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FIRST REPRINT

A.B. 156

ASSEMBLY BILL NO. 156—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 13, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to substance use disorders. (BDR 40-331)

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

CONTAINS UNFUNDED MANDATE (§ 3.5)
(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 substance use disorders; providing for the separate accounting of certain money for the purchase of opioid antagonists; establishing the order in which a provider or program is required to prioritize persons for participation in certain publicly funded programs for the treatment of alcohol or other substance use disorders; authorizing a pharmacist to prescribe and dispense drugs for medication-assisted treatment of opioid use disorder and perform certain assessments under certain conditions; requiring certain health plans to include coverage for such drugs and assessments; prescribing certain requirements concerning the diagnosis and treatment of a patient with an opioid use disorder; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

- 1 Existing law requires all gifts or grants of money for a program for alcohol or
- 2 other substance use disorders which the Division of Public and Behavioral Health
- 3 of the Department of Health and Human Services is authorized to accept to be
- 4 deposited in the State Treasury for credit to the State Grant and Gift Account for
- 5 Alcohol or Other Substance Use Disorders. (NRS 458.100) **Sections 1 and 1.3** of



6 this bill authorize the Division to accept and deposit into a separate account gifts,
7 grants, donations, bequests or money from any other source for the purpose of
8 funding the bulk purchase of opioid antagonists. **Section 1** provides that such
9 money is not subject to provisions of law governing budgeting by agencies of the
10 State Government. **Section 1** requires the Division to use the money in the account
11 to fund the bulk purchase of opioid antagonists and the distribution of those opioid
12 antagonists.

13 Existing federal regulations require programs funded by certain federal grants
14 for injection drug users to prioritize persons for participation in such programs in
15 the following order: (1) pregnant injecting drug users; (2) pregnant persons with a
16 substance use disorder; (3) other injecting drug users; and (4) all others. (45 C.F.R.
17 § 96.131) **Section 1.7** of this bill requires any treatment provider, provider of health
18 care or program for the treatment of alcohol or other substance use disorders to
19 prioritize persons to receive services for the treatment of alcohol or other substance
20 use disorders funded in whole or in part by federal or state money in that order,
21 except that **section 1.7** authorizes the State Board of Health to adopt regulations
22 prioritizing additional categories of people for such services.

23 Existing law defines the term "practice of pharmacy" for the purpose of
24 determining which activities require a person to be registered and regulated by the
25 State Board of Pharmacy as a pharmacist. (NRS 639.0124) **Section 12.3** of this bill
26 requires the Board to prescribe a protocol to allow a pharmacist who registers with
27 the Board to: (1) assess a patient to determine whether the patient has an opioid use
28 disorder and medication-assisted treatment would be appropriate for the patient;
29 and (2) prescribe and dispense a drug for medication-assisted treatment without a
30 prescription from a practitioner. **Section 12.6** of this bill provides that the practice
31 of pharmacy includes actions authorized by the protocol established in **section 12.3**.
32 **Section 16.05** of this bill makes a conforming change to account for the provisions
33 of **section 12.3** authorizing a pharmacist to dispense a drug that has not been
34 prescribed by a practitioner. The Board would be authorized to suspend or revoke
35 the registration of a pharmacist who orders or assesses a patient or prescribes or
36 dispenses drugs under the protocol established pursuant to **section 12.3** without
37 complying with the provisions of the protocol. (NRS 639.210)

38 **Sections 3.5-5.8, 16.1, 16.3, 16.4, 16.48-16.75 and 16.9** of this bill require
39 public and private health plans, including Medicaid and health plans for state and
40 local government employees, to: (1) cover drugs approved by the Food and Drug
41 Administration for medication-assisted treatment; and (2) reimburse assessment,
42 prescribing and dispensing by a pharmacist in accordance with **section 12.3** at a
43 rate equal to that provided to a physician, physician assistant or advanced practice
44 registered nurse for similar services. **Sections 2.5 and 16.2** of this bill make
45 conforming changes to indicate the proper placement of **sections 5.5 and 16.1**,
46 respectively, of this bill in the Nevada Revised Statutes. **Sections 6.5, 16.13, 16.16,**
47 **16.43 and 16.45** of this bill make conforming changes to indicate that the coverage
48 required by **sections 16.1, 16.3 and 16.4** is in addition to certain coverage for the
49 treatment of substance use disorder that certain insurers are required by existing
50 law to provide. **Section 16.8** of this bill authorizes the Commissioner of Insurance
51 to suspend or revoke the certificate of a health maintenance organization that fails
52 to comply with the requirements of **section 16.7** of this bill. The Commissioner
53 would also be authorized to take such action against other health insurers who fail
54 to comply with the requirements of **sections 16.1, 16.3, 16.48-16.6 or 16.9** of this
55 bill. (NRS 680A.200)

56 Existing law authorizes a physician, physician assistant or advanced practice
57 registered nurse to prescribe controlled substances if he or she is registered with the
58 State Board of Pharmacy. (NRS 453.126, 453.231, 630.271, 632.237, 633.432)
59 Existing federal law requires a physician, physician assistant or advanced practice
60 registered nurse who prescribes or dispenses narcotic drugs for the treatment of



61 opioid use disorder to register with the Drug Enforcement Administration of the
62 United States Department of Justice for the specific purpose of dispensing such
63 drugs. (21 U.S.C. § 822(a)) **Sections 10-12 and 13-16** of this bill require a
64 physician, physician assistant, advanced practice registered nurse, osteopathic
65 physician or certain providers of behavioral health care who diagnose a patient with
66 an opioid use disorder to counsel and provide information to the patient concerning
67 evidence-based treatment for opioid use disorder, including medication-assisted
68 treatment. If the patient requests medication-assisted treatment: (1) **sections 10-12**
69 require a physician, physician assistant, advanced practice registered nurse or
70 osteopathic physician who is authorized under federal and state law to prescribe
71 such treatment to offer to issue such a prescription; and (2) **sections 10-12 and 13-**
72 **16** require all other physicians, physician assistants, advanced practice registered
73 nurses, osteopathic physicians and certain providers of behavioral health care to
74 refer the patient to a physician, physician assistant, advanced practice registered
75 nurse, osteopathic physician or pharmacist who is authorized to issue such a
76 prescription.

77 Existing law requires the Director of the Department of Corrections to establish
78 one or more programs of treatment for offenders with substance use or co-occurring
79 disorders who have been sentenced to imprisonment in the state prison. (NRS
80 209.4236, 209.425) Existing law additionally provides that the treatment of a
81 prisoner in a local jail or detention facility who has a substance use disorder may
82 include medication-assisted treatment. (NRS 211.140) **Section 17.5** of this bill
83 requires the Department of Corrections, in collaboration with the Department of
84 Health and Human Services, and each county, city or town that maintains a jail or
85 detention facility to study during the 2023-2024 interim certain issues relating to
86 the provision of medication-assisted treatment to incarcerated persons.

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

1 **Section 1.** Chapter 458 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 *1. The Division may accept gifts, grants, donations, bequests*
4 *or money from any other source for the purpose of funding the*
5 *bulk purchase of opioid antagonists. Any money so received must*
6 *be accounted for separately in the State General Fund.*

7 *2. Money accepted pursuant to subsection 1 or deposited into*
8 *the account created pursuant to subsection 1 is not subject to the*
9 *State Budget Act.*

10 *3. Interest and income earned on money in the account*
11 *created pursuant to subsection 1 must be credited to the account.*
12 *Any money remaining in the account at the end of a fiscal year*
13 *does not revert to the State General Fund, and the balance in the*
14 *account must be carried forward to the next fiscal year.*

15 *4. The money in the account created pursuant to subsection 1*
16 *must be used only to fund the bulk purchase of opioid antagonists*
17 *and pay the costs of the Division to distribute those opioid*
18 *antagonists.*



1 **5. As used in this section, “opioid antagonist” has the**
2 **meaning ascribed to it in NRS 453C.040.**

3 **Sec. 1.3.** NRS 458.100 is hereby amended to read as follows:

4 458.100 1. ~~[A]~~ **Except as otherwise provided in section 1**
5 **of this act, all** gifts or grants of money for a program for alcohol or
6 other substance use disorders which the Division is authorized to
7 accept must be deposited in the State Treasury for credit to the State
8 Grant and Gift Account for Alcohol or Other Substance Use
9 Disorders which is hereby created in the Department of Health and
10 Human Services’ Gift Fund.

11 2. Subject to the limitations set forth in NRS 458.094, money
12 in the Account must be used to carry out the provisions of this
13 chapter.

14 3. All claims must be approved by the Administrator before
15 they are paid.

16 **Sec. 1.7.** NRS 458.103 is hereby amended to read as follows:

17 458.103 1. The Division may accept:

18 ~~[1]~~ (a) Money appropriated and made available by any act of
19 Congress for any program for alcohol or other substance use
20 disorder administered by the Division as provided by law.

21 ~~[2]~~ (b) Money appropriated and made available by the State of
22 Nevada or by a county, a city, a public district or any political
23 subdivision of this State for any program for alcohol or other
24 substance use disorder administered by the Division as provided by
25 law.

26 **2. Except as otherwise provided in any regulations adopted**
27 **pursuant to subsection 3, a treatment provider, provider of health**
28 **care or program for alcohol or other substance use disorders shall**
29 **prioritize persons to receive services for the treatment of alcohol or**
30 **other substance use disorders funded in whole or in part by**
31 **federal or state money in accordance with 45 C.F.R. § 96.131(a).**

32 **3. To the extent that such regulations do not conflict with**
33 **federal law or impair an obligation under any existing grant,**
34 **contract or other agreement, the State Board of Health may adopt**
35 **regulations prioritizing categories of persons, in addition to the**
36 **categories prescribed in 45 C.F.R. § 96.131(a), to receive services**
37 **for the treatment of alcohol or other substance use disorders**
38 **funded in whole or in part by federal or state money.**

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

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

42 **Sec. 2.5.** NRS 232.320 is hereby amended to read as follows:

43 232.320 1. The Director:



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

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

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

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

10 (4) The Administrator of the Division of Health Care
11 Financing and Policy; and

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

14 (b) Shall administer, through the divisions of the Department,
15 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
16 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
17 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
18 *section 5.5 of this act*, 422.580, 432.010 to 432.133, inclusive,
19 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
20 and 445A.010 to 445A.055, inclusive, and all other provisions of
21 law relating to the functions of the divisions of the Department, but
22 is not responsible for the clinical activities of the Division of Public
23 and Behavioral Health or the professional line activities of the other
24 divisions.

25 (c) Shall administer any state program for persons with
26 developmental disabilities established pursuant to the
27 Developmental Disabilities Assistance and Bill of Rights Act of
28 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

39 (3) Provide for communication and the coordination of those
40 services among nonprofit organizations, agencies of local
41 government, the State and the Federal Government;

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



1 (5) Set forth sufficient information to assist the Department
2 in providing those services and in the planning and budgeting for the
3 future provision of those services; and

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

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

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

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

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

20 **Sec. 3.5.** NRS 287.010 is hereby amended to read as follows:

21 287.010 1. The governing body of any county, school
22 district, municipal corporation, political subdivision, public
23 corporation or other local governmental agency of the State of
24 Nevada may:

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

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

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



1 governing body must be maintained as an internal service fund as
2 defined by NRS 354.543. The money must be deposited in a state or
3 national bank or credit union authorized to transact business in the
4 State of Nevada. Any independent administrator of a fund created
5 under this section is subject to the licensing requirements of chapter
6 683A of NRS, and must be a resident of this State. Any contract
7 with an independent administrator must be approved by the
8 Commissioner of Insurance as to the reasonableness of
9 administrative charges in relation to contributions collected and
10 benefits provided. The provisions of NRS 686A.135, 687B.352,
11 687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive,
12 **and section 16.3 of this act**, 689B.265, 689B.287 and 689B.500
13 apply to coverage provided pursuant to this paragraph, except that
14 the provisions of NRS 689B.0378, 689B.03785 and 689B.500 only
15 apply to coverage for active officers and employees of the
16 governing body, or the dependents of such officers and employees.

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

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

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

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

43 (a) Shall be deemed, solely for the purposes of this section, to be
44 officers and employees of the county, school district, municipal
45 corporation, political subdivision, public corporation or other local



1 governmental agency with which the legal services organization has
2 contracted; and

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

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

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

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

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

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

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

18 **Sec. 4.5.** NRS 287.04335 is hereby amended to read as
19 follows:

20 287.04335 If the Board provides health insurance through a
21 plan of self-insurance, it shall comply with the provisions of NRS
22 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353,
23 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162,
24 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167,
25 695G.1675, 695G.170 to 695G.174, inclusive, *and section 16.9 of*
26 *this act*, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive,
27 695G.241 to 695G.310, inclusive, and 695G.405, in the same
28 manner as an insurer that is licensed pursuant to title 57 of NRS is
29 required to comply with those provisions.

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

31 **Sec. 5.5.** Chapter 422 of NRS is hereby amended by adding
32 thereto a new section to read as follows:

33 *1. The Director shall include in the State Plan for Medicaid a*
34 *requirement that the State pay the nonfederal share of*
35 *expenditures incurred for the services of a pharmacist described in*
36 *section 12.3 of this act.*

37 *2. The State must provide reimbursement for the services of a*
38 *pharmacist described in section 12.3 of this act at a rate equal to*
39 *the rate of reimbursement provided to a physician, physician*
40 *assistant or advanced practice registered nurse for similar*
41 *services.*

42 **Sec. 5.8.** NRS 422.4025 is hereby amended to read as follows:

43 422.4025 1. The Department shall:

44 (a) By regulation, develop a list of preferred prescription drugs
45 to be used for the Medicaid program and the Children's Health



1 Insurance Program, and each public or nonprofit health benefit plan
2 that elects to use the list of preferred prescription drugs as its
3 formulary pursuant to NRS 287.012, 287.0433 or 687B.407; and

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

12 2. The Department shall, by regulation, establish a list of
13 prescription drugs which must be excluded from any restrictions that
14 are imposed by the Medicaid program on drugs that are on the list of
15 preferred prescription drugs established pursuant to subsection 1.
16 The list established pursuant to this subsection must include,
17 without limitation:

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

21 (b) Antirejection medications for organ transplants;

22 (c) Antihemophilic medications; and

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

27 3. The regulations must provide that the Board makes the final
28 determination of:

29 (a) Whether a class of therapeutic prescription drugs is included
30 on the list of preferred prescription drugs and is excluded from any
31 restrictions that are imposed by the Medicaid program on drugs that
32 are on the list of preferred prescription drugs;

33 (b) Which therapeutically equivalent prescription drugs will be
34 reviewed for inclusion on the list of preferred prescription drugs and
35 for exclusion from any restrictions that are imposed by the Medicaid
36 program on drugs that are on the list of preferred prescription drugs;
37 and

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

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



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

3 (b) Prescription drugs to prevent the acquisition of human
4 immunodeficiency virus ~~and~~; *and*

5 *(c) All prescription drugs approved by the United States Food*
6 *and Drug Administration to provide medication-assisted treatment*
7 *for opioid use disorder, including, without limitation,*
8 *buprenorphine, methadone and naltrexone. As used in this*
9 *paragraph, "medication-assisted treatment" has the meaning*
10 *ascribed to it in section 12.3 of this act.*

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

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

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

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

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

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

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

34 **Sec. 6.5.** NRS 608.156 is hereby amended to read as follows:

35 608.156 1. ~~##~~ *In addition to any benefits required by NRS*
36 *608.155, if* 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. 7.** (Deleted by amendment.)

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

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

23 **Sec. 10.** Chapter 630 of NRS is hereby amended by adding
24 thereto a new section to read as follows:

25 *1. Upon diagnosing a patient as having an opioid use*
26 *disorder, a physician or physician assistant shall counsel and*
27 *provide information to the patient concerning evidence-based*
28 *treatment for opioid use disorders, including, without limitation,*
29 *medication-assisted treatment.*

30 *2. If the patient requests medication-assisted treatment, the*
31 *physician or physician assistant shall:*

32 *(a) If the physician or physician assistant is authorized under*
33 *federal and state law to issue such a prescription, offer to*
34 *prescribe an appropriate medication; or*

35 *(b) If the physician or physician assistant is not authorized*
36 *under federal and state law to prescribe an appropriate*
37 *medication, refer the patient to a physician, osteopathic physician,*
38 *physician assistant licensed pursuant to this chapter or chapter*
39 *633 of NRS, advanced practice registered nurse or pharmacist*
40 *who is authorized to issue the prescription.*

41 *3. As used in this section, "medication-assisted treatment"*
42 *has the meaning ascribed to it in section 12.3 of this act.*



1 **Sec. 11.** Chapter 632 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 1. *Upon diagnosing a patient as having an opioid use*
4 *disorder, an advanced practice registered nurse shall counsel and*
5 *provide information to the patient concerning evidence-based*
6 *treatment for opioid use disorders, including, without limitation,*
7 *medication-assisted treatment.*

8 2. *If the patient requests medication-assisted treatment, the*
9 *advanced practice registered nurse shall:*

10 (a) *If the advanced practice registered nurse is authorized*
11 *under federal and state law to issue such a prescription, offer to*
12 *prescribe an appropriate medication; or*

13 (b) *If the advanced practice registered nurse is not authorized*
14 *under federal and state law to prescribe an appropriate*
15 *medication, refer the patient to a physician, osteopathic physician,*
16 *physician assistant licensed pursuant to chapter 630 or 633 of*
17 *NRS, advanced practice registered nurse or pharmacist who is*
18 *authorized to issue the prescription.*

19 3. *As used in this section, “medication-assisted treatment”*
20 *has the meaning ascribed to it in section 12.3 of this act.*

21 **Sec. 12.** Chapter 633 of NRS is hereby amended by adding
22 thereto a new section to read as follows:

23 1. *Upon diagnosing a patient as having an opioid use*
24 *disorder, an osteopathic physician or physician assistant shall*
25 *counsel and provide information to the patient concerning*
26 *evidence-based treatment for opioid use disorders, including,*
27 *without limitation, medication-assisted treatment.*

28 2. *If the patient requests medication-assisted treatment, the*
29 *osteopathic physician or physician assistant shall:*

30 (a) *If the osteopathic physician or physician assistant is*
31 *authorized under federal and state law to issue such a*
32 *prescription, offer to prescribe an appropriate medication; or*

33 (b) *If the osteopathic physician or physician assistant is not*
34 *authorized under federal and state law to prescribe an appropriate*
35 *medication, refer the patient to a physician, osteopathic physician,*
36 *physician assistant licensed pursuant to this chapter or chapter*
37 *630 of NRS, advanced practice registered nurse or pharmacist*
38 *who is authorized to issue the prescription.*

39 3. *As used in this section, “medication-assisted treatment”*
40 *has the meaning ascribed to it in section 12.3 of this act.*

41 **Sec. 12.3.** Chapter 639 of NRS is hereby amended by adding
42 thereto a new section to read as follows:

43 1. *To the extent authorized by federal law, a pharmacist who*
44 *registers with the Board to engage in the activity authorized by this*



1 *section may, in accordance with the requirements of the protocol*
2 *prescribed pursuant to subsection 2:*

3 (a) *Assess a patient to determine whether:*

4 (1) *The patient has an opioid use disorder; and*

5 (2) *Medication-assisted treatment would be appropriate for*
6 *the patient;*

7 (b) *Counsel and provide information to the patient concerning*
8 *evidence-based treatment for opioid use disorders, including,*
9 *without limitation, medication-assisted treatment; and*

10 (c) *Prescribe and dispense a drug for medication-assisted*
11 *treatment.*

12 2. *The Board shall adopt regulations:*

13 (a) *Prescribing the requirements to register with the Board to*
14 *engage in the activity authorized by this section; and*

15 (b) *Establishing a protocol for the actions authorized by this*
16 *section.*

17 3. *As used in this section, “medication-assisted treatment”*
18 *means treatment for an opioid use disorder using medication*
19 *approved by the United States Food and Drug Administration for*
20 *that purpose.*

21 **Sec. 12.6.** NRS 639.0124 is hereby amended to read as
22 follows:

23 639.0124 1. “Practice of pharmacy” includes, but is not
24 limited to, the:

25 (a) Performance or supervision of activities associated with
26 manufacturing, compounding, labeling, dispensing and distributing
27 of a drug, including the receipt, handling and storage of
28 prescriptions and other confidential information relating to patients.

29 (b) Interpretation and evaluation of prescriptions or orders for
30 medicine.

31 (c) Participation in drug evaluation and drug research.

32 (d) Advising of the therapeutic value, reaction, drug interaction,
33 hazard and use of a drug.

34 (e) Selection of the source, storage and distribution of a drug.

35 (f) Maintenance of proper documentation of the source, storage
36 and distribution of a drug.

37 (g) Interpretation of clinical data contained in a person’s record
38 of medication.

39 (h) Development of written guidelines and protocols in
40 collaboration with a practitioner which authorize collaborative drug
41 therapy management. The written guidelines and protocols must
42 comply with NRS 639.2629.

43 (i) Implementation and modification of drug therapy,
44 administering drugs and ordering and performing tests in
45 accordance with a collaborative practice agreement.



1 (j) Prescribing, dispensing and administering of drugs for
2 preventing the acquisition of human immunodeficiency virus and
3 ordering and conducting laboratory tests necessary for therapy that
4 uses such drugs pursuant to the protocol prescribed pursuant to NRS
5 639.28085.

6 (k) Dispensing a self-administered hormonal contraceptive
7 pursuant to NRS 639.28078.

8 *(l) Assessing a patient and prescribing and dispensing a drug*
9 *for medication-assisted treatment in accordance with section 12.3*
10 *of this act.*

11 2. The term does not include the changing of a prescription by
12 a pharmacist or practitioner without the consent of the prescribing
13 practitioner, except as otherwise provided in NRS 639.2583,
14 639.28078 and 639.28085.

15 **Sec. 13.** Chapter 641 of NRS is hereby amended by adding
16 thereto a new section to read as follows:

17 *1. Upon diagnosing a patient as having an opioid use*
18 *disorder, a psychologist shall counsel and provide information to*
19 *the patient concerning evidence-based treatment for opioid use*
20 *disorders, including, without limitation, medication-assisted*
21 *treatment.*

22 *2. If the patient requests medication-assisted treatment, the*
23 *psychologist shall refer the patient to a physician, osteopathic*
24 *physician, physician assistant licensed pursuant to chapter 630 or*
25 *633 of NRS, advanced practice registered nurse or pharmacist*
26 *who is authorized under federal and state law to prescribe an*
27 *appropriate medication.*

28 *3. As used in this section, "medication-assisted treatment"*
29 *has the meaning ascribed to it in section 12.3 of this act.*

30 **Sec. 14.** Chapter 641A of NRS is hereby amended by adding
31 thereto a new section to read as follows:

32 *1. Upon diagnosing a client as having an opioid use disorder,*
33 *a marriage and family therapist or clinical professional counselor*
34 *shall counsel and provide information to the client concerning*
35 *evidence-based treatment for opioid use disorders, including,*
36 *without limitation, medication-assisted treatment.*

37 *2. If the client requests medication-assisted treatment, the*
38 *marriage and family therapist or clinical professional counselor*
39 *shall refer the client to a physician, osteopathic physician,*
40 *physician assistant licensed pursuant to chapter 630 or 633 of*
41 *NRS, advanced practice registered nurse or pharmacist who is*
42 *authorized under federal and state law to prescribe an appropriate*
43 *medication.*

44 *3. As used in this section, "medication-assisted treatment"*
45 *has the meaning ascribed to it in section 12.3 of this act.*



1 **Sec. 15.** Chapter 641B of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 1. *Upon diagnosing a client as having an opioid use disorder,*
4 *a clinical social worker shall counsel and provide information to*
5 *the client concerning evidence-based treatment for opioid use*
6 *disorders, including, without limitation, medication-assisted*
7 *treatment.*

8 2. *If the client requests medication-assisted treatment, the*
9 *clinical social worker shall refer the client to a physician,*
10 *osteopathic physician, physician assistant licensed pursuant to*
11 *chapter 630 or 633 of NRS, advanced practice registered nurse or*
12 *pharmacist who is authorized under federal and state law to*
13 *prescribe an appropriate medication.*

14 3. *As used in this section, “medication-assisted treatment”*
15 *has the meaning ascribed to it in section 12.3 of this act.*

16 **Sec. 16.** Chapter 641C of NRS is hereby amended by adding
17 thereto a new section to read as follows:

18 1. *Upon diagnosing a client as having an opioid use disorder,*
19 *an alcohol and drug counselor, clinical alcohol and drug*
20 *counselor or problem gambling counselor shall counsel and*
21 *provide information to the client concerning evidence-based*
22 *treatment for opioid use disorders, including, without limitation,*
23 *medication-assisted treatment.*

24 2. *If the client requests medication-assisted treatment, the*
25 *alcohol and drug counselor, clinical alcohol and drug counselor*
26 *or problem gambling counselor shall refer the client to a*
27 *physician, osteopathic physician, physician assistant licensed*
28 *pursuant to chapter 630 or 633 of NRS, advanced practice*
29 *registered nurse or pharmacist who is authorized under federal*
30 *and state law to prescribe an appropriate medication.*

31 3. *As used in this section, “medication-assisted treatment”*
32 *has the meaning ascribed to it in section 12.3 of this act.*

33 **Sec. 16.05.** NRS 683A.179 is hereby amended to read as
34 follows:

35 683A.179 1. A pharmacy benefit manager shall not:

36 (a) Prohibit a pharmacist or pharmacy from providing
37 information to a covered person concerning:

38 (1) The amount of any copayment or coinsurance for a
39 prescription drug; or

40 (2) The availability of a less expensive alternative or generic
41 drug including, without limitation, information concerning clinical
42 efficacy of such a drug;

43 (b) Penalize a pharmacist or pharmacy for providing the
44 information described in paragraph (a) or selling a less expensive
45 alternative or generic drug to a covered person;



1 (c) Prohibit a pharmacy from offering or providing delivery
2 services directly to a covered person as an ancillary service of the
3 pharmacy; or

4 (d) If the pharmacy benefit manager manages a pharmacy
5 benefits plan that provides coverage through a network plan, charge
6 a copayment or coinsurance for a prescription drug in an amount
7 that is greater than the total amount paid to a pharmacy that is in the
8 network of providers under contract with the third party.

9 2. The provisions of this section:

10 (a) Must not be construed to authorize a pharmacist to dispense
11 a drug that has not been prescribed by a practitioner, as defined in
12 NRS 639.0125, except to the extent authorized by a specific
13 provision of law, including, without limitation, NRS 453C.120,
14 639.28078 and 639.28085 **and section 12.3 of this act.**

15 (b) Do not apply to an institutional pharmacy, as defined in NRS
16 639.0085, or a pharmacist working in such a pharmacy as an
17 employee or independent contractor.

18 3. As used in this section, “network plan” means a health
19 benefit plan offered by a health carrier under which the financing
20 and delivery of medical care is provided, in whole or in part,
21 through a defined set of providers under contract with the carrier.
22 The term does not include an arrangement for the financing of
23 premiums.

24 **Sec. 16.1.** Chapter 689A of NRS is hereby amended by adding
25 thereto a new section to read as follows:

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

28 ***(a) All drugs approved by the United States Food and Drug***
29 ***Administration to provide medication-assisted treatment for opioid***
30 ***use disorder, including, without limitation, buprenorphine,***
31 ***methadone and naltrexone; and***

32 ***(b) The services described in section 12.3 of this act when***
33 ***provided by a pharmacist who participates in the network plan of***
34 ***the insurer.***

35 ***2. An insurer that offers or issues a policy of health***
36 ***insurance shall reimburse a pharmacist who participates in the***
37 ***network plan of the insurer for the services described in section***
38 ***12.3 of this act at a rate equal to the rate of reimbursement***
39 ***provided to a physician, physician assistant or advanced practice***
40 ***registered nurse for similar services.***

41 ***3. An insurer may subject the benefits required by subsection***
42 ***1 to reasonable medical management techniques.***

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



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

6 6. *As used in this section:*

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

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

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

20 **Sec. 16.13.** NRS 689A.030 is hereby amended to read as
21 follows:

22 689A.030 A policy of health insurance must not be delivered
23 or issued for delivery to any person in this State unless it otherwise
24 complies with this Code, and complies with the following:

25 1. The entire money and other considerations for the policy
26 must be expressed therein.

27 2. The time when the insurance takes effect and terminates
28 must be expressed therein.

29 3. It must purport to insure only one person, except that a
30 policy may insure, originally or by subsequent amendment, upon the
31 application of an adult member of a family, who shall be deemed the
32 policyholder, any two or more eligible members of that family,
33 including the husband, wife, domestic partner as defined in NRS
34 122A.030, dependent children, from the time of birth, adoption or
35 placement for the purpose of adoption as provided in NRS
36 689A.043, or any child on or before the last day of the month in
37 which the child attains 26 years of age, and any other person
38 dependent upon the policyholder.

39 4. The style, arrangement and overall appearance of the policy
40 must not give undue prominence to any portion of the text, and
41 every printed portion of the text of the policy and of any
42 endorsements or attached papers must be plainly printed in light-
43 faced type of a style in general use, the size of which must be
44 uniform and not less than 10 points with a lowercase unspaced
45 alphabet length not less than 120 points. “Text” includes all printed



1 matter except the name and address of the insurer, the name or the
2 title of the policy, the brief description, if any, and captions and
3 subcaptions.

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

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

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

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

27 9. ~~The~~ *Except as otherwise provided by this subsection, the*
28 *policy must provide ~~[-at the option of the applicant,]~~ benefits for*
29 *expenses incurred for the treatment of alcohol or substance use*
30 *disorder . ~~[-unless]~~ *Except for the benefits required by section 16.1*
31 *of this act, such benefits must be provided:**

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

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

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

39 **Sec. 16.16.** NRS 689A.046 is hereby amended to read as
40 follows:

41 689A.046 1. ~~The~~ *In addition to the benefits required by*
42 *section 16.1 of this act, the* benefits provided by a policy for health
43 insurance for treatment of alcohol or substance use disorder must
44 ~~consist of:~~ *include, without limitation:*



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

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

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

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

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

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

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

22 **Sec. 16.2.** NRS 689A.330 is hereby amended to read as
23 follows:

24 689A.330 If any policy is issued by a domestic insurer for
25 delivery to a person residing in another state, and if the insurance
26 commissioner or corresponding public officer of that other state has
27 informed the Commissioner that the policy is not subject to approval
28 or disapproval by that officer, the Commissioner may by ruling
29 require that the policy meet the standards set forth in NRS 689A.030
30 to 689A.320, inclusive ~~§~~, and *section 16.1 of this act.*

31 **Sec. 16.3.** Chapter 689B of NRS is hereby amended by adding
32 thereto a new section to read as follows:

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

35 *(a) All drugs approved by the United States Food and Drug*
36 *Administration to provide medication-assisted treatment for opioid*
37 *use disorder, including, without limitation, buprenorphine,*
38 *methadone and naltrexone; and*

39 *(b) The services described in section 12.3 of this act when*
40 *provided by a pharmacist who participates in the network plan of*
41 *the insurer.*

42 *2. An insurer that offers or issues a policy of group health*
43 *insurance shall reimburse a pharmacist who participates in the*
44 *network plan of the insurer for the services described in section*
45 *12.3 of this act at a rate equal to the rate of reimbursement*



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

3 3. *An insurer may subject the benefits required by subsection*
4 *1 to reasonable medical management techniques.*

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

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

14 6. *As used in this section:*

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

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

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

28 **Sec. 16.4.** Chapter 689C of NRS is hereby amended by adding
29 thereto a new section to read as follows:

30 1. *A carrier that offers or issues a health benefit plan shall*
31 *include in the plan coverage for:*

32 (a) *All drugs approved by the United States Food and Drug*
33 *Administration to provide medication-assisted treatment for opioid*
34 *use disorder, including, without limitation, buprenorphine,*
35 *methadone and naltrexone; and*

36 (b) *The services described in section 12.3 of this act when*
37 *provided by a pharmacist who participates in the network plan of*
38 *the carrier.*

39 2. *A carrier that offers or issues a health benefit plan shall*
40 *reimburse a pharmacist who participates in the network plan of*
41 *the carrier for the services described in section 12.3 of this act at a*
42 *rate equal to the rate of reimbursement provided to a physician,*
43 *physician assistant or advanced practice registered nurse for*
44 *similar services.*



1 3. A carrier may subject the benefits required by subsection 1
2 to reasonable medical management techniques.

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

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

11 6. As used in this section:

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

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

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

25 **Sec. 16.43.** NRS 689C.166 is hereby amended to read as
26 follows:

27 689C.166 Each group health insurance policy must contain in
28 substance a provision for benefits payable for expenses incurred for
29 the treatment of alcohol or substance use disorder, as provided in
30 NRS 689C.167 ~~and~~ *and section 16.4 of this act.*

31 **Sec. 16.45.** NRS 689C.167 is hereby amended to read as
32 follows:

33 689C.167 1. ~~The~~ *In addition to the benefits required by*
34 *section 16.4 of this act, the* benefits provided by a group policy for
35 health insurance, as required by NRS 689C.166, for the treatment of
36 alcohol or substance use disorders must ~~consist of~~ *include,*
37 *without limitation:*

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

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

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



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

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

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

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

Sec. 16.48. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, *and section 16.4 of this act*, to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 16.5. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

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

(a) All drugs approved by the United States Food and Drug Administration to provide medication-assisted treatment for opioid use disorder, including, without limitation, buprenorphine, methadone and naltrexone; and

(b) The services described in section 12.3 of this act when provided by a pharmacist who participates in the network plan of the society.

2. A society that offers or issues a benefit contract shall reimburse a pharmacist who participates in the network plan of the society for the services described in section 12.3 of this act at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.

3. A society may subject the benefits required by subsection 1 to reasonable medical management techniques.

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



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

6 6. *As used in this section:*

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

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

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

20 **Sec. 16.6.** Chapter 695B of NRS is hereby amended by adding
21 thereto a new section to read as follows:

22 1. *A hospital or medical services corporation that offers or*
23 *issues a policy of health insurance shall include in the policy*
24 *coverage for:*

25 (a) *All drugs approved by the United States Food and Drug*
26 *Administration to provide medication-assisted treatment for opioid*
27 *use disorder, including, without limitation, buprenorphine,*
28 *methadone and naltrexone; and*

29 (b) *The services described in section 12.3 of this act when*
30 *provided by a pharmacist who participates in the network plan of*
31 *the hospital or medical services corporation.*

32 2. *A hospital or medical services corporation that offers or*
33 *issues a policy of health insurance shall reimburse a pharmacist*
34 *who participates in the network plan of the hospital or medical*
35 *services corporation for the services described in section 12.3 of*
36 *this act at a rate equal to the rate of reimbursement provided to a*
37 *physician, physician assistant or advanced practice registered*
38 *nurse for similar services.*

39 3. *A hospital or medical services corporation may subject the*
40 *benefits required by subsection 1 to reasonable medical*
41 *management techniques.*

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



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

6 6. As used in this section:

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

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

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

21 **Sec. 16.7.** Chapter 695C of NRS is hereby amended by adding
22 thereto a new section to read as follows:

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

25 (a) All drugs approved by the United States Food and Drug
26 Administration to provide medication-assisted treatment for opioid
27 use disorder, including, without limitation, buprenorphine,
28 methadone and naltrexone; and

29 (b) The services described in section 12.3 of this act when
30 provided by a pharmacist who participates in the network plan of
31 the health maintenance organization.

32 2. A health maintenance organization that offers or issues a
33 health care plan shall reimburse a pharmacist who participates in
34 the network plan of the health maintenance organization for the
35 services described in section 12.3 of this act at a rate equal to the
36 rate of reimbursement provided to a physician, physician assistant
37 or advanced practice registered nurse for similar services.

38 3. A health maintenance organization may subject the
39 benefits required by subsection 1 to reasonable medical
40 management techniques.

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



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

6 *6. As used in this section:*

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

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

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

21 **Sec. 16.75.** NRS 695C.050 is hereby amended to read as
22 follows:

23 695C.050 1. Except as otherwise provided in this chapter or
24 in specific provisions of this title, the provisions of this title are not
25 applicable to any health maintenance organization granted a
26 certificate of authority under this chapter. This provision does not
27 apply to an insurer licensed and regulated pursuant to this title
28 except with respect to its activities as a health maintenance
29 organization authorized and regulated pursuant to this chapter.

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

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

37 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
38 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
39 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
40 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,
41 inclusive, and 695C.265 do not apply to a health maintenance
42 organization that provides health care services through managed
43 care to recipients of Medicaid under the State Plan for Medicaid or
44 insurance pursuant to the Children’s Health Insurance Program
45 pursuant to a contract with the Division of Health Care Financing



1 and Policy of the Department of Health and Human Services. This
2 subsection does not exempt a health maintenance organization from
3 any provision of this chapter for services provided pursuant to any
4 other contract.

5 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
6 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333,
7 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743,
8 695C.1745 and 695C.1757 *and section 16.7 of this act* apply to a
9 health maintenance organization that provides health care services
10 through managed care to recipients of Medicaid under the State Plan
11 for Medicaid.

12 **Sec. 16.8.** NRS 695C.330 is hereby amended to read as
13 follows:

14 695C.330 1. The Commissioner may suspend or revoke any
15 certificate of authority issued to a health maintenance organization
16 pursuant to the provisions of this chapter if the Commissioner finds
17 that any of the following conditions exist:

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

25 (b) The health maintenance organization issues evidence of
26 coverage or uses a schedule of charges for health care services
27 which do not comply with the requirements of NRS 695C.1691 to
28 695C.200, inclusive, *or section 16.7 of this act*, or 695C.207;

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

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

33 (1) Does not meet the requirements of subsection 1 of NRS
34 695C.080; or

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

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

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

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



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

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

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

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

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

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

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

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

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

34 **Sec. 16.9.** Chapter 695G of NRS is hereby amended by adding
35 thereto a new section to read as follows:

36 *1. A managed care organization that offers or issues a health
37 care plan shall include in the plan coverage for:*

38 *(a) All drugs approved by the United States Food and Drug
39 Administration to provide medication-assisted treatment for opioid
40 use disorder, including, without limitation, buprenorphine,
41 methadone and naltrexone; and*

42 *(b) The services described in section 12.3 of this act when
43 provided by a pharmacist who participates in the network plan of
44 the managed care organization.*



1 2. A managed care organization that offers or issues a health
2 care plan shall reimburse a pharmacist who participates in the
3 network plan of the managed care organization for the services
4 described in section 12.3 of this act at a rate equal to the rate of
5 reimbursement provided to a physician, physician assistant or
6 advanced practice registered nurse for similar services.

7 3. A managed care organization may subject the benefits
8 required by subsection 1 to reasonable medical management
9 techniques.

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

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

19 6. As used in this section:

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

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

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

34 **Sec. 17.** 1. Notwithstanding the provisions of subsection 2 of
35 NRS 458.103, as amended by section 1.7 of this act, a treatment
36 provider, provider of health care or program for alcohol or substance
37 use disorders is not, unless otherwise required by federal law,
38 required to terminate services to which the provisions of that
39 subsection would otherwise apply to a person who is receiving such
40 services on or before October 1, 2023 from the treatment provider,
41 provider of health care or program in order to provide such services
42 to a person who would otherwise receive priority under that
43 subsection.

44 2. The provisions of subsection 2 of NRS 458.103, as amended
45 by section 1.7 of this act, do not apply to treatment for an alcohol or



1 other substance use disorder provided under any grant, contract or
2 other agreement accepted or entered into on or before October 1,
3 2023, but do apply to any such treatment provided under such a
4 grant, contract or agreement that is renewed or extended.

5 3. As used in this section:

6 (a) "Program for alcohol or other substance use disorders" has
7 the meaning ascribed to it in NRS 458.010.

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

10 (c) "Treatment provider" has the meaning ascribed to it in
11 NRS 458.010.

12 **Sec. 17.5.** 1. During the 2023-2024 interim, the Department
13 of Corrections, in collaboration with the Department of Health and
14 Human Services, shall study the provision of medication-assisted
15 treatment to offenders with opioid use disorder. The study must
16 include, without limitation, an examination of:

17 (a) Barriers to accessing medication-assisted treatment at
18 institutions and facilities of the Department of Corrections and
19 private facilities and institutions, including, without limitation:

20 (1) A shortage of providers of health care who are authorized
21 and willing to prescribe a drug for medication-assisted treatment to
22 offenders; and

23 (2) Barriers relating to the licensure, credentialing and
24 regulation of such providers of health care;

25 (b) The feasibility of forming multidisciplinary review teams
26 consisting of experts on behavioral health care and criminal justice
27 to make informed decisions about the medication-assisted treatment
28 provided to offenders;

29 (c) The feasibility of establishing medication-assisted treatment
30 programs on the grounds of institutions and facilities of the
31 Department of Corrections and private facilities and institutions to
32 provide medication-assisted treatment to offenders with opioid use
33 disorder to the same extent as other health care provided to
34 offenders;

35 (d) The feasibility of forming partnerships with providers of
36 health care and agencies, including, without limitation, the
37 Department of Health and Human Services and local agencies that
38 provide social services, to provide medication-assisted treatment
39 inside or nearby institutions and facilities of the Department of
40 Corrections and private facilities and institutions;

41 (e) The feasibility of forming partnerships with counties, cities
42 and towns that maintain jails or detention facilities to provide
43 medication-assisted treatment to prisoners in such jails or detention
44 facilities;



1 (f) The feasibility of storing information concerning offenders
2 who are receiving medication-assisted treatment and sharing such
3 information with providers of treatment, providers of community-
4 based services and other interested persons and entities;

5 (g) Strategies for facilitating the continuation of medication-
6 assisted treatment by an offender upon release, including, without
7 limitation:

8 (1) Affiliating with providers of community-based services
9 or federally qualified health centers; and

10 (2) Obtaining a waiver pursuant to 42 U.S.C. § 1315 to
11 provide coverage under Medicaid for services to offenders before
12 they are released;

13 (h) The funding that would be needed to provide medication-
14 assisted treatment to all offenders with opioid use disorder in each
15 institution or facility of the Department of Corrections and each
16 private facility or institution; and

17 (i) Opportunities to obtain federal and private funding to defray
18 the costs described in paragraph (h).

19 2. During the 2023-2024 interim, each county, city or town that
20 maintains a jail or detention facility shall study opioid use disorder
21 among prisoners. Each study must include, without limitation:

22 (a) An examination of the current prevalence of opioid use
23 disorder among prisoners in the jail or detention facility;

24 (b) An examination of the treatment prescribed for and provided
25 to prisoners with opioid use disorder, including, without limitation,
26 treatments provided by the staff of the jail or detention facility; and

27 (c) For a county whose population is 100,000 or more or any
28 city or town within such a county, an examination of the feasibility
29 of:

30 (1) Establishing a program to provide medication-assisted
31 treatment for prisoners with opioid use disorder that meets national
32 standards of care for the provision of medication-assisted treatment
33 in a correctional setting, including, without limitation, with regard to
34 personnel and funding; and

35 (2) Forming partnerships with providers of health care and
36 agencies to provide medication-assisted treatment inside or nearby
37 the jail or detention facility and facilitate the continuation of
38 medication-assisted treatment after a prisoner is released.

39 3. A county whose population is less than 100,000 or a city or
40 town within such a county that maintains a jail or detention facility
41 may:

42 (a) Conduct the examination described in paragraph (c) of
43 subsection 2; and

44 (b) Cooperate with the regional behavioral health policy board
45 created by NRS 433.429 for the behavioral health region established



1 by NRS 433.428 in which the county is located for the purpose of
2 conducting that examination.

3 4. On or before June 30, 2024, the Department of Corrections
4 and each county, city or town that maintains a jail or detention
5 facility shall:

6 (a) Submit a report of the findings of the study conducted
7 pursuant to this section to the Director of the Legislative Counsel
8 Bureau for transmittal to the Joint Interim Standing Committee on
9 Health and Human Services and the Joint Interim Standing
10 Committee on the Judiciary; and

11 (b) Present the findings of the study conducted pursuant to this
12 section at meetings of the Joint Interim Standing Committee on
13 Health and Human Services and the Joint Interim Standing
14 Committee on the Judiciary.

15 5. As used in this section:

16 (a) "Facility" has the meaning ascribed to it in NRS 209.065.

17 (b) "Federally-qualified health center" has the meaning ascribed
18 to it in 42 U.S.C. § 1396d(1)(2)(B).

19 (c) "Institution" has the meaning ascribed to it in NRS 209.071.

20 (d) "Medication-assisted treatment" has the meaning ascribed to
21 it in section 12.3 of this act.

22 (e) "Offender" has the meaning ascribed to it in NRS 209.081.

23 (f) "Private facility or institution" has the meaning ascribed to it
24 in NRS 209.083.

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

27 **Sec. 18.** The provisions of NRS 354.599 do not apply to any
28 additional expenses of a local government that are related to the
29 provisions of this act.

30 **Sec. 19.** 1. This section becomes effective upon passage and
31 approval.

32 2. Sections 1, 1.3 and 17.5 of this act becomes effective on
33 July 1, 2023.

34 3. Sections 1.7 and 17 of this act become effective on
35 October 1, 2023.

36 4. Sections 2 to 16.9, inclusive, and 18 of this act become
37 effective:

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

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

