

Amendment No. 174

Assembly Amendment to Assembly Bill No. 156 Proposed by: Assembly Committee on Health and Human Services Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	(BDR 40-331)
--	--------------

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to A.B. 156 (§ 3.5).

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date				
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

EWR/AAK



Date: 4/19/2023

A.B. No. 156—Revises provisions relating to substance use disorders.
(BDR 40-331)



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 ~~[(§§ 8, 9)]~~ (§ 3.5)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

~

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; ~~prescribing certain requirements to ensure the access of offenders or prisoners who have been diagnosed with an opioid use disorder to medication-assisted treatment and the continuation of such treatment upon the release or transfer of such offenders or prisoners; prohibiting certain discrimination regarding such treatment;~~ 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 other
- 2 substance use disorders which the Division of Public and Behavioral Health of the
- 3 Department of Health and Human Services is authorized to accept to be deposited in the
- 4 State Treasury for credit to the State Grant and Gift Account for Alcohol or Other
- 5 Substance Use Disorders. (NRS 458.100) Sections 1 and 1.3 of this bill authorize the

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

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

~~Existing law requires the Director of the Department of Corrections to establish one or more programs of treatment for offenders with substance use or co-occurring disorders who have been sentenced to imprisonment in the state prison. (NRS 209.4236, 209.425) Existing law additionally provides that treatment of a prisoner in a local jail or detention facility who has a substance use disorder may include medication-assisted treatment. (NRS 211.140) Sections 2 and 7.9 of this bill require a public or private penal institution or facility and the sheriff, chief of police or town marshal responsible for a local jail or detention center to take reasonable measures to ensure: (1) the availability of medication-assisted treatment for an offender or prisoner who has been diagnosed with an opioid use disorder to the same extent and under the same conditions as other medical care for offenders or prisoners; and (2) the continuation of such treatment when such an offender or prisoner is released or transferred. Sections 2, 8 and 9 also prohibit such an institution, facility, local jail or detention facility from discriminating against such treatment or an offender or prisoner who is receiving such treatment. Sections 2 and 7.9 require the Department of Corrections, an official who is responsible for local jail or detention facility or the Department of Health and Human Services, depending on the circumstances, to take reasonable measures to ensure the continuation of such treatment for an offender or prisoner who is released or transferred. Sections 3 and 6 of this bill require a program of treatment for offenders with substance use or co-occurring disorders who have been sentenced to imprisonment in the state prison to include medication-assisted treatment where required by section 2. Sections 4 and 5 of this bill clarify that certain provisions concerning the eligibility of an offender to participate in a program of treatment for offenders with substance use or co-occurring disorders and the removal of an offender from such a program do not affect the ability of an offender who has been diagnosed with an opioid use disorder to receive medication-assisted treatment.] defines the term "practice of pharmacy" for the purpose of determining which activities require a person to be registered and regulated by the State Board of Pharmacy as a pharmacist. (NRS 639.0124) Section 12.3 of this bill requires the Board to prescribe a protocol to allow a pharmacist who registers with the Board to: (1) assess a patient to determine whether the patient has an opioid use disorder and medication-assisted treatment would be appropriate for the patient; and (2) prescribe and dispense a drug for medication-assisted treatment without a prescription from a practitioner. Section 12.6 of this bill provides that the practice of pharmacy includes actions authorized by the protocol established in section 12.3. Section 16.05 of this bill makes a conforming change to account for the provisions of section 12.3 authorizing a pharmacist to dispense a drug that has not been prescribed by a practitioner. The Board would be authorized to suspend or revoke the registration of a pharmacist who orders or assesses a patient or prescribes or dispenses drugs under the protocol established pursuant to section 12.3 without complying with the provisions of the protocol. (NRS 639.210)~~

~~Sections 3.5-5.8, 16.1, 16.3, 16.4, 16.48-16.75 and 16.9 of this bill require public and private health plans, including Medicaid and health plans for state and local government employees, to: (1) cover drugs approved by the Food and Drug Administration for medication-assisted treatment; and (2) reimburse assessment, prescribing and dispensing by a pharmacist in accordance with section 12.3 at a rate equal to that provided to a physician, physician assistant or advanced practice registered nurse for~~

65 similar services. Sections 2.5 and 16.2 of this bill make conforming changes to indicate
 66 the proper placement of sections 5.5 and 16.1, respectively, of this bill in the Nevada
 67 Revised Statutes. Sections 6.5, 16.13, 16.16, 16.43 and 16.45 of this bill make conforming
 68 changes to indicate that the coverage required by sections 16.1, 16.3 and 16.4 is in
 69 addition to certain coverage for the treatment of substance use disorder that certain
 70 insurers are required by existing law to provide. Section 16.8 of this bill authorizes the
 71 Commissioner of Insurance to suspend or revoke the certificate of a health maintenance
 72 organization that fails to comply with the requirements of section 16.7 of this bill. The
 73 Commissioner would also be authorized to take such action against other health insurers
 74 who fail to comply with the requirements of sections 16.1, 16.3, 16.48-16.6 or 16.9 of this
 75 bill. (NRS 680A.200)

76 Existing law authorizes a physician, physician assistant or advanced practice registered
 77 nurse to prescribe controlled substances if he or she is registered with the State Board of
 78 Pharmacy. (NRS 453.126, 453.231, 630.271, 632.237, 633.432) Existing federal law requires
 79 a physician, physician assistant or advanced practice registered nurse who prescribes or
 80 dispenses narcotic drugs for the treatment of opioid use disorder to register with the Drug
 81 Enforcement Administration of the United States Department of Justice for the specific
 82 purpose of dispensing such drugs. (21 U.S.C. § 822(a)) ~~Sections 10-12 and 13-16~~ Sections 10-12 and 13-16
 83 of this bill require a physician, physician assistant, advanced practice registered nurse,
 84 osteopathic physician or certain providers of behavioral health care who diagnose a patient
 85 with an opioid use disorder to counsel and provide information to the patient concerning
 86 evidence-based treatment for opioid use disorder, including medication-assisted treatment. If
 87 the patient requests medication-assisted treatment: (1) sections 10-12 ~~of this bill~~ require a
 88 physician, physician assistant, advanced practice registered nurse or osteopathic physician
 89 who is authorized under federal and state law to prescribe such treatment to offer to issue such
 90 a prescription; and (2) sections ~~10-12 and 13-16~~ 10-12 and 13-16 require all other physicians,
 91 physician assistants, advanced practice registered nurses, osteopathic physicians and certain
 92 providers of behavioral health care to refer the patient to a physician, physician assistant,
 93 advanced practice registered nurse ~~or~~ , osteopathic physician or pharmacist who is
 94 authorized to issue such a prescription.

95 Existing law requires the Director of the Department of Corrections to establish one
 96 or more programs of treatment for offenders with substance use or co-occurring
 97 disorders who have been sentenced to imprisonment in the state prison. (NRS 209.4236,
 98 209.425) Existing law additionally provides that the treatment of a prisoner in a local jail
 99 or detention facility who has a substance use disorder may include medication-assisted
 100 treatment. (NRS 211.140) Section 17.5 of this bill requires the Department of
 101 Corrections, in collaboration with the Department of Health and Human Services, and
 102 each county, city or town that maintains a jail or detention facility to study during the
 103 2023-2024 interim certain issues relating to the provision of medication-assisted
 104 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 thereto a
 2 new section to read as follows:

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

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

9 3. Interest and income earned on money in the account created pursuant to
 10 subsection 1 must be credited to the account. Any money remaining in the

1 account at the end of a fiscal year does not revert to the State General Fund, and
 2 the balance in the account must be carried forward to the next fiscal year.

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

6 5. As used in this section, "opioid antagonist" has the meaning ascribed to
 7 it in NRS 453C.040.

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

9 458.100 1. ~~1.1~~ Except as otherwise provided in section 1 of this act, all
 10 gifts or grants of money for a program for alcohol or other substance use disorders
 11 which the Division is authorized to accept must be deposited in the State Treasury
 12 for credit to the State Grant and Gift Account for Alcohol or Other Substance Use
 13 Disorders which is hereby created in the Department of Health and Human
 14 Services' Gift Fund.

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

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

18 ~~Section 1.1~~ **Sec. 1.7.** NRS 458.103 is hereby amended to read as follows:

19 458.103 1. The Division may accept:

20 ~~1.1~~ (a) Money appropriated and made available by any act of Congress for
 21 any program for alcohol or other substance use disorder administered by the
 22 Division as provided by law.

23 ~~1.2~~ (b) Money appropriated and made available by the State of Nevada or by a
 24 county, a city, a public district or any political subdivision of this State for any
 25 program for alcohol or other substance use disorder administered by the Division as
 26 provided by law.

27 2. *Except as otherwise provided in any regulations adopted pursuant to*
 28 *subsection 3, a treatment provider, provider of health care or program for alcohol*
 29 *or other substance use disorders shall prioritize persons to receive services for the*
 30 *treatment of alcohol or other substance use disorders funded in whole or in part*
 31 *by 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 federal law or*
 33 *impose an obligation under any existing grant, contract or other agreement, the*
 34 *State Board of Health may adopt regulations prioritizing categories of persons, in*
 35 *addition to the categories prescribed in 45 C.F.R. § 96.131(a), to receive services*
 36 *for the treatment of alcohol or other substance use disorders funded in whole or*
 37 *in part by federal or state money.*

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

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

42 ~~1. An institution, facility or private facility or institution shall take~~
 43 ~~reasonable measures to ensure the availability of medication assisted treatment~~
 44 ~~for offenders who have been diagnosed with an opioid use disorder to the same~~
 45 ~~extent and under the same conditions as other medical care for offenders.~~

46 ~~2. An institution, facility or private facility or institution shall not~~
 47 ~~discriminate against:~~

48 ~~(a) Treatment described in subsection 1 as compared to other forms of~~
 49 ~~treatment for opioid use disorder or abstinence from opioids without such~~
 50 ~~treatment; or~~

51 ~~(b) An offender because the offender is receiving such treatment.~~

52 ~~3. The Department and the Department of Health and Human Services~~
 53 ~~shall take reasonable measures to ensure the continuation of treatment described~~

~~in subsection 1 when an offender who is receiving such treatment is released from custody or transferred to another institution, facility or private facility or institution or the custody of another governmental agency.~~

~~4. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.~~ **(Deleted by amendment.)**

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

232.320 1. The Director:

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

- (1) The Administrator of the Aging and Disability Services Division;
- (2) The Administrator of the Division of Welfare and Supportive Services;
- (3) The Administrator of the Division of Child and Family Services;
- (4) The Administrator of the Division of Health Care Financing and Policy; and
- (5) The Administrator of the Division of Public and Behavioral Health.

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

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

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

- (1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;
- (2) Set forth priorities for the provision of those services;
- (3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;
- (4) Identify the sources of funding for services provided by the Department and the allocation of that funding;
- (5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and
- (6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets

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

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

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

7 **Sec. 3.** ~~NRS 209.4236 is hereby amended to read as follows:~~

8 ~~209.4236 1. The Director shall, in conjunction with the Division and with
9 the approval of the Board, establish one or more programs of treatment for
10 offenders with substance use or co-occurring disorders to provide treatment to
11 certain offenders with substance use or co-occurring disorders. A program of
12 treatment for offenders with substance use or co-occurring disorders must include,
13 but is not limited to, the requirements set forth in this section:~~

14 ~~2. A program of treatment for offenders with substance use or co-occurring
15 disorders established pursuant to subsection 1 must provide an offender with:~~

16 ~~(a) Intensive treatment for a substance use or co-occurring disorder [;]
17 including, without limitation, treatment described in section 2 of this act, where
18 appropriate;~~

19 ~~(b) A clearly defined set of goals;~~

20 ~~(c) A clearly defined structure of authority; and~~

21 ~~(d) A highly structured schedule that includes, but is not limited to, the
22 treatment listed in paragraph (a) and, if practicable, programs of employment,
23 general education or vocational training;~~

24 ~~3. Except as otherwise provided in NRS 209.4231 to 209.4244, inclusive,
25 offenders who are assigned to a program of treatment for offenders with substance
26 use or co-occurring disorders, to the extent practicable as determined by the
27 Director or a person designated by the Director:~~

28 ~~(a) May be housed in areas of a facility or institution that are segregated from
29 other areas of the facility or institution in which offenders who are not assigned to
30 the program of treatment for offenders with substance use or co-occurring disorders
31 are housed;~~

32 ~~(b) May be taken outside an institution or facility, under appropriate
33 precautions to prevent escape, to participate in a program of treatment for offenders
34 with substance use or co-occurring disorders; and~~

35 ~~(c) Must participate in the program of treatment for offenders with substance
36 use or co-occurring disorders for a period of not less than 5 months and a program
37 of aftercare for a period of not less than 3 months, as deemed appropriate for the
38 level of care being offered.] (Deleted by amendment.)~~

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

40 287.010 1. The governing body of any county, school district, municipal
41 corporation, political subdivision, public corporation or other local governmental
42 agency of the State of Nevada may:

43 (a) Adopt and carry into effect a system of group life, accident or health
44 insurance, or any combination thereof, for the benefit of its officers and employees,
45 and the dependents of officers and employees who elect to accept the insurance and
46 who, where necessary, have authorized the governing body to make deductions
47 from their compensation for the payment of premiums on the insurance.

48 (b) Purchase group policies of life, accident or health insurance, or any
49 combination thereof, for the benefit of such officers and employees, and the
50 dependents of such officers and employees, as have authorized the purchase, from
51 insurance companies authorized to transact the business of such insurance in the
52 State of Nevada, and, where necessary, deduct from the compensation of officers

1 and employees the premiums upon insurance and pay the deductions upon the
2 premiums.

3 (c) Provide group life, accident or health coverage through a self-insurance
4 reserve fund and, where necessary, deduct contributions to the maintenance of the
5 fund from the compensation of officers and employees and pay the deductions into
6 the fund. The money accumulated for this purpose through deductions from the
7 compensation of officers and employees and contributions of the governing body
8 must be maintained as an internal service fund as defined by NRS 354.543. The
9 money must be deposited in a state or national bank or credit union authorized to
10 transact business in the State of Nevada. Any independent administrator of a fund
11 created under this section is subject to the licensing requirements of chapter 683A
12 of NRS, and must be a resident of this State. Any contract with an independent
13 administrator must be approved by the Commissioner of Insurance as to the
14 reasonableness of administrative charges in relation to contributions collected and
15 benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408,
16 687B.723, 687B.725, 689B.030 to 689B.050, inclusive, and section 16.3 of this
17 act, 689B.265, 689B.287 and 689B.500 apply to coverage provided pursuant to this
18 paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and
19 689B.500 only apply to coverage for active officers and employees of the
20 governing body, or the dependents of such officers and employees.

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

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

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

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

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

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

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

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

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

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

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

5 **Sec. 4.** ~~NRS 209.4229 is hereby amended to read as follows:~~

6 ~~209.4239. 1. **Except as otherwise provided in this section:**~~

7 ~~(a) The Director or a person designated by the Director may remove an~~
 8 ~~offender from a program of treatment for offenders with substance use or co-~~
 9 ~~occurring disorders or a program of aftercare, temporarily or permanently, for any~~
 10 ~~lawful reason or purpose.~~

11 ~~[2.] (b) The Director may impose conditions on the participation of an~~
 12 ~~offender in a program of treatment for offenders with substance use or co-occurring~~
 13 ~~disorders or a program of aftercare and may establish sanctions and incentives~~
 14 ~~relating to participation in a program of treatment for offenders with substance use~~
 15 ~~or co-occurring disorders or a program of aftercare.~~

16 ~~[3.] (c) The provisions of NRS 209.4231 to 209.4244, inclusive, do not create~~
 17 ~~a right on behalf of an offender to participate in a program of treatment for~~
 18 ~~offenders with substance use or co-occurring disorders or a program of aftercare~~
 19 ~~and do not establish a basis for any cause of action against the State or its officers~~
 20 ~~or employees for denial of the ability to participate in or for removal from a~~
 21 ~~program of treatment for offenders with substance use or co-occurring disorders or~~
 22 ~~a program of aftercare.~~

23 ~~2. **The provisions of this section do not affect the ability of an offender who**~~
 24 ~~**has been diagnosed with an opioid use disorder to receive medication assisted**~~
 25 ~~**treatment pursuant to section 2 of this act.** (Deleted by amendment.)~~

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

27 287.04335 If the Board provides health insurance through a plan of self-
 28 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,
 29 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,
 30 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
 31 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, and section 16.9 of this
 32 act, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to
 33 695G.310, inclusive, and 695G.405, in the same manner as an insurer that is
 34 licensed pursuant to title 57 of NRS is required to comply with those provisions.

35 **Sec. 5.** ~~NRS 209.424 is hereby amended to read as follows:~~

36 ~~209.424. [An]~~

37 ~~1. **Except as otherwise provided in this section, an offender may not**~~
 38 ~~participate in a program of treatment for offenders with substance use or co-~~
 39 ~~occurring disorders if the offender:~~

40 ~~[1.] (a) Was sentenced to death or a term of imprisonment for life without the~~
 41 ~~possibility of parole; or~~

42 ~~[2.] (b) Is or was eligible to participate in the program of treatment established~~
 43 ~~pursuant to NRS 209.425, whether or not the offender actually participated in or~~
 44 ~~completed that program of treatment.~~

45 ~~2. **The provisions of this section do not affect the ability of an offender who**~~
 46 ~~**has been diagnosed with an opioid use disorder to receive medication assisted**~~
 47 ~~**treatment pursuant to section 2 of this act.** (Deleted by amendment.)~~

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

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

2. The State must provide reimbursement for the services of a pharmacist 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.

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

422.4025 1. The Department shall:

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

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

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

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

(b) Antirejection medications for organ transplants;

(c) Antihemophilic medications; and

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

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

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

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

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

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

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

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

(c) All prescription 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. As

used in this paragraph, "medication-assisted treatment" has the meaning ascribed to it in section 12.3 of this act.

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

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

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

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

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

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

Sec. 6. ~~NRS 209.425 is hereby amended to read as follows:~~

~~209.425 1. The Director shall, with the approval of the Board, establish a program for the treatment of a person with an alcohol or substance use disorder who is imprisoned for a violation of NRS 484C.110 or 484C.120 that is punishable as a felony pursuant to NRS 484C.400 or 484C.410 or a violation of NRS 484C.130, 484C.130, 488.420, 488.425 or 488.427. The program must include an initial period of intensive mental and physical rehabilitation in a facility of the Department, followed by regular sessions of education, counseling and any other necessary or desirable treatment [], including, without limitation, medication-assisted treatment where required by section 2 of this act.~~

~~2. The Director may, upon the request of the offender after the initial period of rehabilitation, allow the offender to earn wages under any other program established by the Department if the offender assigns to the Department any wages the offender earns under such a program. The Director may deduct from the wages of the offender an amount determined by the Director, with the approval of the Board, to:~~

~~(a) [Offset] Except as otherwise provided in section 2 of this act, offset the costs, as reflected in the budget of the Department, to maintain the offender in a facility or institution of the Department and in the program of treatment established pursuant to this section; and~~

~~(b) Meet any existing obligation of the offender for the support of his or her family or restitution to any victim of his or her crime.] (Deleted by amendment.)~~

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

608.156 1. ~~##~~ In addition to any benefits required by NRS 608.155, if an employer provides health benefits for his or her employees, the employer shall provide benefits for the expenses for the treatment of alcohol and substance use disorders. The annual benefits provided by the employer must ~~consist of:~~ include, without limitation:

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

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

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

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

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

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

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

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

17 **Sec. 7. ~~[NRS 209.511 is hereby amended to read as follows:~~**

18 ~~209.511 1. Before an offender is released from prison by expiration of his or~~
 19 ~~her term of sentence, by pardon or parole, the Director may provide mediation~~
 20 ~~services to the offender and the family members and friends of the offender who~~
 21 ~~provide emotional, psychological and financial support to the offender.~~

22 ~~2. As soon as practicable after an offender is authorized to apply for~~
 23 ~~enrollment in Medicaid pursuant to NRS 422.27487, the Director shall complete the~~
 24 ~~paperwork for the application if the offender may be eligible for Medicaid upon~~
 25 ~~release.~~

26 ~~3. Not later than 3 months before an offender is projected to be released from~~
 27 ~~prison by expiration of his or her term of sentence, by pardon or parole, the~~
 28 ~~Director may, if space is available, provide an eligible offender with one or more~~
 29 ~~evidence based or promising practice reentry programs to obtain employment,~~
 30 ~~including, without limitation, any programs which may provide bonding for an~~
 31 ~~offender entering the workplace and any organizations which may provide~~
 32 ~~employment or bonding assistance to such a person.~~

33 ~~4. When an offender is released from prison by expiration of his or her term~~
 34 ~~of sentence, by pardon or by parole, the Director:~~

35 ~~(a) May furnish the offender with a sum of money not to exceed \$100, the~~
 36 ~~amount to be based upon the offender's economic need as determined by the~~
 37 ~~Director;~~

38 ~~(b) Shall give the offender notice of the provisions of chapter 179C of NRS~~
 39 ~~and NRS 202.357 and 202.360;~~

40 ~~(c) Shall require the offender to sign an acknowledgment of the notice required~~
 41 ~~in paragraph (b);~~

42 ~~(d) Shall give the offender notice of the provisions of NRS 179.245 and the~~
 43 ~~provisions of NRS 213.090, 213.155 or 213.157, as applicable;~~

44 ~~(e) Shall provide the offender with a photo identification card issued by the~~
 45 ~~Department and information and reasonable assistance relating to acquiring a valid~~
 46 ~~driver's license or identification card to enable the offender to obtain employment,~~
 47 ~~if the offender:~~

48 ~~(1) Requests a photo identification card;~~

49 ~~(2) Requests such information and assistance and is eligible to acquire a~~
 50 ~~valid driver's license or identification card from the Department of Motor Vehicles;~~

51 ~~or~~

52 ~~(3) Is not currently in possession of a photo identification card;~~

53 ~~(f) Shall provide the offender with clothing suitable for reentering society;~~

1 ~~— (g) Shall provide the offender with the cost of transportation to his or her place~~
2 ~~of residence anywhere within the continental United States, or to the place of his or~~
3 ~~her conviction;~~

4 ~~— (h) If appropriate, shall release the offender to a facility for transitional living~~
5 ~~for released offenders that is licensed pursuant to chapter 449 of NRS;~~

6 ~~— (i) Shall require the offender to submit to at least one test for exposure to the~~
7 ~~human immunodeficiency virus;~~

8 ~~— (j) If the offender is eligible for Medicare, shall complete enrollment~~
9 ~~application paperwork for the offender; [and]~~

10 ~~— (k) If the offender was receiving a prescribed medication while in custody,~~
11 ~~shall ensure that the offender is provided with a 30-day supply of any such~~
12 ~~prescribed medication [.] ; and~~

13 ~~— (l) If the offender was receiving medication-assisted treatment for an opioid~~
14 ~~use disorder, shall ensure compliance with the provisions of section 2 of this act.~~

15 ~~— 5. The Director shall not provide an offender with a photo identification card~~
16 ~~pursuant to paragraph (c) of subsection 4 unless the photo identification card clearly~~
17 ~~indicates whether the Director:~~

18 ~~— (a) Has verified the full legal name and age of the offender by obtaining an~~
19 ~~original or certified copy of the documents required by the Department of Motor~~
20 ~~Vehicles pursuant to NRS 483.290 or 483.860, as applicable, furnished as proof of~~
21 ~~the full legal name and age of an applicant for a driver's license or identification~~
22 ~~card; or~~

23 ~~— (b) Has not verified the full legal name and age of the offender pursuant to~~
24 ~~paragraph (a).~~

25 ~~— 6. The costs authorized or required in paragraphs (a), (c), (f), (g), (i) and (k)~~
26 ~~of subsection 4 must be paid out of the appropriate account within the State General~~
27 ~~Fund for the use of the Department as other claims against the State are paid to the~~
28 ~~extent that the costs have not been paid in accordance with subsection 5 of NRS~~
29 ~~209.221 and NRS 209.246.~~

30 ~~— 7. The Director is encouraged to work with the Nevada Community Re-Entry~~
31 ~~Task Force established by the Governor pursuant to executive order, or its~~
32 ~~successor body, if any, to align statewide strategies for the reentry of offenders into~~
33 ~~the community and the implementation of those strategies.~~

34 ~~— 8. As used in this section:~~

35 ~~— (a) "Eligible offender" means an offender who is:~~

36 ~~— (1) Determined to be eligible for reentry programming based on the~~
37 ~~Nevada Risk Assessment System instrument, or its successor risk assessment tool;~~
38 ~~and~~

39 ~~— (2) Enrolled in:~~

40 ~~— (I) Programming services under a reentry program at a correctional~~
41 ~~facility which has staff designated to provide the services; or~~

42 ~~— (II) A community-based program to assist offenders to reenter the~~
43 ~~community.~~

44 ~~— (b) "Facility for transitional living for released offenders" has the meaning~~
45 ~~ascribed to it in NRS 449.0055.~~

46 ~~— (c) "Photo identification card" means a document which includes the name,~~
47 ~~date of birth and a color picture of the offender.~~

48 ~~— (d) "Promising practice reentry program" means a reentry program that has~~
49 ~~strong quantitative and qualitative data showing positive outcomes, but does not~~
50 ~~have sufficient research or replication to support recognition as an evidence-based~~
51 ~~practice.] **(Deleted by amendment.)**~~

1 **Sec. 8.** ~~[Chapter 211 of NRS is hereby amended by adding thereto a new~~
2 ~~section to read as follows:~~

3 ~~— 1. A sheriff, chief of police or town marshal who is responsible for a county,~~
4 ~~city or town jail or detention facility shall take reasonable measures to ensure the~~
5 ~~availability of medication-assisted treatment for prisoners who have been~~
6 ~~diagnosed with an opioid use disorder to the same extent and under the same~~
7 ~~conditions as other medical care for prisoners.~~

8 ~~— 2. A county, city or town jail or detention facility shall not discriminate~~
9 ~~against:~~

10 ~~— (a) Treatment described in subsection 1 as compared to other forms of~~
11 ~~treatment for opioid use disorder or abstinence from opioids without such~~
12 ~~treatment; or~~

13 ~~— (b) A prisoner because the prisoner is receiving such treatment.~~

14 ~~— 3. A sheriff, chief of police or town marshal who is responsible for a county,~~
15 ~~city or town jail or detention facility shall:~~

16 ~~— (a) Take reasonable measures to ensure the continuation of treatment~~
17 ~~described in subsection 1 when a prisoner who is receiving such treatment is~~
18 ~~transferred to another jail or detention facility or the custody of another~~
19 ~~governmental agency; and~~

20 ~~— (b) Cooperate with the Department of Health and Human Services~~
21 ~~concerning any measures taken by the Department of Health and Human~~
22 ~~Services pursuant to subsection 8 of NRS 211.140 for the continuation of~~
23 ~~treatment described in subsection 1 for a prisoner who is released from custody.~~

24 ~~— 4. As used in this section, “medication assisted treatment” means treatment~~
25 ~~for an opioid use disorder using medication approved by the United States Food~~
26 ~~and Drug Administration for that purpose.] **(Deleted by amendment.)**~~

27 **Sec. 9.** ~~[NRS 211.140 is hereby amended to read as follows:~~

28 ~~— 211.140 1. The sheriff of each county has charge and control over all~~
29 ~~prisoners committed to his or her care in the respective county jails, and the chiefs~~
30 ~~of police and town marshals in the several cities and towns throughout this State~~
31 ~~have charge and control over all prisoners committed to their respective city and~~
32 ~~town jails and detention facilities.~~

33 ~~— 2. A court shall not, at the request of any prisoner in a county, city or town~~
34 ~~jail, issue an order which affects the conditions of confinement of the prisoner~~
35 ~~unless, except as otherwise provided in this subsection, the court provides the~~
36 ~~sheriff, chief of police or town marshal having control over the prisoner with:~~

37 ~~— (a) Sufficient prior notice of the court’s intention to enter the order. Notice by~~
38 ~~the court is not necessary if the prisoner has filed an action with the court~~
39 ~~challenging his or her conditions of confinement and has served a copy of the~~
40 ~~action on the sheriff, chief of police or town marshal.~~

41 ~~— (b) An opportunity to be heard on the issue.~~

42 ~~— As used in this subsection, “conditions of confinement” includes, but is not~~
43 ~~limited to, a prisoner’s access to the law library, privileges regarding visitation and~~
44 ~~the use of the telephone, the type of meals provided to the prisoner and the~~
45 ~~provision of medical care in situations which are not emergencies.~~

46 ~~— 3. The sheriffs, chiefs of police and town marshals shall see that the prisoners~~
47 ~~under their care are kept at labor for reasonable amounts of time within the jail or~~
48 ~~detention facility, on public works in the county, city or town, or as part of a~~
49 ~~program of release for work established pursuant to NRS 211.120 or 211.171 to~~
50 ~~211.200, inclusive.~~

51 ~~— 4. The sheriff, chief of police or town marshal shall arrange for the~~
52 ~~administration of medical care required by prisoners while in his or her custody.~~
53 ~~The county, city or town shall pay the cost of appropriate medical:~~

1 ~~— (a) Treatment provided to a prisoner while in custody for injuries incurred by a~~
2 ~~prisoner while the prisoner is in custody and for injuries incurred during the~~
3 ~~prisoner's arrest for commission of a public offense if the prisoner is not convicted~~
4 ~~of that offense;~~

5 ~~— (b) Treatment provided to a prisoner while in custody for any infectious,~~
6 ~~contagious or communicable disease which the prisoner contracts while the~~
7 ~~prisoner is in custody; and~~

8 ~~— (c) Examinations required by law or by court order conducted while the~~
9 ~~prisoner is in custody unless the order otherwise provides;~~

10 ~~— 5. A prisoner shall pay the cost of medical treatment for:~~

11 ~~— (a) Injuries incurred by the prisoner during his or her commission of a public~~
12 ~~offense or for injuries incurred during his or her arrest for commission of a public~~
13 ~~offense if the prisoner is convicted of that offense;~~

14 ~~— (b) Injuries or illnesses which existed before the prisoner was taken into~~
15 ~~custody;~~

16 ~~— (c) Self-inflicted injuries; and~~

17 ~~— (d) Except treatment provided pursuant to subsection 4, any other injury or~~
18 ~~illness incurred by the prisoner.~~

19 ~~— 6. A medical facility furnishing treatment pursuant to subsection 5 shall~~
20 ~~attempt to collect the cost of the treatment from the prisoner or the prisoner's~~
21 ~~insurance carrier. If the facility is unable to collect the cost and certifies to the~~
22 ~~appropriate board of county commissioners that it is unable to collect the cost of the~~
23 ~~medical treatment, the board of county commissioners shall pay the cost of the~~
24 ~~medical treatment.~~

25 ~~— 7. A sheriff, chief of police or town marshal who arranges for the~~
26 ~~administration of medical care pursuant to this section may attempt to collect from~~
27 ~~the prisoner or the insurance carrier of the prisoner the cost of arranging for the~~
28 ~~administration of medical care including the cost of any transportation of the~~
29 ~~prisoner for the purpose of medical care. The prisoner shall obey the requests of,~~
30 ~~and fully cooperate with the sheriff, chief of police or town marshal in collecting~~
31 ~~the costs from the prisoner or the prisoner's insurance carrier.~~

32 ~~— 8. While a prisoner is in custody, a sheriff, chief of police or town marshal, in~~
33 ~~collaboration with the Department of Health and Human Services and the various~~
34 ~~divisions thereof, for the purpose of maintaining continuity of care, shall arrange~~
35 ~~for the coordination of the care for treatment of mental health and substance use~~
36 ~~disorders provided to the prisoner by all providers of such care in the county, city or~~
37 ~~town jail or detention facility. After a prisoner is released from custody;~~

38 ~~— (a) The Department and the various divisions thereof shall arrange for the~~
39 ~~coordination of the care for treatment of mental health and substance use disorders~~
40 ~~provided to the prisoner [], including, without limitation, by taking reasonable~~
41 ~~measures to ensure the continuation of medication assisted treatment provided~~
42 ~~pursuant to section 8 of this act.~~

43 ~~— (b) [The] Except to the extent provided in section 8 of this act, the sheriff,~~
44 ~~chief of police or town marshal is no longer responsible for arranging the~~
45 ~~coordination of such care.~~

46 ~~— 9. Each sheriff described in subsection 8, or his or her representative, and the~~
47 ~~Director of the Department of Health and Human Services, or his or her~~
48 ~~representative, shall, at the request of the Joint Interim Standing Committee on~~
49 ~~Health and Human Services, appear before the Committee during the legislative~~
50 ~~interim to report on the collaboration and coordination provided pursuant to~~
51 ~~subsection 8.~~

~~10. Treatment of mental health and substance use disorders provided pursuant to subsection 8 must, to the extent required by section 8 of this act, and may, in all other circumstances, include any medication that has been:~~

- ~~(a) Approved by the United States Food and Drug Administration; and~~
 - ~~(b) Prescribed by a treating physician as medically necessary for use by the prisoner to address issues relating to mental health or a substance use disorder.]~~
- (Deleted by amendment.)

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

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

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

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

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

3. As used in this section, "medication-assisted treatment" ~~means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.~~ has the meaning ascribed to it in section 12.3 of this act.

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

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

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

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

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

3. As used in this section, "medication-assisted treatment" ~~means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.~~ has the meaning ascribed to it in section 12.3 of this act.

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

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

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

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

6 (b) *If the osteopathic physician or physician assistant is not authorized under*
 7 *federal and state law to prescribe an appropriate medication, refer the patient to a*
 8 *physician, osteopathic physician, physician assistant licensed pursuant to this*
 9 *chapter or chapter 630 of NRS, ~~for~~ advanced practice registered nurse or*
 10 *pharmacist who is authorized to issue the prescription.*

11 3. *As used in this section, “medication-assisted treatment” ~~means~~*
 12 *~~treatment for an opioid use disorder using medication approved by the United~~*
 13 *~~States Food and Drug Administration for that purpose.~~ has the meaning*
 14 *ascribed to it in section 12.3 of this act.*

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

17 1. To the extent authorized by federal law, a pharmacist who registers with
 18 the Board to engage in the activity authorized by this section may, in accordance
 19 with the requirements of the protocol prescribed pursuant to subsection 2:

20 (a) Assess a patient to determine whether:

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

22 (2) Medication-assisted treatment would be appropriate for the patient;

23 (b) Counsel and provide information to the patient concerning evidence-
 24 based treatment for opioid use disorders, including, without limitation,
 25 medication-assisted treatment; and

26 (c) Prescribe and dispense a drug for medication-assisted treatment.

27 2. The Board shall adopt regulations:

28 (a) Prescribing the requirements to register with the Board to engage in the
 29 activity authorized by this section; and

30 (b) Establishing a protocol for the actions authorized by this section.

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

34 Sec. 12.6. NRS 639.0124 is hereby amended to read as follows:

35 639.0124 1. “Practice of pharmacy” includes, but is not limited to, the:

36 (a) Performance or supervision of activities associated with manufacturing,
 37 compounding, labeling, dispensing and distributing of a drug, including the receipt,
 38 handling and storage of prescriptions and other confidential information relating to
 39 patients.

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

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

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

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

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

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

48 (h) Development of written guidelines and protocols in collaboration with a
 49 practitioner which authorize collaborative drug therapy management. The written
 50 guidelines and protocols must comply with NRS 639.2629.

51 (i) Implementation and modification of drug therapy, administering drugs and
 52 ordering and performing tests in accordance with a collaborative practice
 53 agreement.

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

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

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

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

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

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

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

23 3. *As used in this section, “medication-assisted treatment” ~~means~~*
24 *treatment for an opioid use disorder using medication approved by the United*
25 *States Food and Drug Administration for that purpose. has the meaning*
26 *ascribed to it in section 12.3 of this act.*

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

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

33 2. *If the client requests medication-assisted treatment, the marriage and*
34 *family therapist or clinical professional counselor shall refer the client to a*
35 *physician, osteopathic physician, physician assistant licensed pursuant to chapter*
36 *630 or 633 of NRS, ~~for~~ advanced practice registered nurse or pharmacist who is*
37 *authorized under federal and state law to prescribe an appropriate medication.*

38 3. *As used in this section, “medication-assisted treatment” ~~means~~*
39 *treatment for an opioid use disorder using medication approved by the United*
40 *States Food and Drug Administration for that purpose. has the meaning*
41 *ascribed to it in section 12.3 of this act.*

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

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

48 2. *If the client requests medication-assisted treatment, the clinical social*
49 *worker shall refer the client to a physician, osteopathic physician, physician*
50 *assistant licensed pursuant to chapter 630 or 633 of NRS, ~~for~~ advanced practice*
51 *registered nurse or pharmacist who is authorized under federal and state law to*
52 *prescribe an appropriate medication.*

1 3. As used in this section, “medication-assisted treatment” ~~means~~
2 ~~treatment for an opioid use disorder using medication approved by the United~~
3 ~~States Food and Drug Administration for that purpose.~~ has the meaning
4 ascribed to it in section 12.3 of this act.

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

7 1. Upon diagnosing a client as having an opioid use disorder, an alcohol
8 and drug counselor, clinical alcohol and drug counselor or problem gambling
9 counselor shall counsel and provide information to the client concerning
10 evidence-based treatment for opioid use disorders, including, without limitation,
11 medication-assisted treatment.

12 2. If the client requests medication-assisted treatment, the alcohol and drug
13 counselor, clinical alcohol and drug counselor or problem gambling counselor
14 shall refer the client to a physician, osteopathic physician, physician assistant
15 licensed pursuant to chapter 630 or 633 of NRS, ~~for~~ advanced practice
16 registered nurse or pharmacist who is authorized under federal and state law to
17 prescribe an appropriate medication.

18 3. As used in this section, “medication-assisted treatment” ~~means~~
19 ~~treatment for an opioid use disorder using medication approved by the United~~
20 ~~States Food and Drug Administration for that purpose.~~ has the meaning
21 ascribed to it in section 12.3 of this act.

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

23 683A.179 1. A pharmacy benefit manager shall not:

24 (a) Prohibit a pharmacist or pharmacy from providing information to a covered
25 person concerning:

26 (1) The amount of any copayment or coinsurance for a prescription drug;
27 or

28 (2) The availability of a less expensive alternative or generic drug
29 including, without limitation, information concerning clinical efficacy of such a
30 drug;

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

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

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

40 2. The provisions of this section:

41 (a) Must not be construed to authorize a pharmacist to dispense a drug that has
42 not been prescribed by a practitioner, as defined in NRS 639.0125, except to the
43 extent authorized by a specific provision of law, including, without limitation, NRS
44 453C.120, 639.28078 and 639.28085, ~~and~~ and section 12.3 of this act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 689A.030 A policy of health insurance must not be delivered or issued for
37 delivery to any person in this State unless it otherwise complies with this Code, and
38 complies with the following:

39 1. The entire money and other considerations for the policy must be expressed
40 therein.

41 2. The time when the insurance takes effect and terminates must be expressed
42 therein.

43 3. It must purport to insure only one person, except that a policy may insure,
44 originally or by subsequent amendment, upon the application of an adult member of
45 a family, who shall be deemed the policyholder, any two or more eligible members
46 of that family, including the husband, wife, domestic partner as defined in NRS
47 122A.030, dependent children, from the time of birth, adoption or placement for the
48 purpose of adoption as provided in NRS 689A.043, or any child on or before the
49 last day of the month in which the child attains 26 years of age, and any other
50 person dependent upon the policyholder.

51 4. The style, arrangement and overall appearance of the policy must not give
52 undue prominence to any portion of the text, and every printed portion of the text of
53 the policy and of any endorsements or attached papers must be plainly printed in

1 light-faced type of a style in general use, the size of which must be uniform and not
2 less than 10 points with a lowercase unspaced alphabet length not less than 120
3 points. "Text" includes all printed matter except the name and address of the
4 insurer, the name or the title of the policy, the brief description, if any, and captions
5 and subcaptions.

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

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

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

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

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

28 (a) At the option of the applicant; and

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

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

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

34 689A.046 1. ~~["The"]~~ In addition to the benefits required by section 16.1 of
35 this act, the benefits provided by a policy for health insurance for treatment of
36 alcohol or substance use disorder must ~~["consist of,"]~~ include, without limitation:

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

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

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

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

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

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

51 (b) Hospital or other medical facility or facility for the dependent which is
52 licensed by the Division of Public and Behavioral Health of the Department of
53 Health and Human Services, accredited by The Joint Commission or CARF

1 International and provides a program for the treatment of alcohol or substance use
2 disorder as part of its accredited activities.

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

4 689A.330 If any policy is issued by a domestic insurer for delivery to a
5 person residing in another state, and if the insurance commissioner or
6 corresponding public officer of that other state has informed the Commissioner that
7 the policy is not subject to approval or disapproval by that officer, the
8 Commissioner may by ruling require that the policy meet the standards set forth in
9 NRS 689A.030 to 689A.320, inclusive ~~4~~, **and section 16.1 of this act.**

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

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

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

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

19 **2. An insurer that offers or issues a policy of group health insurance shall**
20 **reimburse a pharmacist who participates in the network plan of the insurer for**
21 **the services described in section 12.3 of this act at a rate equal to the rate of**
22 **reimbursement provided to a physician, physician assistant or advanced practice**
23 **registered nurse for similar services.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 689C.166 Each group health insurance policy must contain in substance a
28 provision for benefits payable for expenses incurred for the treatment of alcohol or
29 substance use disorder, as provided in NRS 689C.167 ~~(1)~~ and section 16.4 of this
30 act.

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

32 689C.167 1. ~~(The)~~ In addition to the benefits required by section 16.4 of
33 this act, the benefits provided by a group policy for health insurance, as required by
34 NRS 689C.166, for the treatment of alcohol or substance use disorders must
35 ~~[consist of:]~~ include, without limitation:

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

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

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

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

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

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

50 (b) Hospital or other medical facility or facility for the dependent which is
51 licensed by the Division of Public and Behavioral Health of the Department of
52 Health and Human Services, is accredited by The Joint Commission or CARF

1 International and provides a program for the treatment of alcohol or substance use
2 disorders as part of its accredited activities.

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

4 689C.425 A voluntary purchasing group and any contract issued to such a
5 group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the
6 provisions of NRS 689C.015 to 689C.355, inclusive, and section 16.4 of this act,
7 to the extent applicable and not in conflict with the express provisions of NRS
8 687B.408 and 689C.360 to 689C.600, inclusive.

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

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

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

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

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

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

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

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

32 6. As used in this section:

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

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

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

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

45 1. A hospital or medical services corporation that offers or issues a policy of
46 health insurance shall include in the policy coverage for:

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

50 (b) The services described in section 12.3 of this act when provided by a
51 pharmacist who participates in the network plan of the hospital or medical
52 services corporation.

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

7 3. A hospital or medical services corporation may subject the benefits
8 required by subsection 1 to reasonable medical management techniques.

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

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

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

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

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

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

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

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

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

44 3. A health maintenance organization may subject the benefits required by
45 subsection 1 to reasonable medical management techniques.

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

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

1 6. As used in this section:

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

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

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

13 Sec. 16.75. NRS 695C.050 is hereby amended to read as follows:

14 695C.050 1. Except as otherwise provided in this chapter or in specific
15 provisions of this title, the provisions of this title are not applicable to any health
16 maintenance organization granted a certificate of authority under this chapter. This
17 provision does not apply to an insurer licensed and regulated pursuant to this title
18 except with respect to its activities as a health maintenance organization authorized
19 and regulated pursuant to this chapter.

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

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

27 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,
28 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733,
29 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.1759, 695C.176 to
30 695C.200, inclusive, and 695C.265 do not apply to a health maintenance
31 organization that provides health care services through managed care to recipients
32 of Medicaid under the State Plan for Medicaid or insurance pursuant to the
33 Children's Health Insurance Program pursuant to a contract with the Division of
34 Health Care Financing and Policy of the Department of Health and Human
35 Services. This subsection does not exempt a health maintenance organization from
36 any provision of this chapter for services provided pursuant to any other contract.

37 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701,
38 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347,
39 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 and section 16.7 of
40 this act apply to a health maintenance organization that provides health care
41 services through managed care to recipients of Medicaid under the State Plan for
42 Medicaid.

43 Sec. 16.8. NRS 695C.330 is hereby amended to read as follows:

44 695C.330 1. The Commissioner may suspend or revoke any certificate of
45 authority issued to a health maintenance organization pursuant to the provisions of
46 this chapter if the Commissioner finds that any of the following conditions exist:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (b) The services described in section 12.3 of this act when provided by a
2 pharmacist who participates in the network plan of the managed care
3 organization.

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

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

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

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

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

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

30 **Sec. 17.** 1. Notwithstanding the provisions of subsection 2 of NRS
31 458.103, as amended by section ~~HH~~ **1.7** of this act, a treatment provider, provider of
32 health care or program for alcohol or substance use disorders is not, unless
33 otherwise required by federal law, required to terminate services to which the
34 provisions of that subsection would otherwise apply to a person who is receiving
35 such services on or before October 1, 2023 from the treatment provider, provider of
36 health care or program in order to provide such services to a person who would
37 otherwise receive priority under that subsection.

38 2. The provisions of subsection 2 of NRS 458.103, as amended by section ~~HH~~
39 **1.7** of this act, do not apply to treatment for an alcohol or other substance use
40 disorder provided under any grant, contract or other agreement accepted or entered
41 into on or before October 1, 2023, but do apply to any such treatment provided
42 under such a grant, contract or agreement that is renewed or extended.

43 3. As used in this section:

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

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

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

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

1 (a) Barriers to accessing medication-assisted treatment at institutions and
2 facilities of the Department of Corrections and private facilities and
3 institutions, including, without limitation;

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

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

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

11 (c) The feasibility of establishing medication-assisted treatment programs
12 on the grounds of institutions and facilities of the Department of Corrections
13 and private facilities and institutions to provide medication-assisted treatment
14 to offenders with opioid use disorder to the same extent as other health care
15 provided to offenders;

16 (d) The feasibility of forming partnerships with providers of health care
17 and agencies, including, without limitation, the Department of Health and
18 Human Services and local agencies that provide social services, to provide
19 medication-assisted treatment inside or nearby institutions and facilities of the
20 Department of Corrections and private facilities and institutions;

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

24 (f) The feasibility of storing information concerning offenders who are
25 receiving medication-assisted treatment and sharing such information with
26 providers of treatment, providers of community-based services and other
27 interested persons and entities;

28 (g) Strategies for facilitating the continuation of medication-assisted
29 treatment by an offender upon release, including, without limitation;

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

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

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

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

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

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

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

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

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

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

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

7 (a) Conduct the examination described in paragraph (c) of subsection 2;
8 and

9 (b) Cooperate with the regional behavioral health policy board created by
10 NRS 433.429 for the behavioral health region established by NRS 433.428 in
11 which the county is located for the purpose of conducting that examination.

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

14 (a) Submit a report of the findings of the study conducted pursuant to this
15 section to the Director of the Legislative Counsel Bureau for transmittal to the
16 Joint Interim Standing Committee on Health and Human Services and the
17 Joint Interim Standing Committee on the Judiciary; and

18 (b) Present the findings of the study conducted pursuant to this section at
19 meetings of the Joint Interim Standing Committee on Health and Human
20 Services and the Joint Interim Standing Committee on the Judiciary.

21 5. As used in this section:

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

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

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

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

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

29 (f) "Private facility or institution" has the meaning ascribed to it in NRS
30 209.083.

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

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

35 Sec. 19. 1. This section becomes effective upon passage and approval.

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

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

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

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

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