A health maintenance organization ~~[(may subject)]~~ shall not:

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

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

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

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

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

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



6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

7 (1) Resolving complaints in a manner reasonably to dispose
8 of valid complaints; and

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

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

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

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

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

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

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

29 4. If the certificate of authority of a health maintenance
30 organization is revoked, the organization shall proceed, immediately
31 following the effective date of the order of revocation, to wind up its
32 affairs and shall conduct no further business except as may be
33 essential to the orderly conclusion of the affairs of the organization.
34 It shall engage in no further advertising or solicitation of any kind.
35 The Commissioner may, by written order, permit such further
36 operation of the organization as the Commissioner may find to be in
37 the best interest of enrollees to the end that enrollees are afforded
38 the greatest practical opportunity to obtain continuing coverage for
39 health care.

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

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

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



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

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

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

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

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

14 2. *A managed care organization shall provide the coverage*
15 *required by paragraph (a) of subsection 1 regardless of whether*
16 *the drug is included in the formulary of the managed care*
17 *organization.*

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

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

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

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

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

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

36 6. *As used in this section:*

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

42 (b) *“Network plan” means a health care plan offered by a*
43 *managed care organization under which the financing and*
44 *delivery of medical care, including items and services paid for as*
45 *medical care, are provided, in whole or in part, through a defined*



1 *set of providers under contract with the managed care*
2 *organization. The term does not include an arrangement for the*
3 *financing of premiums.*

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

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

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

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

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

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

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

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

27 695G.1705 1. A managed care organization that offers or
28 issues a health care plan shall include in the plan coverage for:

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

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

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

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



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

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

7 2. A managed care organization that offers or issues a health
8 care plan shall reimburse ~~[(a)]~~:

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

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

19 3. A managed care organization ~~[(may-subject)]~~ shall not:

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

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

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

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

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

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

39 6. As used in this section:

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



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

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

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

13 **Sec. 75.** 1. The first application that a physician, osteopathic
14 physician or physician assistant licensed pursuant to chapter 630 or
15 633 of NRS or a nurse who provides or supervises the provision of
16 emergency medical services in a hospital or primary care and who is
17 licensed on January 1, 2024, submits to renew his or her license on
18 or after that date must include, without limitation, proof that the
19 applicant has completed at least 2 hours of training in the stigma,
20 discrimination and unrecognized bias toward persons who have
21 acquired or are at a high risk of acquiring human immunodeficiency
22 virus, as required by NRS 630.253, 632.343 and 633.471, as
23 amended by sections 28, 29 and 30 of this act, respectively, as
24 applicable.

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

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

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

32 2. The Nevada Supreme Court has further held in *Tellis v.*
33 *State*, 84 Nev. 587, 591 (1968), *Sparkman v. State*, 95 Nev. 76, 82
34 (1979) and *State v. Dist. Ct. (Pullin)*, 124 Nev. 564, 567-68 (2008),
35 that the penalty for a crime is determined by the law in effect at the
36 time the offender committed the crime and not the law in effect at
37 the time the offender is sentenced unless the Legislature has
38 expressed its clear intent that a statute ameliorating the penalty
39 apply retroactively.

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



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

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

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

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

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

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

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

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

42 2. If a person commits a violation of a NRS 212.189 which is
43 punishable as a category A felony before the effective date of
44 section 13 of this act, and the violation is punishable as a category B
45 felony, a category D felony or a gross misdemeanor pursuant to



1 NRS 212.189, as amended by section 13 of this act, the person must
2 not be charged with or convicted of a category A felony, if the
3 violation occurs on or after the effective date of section 13 of this
4 act, and may only be charged with and convicted of a category B
5 felony, category D felony or gross misdemeanor, as applicable, on
6 or after the effective date of section 13 of this act.

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

10 **Sec. 80.** 1. This section and sections 3 to 10, inclusive, 13,
11 76, 77 and 78 of this act become effective upon passage and
12 approval.

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

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

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

