

Amendment No. 938

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

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to A.B. 156 R1 (§ 3.5).
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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: 6/3/2023

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 (§ 3.5)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

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

Legislative Counsel’s Digest:

Existing law requires all gifts or grants of money for a program for alcohol or other substance use disorders which the Division of Public and Behavioral Health of the Department of Health and Human Services is authorized to accept to be deposited in the State Treasury for credit to the State Grant and Gift Account for Alcohol or Other Substance Use Disorders. (NRS 458.100) **Sections ~~1.28 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 ~~1.28~~** provides that such money is not subject to provisions of law governing budgeting by agencies of the State Government. **Section ~~1.28~~** 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

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

21 Existing law defines the term “practice of pharmacy” for the purpose of determining
22 which activities require a person to be registered and regulated by the State Board of
23 Pharmacy as a pharmacist. (NRS 639.0124) **Section 12.3** of this bill requires the Board to
24 prescribe a protocol to allow a pharmacist who registers with the Board to: (1) assess a patient
25 to determine whether the patient has an opioid use disorder and medication-assisted treatment
26 would be appropriate for the patient; and (2) prescribe and dispense a drug for medication-
27 assisted treatment. ~~[without a prescription from a practitioner.]~~ **Section 12.6** of this bill
28 provides that the practice of pharmacy includes actions authorized by the protocol established
29 in **section 12.3**. ~~[Section 16.05 of this bill makes a conforming change to account for the~~
30 ~~provisions of section 12.3 authorizing a pharmacist to dispense a drug that has not been~~
31 ~~prescribed by a practitioner.]~~ **Sections 1-1.25 and 12.8 of this bill make additional changes**
32 **necessary to authorize a pharmacist who registers with the Board to prescribe a drug for**
33 **medication-assisted treatment.** The Board would be authorized to suspend or revoke the
34 registration of a pharmacist who orders or assesses a patient or prescribes or dispenses drugs
35 under the protocol established pursuant to **section 12.3** without complying with the provisions
36 of the protocol. (NRS 639.210)

37 **Sections ~~3.5-5.8~~ 3.5, 4.5, 16.1, 16.3, 16.4, 16.48-16.75 and 16.9** of this bill require
38 public and private health plans, including Medicaid **managed care organizations** and health
39 plans for state and local government employees, to: (1) cover drugs approved by the Food and
40 Drug Administration for medication-assisted treatment; and (2) reimburse assessment,
41 prescribing and dispensing by a pharmacist in accordance with **section 12.3** at a rate equal to
42 that provided to a physician, physician assistant or advanced practice registered nurse for
43 similar services. **Section 5.5 of this bill also requires Medicaid to reimburse those services**
44 **at such a rate, regardless of whether the services are reimbursed directly or through**
45 **managed care organizations.** **Sections 2.5 and 16.2** of this bill make conforming changes to
46 indicate the proper placement of **sections 5.5 and 16.1**, respectively, of this bill in the Nevada
47 Revised Statutes. **Sections 6.5, 16.13, 16.16, 16.43 and 16.45** of this bill make conforming
48 changes to indicate that the coverage required by **sections 16.1, 16.3 and 16.4** is in addition to
49 certain coverage for the treatment of substance use disorder that certain insurers are required
50 by existing law to provide. **Section 16.8** of this bill authorizes the Commissioner of Insurance
51 to suspend or revoke the certificate of a health maintenance organization that fails to comply
52 with the requirements of **section 16.7** of this bill. The Commissioner would also be authorized
53 to take such action against other health insurers who fail to comply with the requirements of
54 **sections 16.1, 16.3, 16.48-16.6 or 16.9** of this bill. (NRS 680A.200)

55 Existing law authorizes a physician, physician assistant or advanced practice registered
56 nurse to prescribe controlled substances if he or she is registered with the State Board of
57 Pharmacy. (NRS 453.126, 453.231, 630.271, 632.237, 633.432) Existing federal law requires
58 a physician, physician assistant or advanced practice registered nurse who prescribes or
59 dispenses narcotic drugs for the treatment of opioid use disorder to register with the Drug
60 Enforcement Administration of the United States Department of Justice for the specific
61 purpose of dispensing such drugs. (21 U.S.C. § 822(a)) **Sections 10-12 and 13-16** of this bill
62 require a physician, physician assistant, advanced practice registered nurse, osteopathic
63 physician or certain providers of behavioral health care who diagnose a patient with an opioid
64 use disorder to counsel and provide information to the patient concerning evidence-based
65 treatment for opioid use disorder, including medication-assisted treatment. If the patient
66 requests medication-assisted treatment: (1) **sections 10-12** require a physician, physician
67 assistant, advanced practice registered nurse or osteopathic physician who is authorized under
68 federal and state law to prescribe such treatment to offer to issue such a prescription; and (2)
69 **sections 10-12 and 13-16** require all other physicians, physician assistants, advanced practice
70 registered nurses, osteopathic physicians and certain providers of behavioral health care to
71 refer the patient to a physician, physician assistant, advanced practice registered nurse,
72 osteopathic physician or pharmacist who is authorized to issue such a prescription.

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

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

1 **Section 1. NRS 453.126 is hereby amended to read as follows:**

2 453.126 "Practitioner" means:

3 1. A physician, dentist, veterinarian or podiatric physician who holds a license
4 to practice his or her profession in this State and is registered pursuant to this
5 chapter.

6 2. An advanced practice registered nurse who holds a certificate from the
7 State Board of Pharmacy authorizing him or her to dispense or to prescribe and
8 dispense controlled substances.

9 3. A scientific investigator or a pharmacy, hospital or other institution
10 licensed, registered or otherwise authorized in this State to distribute, dispense,
11 conduct research with respect to, to administer, or use in teaching or chemical
12 analysis, a controlled substance in the course of professional practice or research.

13 4. A euthanasia technician who is licensed by the Nevada State Board of
14 Veterinary Medical Examiners and registered pursuant to this chapter, while he or
15 she possesses or administers sodium pentobarbital pursuant to his or her license and
16 registration.

17 5. A physician assistant who:

18 (a) Holds a license from the Board of Medical Examiners; and

19 (b) Is authorized by the Board to possess, administer, prescribe or dispense
20 controlled substances under the supervision of a physician as required by chapter
21 630 of NRS.

22 6. A physician assistant who:

23 (a) Holds a license from the State Board of Osteopathic Medicine; and

24 (b) Is authorized by the Board to possess, administer, prescribe or dispense
25 controlled substances under the supervision of an osteopathic physician as required
26 by chapter 633 of NRS.

27 7. An optometrist who is certified by the Nevada State Board of Optometry to
28 prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the
29 optometrist prescribes or administers pharmaceutical agents within the scope of his
30 or her certification.

31 **8. A pharmacist who is registered pursuant to section 12.3 of this act to**
32 **prescribe and dispense drugs for medication-assisted treatment.**

33 **Sec. 1.05. NRS 453.128 is hereby amended to read as follows:**

34 453.128 1. "Prescription" means:

35 (a) An order given individually for the person for whom prescribed, directly
36 from a physician, physician assistant licensed pursuant to chapter 630 or 633 of
37 NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse, **a**
38 **pharmacist registered pursuant to section 12.3 of this act** or veterinarian, or his or

1 her agent, to a pharmacist or indirectly by means of an order signed by the
2 practitioner or an electronic transmission from the practitioner to a pharmacist; or

3 (b) A chart order written for an inpatient specifying drugs which he or she is to
4 take home upon his or her discharge.

5 2. The term does not include a chart order written for an inpatient for use
6 while he or she is an inpatient.

7 **Sec. 1.1. NRS 453.226 is hereby amended to read as follows:**

8 453.226 1. Every practitioner or other person who dispenses any controlled
9 substance within this State or who proposes to engage in the dispensing of any
10 controlled substance within this State shall obtain biennially a registration issued by
11 the Board in accordance with its regulations. A person must present proof that he or
12 she is authorized to access the database of the program established pursuant to NRS
13 453.162 before the Board may issue or renew a registration.

14 2. A person registered by the Board in accordance with the provisions of NRS
15 453.011 to 453.552, inclusive, to dispense or conduct research with controlled
16 substances may possess, dispense or conduct research with those substances to the
17 extent authorized by the registration and in conformity with the other provisions of
18 those sections.

19 3. The following persons are not required to register and may lawfully
20 possess and distribute controlled substances pursuant to the provisions of NRS
21 453.011 to 453.552, inclusive:

22 (a) An agent or employee of a registered dispenser of a controlled substance if
23 he or she is acting in the usual course of his or her business or employment;

24 (b) A common or contract carrier or warehouseman, or an employee thereof,
25 whose possession of any controlled substance is in the usual course of business or
26 employment;

27 (c) An ultimate user or a person in possession of any controlled substance
28 pursuant to a lawful order of a physician, physician assistant licensed pursuant to
29 chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, podiatric
30 physician, pharmacist registered pursuant to section 12.3 of this act or
31 veterinarian or in lawful possession of a schedule V substance; or

32 (d) A physician who:

33 (1) Holds a locum tenens license issued by the Board of Medical
34 Examiners or a temporary license issued by the State Board of Osteopathic
35 Medicine; and

36 (2) Is registered with the Drug Enforcement Administration at a location
37 outside this State.

38 4. The Board may waive the requirement for registration of certain dispensers
39 if it finds it consistent with the public health and safety.

40 5. A separate registration is required at each principal place of business or
41 professional practice where the applicant dispenses controlled substances.

42 6. The Board may inspect the establishment of a registrant or applicant for
43 registration in accordance with the Board's regulations.

44 **Sec. 1.15. NRS 453.336 is hereby amended to read as follows:**

45 453.336 1. Except as otherwise provided in subsection 6, a person shall not
46 knowingly or intentionally possess a controlled substance, unless the substance was
47 obtained directly from, or pursuant to, a prescription or order of a physician,
48 physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist,
49 podiatric physician, optometrist, advanced practice registered nurse, pharmacist
50 registered pursuant to section 12.3 of this act or veterinarian while acting in the
51 course of his or her professional practice, or except as otherwise authorized by the
52 provisions of NRS 453.005 to 453.552, inclusive.

1 2. Except as otherwise provided in subsections 3, 4 and 5 and in NRS
2 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385 or
3 453.339, a person who violates this section:

4 (a) For a first or second offense, if the controlled substance is listed in schedule
5 I or II and the quantity possessed is less than 14 grams, or if the controlled
6 substance is listed in schedule III, IV or V and the quantity possessed is less than 28
7 grams, is guilty of possession of a controlled substance and shall be punished for a
8 category E felony as provided in NRS 193.130. In accordance with NRS 176.211,
9 the court shall defer judgment upon the consent of the person.

10 (b) For a third or subsequent offense, if the controlled substance is listed in
11 schedule I or II and the quantity possessed is less than 14 grams, or if the controlled
12 substance is listed in schedule III, IV or V and the quantity possessed is less than 28
13 grams, or if the offender has previously been convicted two or more times in the
14 aggregate of any violation of the law of the United States or of any state, territory
15 or district relating to a controlled substance, is guilty of possession of a controlled
16 substance and shall be punished for a category D felony as provided in NRS
17 193.130, and may be further punished by a fine of not more than \$20,000.

18 (c) If the controlled substance is listed in schedule I or II and the quantity
19 possessed is 14 grams or more, but less than 28 grams, or if the controlled
20 substance is listed in schedule III, IV or V and the quantity possessed is 28 grams
21 or more, but less than 200 grams, is guilty of low-level possession of a controlled
22 substance and shall be punished for a category C felony as provided in NRS
23 193.130.

24 (d) If the controlled substance is listed in schedule I or II and the quantity
25 possessed is 28 grams or more, but less than 42 grams, or if the controlled
26 substance is listed in schedule III, IV or V and the quantity possessed is 200 grams
27 or more, is guilty of mid-level possession of a controlled substance and shall be
28 punished for a category B felony by imprisonment in the state prison for a
29 minimum term of not less than 1 year and a maximum term of not more than 10
30 years and by a fine of not more than \$50,000.

31 (e) If the controlled substance is listed in schedule I or II and the quantity
32 possessed is 42 grams or more, but less than 100 grams, is guilty of high-level
33 possession of a controlled substance and shall be punished for a category B felony
34 by imprisonment in the state prison for a minimum term of not less than 2 years and
35 a maximum term of not more than 15 years and by a fine of not more than \$50,000.

36 3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385,
37 a person who is convicted of the possession of flunitrazepam or gamma-
38 hydroxybutyrate, or any substance for which flunitrazepam or gamma-
39 hydroxybutyrate is an immediate precursor, is guilty of a category B felony and
40 shall be punished by imprisonment in the state prison for a minimum term of not
41 less than 1 year and a maximum term of not more than 6 years.

42 4. Unless a greater penalty is provided pursuant to NRS 212.160, a person
43 who is convicted of the possession of 1 ounce or less of marijuana is guilty of a
44 misdemeanor and shall be punished by:

45 (a) Performing not more than 24 hours of community service;

46 (b) Attending the live meeting described in paragraph (a) of subsection 2 of
47 NRS 484C.530 and complying with any other requirements set forth in that section;
48 or

49 (c) Being required to undergo an evaluation in accordance with subsection 1 of
50 NRS 484C.350,

51 ↳ or any combination thereof.

52 5. Unless a greater penalty is provided pursuant to NRS 212.160, a person
53 who is convicted of the possession of more than 1 ounce, but less than 50 pounds,

1 of marijuana or more than one-eighth of an ounce, but less than one pound, of
2 concentrated cannabis is guilty of a category E felony and shall be punished as
3 provided in NRS 193.130.

4 6. It is not a violation of this section if a person possesses a trace amount of a
5 controlled substance and that trace amount is in or on a hypodermic device obtained
6 from a sterile hypodermic device program pursuant to NRS 439.985 to 439.994,
7 inclusive.

8 7. The court may grant probation to or suspend the sentence of a person
9 convicted of violating this section.

10 8. If a person fulfills the terms and conditions imposed for a violation of
11 subsection 4, the court shall, without a hearing, order sealed all documents, papers
12 and exhibits in that person's record, minute book entries and entries on dockets, and
13 other documents relating to the case in the custody of such other agencies and
14 officers as are named in the court's order. The court shall cause a copy of the order
15 to be sent to each agency or officer named in the order. Each such agency or officer
16 shall notify the court in writing of its compliance with the order.

17 9. As used in this section:

18 (a) "Controlled substance" includes flunitrazepam, gamma-hydroxybutyrate
19 and each substance for which flunitrazepam or gamma-hydroxybutyrate is an
20 immediate precursor.

21 (b) "Marijuana" does not include concentrated cannabis.

22 (c) "Sterile hypodermic device program" has the meaning ascribed to it in NRS
23 439.986.

24 **Sec. 1.2. NRS 453.381 is hereby amended to read as follows:**

25 453.381 1. In addition to the limitations imposed by NRS 453.256 and
26 453.3611 to 453.3648, inclusive, a physician, physician assistant, dentist, advanced
27 practice registered nurse, ~~podiatrist~~ podiatric physician or pharmacist registered
28 pursuant to section 12.3 of this act may prescribe or administer controlled
29 substances only for a legitimate medical purpose and in the usual course of his or
30 her professional practice, and he or she shall not prescribe, administer or dispense a
31 controlled substance listed in schedule II for himself or herself, his or her spouse or
32 his or her children except in cases of emergency.

33 2. A veterinarian, in the course of his or her professional practice only, and
34 not for use by a human being, may prescribe, possess and administer controlled
35 substances, and the veterinarian may cause them to be administered by a veterinary
36 technician under the direction and supervision of the veterinarian.

37 3. A euthanasia technician, within the scope of his or her license, and not for
38 use by a human being, may possess and administer sodium pentobarbital.

39 4. A pharmacist shall not fill an order which purports to be a prescription if
40 the pharmacist has reason to believe that it was not issued in the usual course of the
41 professional practice of a physician, physician assistant, dentist, advanced practice
42 registered nurse, podiatric physician, pharmacist registered pursuant to section
43 12.3 of this act or veterinarian.

44 5. Any person who has obtained from a physician, physician assistant, dentist,
45 advanced practice registered nurse, podiatric physician, pharmacist registered
46 pursuant to section 12.3 of this act or veterinarian any controlled substance for
47 administration to a patient during the absence of the physician, physician assistant,
48 dentist, advanced practice registered nurse, podiatric physician, pharmacist or
49 veterinarian shall return to him or her any unused portion of the substance when it
50 is no longer required by the patient.

51 6. A manufacturer, wholesale supplier or other person legally able to furnish
52 or sell any controlled substance listed in schedule II shall not provide samples of
53 such a controlled substance to registrants.

1 7. A salesperson of any manufacturer or wholesaler of pharmaceuticals shall
2 not possess, transport or furnish any controlled substance listed in schedule II.

3 8. A person shall not dispense a controlled substance in violation of a
4 regulation adopted by the Board.

5 **Sec. 1.25. NRS 454.00958 is hereby amended to read as follows:**

6 454.00958 "Practitioner" means:

7 1. A physician, dentist, veterinarian or podiatric physician who holds a valid
8 license to practice his or her profession in this State.

9 2. A pharmacy, hospital or other institution licensed or registered to
10 distribute, dispense, conduct research with respect to or to administer a dangerous
11 drug in the course of professional practice in this State.

12 3. When relating to the prescription of poisons, dangerous drugs and devices:

13 (a) An advanced practice registered nurse who holds a certificate from the
14 State Board of Pharmacy permitting him or her so to prescribe; or

15 (b) A physician assistant who holds a license from the Board of Medical
16 Examiners and a certificate from the State Board of Pharmacy permitting him or
17 her so to prescribe.

18 4. An optometrist who is certified to prescribe and administer pharmaceutical
19 agents pursuant to NRS 636.288 when the optometrist prescribes or administers
20 dangerous drugs which are within the scope of his or her certification.

21 **5. A pharmacist who is registered pursuant to section 12.3 of this act to**
22 **prescribe and dispense drugs for medication-assisted treatment.**

23 ~~[Section 1.]~~ **Sec. 1.28.** Chapter 458 of NRS is hereby amended by adding
24 thereto a new section to read as follows:

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

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

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

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

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

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

41 458.100 1. ~~[A]]~~ ***Except as otherwise provided in section ~~H~~ 1.28 of this***
42 ***act, all gifts or grants of money for a program for alcohol or other substance use***
43 ***disorders which the Division is authorized to accept must be deposited in the State***
44 ***Treasury for credit to the State Grant and Gift Account for Alcohol or Other***
45 ***Substance Use Disorders which is hereby created in the Department of Health and***
46 ***Human Services' Gift Fund.***

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

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

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

51 458.103 ***1.*** The Division may accept:

1 ~~H~~ (a) Money appropriated and made available by any act of Congress for
2 any program for alcohol or other substance use disorder administered by the
3 Division as provided by law.

4 ~~F~~ (b) Money appropriated and made available by the State of Nevada or by a
5 county, a city, a public district or any political subdivision of this State for any
6 program for alcohol or other substance use disorder administered by the Division as
7 provided by law.

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

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

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

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

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

23 232.320 1. The Director:

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

- 26 (1) The Administrator of the Aging and Disability Services Division;
27 (2) The Administrator of the Division of Welfare and Supportive Services;
28 (3) The Administrator of the Division of Child and Family Services;
29 (4) The Administrator of the Division of Health Care Financing and

30 Policy; and

- 31 (5) The Administrator of the Division of Public and Behavioral Health.

32 (b) Shall administer, through the divisions of the Department, the provisions of
33 chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A
34 and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410,
35 inclusive, *and section 5.5 of this act*, 422.580, 432.010 to 432.133, inclusive,
36 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to
37 445A.055, inclusive, and all other provisions of law relating to the functions of the
38 divisions of the Department, but is not responsible for the clinical activities of the
39 Division of Public and Behavioral Health or the professional line activities of the
40 other divisions.

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

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

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

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

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

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

6 (5) Set forth sufficient information to assist the Department in providing
7 those services and in the planning and budgeting for the future provision of those
8 services; and

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

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

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

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

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

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

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

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

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

39 (c) Provide group life, accident or health coverage through a self-insurance
40 reserve fund and, where necessary, deduct contributions to the maintenance of the
41 fund from the compensation of officers and employees and pay the deductions into
42 the fund. The money accumulated for this purpose through deductions from the
43 compensation of officers and employees and contributions of the governing body
44 must be maintained as an internal service fund as defined by NRS 354.543. The
45 money must be deposited in a state or national bank or credit union authorized to
46 transact business in the State of Nevada. Any independent administrator of a fund
47 created under this section is subject to the licensing requirements of chapter 683A
48 of NRS, and must be a resident of this State. Any contract with an independent
49 administrator must be approved by the Commissioner of Insurance as to the
50 reasonableness of administrative charges in relation to contributions collected and
51 benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408,
52 687B.723, 687B.725, 689B.030 to 689B.050, inclusive, *and section 16.3 of this*
53 *act*, 689B.265, 689B.287 and 689B.500 apply to coverage provided pursuant to this

1 paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and
2 689B.500 only apply to coverage for active officers and employees of the
3 governing body, or the dependents of such officers and employees.

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

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

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

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

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

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

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

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

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

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

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

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

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

43 287.04335 If the Board provides health insurance through a plan of self-
44 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,
45 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,
46 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
47 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, *and section 16.9 of this*
48 *act*, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to
49 695G.310, inclusive, and 695G.405, in the same manner as an insurer that is
50 licensed pursuant to title 57 of NRS is required to comply with those provisions.

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

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

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

6 **2. The State must provide reimbursement for the services of a pharmacist**
7 **described in section 12.3 of this act at a rate equal to the rate of reimbursement**
8 **provided to a physician, physician assistant or advanced practice registered nurse**
9 **for similar services.**

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

11 ~~422.4025 1. The Department shall:~~

12 ~~— (a) By regulation, develop a list of preferred prescription drugs to be used for~~
13 ~~the Medicaid program and the Children's Health Insurance Program, and each~~
14 ~~public or nonprofit health benefit plan that elects to use the list of preferred~~
15 ~~prescription drugs as its formulary pursuant to NRS 287.012, 287.0423 or~~
16 ~~687B.407; and~~

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

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

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

30 ~~— (b) Antirejection medications for organ transplants;~~

31 ~~— (c) Antihomophilic medications; and~~

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

35 ~~— 3. The regulations must provide that the Board makes the final determination~~
36 ~~of:~~

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

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

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

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

51 ~~— (a) Any prescription drug determined by the Board to be essential for treating~~
52 ~~cielo cell disease and its variants; [and]~~

~~1 (b) Prescription drugs to prevent the acquisition of human immunodeficiency virus [.] ; and~~

~~2~~
~~3 (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.~~

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~~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 422.4052 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 Council Bureau for transmittal to:~~

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

~~(2) In even numbered years, the Legislative Commission.] (Deleted by amendment.)~~

Sec. 6. (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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 *(b) If the advanced practice registered nurse is not authorized under federal*
36 *and state law to prescribe an appropriate medication, refer the patient to a*
37 *physician, osteopathic physician, physician assistant licensed pursuant to chapter*
38 *630 or 633 of NRS, advanced practice registered nurse or pharmacist who is*
39 *authorized to issue the prescription.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 ***2. The Board shall adopt regulations:***

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

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

24 ***3. 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.***

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

28 639.0124 1. “Practice of pharmacy” includes, but is not limited to, the:

29 ***(a) Performance or supervision of activities associated with manufacturing,***
30 ***compounding, labeling, dispensing and distributing of a drug, including the receipt,***
31 ***handling and storage of prescriptions and other confidential information relating to***
32 ***patients.***

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

34 ***(c) Participation in drug evaluation and drug research.***

35 ***(d) Advising of the therapeutic value, reaction, drug interaction, hazard and use***
36 ***of a drug.***

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

38 ***(f) Maintenance of proper documentation of the source, storage and***
39 ***distribution of a drug.***

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

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

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

47 ***(j) Prescribing, dispensing and administering of drugs for preventing the***
48 ***acquisition of human immunodeficiency virus and ordering and conducting***
49 ***laboratory tests necessary for therapy that uses such drugs pursuant to the protocol***
50 ***prescribed pursuant to NRS 639.28085.***

51 ***(k) Dispensing a self-administered hormonal contraceptive pursuant to NRS***
52 ***639.28078.***

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

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

6 **Sec. 12.8. NRS 639.0125 is hereby amended to read as follows:**

7 639.0125 "Practitioner" means:

8 1. A physician, dentist, veterinarian or podiatric physician who holds a license
9 to practice his or her profession in this State;

10 2. A hospital, pharmacy or other institution licensed, registered or otherwise
11 permitted to distribute, dispense, conduct research with respect to or administer
12 drugs in the course of professional practice or research in this State;

13 3. An advanced practice registered nurse who has been authorized to
14 prescribe controlled substances, poisons, dangerous drugs and devices;

15 4. A physician assistant who:

16 (a) Holds a license issued by the Board of Medical Examiners; and

17 (b) Is authorized by the Board to possess, administer, prescribe or dispense
18 controlled substances, poisons, dangerous drugs or devices under the supervision of
19 a physician as required by chapter 630 of NRS;

20 5. A physician assistant who:

21 (a) Holds a license issued by the State Board of Osteopathic Medicine; and

22 (b) Is authorized by the Board to possess, administer, prescribe or dispense
23 controlled substances, poisons, dangerous drugs or devices under the supervision of
24 an osteopathic physician as required by chapter 633 of NRS; or

25 6. An optometrist who is certified by the Nevada State Board of Optometry to
26 prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the
27 optometrist prescribes or administers pharmaceutical agents within the scope of his
28 or her certification.

29 **7. A pharmacist who is registered pursuant to section 12.3 of this act to**
30 **prescribe and dispense drugs for medication-assisted treatment.**

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

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

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

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

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

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

50 *2. If the client requests medication-assisted treatment, the marriage and*
51 *family therapist or clinical professional counselor shall refer the client to a*
52 *physician, osteopathic physician, physician assistant licensed pursuant to chapter*

1 *630 or 633 of NRS, advanced practice registered nurse or pharmacist who is*
 2 *authorized under federal and state law to prescribe an appropriate medication.*

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

5 **Sec. 15.** Chapter 641B 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, a clinical*
 8 *social worker shall counsel and provide information to the client concerning*
 9 *evidence-based treatment for opioid use disorders, including, without limitation,*
 10 *medication-assisted treatment.*

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

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

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

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

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

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

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

34 ~~683A.179 1. A pharmacy benefit manager shall not:~~

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

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

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

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

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

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

51 ~~2. The provisions of this section:~~

52 ~~(a) Must not be construed to authorize a pharmacist to dispense a drug that has~~
 53 ~~not been prescribed by a practitioner, as defined in NRS 639.0125, except to the~~

1 extent authorized by a specific provision of law, including, without limitation, NRS
2 453C.120, 639.28078 and 639.28085 ~~and section 12.3 of this act.~~

3 ~~(b) Do not apply to an institutional pharmacy, as defined in NRS 639.0085, or~~
4 ~~a pharmacist working in such a pharmacy as an employee or independent~~
5 ~~contractor.~~

6 ~~3. As used in this section, "network plan" means a health benefit plan offered~~
7 ~~by a health carrier under which the financing and delivery of medical care is~~
8 ~~provided, in whole or in part, through a defined set of providers under contract with~~
9 ~~the carrier. The term does not include an arrangement for the financing of~~
10 ~~premiums.] (Deleted by amendment.)~~

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

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

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

18 *(b) The services described in section 12.3 of this act when provided by a*
19 *pharmacist ~~who~~ or pharmacy that participates in the network plan of the*
20 *insurer. The Commissioner shall adopt regulations governing the provision of*
21 *reimbursement for such services.*

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

27 *3. ~~Any~~ Except as otherwise provided in this subsection, an insurer ~~may~~*
28 *shall not subject the benefits required by subsection 1 to ~~reasonable~~ medical*
29 *management techniques ~~or~~, other than step therapy. An insurer may subject*
30 *such benefits to other reasonable medical management techniques when the*
31 *benefits are provided by a pharmacist in accordance with section 12.3 of this act.*

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

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

39 *6. As used in this section:*

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

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

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

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

51 689A.030 A policy of health insurance must not be delivered or issued for
52 delivery to any person in this State unless it otherwise complies with this Code, and
53 complies with the following:

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

3 2. The time when the insurance takes effect and terminates must be expressed
4 therein.

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

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

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

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

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

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

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

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

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

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

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

49 689A.046 1. ~~[The]~~ *In addition to the benefits required by section 16.1 of*
50 *this act, the* benefits provided by a policy for health insurance for treatment of
51 alcohol or substance use disorder must ~~[consist of:]~~ *include, without limitation:*

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

1 (b) Treatment for a patient admitted to a facility, with a minimum benefit of
2 \$9,000 per calendar year.

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

5 2. 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 a similar policy
7 are paid.

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

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

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

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

19 689A.330 If any policy is issued by a domestic insurer for delivery to a
20 person residing in another state, and if the insurance commissioner or
21 corresponding public officer of that other state has informed the Commissioner that
22 the policy is not subject to approval or disapproval by that officer, the
23 Commissioner may by ruling require that the policy meet the standards set forth in
24 NRS 689A.030 to 689A.320, inclusive ~~and~~, **and section 16.1 of this act.**

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

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

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

32 (b) **The services described in section 12.3 of this act when provided by a**
33 **pharmacist ~~who~~ or pharmacy that participates in the network plan of the**
34 **insurer. The Commissioner shall adopt regulations governing the provision of**
35 **reimbursement for such services.**

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

41 **3. ~~Any~~ Except as otherwise provided in this subsection, an insurer ~~may~~**
42 **shall not subject the benefits required by subsection 1 to ~~reasonable~~ medical**
43 **management techniques ~~and~~, other than step therapy. An insurer may subject**
44 **such benefits to other reasonable medical management techniques when the**
45 **benefits are provided by a pharmacist in accordance with section 12.3 of this act.**

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

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

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

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

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

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

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

13 1. A carrier that offers or issues a health benefit plan shall include in the
14 plan coverage for:

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

18 (b) The services described in section 12.3 of this act when provided by a
19 pharmacist ~~with~~ or pharmacy that participates in the network plan of the
20 carrier. The Commissioner shall adopt regulations governing the provision of
21 reimbursement for such services.

22 2. A carrier that offers or issues a health benefit plan shall reimburse a
23 pharmacist ~~with~~ or pharmacy that participates in the network plan of the carrier
24 for the services described in section 12.3 of this act at a rate equal to the rate of
25 reimbursement provided to a physician, physician assistant or advanced practice
26 registered nurse for similar services.

27 3. ~~A~~ Except as otherwise provided in this subsection, a carrier ~~may~~ shall
28 not subject the benefits required by subsection 1 to ~~reasonable~~ medical
29 management techniques ~~it~~, other than step therapy. A carrier may subject such
30 benefits to other reasonable medical management techniques when the benefits
31 are provided by a pharmacist in accordance with section 12.3 of this act.

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

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

39 6. As used in this section:

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

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

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

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

51 689C.166 Each group health insurance policy must contain in substance a
52 provision for benefits payable for expenses incurred for the treatment of alcohol or

1 substance use disorder, as provided in NRS 689C.167 ~~(1)~~ *and section 16.4 of this*
2 *act.*

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

4 689C.167 1. ~~(The)~~ *In addition to the benefits required by section 16.4 of*
5 *this act, the* benefits provided by a group policy for health insurance, as required by
6 NRS 689C.166, for the treatment of alcohol or substance use disorders must
7 ~~(consist of:)~~ *include, without limitation:*

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

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

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

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

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

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

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

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

28 689C.425 A voluntary purchasing group and any contract issued to such a
29 group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the
30 provisions of NRS 689C.015 to 689C.355, inclusive, *and section 16.4 of this act,*
31 to the extent applicable and not in conflict with the express provisions of NRS
32 687B.408 and 689C.360 to 689C.600, inclusive.

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

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

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

40 (b) *The services described in section 12.3 of this act when provided by a*
41 *pharmacist ~~(who)~~ or pharmacy that participates in the network plan of the*
42 *society. The Commissioner shall adopt regulations governing the provision of*
43 *reimbursement for such services.*

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

49 3. ~~(A)~~ *Except as otherwise provided in this subsection, a society ~~(may)~~ shall*
50 *not subject the benefits required by subsection 1 to ~~(reasonable)~~ medical*
51 *management techniques ~~(1)~~, other than step therapy. A society may subject such*
52 *benefits to other reasonable medical management techniques when the benefits*
53 *are provided by a pharmacist in accordance with section 12.3 of this act.*

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

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

8 6. As used in this section:

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

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

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

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

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

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

26 (b) The services described in section 12.3 of this act when provided by a
27 pharmacist ~~who~~ or pharmacy that participates in the network plan of the
28 hospital or medical services corporation. The Commissioner shall adopt
29 regulations governing the provision of reimbursement for such services.

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

36 3. ~~(A)~~ Except as otherwise provided in this subsection, a hospital or medical
37 services corporation ~~may~~ shall not subject the benefits required by subsection 1
38 to ~~reasonable~~ medical management techniques ~~it~~, other than step therapy. A
39 hospital or medical services corporation may subject such benefits to other
40 reasonable medical management techniques when the benefits are provided by a
41 pharmacist in accordance with section 12.3 of this act.

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

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

50 6. As used in this section:

51 (a) "Medical management technique" means a practice which is used to
52 control the cost or use of health care services or prescription drugs. The term

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

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

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

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

12 1. A health maintenance organization that offers or issues a health care
13 plan shall include in the plan 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~~ or pharmacy that participates in the network plan of the health
19 maintenance organization. The Commissioner shall adopt regulations governing
20 the provision of reimbursement for such services.

21 2. A health maintenance organization that offers or issues a health care
22 plan shall reimburse a pharmacist ~~who~~ or pharmacy that participates in the
23 network plan of the health maintenance organization for the services described in
24 section 12.3 of this act at a rate equal to the rate of reimbursement provided to a
25 physician, physician assistant or advanced practice registered nurse for similar
26 services.

27 3. ~~Except as otherwise provided in this subsection,~~ health maintenance
28 organization ~~may~~ shall not subject the benefits required by subsection 1 to
29 ~~reasonable~~ medical management techniques ~~that~~, other than step therapy. A
30 health maintenance organization may subject such benefits to other reasonable
31 medical management techniques when the benefits are provided by a pharmacist
32 in accordance with section 12.3 of this act.

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

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

41 6. As used in this section:

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

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

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

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

2 695C.050 1. Except as otherwise provided in this chapter or in specific
3 provisions of this title, the provisions of this title are not applicable to any health
4 maintenance organization granted a certificate of authority under this chapter. This
5 provision does not apply to an insurer licensed and regulated pursuant to this title
6 except with respect to its activities as a health maintenance organization authorized
7 and regulated pursuant to this chapter.

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

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

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

25 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701,
26 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347,
27 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 **and section 16.7 of**
28 **this act** apply to a health maintenance organization that provides health care
29 services through managed care to recipients of Medicaid under the State Plan for
30 Medicaid.

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

32 695C.330 1. The Commissioner may suspend or revoke any certificate of
33 authority issued to a health maintenance organization pursuant to the provisions of
34 this chapter if the Commissioner finds that any of the following conditions exist:

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

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

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

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

48 (1) Does not meet the requirements of subsection 1 of NRS 695C.080; or
49 (2) Is unable to fulfill its obligations to furnish health care services as
50 required under its health care plan;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41 *(b) The services described in section 12.3 of this act when provided by a
42 pharmacist ~~who~~ or pharmacy that participates in the network plan of the
43 managed care organization. The Commissioner shall adopt regulations
44 governing the provision of reimbursement for such services.*

45 *2. A managed care organization that offers or issues a health care plan
46 shall reimburse a pharmacist ~~who~~ or pharmacy that participates in the network
47 plan of the managed care organization for the services described in section 12.3
48 of this act at a rate equal to the rate of reimbursement provided to a physician,
49 physician assistant or advanced practice registered nurse for similar services.*

50 *3. ~~It~~ Except as otherwise provided in this subsection, managed care
51 organization ~~may~~ shall not subject the benefits required by subsection 1 to
52 ~~reasonable~~ medical management techniques ~~it~~, other than step therapy. A
53 managed care organization may subject such benefits to other reasonable*

medical management techniques when the benefits are provided by a pharmacist in accordance with section 12.3 of this act.

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

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

6. As used in this section:

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

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

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

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

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

3. As used in this section:

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

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

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

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

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

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

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

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

1 (c) The feasibility of establishing medication-assisted treatment programs on
2 the grounds of institutions and facilities of the Department of Corrections and
3 private facilities and institutions to provide medication-assisted treatment to
4 offenders with opioid use disorder to the same extent as other health care provided
5 to offenders;

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

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

14 (f) The feasibility of storing information concerning offenders who are
15 receiving medication-assisted treatment and sharing such information with
16 providers of treatment, providers of community-based services and other interested
17 persons and entities;

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

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

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

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

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

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

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

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

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

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

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

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

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

50 (b) Cooperate with the regional behavioral health policy board created by NRS
51 433.429 for the behavioral health region established by NRS 433.428 in which the
52 county is located for the purpose of conducting that examination.

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

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

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

10 5. As used in this section:

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

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

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

15 (d) "Medication-assisted treatment" has the meaning ascribed to it in section
16 12.3 of this act.

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

18 (f) "Private facility or institution" has the meaning ascribed to it in NRS
19 209.083.

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

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

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

24 2. Sections ~~1.1~~ 1.28, 1.3 and 17.5 of this act becomes effective on July 1,
25 2023.

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

27 4. Sections 1 to 1.25, inclusive, 2 to 16.9, inclusive, and 18 of this act
28 become effective:

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

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