

ASSEMBLY BILL NO. 169—ASSEMBLYMEMBER YEAGER

PREFILED JANUARY 31, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Requires that certain health insurance policies and health plans cover speech-language pathology for certain purposes. (BDR 57-735)

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

CONTAINS UNFUNDED MANDATE (§ 14) (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 insurance; requiring that certain health insurance policies and health plans include coverage for certain forms of speech-language pathology as treatment for stuttering for persons who are less than 18 years of age; prohibiting certain limitations on such coverage; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires public and private policies of insurance regulated under
2 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.27172-
3 422.272428, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1652-
4 689C.169, 689C.194, 689C.1945, 689C.195, 689C.425, 695A.184-695A.1875,
5 695A.265, 695B.1901-695B.1948, 695C.050, 695C.1691-695C.176, 695G.162-
6 695G.177) Existing law also requires employers to provide certain benefits for
7 health care to employees, including the coverage required of health insurers, if the
8 employer provides health benefits for its employees. (NRS 608.1555)
9 **Sections 2, 4-10, 12 and 14-16** of this bill require that certain public and
10 private policies of health insurance and health plans, including Medicaid, include
11 coverage for habilitative and rehabilitative speech-language pathology as a
12 treatment for stuttering for persons who are less than 18 years of age. **Sections 1, 2,**
13 **4-10, 12 and 14-16** of this bill additionally prohibit an insurer from imposing a
14 maximum annual limit on the coverage, limiting coverage based on the cause of the
15 stuttering or imposing medical management techniques on those benefits. **Section**
16 **13** of this bill makes a conforming change to require the Director of the Department
17 of Health and Human Services to administer the provisions of **section 16** in the
18 same manner as other provisions relating to Medicaid. **Section 3** of this bill
19 authorizes the Commissioner of Insurance to require that certain policies of health



20 insurance issued by a domestic insurer to a person who resides in another state
21 include the coverage required by **section 2. Section 11** of this bill authorizes the
22 Commissioner to suspend or revoke the certificate of a health maintenance
23 organization that fails to comply with the requirements of **section 9**. The
24 Commissioner would also be authorized to take such action against other health
25 insurers who fail to comply with the requirements of **sections 2, 4-8 or 12**.
26 (NRS 680A.200)

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

1 **Section 1.** NRS 687B.225 is hereby amended to read as
2 follows:

3 687B.225 1. Except as otherwise provided in NRS
4 689A.0405, 689A.0412, 689A.0413, 689A.0418, 689A.0437,
5 689A.044, 689A.0445, 689A.0459, 689B.031, 689B.0312,
6 689B.0313, 689B.0315, 689B.0317, 689B.0319, 689B.0374,
7 689B.0378, 689C.1665, 689C.1671, 689C.1675, 689C.1676,
8 695A.1843, 695A.1856, 695A.1865, 695A.1874, 695B.1912,
9 695B.1913, 695B.1914, 695B.1919, 695B.19197, 695B.1924,
10 695B.1925, 695B.1942, 695C.1696, 695C.1699, 695C.1713,
11 695C.1735, 695C.1737, 695C.1743, 695C.1745, 695C.1751,
12 695G.170, 695G.1705, 695G.171, 695G.1714, 695G.1715,
13 695G.1719 ~~and~~ 695G.177, *and sections 2, 4, 5, 7, 8, 9 and 12 of*
14 *this act*, any contract for group, blanket or individual health
15 insurance or any contract by a nonprofit hospital, medical or dental
16 service corporation or organization for dental care which provides
17 for payment of a certain part of medical or dental care may require
18 the insured or member to obtain prior authorization for that care
19 from the insurer or organization. The insurer or organization shall:

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

22 (b) Unless a shorter time period is prescribed by a specific
23 statute, including, without limitation, NRS 689A.0446, 689B.0361,
24 689C.1688, 695A.1859, 695B.19087, 695C.16932 and 695G.1703,
25 respond to any request for approval by the insured or member
26 pursuant to this section within 20 days after it receives the request.

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

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

31 *1. An insurer that offers or issues a policy of health*
32 *insurance shall include in the policy coverage for habilitative*
33 *speech-language pathology and rehabilitative speech-language*



1 *pathology as a treatment for stuttering for insureds who are less*
2 *than 18 years of age.*

3 2. *An insurer shall not:*

4 (a) *Set a maximum annual limit on the benefits described in*
5 *subsection 1, including, without limitation, a limit on the number*
6 *of annual visits to a speech-language pathologist;*

7 (b) *Limit the benefits described in subsection 1 based on the*
8 *cause of the stuttering; or*

9 (c) *Subject the benefits described in subsection 1 to medical*
10 *management techniques.*

11 3. *A policy of health insurance subject to the provisions of*
12 *this chapter that is delivered, issued for delivery or renewed on or*
13 *after January 1, 2026, has the legal effect of including the*
14 *coverage required by subsection 1, and any provision of the policy*
15 *that conflicts with the provisions of this section is void.*

16 4. *As used in this section:*

17 (a) *“Habilitative speech-language pathology” means services*
18 *that constitute the practice of speech-language pathology which*
19 *help a person keep, learn or improve skills and functioning for*
20 *daily living.*

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

26 (c) *“Practice of speech-language pathology” has the meaning*
27 *ascribed to it in NRS 637B.060.*

28 (d) *“Rehabilitative speech-language pathology” means*
29 *services that constitute the practice of speech-language pathology*
30 *which help a person restore or improve skills and functioning for*
31 *daily living that have been lost or impaired.*

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

33 689A.330 If any policy is issued by a domestic insurer for
34 delivery to a person residing in another state, and if the insurance
35 commissioner or corresponding public officer of that other state has
36 informed the Commissioner that the policy is not subject to approval
37 or disapproval by that officer, the Commissioner may by ruling
38 require that the policy meet the standards set forth in NRS 689A.030
39 to 689A.320, inclusive **[H]**, *and section 2 of this act.*

40 **Sec. 4.** Chapter 689B of NRS is hereby amended by adding
41 thereto a new section to read as follows:

42 1. *An insurer that offers or issues a policy of group health*
43 *insurance shall include in the policy coverage for habilitative*
44 *speech-language pathology and rehabilitative speech-language*



1 *pathology as a treatment for stuttering for insureds who are less*
2 *than 18 years of age.*

3 2. *An insurer shall not:*

4 (a) *Set a maximum annual limit on the benefits described in*
5 *subsection 1, including, without limitation, a limit on the number*
6 *of annual visits to a speech-language pathologist;*

7 (b) *Limit the benefits described in subsection 1 based on the*
8 *cause of the stuttering; or*

9 (c) *Subject the benefits described in subsection 1 to medical*
10 *management techniques.*

11 3. *A policy of group health insurance subject to the*
12 *provisions of this chapter that is delivered, issued for delivery or*
13 *renewed on or after January 1, 2026, has the legal effect of*
14 *including the coverage required by subsection 1, and any*
15 *provision of the policy that conflicts with the provisions of this*
16 *section is void.*

17 4. *As used in this section:*

18 (a) *“Habilitative speech-language pathology” means services*
19 *that constitute the practice of speech-language pathology which*
20 *help a person keep, learn or improve skills and functioning for*
21 *daily living.*

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

27 (c) *“Practice of speech-language pathology” has the meaning*
28 *ascribed to it in NRS 637B.060.*

29 (d) *“Rehabilitative speech-language pathology” means*
30 *services that constitute the practice of speech-language pathology*
31 *which help a person restore or improve skills and functioning for*
32 *daily living that have been lost or impaired.*

33 **Sec. 5.** *Chapter 689C of NRS is hereby amended by adding*
34 *thereto a new section to read as follows:*

35 1. *A carrier that offers or issues a health benefit plan shall*
36 *include in the plan coverage for habilitative speech-language*
37 *pathology and rehabilitative speech-language pathology as a*
38 *treatment for stuttering for insureds who are less than 18 years of*
39 *age.*

40 2. *A carrier shall not:*

41 (a) *Set a maximum annual limit on the benefits described in*
42 *subsection 1, including, without limitation, a limit on the number*
43 *of annual visits to a speech-language pathologist;*

44 (b) *Limit the benefits described in subsection 1 based on the*
45 *cause of the stuttering; or*



1 (c) *Subject the benefits described in subsection 1 to medical*
2 *management techniques.*

3 3. *A health benefit plan subject to the provisions of this*
4 *chapter that is delivered, issued for delivery or renewed on or after*
5 *January 1, 2026, has the legal effect of including the coverage*
6 *required by subsection 1, and any provision of the plan that*
7 *conflicts with the provisions of this section is void.*

8 4. *As used in this section:*

9 (a) *“Habilitative speech-language pathology” means services*
10 *that constitute the practice of speech-language pathology which*
11 *help a person keep, learn or improve skills and functioning for*
12 *daily living.*

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

18 (c) *“Practice of speech-language pathology” has the meaning*
19 *ascribed to it in NRS 637B.060.*

20 (d) *“Rehabilitative speech-language pathology” means*
21 *services that constitute the practice of speech-language pathology*
22 *which help a person restore or improve skills and functioning for*
23 *daily living that have been lost or impaired.*

24 **Sec. 6.** NRS 689C.425 is hereby amended to read as follows:

25 689C.425 A voluntary purchasing group and any contract
26 issued to such a group pursuant to NRS 689C.360 to 689C.600,
27 inclusive, are subject to the provisions of NRS 689C.015 to
28 689C.355, inclusive, *and section 5 of this act* to the extent
29 applicable and not in conflict with the express provisions of NRS
30 687B.408 and 689C.360 to 689C.600, inclusive.

31 **Sec. 7.** Chapter 695A of NRS is hereby amended by adding
32 thereto a new section to read as follows:

33 1. *A society that offers or issues a benefit contract shall*
34 *include in the contract coverage for habilitative speech-language*
35 *pathology and rehabilitative speech-language pathology as a*
36 *treatment for stuttering for insureds who are less than 18 years of*
37 *age.*

38 2. *A society shall not:*

39 (a) *Set a maximum annual limit on the benefits described in*
40 *subsection 1, including, without limitation, a limit on the number*
41 *of annual visits to a speech-language pathologist;*

42 (b) *Limit the benefits described in subsection 1 based on the*
43 *cause of the stuttering; or*

44 (c) *Subject the benefits described in subsection 1 to medical*
45 *management techniques.*



1 3. A benefit contract subject to the provisions of this chapter
2 that is delivered, issued for delivery or renewed on or after
3 January 1, 2026, has the legal effect of including the coverage
4 required by subsection 1, and any provision of the contract that
5 conflicts with the provisions of this section is void.

6 4. As used in this section:

7 (a) "Habilitative speech-language pathology" means services
8 that constitute the practice of speech-language pathology which
9 help a person keep, learn or improve skills and functioning for
10 daily living.

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

16 (c) "Practice of speech-language pathology" has the meaning
17 ascribed to it in NRS 637B.060.

18 (d) "Rehabilitative speech-language pathology" means
19 services that constitute the practice of speech-language pathology
20 which help a person restore or improve skills and functioning for
21 daily living that have been lost or impaired.

22 **Sec. 8.** Chapter 695B of NRS is hereby amended by adding
23 thereto a new section to read as follows:

24 1. A hospital or medical services corporation that offers or
25 issues a policy of health insurance shall include in the policy
26 coverage for habilitative speech-language pathology and
27 rehabilitative speech-language pathology as a treatment for
28 stuttering for insureds who are less than 18 years of age.

29 2. A hospital or medical services corporation shall not:

30 (a) Set a maximum annual limit on the benefits described in
31 subsection 1, including, without limitation, a limit on the number
32 of annual visits to a speech-language pathologist;

33 (b) Limit the benefits described in subsection 1 based on the
34 cause of the stuttering; or

35 (c) Subject the benefits described in subsection 1 to medical
36 management techniques.

37 3. A policy of health insurance subject to the provisions of
38 this chapter that is delivered, issued for delivery or renewed on or
39 after January 1, 2026, has the legal effect of including the
40 coverage required by subsection 1, and any provision of the policy
41 that conflicts with the provisions of this section is void.

42 4. As used in this section:

43 (a) "Habilitative speech-language pathology" means services
44 that constitute the practice of speech-language pathology which



1 *help a person keep, learn or improve skills and functioning for*
2 *daily living.*

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

8 (c) *“Practice of speech-language pathology” has the meaning*
9 *ascribed to it in NRS 637B.060.*

10 (d) *“Rehabilitative speech-language pathology” means*
11 *services that constitute the practice of speech-language pathology*
12 *which help a person restore or improve skills and functioning for*
13 *daily living that have been lost or impaired.*

14 **Sec. 9.** Chapter 695C of NRS is hereby amended by adding
15 thereto a new section to read as follows:

16 1. *A health maintenance organization that offers or issues a*
17 *health care plan shall include in the plan coverage for habilitative*
18 *speech-language pathology and rehabilitative speech-language*
19 *pathology as a treatment for stuttering for enrollees who are less*
20 *than 18 years of age.*

21 2. *A health maintenance organization shall not:*

22 (a) *Set a maximum annual limit on the benefits described in*
23 *subsection 1, including, without limitation, a limit on the number*
24 *of annual visits to a speech-language pathologist;*

25 (b) *Limit the benefits described in subsection 1 based on the*
26 *cause of the stuttering; or*

27 (c) *Subject the benefits described in subsection 1 to medical*
28 *management techniques.*

29 3. *A health care plan subject to the provisions of this chapter*
30 *that is delivered, issued for delivery or renewed on or after*
31 *January 1, 2026, has the legal effect of including the coverage*
32 *required by subsection 1, and any provision of the plan that*
33 *conflicts with the provisions of this section is void.*

34 4. *As used in this section:*

35 (a) *“Habilitative speech-language pathology” means services*
36 *that constitute the practice of speech-language pathology which*
37 *help a person keep, learn or improve skills and functioning for*
38 *daily living.*

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

44 (c) *“Practice of speech-language pathology” has the meaning*
45 *ascribed to it in NRS 637B.060.*



1 (d) *“Rehabilitative speech-language pathology” means*
2 *services that constitute the practice of speech-language pathology*
3 *which help a person restore or improve skills and functioning for*
4 *daily living that have been lost or impaired.*

5 **Sec. 10.** NRS 695C.050 is hereby amended to read as follows:

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

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

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

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

33 5. The provisions of NRS 695C.16932 to 695C.1699,
34 inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731,
35 695C.17333, 695C.17345, 695C.17347, 695C.1736 to 695C.1745,
36 inclusive, 695C.1757 and 695C.204 *and section 9 of this act* apply
37 to a health maintenance organization that provides health care
38 services through managed care to recipients of Medicaid under the
39 State Plan for Medicaid.

40 6. The provisions of NRS 695C.17095 do not apply to a health
41 maintenance organization that provides health care services to
42 members of the Public Employees’ Benefits Program. This
43 subsection does not exempt a health maintenance organization from
44 any provision of this chapter for services provided pursuant to any
45 other contract.



1 7. The provisions of NRS 695C.1735 do not apply to a health
2 maintenance organization that provides health care services to:

3 (a) The officers and employees, and the dependents of officers
4 and employees, of the governing body of any county, school district,
5 municipal corporation, political subdivision, public corporation or
6 other local governmental agency of this State; or

7 (b) Members of the Public Employees' Benefits Program.

8 ↪ This subsection does not exempt a health maintenance
9 organization from any provision of this chapter for services
10 provided pursuant to any other contract.

11 **Sec. 11.** NRS 695C.330 is hereby amended to read as follows:

12 695C.330 1. The Commissioner may suspend or revoke any
13 certificate of authority issued to a health maintenance organization
14 pursuant to the provisions of this chapter if the Commissioner finds
15 that any of the following conditions exist:

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

23 (b) The health maintenance organization issues evidence of
24 coverage or uses a schedule of charges for health care services
25 which do not comply with the requirements of NRS 695C.1691 to
26 695C.200, inclusive, *and section 9 of this act*, 695C.204 or
27 695C.207;

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

34 **Sec. 12.** Chapter 695G of NRS is hereby amended by adding
35 thereto a new section to read as follows:

36 *1. A managed care organization that offers or issues a health
37 care plan shall include in the plan coverage for habilitative
38 speech-language pathology and rehabilitative speech-language
39 pathology as a treatment for stuttering for insureds who are less
40 than 18 years of age.*

41 *2. A managed care organization shall not:*

42 *(a) Set a maximum annual limit on the benefits described in
43 subsection 1, including, without limitation, a limit on the number
44 of annual visits to a speech-language pathologist;*



1 (b) *Limit the benefits described in subsection 1 based on the*
2 *cause of the stuttering; or*

3 (c) *Subject the benefits described in subsection 1 to medical*
4 *management techniques.*

5 3. *A health care plan subject to the provisions of this chapter*
6 *that is delivered, issued for delivery or renewed on or after*
7 *January 1, 2026, has the legal effect of including the coverage*
8 *required by subsection 1, and any provision of the plan that*
9 *conflicts with the provisions of this section is void.*

10 4. *As used in this section:*

11 (a) *“Habilitative speech-language pathology” means services*
12 *that constitute the practice of speech-language pathology which*
13 *help a person keep, learn or improve skills and functioning for*
14 *daily living.*

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

20 (c) *“Practice of speech-language pathology” has the meaning*
21 *ascribed to it in NRS 637B.060.*

22 (d) *“Rehabilitative speech-language pathology” means*
23 *services that constitute the practice of speech language pathology*
24 *which help a person restore or improve skills and functioning for*
25 *daily living that have been lost or impaired.*

26 **Sec. 13.** NRS 232.320 is hereby amended to read as follows:

27 232.320 1. The Director:

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

31 (1) The Administrator of the Aging and Disability Services
32 Division;

33 (2) The Administrator of the Division of Welfare and
34 Supportive Services;

35 (3) The Administrator of the Division of Child and Family
36 Services;

37 (4) The Administrator of the Division of Health Care
38 Financing and Policy; and

39 (5) The Administrator of the Division of Public and
40 Behavioral Health.

41 (b) Shall administer, through the divisions of the Department,
42 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
43 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
44 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
45 *section 16 of this act*, 422.580, 432.010 to 432.133, inclusive,



1 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
2 and 445A.010 to 445A.055, inclusive, and all other provisions of
3 law relating to the functions of the divisions of the Department, but
4 is not responsible for the clinical activities of the Division of Public
5 and Behavioral Health or the professional line activities of the other
6 divisions.

7 (c) Shall administer any state program for persons with
8 developmental disabilities established pursuant to the
9 Developmental Disabilities Assistance and Bill of Rights Act of
10 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

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

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

26 (5) Set forth sufficient information to assist the Department
27 in providing those services and in the planning and budgeting for the
28 future provision of those services; and

29 (6) Contain any other information necessary for the
30 Department to communicate effectively with the Federal
31 Government concerning demographic trends, formulas for the
32 distribution of federal money and any need for the modification of
33 programs administered by the Department.

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

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

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



1 **Sec. 14.** NRS 287.010 is hereby amended to read as follows:
2 287.010 1. The governing body of any county, school
3 district, municipal corporation, political subdivision, public
4 corporation or other local governmental agency of the State of
5 Nevada may:

6 (a) Adopt and carry into effect a system of group life, accident
7 or health insurance, or any combination thereof, for the benefit of its
8 officers and employees, and the dependents of officers and
9 employees who elect to accept the insurance and who, where
10 necessary, have authorized the governing body to make deductions
11 from their compensation for the payment of premiums on the
12 insurance.

13 (b) Purchase group policies of life, accident or health insurance,
14 or any combination thereof, for the benefit of such officers and
15 employees, and the dependents of such officers and employees, as
16 have authorized the purchase, from insurance companies authorized
17 to transact the business of such insurance in the State of Nevada,
18 and, where necessary, deduct from the compensation of officers and
19 employees the premiums upon insurance and pay the deductions
20 upon the premiums.

21 (c) Provide group life, accident or health coverage through a
22 self-insurance reserve fund and, where necessary, deduct
23 contributions to the maintenance of the fund from the compensation
24 of officers and employees and pay the deductions into the fund. The
25 money accumulated for this purpose through deductions from the
26 compensation of officers and employees and contributions of
27 the governing body must be maintained as an internal service fund
28 as defined by NRS 354.543. The money must be deposited in a state
29 or national bank or credit union authorized to transact business in
30 the State of Nevada. Any independent administrator of a fund
31 created under this section is subject to the licensing requirements of
32 chapter 683A of NRS, and must be a resident of this State. Any
33 contract with an independent administrator must be approved by the
34 Commissioner of Insurance as to the reasonableness of
35 administrative charges in relation to contributions collected and
36 benefits provided. The provisions of NRS 439.581 to 439.597,
37 inclusive, 686A.135, 687B.352, 687B.408, 687B.692, 687B.723,
38 687B.725, 687B.805, 689B.030 to 689B.0317, inclusive, paragraphs
39 (b) and (c) of subsection 1 of NRS 689B.0319, subsections 2, 4, 6
40 and 7 of NRS 689B.0319, 689B.033 to 689B.0369, inclusive, *and*
41 *section 4 of this act*, 689B.0375 to 689B.050, inclusive, 689B.0675,
42 689B.265, 689B.287 and 689B.500 apply to coverage provided
43 pursuant to this paragraph, except that the provisions of NRS
44 689B.0378, 689B.03785 and 689B.500 only apply to coverage for



1 active officers and employees of the governing body, or the
2 dependents of such officers and employees.

3 (d) Defray part or all of the cost of maintenance of a self-
4 insurance fund or of the premiums upon insurance. The money for
5 contributions must be budgeted for in accordance with the laws
6 governing the county, school district, municipal corporation,
7 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
10 employees pursuant to this section, members of the board of trustees
11 of the school district must not be excluded from participating in the
12 group insurance. If the amount of the deductions from compensation
13 required to pay for the group insurance exceeds the compensation to
14 which a trustee is entitled, the difference must be paid by the trustee.

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

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

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

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

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

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

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

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



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

Sec. 15. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 439.581 to 439.597, inclusive, 686A.135, 687B.352, 687B.409, 687B.692, 687B.723, 687B.725, 687B.805, 689B.0353, 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.1675, 695G.170 to 695G.1712, inclusive, 695G.1714 to 695G.174, inclusive, *and section 12 of this act*, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, 695G.405 and 695G.415, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 16. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent federal financial participation is available, the Director shall include under Medicaid coverage for habilitative speech-language pathology and rehabilitative speech-language pathology as a treatment for stuttering for persons who are less than 18 years of age.

2. Except where necessary to obtain federal financial participation, the Department shall not:

(a) Set a maximum annual limit on the benefits described in subsection 1, including, without limitation, a limit on the number of annual visits to a speech-language pathologist;

(b) Limit the benefits described in subsection 1 based on the cause of the stuttering; or

(c) Subject the benefits described in subsection 1 to medical management techniques.

3. The Department shall:

(a) Apply to the Secretary of Health and Human Services for any waiver of federal law or apply for any amendment of the State Plan for Medicaid that is necessary for the Department to receive federal funding to provide the coverage described in subsection 1.

(b) Fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver or amendment pursuant to paragraph (a).

4. As used in this section:

(a) "Habilitative speech-language pathology" means services that constitute the practice of speech-language pathology which



1 *help a person keep, learn or improve skills and functioning for*
2 *daily living.*

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

8 (c) *“Practice of speech-language pathology” has the meaning*
9 *ascribed to it in NRS 637B.060.*

10 (d) *“Rehabilitative speech-language pathology” means*
11 *services that constitute the practice of speech-language pathology*
12 *which help a person restore or improve skills and functioning for*
13 *daily living that have been lost or impaired.*

14 **Sec. 17.** The provisions of NRS 354.599 do not apply to any
15 additional expenses of a local government that are related to the
16 provisions of this act.

17 **Sec. 18.** 1. This section becomes effective upon passage and
18 approval.

19 2. Sections 1 to 17, inclusive, of this act become effective:

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

23 (b) On January 1, 2026, for all other purposes.

