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SENATE BILL NO. 192—SENATOR NEAL

FEBRUARY 6, 2025

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Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to public health.  
(BDR 40-86)

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

CONTAINS UNFUNDED MANDATE (§§ 1, 17, 22, 47 & NRS 287.010)  
(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.

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AN ACT relating to public health; imposing requirements relating to birth in a hospital or freestanding birthing center; requiring health insurance to include certain coverage; requiring the governing bodies of public schools to adopt policies to prevent sudden cardiac arrest during the participation of pupils in certain sports; requiring an independent psychiatric evaluation of certain children in the custody of a child welfare agency; prohibiting a health insurer or health insurance administrator from providing health care services; prohibiting a hospital from taking measures to restrict certain providers of healthcare; prohibiting the use of race-based health formulas and race-based care standards in certain circumstances; requiring patients to be provided information relating to stem cell treatment, storage and donation in certain circumstances; revising provisions governing the prescribing and dispensing of controlled substances; prohibiting a health insurer from engaging in certain discrimination against solo practitioners; providing for a study of certain disparities relating to health care; providing a penalty; and providing other matters properly relating thereto.



**Legislative Counsel's Digest:**

1 Federal regulations require providers of health care and facilities that receive  
2 federal funding to provide interpreter services when necessary to ensure meaningful  
3 access for a person with limited English proficiency, including a person who  
4 primarily communicates using sign language. (45 C.F.R. § 92.201) **Section 1** of this  
5 bill requires a hospital or freestanding birthing center to provide a qualified sign  
6 language interpreter to a patient who is at the hospital or freestanding birthing  
7 center for the purpose of giving birth. **Section 1** also requires a hospital or  
8 freestanding birthing center to allow a family member of the patient and a doula to  
9 be present in the room with the patient during the birthing process. **Sections 2-6** of  
10 this bill make conforming changes relating to the applicability and enforcement of  
11 **section 1**.

12 Existing law requires Medicaid to cover doula services provided by a doula  
13 who enrolls with the Division of Health Care Financing and Policy of the  
14 Department of Health and Human Services. (NRS 422.27177) **Sections 17, 18, 43,**  
15 **46, 48, 50, 51, 53, 55, 56 and 61** of this bill require various other public and private  
16 insurers who cover maternity care to: (1) cover doula services; and (2) include  
17 doulas in their networks of providers. **Section 45** of this bill authorizes the  
18 Commissioner of Insurance to require certain policies of health insurance issued by  
19 a domestic insurer to a person who resides in another state to include the coverage  
20 required by **section 43**. **Section 60** of this bill authorizes the Commissioner to  
21 suspend or revoke the certificate of a health maintenance organization that fails to  
22 provide the coverage required by **section 55**. The Commissioner is also authorized  
23 to take such action against other health insurers who fail to provide the coverage  
24 required by **sections 43, 46, 48, 50, 51, 53 and 61**. (NRS 680A.200)

25 Existing law requires certain health insurers, including Medicaid managed care  
26 organizations and insurance for state and local governmental employees, to cover  
27 hormone replacement therapy to varying degrees. (NRS 287.010, 287.04335,  
28 689A.0415, 689B.0376, 689C.1678, 695A.1875, 695B.1916, 695C.050,  
29 695C.1694, 695G.1717) **Sections 44, 47, 49, 52, 54, 58 and 64** of this bill require  
30 such coverage to include coverage of testosterone replacement therapy for  
31 menopausal women. **Section 20** of this bill requires Medicaid, including where  
32 benefits are not provided through managed care, to cover hormone therapy,  
33 including testosterone replacement therapy for menopausal women. **Section 16** of  
34 this bill makes a conforming change to require the Director of the Department to  
35 administer the provisions of **section 20** in the same manner as other provisions  
36 governing Medicaid. **Section 21** of this bill expands existing coverage of dental  
37 services under Medicaid. (NRS 422.272422) **Section 42** of this bill prohibits certain  
38 health insurers from denying a request to include a provider of health care in a  
39 provider network because the provider of health care is a solo practitioner.

40 Existing law requires: (1) the board of trustees of each school district and the  
41 governing body of each charter school or university school for profoundly gifted  
42 pupils to adopt a policy for the prevention and treatment of injuries to the head of a  
43 pupil; and (2) the board of trustees of each school district and the governing body  
44 of each charter school to adopt a policy concerning safe exposure to the sun. (NRS  
45 392.452, 392.453) **Section 19** of this bill additionally requires the board of trustees  
46 of each school district and the governing body of each charter school or university  
47 school for profoundly gifted pupils to adopt a policy concerning the prevention of  
48 sudden cardiac arrest during the participation of pupils in competitive sports  
49 sponsored by a school.

50 Existing law authorizes a court that finds a child to be in need of protection to:  
51 (1) permit the child to remain in the custody of his or her parent or guardian; (2)  
52 place the child in the custody of a relative, a fictive kin or another suitable person;  
53 or (3) place the child in the temporary custody of a public or private agency or  
54 institution. (NRS 432B.550) If such a child is placed other than with a parent and



55 has been diagnosed with a mental or behavioral health condition before or after  
56 such placement, **section 22** of this bill requires the agency which provides child  
57 welfare services to provide for an independent psychiatric evaluation of the child  
58 not more than 6 months before the child achieves a permanent placement or  
59 transitions to independent living. **Section 22** provides that this requirement does not  
60 apply if a prior psychiatric evaluation conducted after the initial diagnosis has  
61 determined that the child no longer has a mental or behavioral health condition.  
62 **Sections 7 and 23-25** of this bill make conforming changes to make various  
63 provisions governing child welfare proceedings generally applicable to any  
64 proceeding related to the provisions of **section 22**.

65 Existing law prohibits certain unfair trade practices. (NRS 598A.060) **Section**  
66 **26** of this bill prohibits a health carrier or a health insurance administrator from: (1)  
67 providing health care services directly to patients; or (2) operating or administering  
68 any entity that provides health care services directly to patients. The Attorney  
69 General or a person injured by a violation of **section 26** would be authorized to  
70 bring a civil action against a health carrier or health insurance administrator who  
71 violates that prohibition. (NRS 598A.160, 598A.180-598A.210) Additionally, a  
72 health carrier or health insurance administrator who commits such a violation  
73 would be subject to criminal and civil penalties. (NRS 598A.170, 598A.280)  
74 **Sections 8-15** of this bill authorize the Attorney General to use money from certain  
75 fees which are currently used to support investigations of unfair trade practices for  
76 the purpose of investigating violations of **section 26**. **Sections 38-41, 57, 59, 62**  
77 **and 63** of this bill make conforming changes to remove references to the direct  
78 provision of health care by health insurers.

79 Existing law provides that a noncompetition covenant is void unless the  
80 covenant: (1) is supported by valuable consideration; (2) does not impose any  
81 restraint that is greater than is required for the protection of the employer; (3) does  
82 not impose an undue hardship on the employee; and (4) imposes restrictions that  
83 are appropriately related to the consideration for the covenant. (NRS 613.195)  
84 **Section 27** of this bill prohibits a hospital from entering into a noncompetition  
85 covenant with a provider of health care if the covenant prohibits the provider of  
86 health care from providing medical services at another medical facility or office  
87 during or after the term of the employment or contract, as applicable. **Section 27**  
88 provides that any provision of a noncompetition covenant that violates that  
89 prohibition is void. Additionally, the provisions of **section 27** would be subject to  
90 administrative enforcement by the Labor Commissioner. (NRS 607.160)

91 Existing law provides for the regulation of the practices of medicine, nursing  
92 and osteopathic medicine by the Board of Medical Examiners, the State Board of  
93 Nursing and the State Board of Osteopathic Medicine, respectively. (Chapters 630,  
94 632 and 633 of NRS) **Sections 29, 32 and 35** of this bill: (1) require those boards to  
95 adopt regulations prescribing a list of race-based health formulas and race-based  
96 care standards that are authorized for use by licensees in this State; (2) prohibit  
97 those boards from including on that list any race-based health formula or race-  
98 based care standard if there is a race-neutral health formula or race-neutral care  
99 standard that has been scientifically validated as being at least as effective for the  
100 same purpose; and (3) prohibit a physician, physician assistant, nurse or osteopathic  
101 physician from using or authorizing the use of a race-based health formula or race-  
102 based care standard that is not included on the list. **Section 65** of this bill requires  
103 the Board of Medical Examiners, the State Board of Osteopathic Medicine, the  
104 University of Nevada, Reno, School of Medicine and the University of Nevada, Las  
105 Vegas, School of Medicine to study disparities in health care access, the provision  
106 of health care and health care outcomes.

107 **Sections 30, 33 and 36** of this bill require a physician, physician assistant,  
108 advanced practice registered nurse or osteopathic physician to: (1) discuss with a  
109 patient, upon diagnosing the patient with arthritis, osteoarthritis or any other



110 condition that is commonly treated using stem cell therapy, the potential use of  
111 stem cell therapy to treat the condition; and (2) when acting as a provider of  
112 primary care, inform a patient of options that may be available to the patient for  
113 donating, banking or storing stem cells for future use by the patient or a donee  
114 during the first encounter with the patient.

115 Existing law prescribes certain requirements governing the prescribing or  
116 dispensing of a controlled substance listed in schedule II, III or IV for the treatment  
117 of pain. (NRS 639.2391-639.23914) **Section 37** of this bill clarifies that those  
118 requirements do not: (1) apply to the prescribing or dispensing of a controlled  
119 substance in other circumstances; or (2) establish a standard of care or grounds for  
120 disciplinary action against a practitioner when a controlled substance is prescribed  
121 or dispensed in other circumstances.

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

1 **Section 1.** Chapter 449 of NRS is hereby amended by adding  
2 thereto a new section to read as follows:

3 *1. A hospital or freestanding birthing center shall:*

4 *(a) Notify each patient who is deaf or hard of hearing and is in*  
5 *labor or intends to give birth at the hospital or freestanding*  
6 *birthing center that a qualified sign language interpreter is*  
7 *available while the patient is in the hospital or freestanding*  
8 *birthing center; and*

9 *(b) Upon the request of such a patient or his or her*  
10 *representative, provide the patient with a qualified sign language*  
11 *interpreter until the patient is discharged from the hospital or*  
12 *freestanding birthing center.*

13 *2. At the request of a patient who is giving birth, a hospital or*  
14 *freestanding birthing center shall allow a family member of the*  
15 *patient and a doula to be present in the room with the patient*  
16 *during the birthing process so long as the family member and*  
17 *doula comply with the policies of the hospital or freestanding*  
18 *birthing center, as applicable.*

19 *3. As used in this section, "qualified sign language*  
20 *interpreter" means an interpreter, as defined in NRS 656A.030,*  
21 *who:*

22 *(a) Has demonstrated proficiency in the practice of sign*  
23 *language interpreting, as defined in NRS 656A.060;*

24 *(b) Is able to interpret effectively, accurately and impartially,*  
25 *both receptively and expressively, using any necessary specialized*  
26 *vocabulary or terms without changes, omissions, or additions and*  
27 *while preserving the tone, sentiment and emotional level of the*  
28 *original statement; and*



1 (c) *Adheres to generally accepted ethics principles in the field*  
2 *of sign language interpreting, including, without limitation, client*  
3 *confidentiality.*

4 **Sec. 2.** NRS 449.029 is hereby amended to read as follows:

5 449.029 As used in NRS 449.029 to 449.240, inclusive, *and*  
6 *section 1 of this act*, unless the context otherwise requires, “medical  
7 facility” has the meaning ascribed to it in NRS 449.0151 and  
8 includes a program of hospice care described in NRS 449.196.

9 **Sec. 3.** NRS 449.0301 is hereby amended to read as follows:

10 449.0301 The provisions of NRS 449.029 to 449.2428,  
11 inclusive, *and section 1 of this act* do not apply to:

12 1. Any facility conducted by and for the adherents of any  
13 church or religious denomination for the purpose of providing  
14 facilities for the care and treatment of the sick who depend solely  
15 upon spiritual means through prayer for healing in the practice of  
16 the religion of the church or denomination, except that such a  
17 facility shall comply with all regulations relative to sanitation and  
18 safety applicable to other facilities of a similar category.

19 2. Foster homes as defined in NRS 424.014.

20 3. Any medical facility, facility for the dependent or facility  
21 which is otherwise required by the regulations adopted by the Board  
22 pursuant to NRS 449.0303 to be licensed that is operated and  
23 maintained by the United States Government or an agency thereof.

24 **Sec. 4.** NRS 449.160 is hereby amended to read as follows:

25 449.160 1. The Division may deny an application for a  
26 license or may suspend or revoke any license issued under the  
27 provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of*  
28 *this act* upon any of the following grounds:

29 (a) Violation by the applicant or the licensee of any of the  
30 provisions of NRS 439B.410, 449.029 to 449.245, inclusive, *and*  
31 *section 1 of this act*, or 449A.100 to 449A.124, inclusive, and  
32 449A.270 to 449A.286, inclusive, or of any other law of this State  
33 or of the standards, rules and regulations adopted thereunder.

34 (b) Aiding, abetting or permitting the commission of any illegal  
35 act.

36 (c) Conduct inimical to the public health, morals, welfare and  
37 safety of the people of the State of Nevada in the maintenance and  
38 operation of the premises for which a license is issued.

39 (d) Conduct or practice detrimental to the health or safety of the  
40 occupants or employees of the facility.

41 (e) Failure of the applicant to obtain written approval from the  
42 Director of the Department of Health and Human Services as  
43 required by NRS 439A.100 or 439A.102 or as provided in any  
44 regulation adopted pursuant to NRS 449.001 to 449.430, inclusive,  
45 *and section 1 of this act*, and 449.435 to 449.531, inclusive, and



1 chapter 449A of NRS if such approval is required, including,  
2 without limitation, the closure or conversion of any hospital in a  
3 county whose population is 100,000 or more that is owned by the  
4 licensee without approval pursuant to NRS 439A.102.

5 (f) Failure to comply with the provisions of NRS 441A.315 and  
6 any regulations adopted pursuant thereto or NRS 449.2486.

7 (g) Violation of the provisions of NRS 458.112.

8 (h) Failure to comply with the provisions of NRS 449A.170 to  
9 449A.192, inclusive, and any regulation adopted pursuant thereto.

10 (i) Violation of the provisions of NRS 629.260.

11 2. In addition to the provisions of subsection 1, the Division  
12 may revoke a license to operate a facility for the dependent if, with  
13 respect to that facility, the licensee that operates the facility, or an  
14 agent or employee of the licensee:

15 (a) Is convicted of violating any of the provisions of  
16 NRS 202.470;

17 (b) Is ordered to but fails to abate a nuisance pursuant to NRS  
18 244.360, 244.3603 or 268.4124; or

19 (c) Is ordered by the appropriate governmental agency to correct  
20 a violation of a building, safety or health code or regulation but fails  
21 to correct the violation.

22 3. The Division shall maintain a log of any complaints that it  
23 receives relating to activities for which the Division may revoke the  
24 license to operate a facility for the dependent pursuant to subsection  
25 2. The Division shall provide to a facility for the care of adults  
26 during the day:

27 (a) A summary of a complaint against the facility if the  
28 investigation of the complaint by the Division either substantiates  
29 the complaint or is inconclusive;

30 (b) A report of any investigation conducted with respect to the  
31 complaint; and

32 (c) A report of any disciplinary action taken against the facility.

33 ➤ The facility shall make the information available to the public  
34 pursuant to NRS 449.2486.

35 4. On or before February 1 of each odd-numbered year, the  
36 Division shall submit to the Director of the Legislative Counsel  
37 Bureau a written report setting forth, for the previous biennium:

38 (a) Any complaints included in the log maintained by the  
39 Division pursuant to subsection 3; and

40 (b) Any disciplinary actions taken by the Division pursuant to  
41 subsection 2.

42 **Sec. 5.** NRS 449.163 is hereby amended to read as follows:

43 449.163 1. In addition to the payment of the amount required  
44 by NRS 449.0308, if a medical facility, facility for the dependent or  
45 facility which is required by the regulations adopted by the Board



1 pursuant to NRS 449.0303 to be licensed violates any provision  
2 related to its licensure, including any provision of NRS 439B.410 or  
3 449.029 to 449.2428, inclusive, *and section 1 of this act*, or any  
4 condition, standard or regulation adopted by the Board, the  
5 Division, in accordance with the regulations adopted pursuant to  
6 NRS 449.165, may:

7 (a) Prohibit the facility from admitting any patient until it  
8 determines that the facility has corrected the violation;

9 (b) Limit the occupancy of the facility to the number of beds  
10 occupied when the violation occurred, until it determines that the  
11 facility has corrected the violation;

12 (c) If the license of the facility limits the occupancy of the  
13 facility and the facility has exceeded the approved occupancy,  
14 require the facility, at its own expense, to move patients to another  
15 facility that is licensed;

16 (d) Except where a greater penalty is authorized by subsection 2,  
17 impose an administrative penalty of not more than \$5,000 per day  
18 for each violation, together with interest thereon at a rate not to  
19 exceed 10 percent per annum; and

20 (e) Appoint temporary management to oversee the operation of  
21 the facility and to ensure the health and safety of the patients of the  
22 facility, until:

23 (1) It determines that the facility has corrected the violation  
24 and has management which is capable of ensuring continued  
25 compliance with the applicable statutes, conditions, standards and  
26 regulations; or

27 (2) Improvements are made to correct the violation.

28 2. If an off-campus location of a hospital fails to obtain a  
29 national provider identifier that is distinct from the national provider  
30 identifier used by the main campus and any other off-campus  
31 location of the hospital in violation of NRS 449.1818, the Division  
32 may impose against the hospital an administrative penalty of not  
33 more than \$10,000 for each day of such failure, together with  
34 interest thereon at a rate not to exceed 10 percent per annum, in  
35 addition to any other action authorized by this chapter.

36 3. If the facility fails to pay any administrative penalty imposed  
37 pursuant to paragraph (d) of subsection 1 or subsection 2, the  
38 Division may:

39 (a) Suspend the license of the facility until the administrative  
40 penalty is paid; and

41 (b) Collect court costs, reasonable attorney's fees and other  
42 costs incurred to collect the administrative penalty.

43 4. The Division may require any facility that violates any  
44 provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and*  
45 *section 1 of this act*, or any condition, standard or regulation



1 adopted by the Board to make any improvements necessary to  
2 correct the violation.

3 5. Any money collected as administrative penalties pursuant to  
4 paragraph (d) of subsection 1 or subsection 2 must be accounted for  
5 separately and used to administer and carry out the provisions of  
6 NRS 449.001 to 449.430, inclusive, *and section 1 of this act*,  
7 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect  
8 the health, safety, well-being and property of the patients and  
9 residents of facilities in accordance with applicable state and federal  
10 standards or for any other purpose authorized by the Legislature.

11 **Sec. 6.** NRS 449.240 is hereby amended to read as follows:

12 449.240 The district attorney of the county in which the facility  
13 is located shall, upon application by the Division, institute and  
14 conduct the prosecution of any action for violation of any provisions  
15 of NRS 449.029 to 449.245, inclusive ~~§~~, *and section 1 of this act*.

16 **Sec. 7.** NRS 49.295 is hereby amended to read as follows:

17 49.295 1. Except as otherwise provided in subsections 2 and  
18 3 and NRS 49.305:

19 (a) A married person cannot be examined as a witness for or  
20 against his or her spouse without his or her consent.

21 (b) No spouse can be examined, during the marriage or  
22 afterwards, without the consent of the other spouse, as to any  
23 communication made by one to the other during marriage.

24 2. The provisions of subsection 1 do not apply to a:

25 (a) Civil proceeding brought by or on behalf of one spouse  
26 against the other spouse;

27 (b) Proceeding to commit or otherwise place a spouse, the  
28 property of the spouse or both the spouse and the property of the  
29 spouse under the control of another because of the alleged mental or  
30 physical condition of the spouse;

31 (c) Proceeding brought by or on behalf of a spouse to establish  
32 his or her competence;

33 (d) Proceeding in the juvenile court or family court pursuant to  
34 title 5 of NRS or NRS 432B.410 to 432B.590, inclusive ~~§~~, *and*  
35 *section 22 of this act*; or

36 (e) Criminal proceeding in which one spouse is charged with:

37 (1) A crime against the person or the property of the other  
38 spouse or of a child of either, or of a child in the custody or control  
39 of either, whether the crime was committed before or during  
40 marriage.

41 (2) Bigamy or incest.

42 (3) A crime related to abandonment of a child or nonsupport  
43 of the other spouse or child.





1 3. The provisions of subsection 1 do not apply in any criminal  
2 proceeding to events which took place before the spouses were  
3 married.

4 **Sec. 8.** NRS 78.153 is hereby amended to read as follows:

5 78.153 1. At the time of submitting any list required pursuant  
6 to NRS 78.150, a corporation that meets the criteria set forth in  
7 subsection 2 must submit:

8 (a) The statement required pursuant to subsection 3,  
9 accompanied by a declaration under penalty of perjury attesting that  
10 the statement does not contain any material misrepresentation of  
11 fact; and

12 (b) A fee of \$100,000, to be distributed in the manner provided  
13 pursuant to subsection 4.

14 2. A corporation must submit a statement pursuant to this  
15 section if the corporation, including its parent and all subsidiaries:

16 (a) Holds 25 percent or more of the share of the market within  
17 this State for any product sold or distributed by the corporation  
18 within this State; and

19 (b) Has had, during the previous 5-year period, a total of five or  
20 more investigations commenced against the corporation, its parent  
21 or its subsidiaries in any jurisdiction within the United States,  
22 including all state and federal investigations:

23 (1) Which concern any alleged contract, combination or  
24 conspiracy in restraint of trade, as described in subsection 1 of NRS  
25 598A.060, or which concern similar activities prohibited by a  
26 substantially similar law of another jurisdiction; and

27 (2) Which resulted in the corporation being fined or  
28 otherwise penalized or which resulted in the corporation being  
29 required to divest any holdings or being unable to acquire any  
30 holdings as a condition for the settlement, dismissal or resolution of  
31 those investigations.

32 3. A corporation that meets the criteria set forth in subsection 2  
33 shall submit a statement which includes the following information  
34 with respect to each investigation:

35 (a) The jurisdiction in which the investigation was commenced.

36 (b) A summary of the nature of the investigation and the facts  
37 and circumstances surrounding the investigation.

38 (c) If the investigation resulted in criminal or civil litigation, a  
39 copy of all pleadings filed in the investigation by any party to the  
40 litigation.

41 (d) A summary of the outcome of the investigation, including  
42 specific information concerning whether any fine or penalty was  
43 imposed against the corporation and whether the corporation was  
44 required to divest any holdings or was unable to acquire any



1 holdings as a condition for the settlement, dismissal or resolution of  
2 the investigation.

3 4. The fee collected pursuant to subsection 1 must be deposited  
4 in the Attorney General's Administration Budget Account and used  
5 solely for the purpose of investigating any alleged contract,  
6 combination or conspiracy in restraint of trade, as described in  
7 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
8 598A.440 ~~and~~ *and section 26 of this act.*

9 **Sec. 9.** NRS 80.115 is hereby amended to read as follows:

10 80.115 1. At the time of submitting any list required pursuant  
11 to NRS 80.110, a corporation that meets the criteria set forth in  
12 subsection 2 must submit:

13 (a) The statement required pursuant to subsection 3,  
14 accompanied by a declaration under penalty of perjury attesting that  
15 the statement does not contain any material misrepresentation of  
16 fact; and

17 (b) A fee of \$100,000, to be distributed in the manner provided  
18 pursuant to subsection 4.

19 2. A corporation must submit a statement pursuant to this  
20 section if the corporation, including its parent and all subsidiaries:

21 (a) Holds 25 percent or more of the share of the market within  
22 this State for any product sold or distributed by the corporation  
23 within this State; and

24 (b) Has had, during the previous 5-year period, a total of five or  
25 more investigations commenced against the corporation, its parent  
26 or its subsidiaries in any jurisdiction within the United States,  
27 including all state and federal investigations:

28 (1) Which concern any alleged contract, combination or  
29 conspiracy in restraint of trade, as described in subsection 1 of NRS  
30 598A.060, or which concern similar activities prohibited by a  
31 substantially similar law of another jurisdiction; and

32 (2) Which resulted in the corporation being fined or  
33 otherwise penalized or which resulted in the corporation being  
34 required to divest any holdings or being unable to acquire any  
35 holdings as a condition for the settlement, dismissal or resolution of  
36 those investigations.

37 3. A corporation that meets the criteria set forth in subsection 2  
38 shall submit a statement which includes the following information  
39 with respect to each investigation:

40 (a) The jurisdiction in which the investigation was commenced.

41 (b) A summary of the nature of the investigation and the facts  
42 and circumstances surrounding the investigation.

43 (c) If the investigation resulted in criminal or civil litigation, a  
44 copy of all pleadings filed in the investigation by any party to the  
45 litigation.



1 (d) A summary of the outcome of the investigation, including  
2 specific information concerning whether any fine or penalty was  
3 imposed against the corporation and whether the corporation was  
4 required to divest any holdings or was unable to acquire any  
5 holdings as a condition for the settlement, dismissal or resolution of  
6 the investigation.

7 4. The fee collected pursuant to subsection 1 must be deposited  
8 in the Attorney General's Administration Budget Account and used  
9 solely for the purpose of investigating any alleged contract,  
10 combination or conspiracy in restraint of trade, as described in  
11 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
12 598A.440 ~~and~~ **and section 26 of this act.**

13 **Sec. 10.** NRS 86.264 is hereby amended to read as follows:

14 86.264 1. At the time of submitting any list required pursuant  
15 to NRS 86.263, a limited-liability company that meets the criteria  
16 set forth in subsection 2 must submit:

17 (a) The statement required pursuant to subsection 3,  
18 accompanied by a declaration under penalty of perjury attesting that  
19 the statement does not contain any material misrepresentation of  
20 fact; and

21 (b) A fee of \$100,000, to be distributed in the manner provided  
22 pursuant to subsection 4.

23 2. A limited-liability company must submit a statement  
24 pursuant to this section if the limited-liability company, including its  
25 parent and all subsidiaries:

26 (a) Holds 25 percent or more of the share of the market within  
27 this State for any product sold or distributed by the limited-liability  
28 company within this State; and

29 (b) Has had, during the previous 5-year period, a total of five or  
30 more investigations commenced against the limited-liability  
31 company, its parent or its subsidiaries in any jurisdiction within the  
32 United States, including all state and federal investigations:

33 (1) Which concern any alleged contract, combination or  
34 conspiracy in restraint of trade, as described in subsection 1 of NRS  
35 598A.060, or which concern similar activities prohibited by a  
36 substantially similar law of another jurisdiction; and

37 (2) Which resulted in the limited-liability company being  
38 fined or otherwise penalized or which resulted in the limited-  
39 liability company being required to divest any holdings or being  
40 unable to acquire any holdings as a condition for the settlement,  
41 dismissal or resolution of those investigations.

42 3. A limited-liability company that meets the criteria set forth  
43 in subsection 2 shall submit a statement which includes the  
44 following information with respect to each investigation:

45 (a) The jurisdiction in which the investigation was commenced.



1 (b) A summary of the nature of the investigation and the facts  
2 and circumstances surrounding the investigation.

3 (c) If the investigation resulted in criminal or civil litigation, a  
4 copy of all pleadings filed in the investigation by any party to the  
5 litigation.

6 (d) A summary of the outcome of the investigation, including  
7 specific information concerning whether any fine or penalty was  
8 imposed against the limited-liability company and whether the  
9 limited-liability company was required to divest any holdings or was  
10 unable to acquire any holdings as a condition for the settlement,  
11 dismissal or resolution of the investigation.

12 4. The fee collected pursuant to subsection 1 must be deposited  
13 in the Attorney General's Administration Budget Account and used  
14 solely for the purpose of investigating any alleged contract,  
15 combination or conspiracy in restraint of trade, as described in  
16 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
17 598A.440 ~~;~~ *and section 26 of this act.*

18 **Sec. 11.** NRS 86.5462 is hereby amended to read as follows:

19 86.5462 1. At the time of submitting any list required  
20 pursuant to NRS 86.5461, a foreign limited-liability company that  
21 meets the criteria set forth in subsection 2 must submit:

22 (a) The statement required pursuant to subsection 3,  
23 accompanied by a declaration under penalty of perjury attesting that  
24 the statement does not contain any material misrepresentation of  
25 fact; and

26 (b) A fee of \$100,000, to be distributed in the manner provided  
27 pursuant to subsection 4.

28 2. A foreign limited-liability company must submit a statement  
29 pursuant to this section if the foreign limited-liability company,  
30 including its parent and all subsidiaries:

31 (a) Holds 25 percent or more of the share of the market within  
32 this State for any product sold or distributed by the foreign limited-  
33 liability company within this State; and

34 (b) Has had, during the previous 5-year period, a total of five or  
35 more investigations commenced against the foreign limited-liability  
36 company, its parent or its subsidiaries in any jurisdiction within the  
37 United States, including all state and federal investigations:

38 (1) Which concern any alleged contract, combination or  
39 conspiracy in restraint of trade, as described in subsection 1 of NRS  
40 598A.060, or which concern similar activities prohibited by a  
41 substantially similar law of another jurisdiction; and

42 (2) Which resulted in the foreign limited-liability company  
43 being fined or otherwise penalized or which resulted in the foreign  
44 limited-liability company being required to divest any holdings or



1 being unable to acquire any holdings as a condition for the  
2 settlement, dismissal or resolution of those investigations.

3 3. A foreign limited-liability company that meets the criteria  
4 set forth in subsection 2 shall submit a statement which includes the  
5 following information with respect to each investigation:

6 (a) The jurisdiction in which the investigation was commenced.

7 (b) A summary of the nature of the investigation and the facts  
8 and circumstances surrounding the investigation.

9 (c) If the investigation resulted in criminal or civil litigation, a  
10 copy of all pleadings filed in the investigation by any party to the  
11 litigation.

12 (d) A summary of the outcome of the investigation, including  
13 specific information concerning whether any fine or penalty was  
14 imposed against the foreign limited-liability company and whether  
15 the foreign limited-liability company was required to divest any  
16 holdings or was unable to acquire any holdings as a condition for  
17 the settlement, dismissal or resolution of the investigation.

18 4. The fee collected pursuant to subsection 1 must be deposited  
19 in the Attorney General's Administration Budget Account and used  
20 solely for the purpose of investigating any alleged contract,  
21 combination or conspiracy in restraint of trade, as described in  
22 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
23 598A.440 ~~and~~ *and section 26 of this act.*

24 **Sec. 12.** NRS 87A.295 is hereby amended to read as follows:

25 87A.295 1. At the time of submitting any list required  
26 pursuant to NRS 87A.290, a limited partnership that meets the  
27 criteria set forth in subsection 2 must submit:

28 (a) The statement required pursuant to subsection 3,  
29 accompanied by a declaration under penalty of perjury attesting that  
30 the statement does not contain any material misrepresentation of  
31 fact; and

32 (b) A fee of \$100,000, to be distributed in the manner provided  
33 pursuant to subsection 4.

34 2. A limited partnership must submit a statement pursuant to  
35 this section if the limited partnership, including its parent and all  
36 subsidiaries:

37 (a) Holds 25 percent or more of the share of the market within  
38 this State for any product sold or distributed by the limited  
39 partnership within this State; and

40 (b) Has had, during the previous 5-year period, a total of five or  
41 more investigations commenced against the limited partnership, its  
42 parent or its subsidiaries in any jurisdiction within the United States,  
43 including all state and federal investigations:

44 (1) Which concern any alleged contract, combination or  
45 conspiracy in restraint of trade, as described in subsection 1 of



1 NRS 598A.060, or which concern similar activities prohibited by a  
2 substantially similar law of another jurisdiction; and

3 (2) Which resulted in the limited partnership being fined or  
4 otherwise penalized or which resulted in the limited partnership  
5 being required to divest any holdings or being unable to acquire any  
6 holdings as a condition for the settlement, dismissal or resolution of  
7 those investigations.

8 3. A limited partnership that meets the criteria set forth in  
9 subsection 2 shall submit a statement which includes the following  
10 information with respect to each investigation:

11 (a) The jurisdiction in which the investigation was commenced.

12 (b) A summary of the nature of the investigation and the facts  
13 and circumstances surrounding the investigation.

14 (c) If the investigation resulted in criminal or civil litigation, a  
15 copy of all pleadings filed in the investigation by any party to the  
16 litigation.

17 (d) A summary of the outcome of the investigation, including  
18 specific information concerning whether any fine or penalty was  
19 imposed against the limited partnership and whether the limited  
20 partnership was required to divest any holdings or was unable to  
21 acquire any holdings as a condition for the settlement, dismissal or  
22 resolution of the investigation.

23 4. The fee collected pursuant to subsection 1 must be deposited  
24 in the Attorney General's Administration Budget Account and used  
25 solely for the purpose of investigating any alleged contract,  
26 combination or conspiracy in restraint of trade, as described in  
27 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
28 598A.440 ~~and~~ *and section 26 of this act.*

29 **Sec. 13.** NRS 87A.565 is hereby amended to read as follows:

30 87A.565 1. At the time of submitting any list required  
31 pursuant to NRS 87A.560, a foreign limited partnership that meets  
32 the criteria set forth in subsection 2 must submit:

33 (a) The statement required pursuant to subsection 3,  
34 accompanied by a declaration under penalty of perjury attesting that  
35 the statement does not contain any material misrepresentation of  
36 fact; and

37 (b) A fee of \$100,000, to be distributed in the manner provided  
38 pursuant to subsection 4.

39 2. A foreign limited partnership must submit a statement  
40 pursuant to this section if the foreign limited partnership, including  
41 its parent and all subsidiaries:

42 (a) Holds 25 percent or more of the share of the market within  
43 this State for any product sold or distributed by the foreign limited  
44 partnership within this State; and



1 (b) Has had, during the previous 5-year period, a total of five or  
2 more investigations commenced against the foreign limited  
3 partnership, its parent or its subsidiaries in any jurisdiction within  
4 the United States, including all state and federal investigations:

5 (1) Which concern any alleged contract, combination or  
6 conspiracy in restraint of trade, as described in subsection 1 of NRS  
7 598A.060, or which concern similar activities prohibited by a  
8 substantially similar law of another jurisdiction; and

9 (2) Which resulted in the foreign limited partnership being  
10 fined or otherwise penalized or which resulted in the foreign limited  
11 partnership being required to divest any holdings or being unable to  
12 acquire any holdings as a condition for the settlement, dismissal or  
13 resolution of those investigations.

14 3. A foreign limited partnership that meets the criteria set forth  
15 in subsection 2 shall submit a statement which includes the  
16 following information with respect to each investigation:

17 (a) The jurisdiction in which the investigation was commenced.

18 (b) A summary of the nature of the investigation and the facts  
19 and circumstances surrounding the investigation.

20 (c) If the investigation resulted in criminal or civil litigation, a  
21 copy of all pleadings filed in the investigation by any party to the  
22 litigation.

23 (d) A summary of the outcome of the investigation, including  
24 specific information concerning whether any fine or penalty was  
25 imposed against the foreign limited partnership and whether the  
26 foreign limited partnership was required to divest any holdings or  
27 was unable to acquire any holdings as a condition for the settlement,  
28 dismissal or resolution of the investigation.

29 4. The fee collected pursuant to subsection 1 must be deposited  
30 in the Attorney General's Administration Budget Account and used  
31 solely for the purpose of investigating any alleged contract,  
32 combination or conspiracy in restraint of trade, as described in  
33 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
34 598A.440 ~~and~~ *and section 26 of this act.*

35 **Sec. 14.** NRS 88.397 is hereby amended to read as follows:

36 88.397 1. At the time of submitting any list required pursuant  
37 to NRS 88.395, a limited partnership that meets the criteria set forth  
38 in subsection 2 must submit:

39 (a) The statement required pursuant to subsection 3,  
40 accompanied by a declaration under penalty of perjury attesting that  
41 the statement does not contain any material misrepresentation of  
42 fact; and

43 (b) A fee of \$100,000, to be distributed in the manner provided  
44 pursuant to subsection 4.



1 2. A limited partnership must submit a statement pursuant to  
2 this section if the limited partnership, including its parent and all  
3 subsidiaries:

4 (a) Holds 25 percent or more of the share of the market within  
5 this State for any product sold or distributed by the limited  
6 partnership within this State; and

7 (b) Has had, during the previous 5-year period, a total of five or  
8 more investigations commenced against the limited partnership, its  
9 parent or its subsidiaries in any jurisdiction within the United States,  
10 including all state and federal investigations:

11 (1) Which concern any alleged contract, combination or  
12 conspiracy in restraint of trade, as described in subsection 1 of NRS  
13 598A.060, or which concern similar activities prohibited by a  
14 substantially similar law of another jurisdiction; and

15 (2) Which resulted in the limited partnership being fined or  
16 otherwise penalized or which resulted in the limited partnership  
17 being required to divest any holdings or being unable to acquire any  
18 holdings as a condition for the settlement, dismissal or resolution of  
19 those investigations.

20 3. A limited partnership that meets the criteria set forth in  
21 subsection 2 shall submit a statement which includes the following  
22 information with respect to each investigation:

23 (a) The jurisdiction in which the investigation was commenced.

24 (b) A summary of the nature of the investigation and the facts  
25 and circumstances surrounding the investigation.

26 (c) If the investigation resulted in criminal or civil litigation, a  
27 copy of all pleadings filed in the investigation by any party to the  
28 litigation.

29 (d) A summary of the outcome of the investigation, including  
30 specific information concerning whether any fine or penalty was  
31 imposed against the limited partnership and whether the limited  
32 partnership was required to divest any holdings or was unable to  
33 acquire any holdings as a condition for the settlement, dismissal or  
34 resolution of the investigation.

35 4. The fee collected pursuant to subsection 1 must be deposited  
36 in the Attorney General's Administration Budget Account and used  
37 solely for the purpose of investigating any alleged contract,  
38 combination or conspiracy in restraint of trade, as described in  
39 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
40 598A.440 ~~and~~ *and section 26 of this act.*

41 **Sec. 15.** NRS 88.5915 is hereby amended to read as follows:

42 88.5915 1. At the time of submitting any list required  
43 pursuant to NRS 88.591, a foreign limited partnership that meets the  
44 criteria set forth in subsection 2 must submit:





1 (a) The statement required pursuant to subsection 3,  
2 accompanied by a declaration under penalty of perjury attesting that  
3 the statement does not contain any material misrepresentation of  
4 fact; and

5 (b) A fee of \$100,000, to be distributed in the manner provided  
6 pursuant to subsection 4.

7 2. A foreign limited partnership must submit a statement  
8 pursuant to this section if the foreign limited partnership, including  
9 its parent and all subsidiaries:

10 (a) Holds 25 percent or more of the share of the market within  
11 this state for any product sold or distributed by the foreign limited  
12 partnership within this State; and

13 (b) Has had, during the previous 5-year period, a total of five or  
14 more investigations commenced against the foreign limited  
15 partnership, its parent or its subsidiaries in any jurisdiction within  
16 the United States, including all state and federal investigations:

17 (1) Which concern any alleged contract, combination or  
18 conspiracy in restraint of trade, as described in subsection 1 of NRS  
19 598A.060, or which concern similar activities prohibited by a  
20 substantially similar law of another jurisdiction; and

21 (2) Which resulted in the foreign limited partnership being  
22 fined or otherwise penalized or which resulted in the foreign limited  
23 partnership being required to divest any holdings or being unable to  
24 acquire any holdings as a condition for the settlement, dismissal or  
25 resolution of those investigations.

26 3. A foreign limited partnership that meets the criteria set forth  
27 in subsection 2 shall submit a statement which includes the  
28 following information with respect to each investigation:

29 (a) The jurisdiction in which the investigation was commenced.

30 (b) A summary of the nature of the investigation and the facts  
31 and circumstances surrounding the investigation.

32 (c) If the investigation resulted in criminal or civil litigation, a  
33 copy of all pleadings filed in the investigation by any party to the  
34 litigation.

35 (d) A summary of the outcome of the investigation, including  
36 specific information concerning whether any fine or penalty was  
37 imposed against the foreign limited partnership and whether the  
38 foreign limited partnership was required to divest any holdings or  
39 was unable to acquire any holdings as a condition for the settlement,  
40 dismissal or resolution of the investigation.

41 4. The fee collected pursuant to subsection 1 must be deposited  
42 in the Attorney General's Administration Budget Account and used  
43 solely for the purpose of investigating any alleged contract,  
44 combination or conspiracy in restraint of trade, as described in



1 subsection 1 of NRS 598A.060 , ~~and~~ subsection 1 of NRS  
2 598A.440 ~~and~~ *and section 26 of this act.*

3 **Sec. 16.** NRS 232.320 is hereby amended to read as follows:

4 232.320 1. The Director:

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

8 (1) The Administrator of the Aging and Disability Services  
9 Division;

10 (2) The Administrator of the Division of Welfare and  
11 Supportive Services;

12 (3) The Administrator of the Division of Child and Family  
13 Services;

14 (4) The Administrator of the Division of Health Care  
15 Financing and Policy; and

16 (5) The Administrator of the Division of Public and  
17 Behavioral Health.

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

29 (c) Shall administer any state program for persons with  
30 developmental disabilities established pursuant to the  
31 Developmental Disabilities Assistance and Bill of Rights Act of  
32 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

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



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

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

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

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

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

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

21 **Sec. 17.** NRS 287.010 is hereby amended to read as follows:

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

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

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

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



1 compensation of officers and employees and contributions of the  
2 governing body must be maintained as an internal service fund as  
3 defined by NRS 354.543. The money must be deposited in a state or  
4 national bank or credit union authorized to transact business in the  
5 State of Nevada. Any independent administrator of a fund created  
6 under this section is subject to the licensing requirements of chapter  
7 683A of NRS, and must be a resident of this State. Any contract  
8 with an independent administrator must be approved by the  
9 Commissioner of Insurance as to the reasonableness of  
10 administrative charges in relation to contributions collected and  
11 benefits provided. The provisions of NRS 439.581 to 439.597,  
12 inclusive, 686A.135, 687B.352, 687B.408, 687B.692, 687B.723,  
13 687B.725, 687B.805, 689B.030 to 689B.0317, inclusive, paragraphs  
14 (b) and (c) of subsection 1 of NRS 689B.0319, subsections 2, 4, 6  
15 and 7 of NRS 689B.0319, 689B.033 to 689B.0369, inclusive,  
16 689B.0375 to 689B.050, inclusive, *and section 46 of this act*,  
17 689B.0675, 689B.265, 689B.287 and 689B.500 apply to coverage  
18 provided pursuant to this paragraph, except that the provisions of  
19 NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage  
20 for active officers and employees of the governing body, or the  
21 dependents of such officers and employees.

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

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

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



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

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

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

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

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

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

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

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

22 **Sec. 18.** NRS 287.04335 is hereby amended to read as  
23 follows:

24 287.04335 If the Board provides health insurance through a  
25 plan of self-insurance, it shall comply with the provisions of NRS  
26 439.581 to 439.597, inclusive, 686A.135, 687B.352, 687B.409,  
27 687B.692, 687B.723, 687B.725, 687B.805, 689B.0353, 689B.255,  
28 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162,  
29 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167,  
30 695G.1675, 695G.170 to 695G.1712, inclusive, 695G.1714 to  
31 695G.174, inclusive, *and section 61 of this act*, 695G.176,  
32 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to  
33 695G.310, inclusive, 695G.405 and 695G.415, in the same manner  
34 as an insurer that is licensed pursuant to title 57 of NRS is required  
35 to comply with those provisions.

36 **Sec. 19.** Chapter 392 of NRS is hereby amended by adding  
37 thereto a new section to read as follows:

38 *1. The board of trustees of each school district, the governing*  
39 *body of each charter school and the governing body of each*  
40 *university school for profoundly gifted pupils shall adopt a policy*  
41 *concerning the prevention of sudden cardiac arrest during the*  
42 *participation of pupils in competitive sports sponsored by a school.*

43 *2. The policy adopted pursuant to subsection 1 must require*  
44 *that, before participating in a competitive sport sponsored by a*  
45 *public school in the school district or the charter school or*



1 *university school for profoundly gifted pupils, as applicable, a*  
2 *pupil must receive an electrocardiogram screening conducted by a*  
3 *physician, physician assistant, advanced practice registered nurse*  
4 *or a nonprofit organization whose mission relates to the health of*  
5 *children or adolescents.*

6 **Sec. 20.** Chapter 422 of NRS is hereby amended by adding  
7 thereto a new section to read as follows:

8 **1. The Director shall include under Medicaid coverage for:**

9 (a) *Testosterone replacement therapy for menopausal women;*  
10 *and*

11 (b) *Any type of hormone replacement therapy which is*  
12 *lawfully prescribed or ordered and which has been approved by*  
13 *the Food and Drug Administration.*

14 **2. The Department shall:**

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

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

23 **Sec. 21.** NRS 422.272422 is hereby amended to read as  
24 follows:

25 422.272422 1. To the extent that federal financial  
26 participation is available, the Director shall include under Medicaid  
27 coverage for ~~H~~ *preventative, diagnostic, periodontal and*  
28 *restorative dental services, including, without limitation:*

29 (a) The filling of cavities;

30 (b) The fabrication, preparation and placement of temporary and  
31 permanent crowns; and

32 (c) Removable dentures to improve chewing, phonetics and  
33 aesthetics.

34 **2. The Department shall:**

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

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



1       **Sec. 22.** Chapter 432B of NRS is hereby amended by adding  
2 thereto a new section to read as follows:

3       1. *Except as otherwise provided in subsection 4, if a child*  
4 *who has been placed pursuant to NRS 432B.550 other than with a*  
5 *parent has been diagnosed with a mental or behavioral health*  
6 *condition before or after the placement, the agency which provides*  
7 *child welfare services shall provide for a psychiatric examination*  
8 *of the child that:*

9       (a) *Meets the requirements of subsection 2; and*

10       (b) *Occurs not more than 6 months before the child achieves a*  
11 *permanent placement or transitions to independent living.*

12       2. *A psychiatric examination conducted pursuant to*  
13 *subsection 1 must:*

14       (a) *Be conducted by a psychiatrist who is not receiving*  
15 *compensation from or is not otherwise affiliated with any person*  
16 *or entity with which the child is currently placed or may be placed*  
17 *in the future;*

18       (b) *Be conducted in a culturally competent manner that*  
19 *respects the race, color, religion, national origin, ancestry, age,*  
20 *gender, physical or mental disability, sexual orientation and*  
21 *gender identity or expression of the child;*

22       (c) *Determine whether the child still suffers from the mental or*  
23 *behavioral health condition with which the child was previously*  
24 *diagnosed; and*

25       (d) *Evaluate the success of any treatment provided to the child*  
26 *for the mental or behavioral condition with which the child was*  
27 *previously diagnosed.*

28       3. *If the psychiatrist who conducts a psychiatric evaluation of*  
29 *a child pursuant to this section determines that the child still*  
30 *suffers from the mental or behavioral health condition with which*  
31 *the child was previously diagnosed and the mental or behavioral*  
32 *health condition has not improved since that diagnosis was made,*  
33 *the psychiatrist shall record in the medical record of the child:*

34       (a) *The fact that the diagnosis has not changed; and*

35       (b) *The reasons that the mental or behavioral health condition*  
36 *of the child has not improved.*

37       4. *An agency which provides child welfare services is not*  
38 *required to provide for a psychiatric evaluation in accordance with*  
39 *subsection 1 for a child described in that subsection if a prior*  
40 *psychiatric evaluation of the child conducted after the initial*  
41 *diagnosis has determined that the child no longer has a mental or*  
42 *behavioral health condition.*



1       **Sec. 23.** NRS 432B.250 is hereby amended to read as follows:  
2       432B.250 Any person who is required to make a report  
3 pursuant to NRS 432B.220 may not invoke any of the privileges set  
4 forth in chapter 49 of NRS:

5       1. For failure to make a report pursuant to NRS 432B.220;

6       2. In cooperating with an agency which provides child welfare  
7 services or a guardian ad litem for a child; or

8       3. In any proceeding held pursuant to NRS 432B.410 to  
9 432B.590, inclusive **[ ]**, *and section 22 of this act.*

10       **Sec. 24.** NRS 432B.420 is hereby amended to read as follows:

11       432B.420 1. A parent or other person responsible for the  
12 welfare of a child who is alleged to have abused or neglected the  
13 child may be represented by an attorney at all stages of any  
14 proceedings under NRS 432B.410 to 432B.590, inclusive **[ ]**, *and*  
15 *section 22 of this act.* Except as otherwise provided in subsection 3,  
16 if the person is indigent, the court may appoint an attorney to  
17 represent the person.

18       2. A child who is alleged to have been abused or neglected  
19 shall be deemed to be a party to any proceedings under NRS  
20 432B.410 to 432B.590, inclusive **[ ]**, *and section 22 of this act.* The  
21 court shall appoint an attorney to represent the child. The child must  
22 be represented by an attorney at all stages of any proceedings held  
23 pursuant to NRS 432B.410 to 432B.590, inclusive **[ ]**, *and section*  
24 *22 of this act.* The attorney representing the child has the same  
25 authority and rights as an attorney representing any other party to  
26 the proceedings.

27       3. If the court determines that the parent of an Indian child for  
28 whom protective custody is sought is indigent, the court:

29       (a) Shall appoint an attorney to represent the parent; and

30       (b) May apply to the Secretary of the Interior for the payment of  
31 the fees and expenses of such an attorney,

32       ↳ as provided in the Indian Child Welfare Act.

33       4. Each attorney, other than an attorney compensated through a  
34 program for legal aid described in NRS 19.031 and 247.305, if  
35 appointed under the provisions of subsection 1 or 2, is entitled to the  
36 same compensation and payment for expenses from the county as  
37 provided in NRS 7.125 and 7.135 for an attorney appointed to  
38 represent a person charged with a crime.

39       **Sec. 25.** NRS 432B.4675 is hereby amended to read as  
40 follows:

41       432B.4675 Upon the entry of a final order by the court  
42 establishing a guardianship pursuant to NRS 432B.4665:

43       1. The custody of the child by the agency which has legal  
44 custody of the child is terminated;





1 2. The proceedings concerning the child conducted pursuant to  
2 NRS 432B.410 to 432B.590, inclusive, *and section 22 of this act*  
3 terminate; and

4 3. Unless subsequently ordered by the court to assist the court,  
5 the following agencies and persons are excused from any  
6 responsibility to participate in the guardianship case:

7 (a) The agency which has legal custody of the child;

8 (b) Any counsel or guardian ad litem appointed by the court to  
9 assist in the proceedings conducted pursuant to NRS 432B.410 to  
10 432B.590, inclusive ~~(f)~~, *and section 22 of this act*; and

11 (c) Any person nominated or appointed as the person who is  
12 legally responsible for the psychiatric care of the child pursuant to  
13 NRS 432B.4684 or 432B.4685, respectively.

14 **Sec. 26.** Chapter 598A of NRS is hereby amended by adding  
15 thereto a new section to read as follows:

16 *1. A violation of this section constitutes a restraint of trade. A*  
17 *health carrier, a health insurance administrator or any person*  
18 *that owns all or part of a health carrier or health insurance*  
19 *administrator or shares common ownership with a health carrier*  
20 *or health insurance administrator shall not:*

21 (a) *Provide health care services directly to patients; or*

22 (b) *Operate or administer any entity that provides health care*  
23 *services directly to patients, including, without limitation:*

24 (1) *A medical facility, facility for the dependent or*  
25 *pharmacy; or*

26 (2) *A practice of a provider of health care or group of*  
27 *providers of health care.*

28 *2. As used in this section:*

29 (a) *“Facility for the dependent” has the meaning ascribed to it*  
30 *in NRS 449.0045.*

31 (b) *“Health care service” means any service for the diagnosis,*  
32 *prevention, treatment, care or relief of a health condition, illness,*  
33 *injury or disease.*

34 (c) *“Health carrier” has the meaning ascribed to it in*  
35 *NRS 695G.024.*

36 (d) *“Health insurance administrator” means an administrator,*  
37 *as defined in NRS 683A.025, that provides any service for a health*  
38 *carrier.*

39 (e) *“Medical facility” has the meaning ascribed to it in*  
40 *NRS 449.0151.*

41 (f) *“Pharmacy” has the meaning ascribed to it in*  
42 *NRS 639.012.*

43 (g) *“Provider of health care” has the meaning ascribed to it in*  
44 *NRS 629.031.*



1     **Sec. 27.** NRS 613.195 is hereby amended to read as follows:  
2     613.195 1. A noncompetition covenant is void and  
3     unenforceable unless the noncompetition covenant:

- 4     (a) Is supported by valuable consideration;  
5     (b) Does not impose any restraint that is greater than is required  
6     for the protection of the employer for whose benefit the restraint is  
7     imposed;  
8     (c) Does not impose any undue hardship on the employee; and  
9     (d) Imposes restrictions that are appropriate in relation to the  
10    valuable consideration supporting the noncompetition covenant.

11    2. A noncompetition covenant may not restrict, and an  
12    employer may not bring an action to restrict, a former employee of  
13    an employer from providing service to a former customer or client  
14    if:

- 15    (a) The former employee did not solicit the former customer or  
16    client;  
17    (b) The customer or client voluntarily chose to leave and seek  
18    services from the former employee; and  
19    (c) The former employee is otherwise complying with the  
20    limitations in the covenant as to time, geographical area and scope  
21    of activity to be restrained, other than any limitation on providing  
22    services to a former customer or client who seeks the services of the  
23    former employee without any contact instigated by the former  
24    employee.

25    ↪ Any provision in a noncompetition covenant which violates the  
26    provisions of this subsection is void and unenforceable.

27    3. A noncompetition covenant may not apply to an employee  
28    who is paid solely on an hourly wage basis, exclusive of any tips or  
29    gratuities.

30    4. *A noncompetition covenant may not restrict a provider of*  
31    *health care employed by or contracted with a hospital in this State*  
32    *from providing medical services at another medical facility or*  
33    *office during or after the term of the employment or contract, as*  
34    *applicable. This subsection does not prevent a hospital from taking*  
35    *any action necessary to prevent the disclosure of information*  
36    *protected by the Health Insurance Portability and Accountability*  
37    *Act of 1996, Public Law 104-191, or that is otherwise confidential.*  
38    *Any provision in a noncompetition covenant which violates the*  
39    *provisions of this subsection is void and unenforceable.*

40    5. An employer in this State who negotiates, executes or  
41    attempts to enforce a noncompetition covenant that is void and  
42    unenforceable under this section does not violate the provisions of  
43    NRS 613.200.

44    ~~5.~~ 6. If the termination of the employment of an employee is  
45    the result of a reduction of force, reorganization or similar



1 restructuring of the employer, a noncompetition covenant is only  
2 enforceable during the period in which the employer is paying the  
3 employee's salary, benefits or equivalent compensation, including,  
4 without limitation, severance pay.

5 ~~[6.]~~ 7. If an employer brings an action to enforce a  
6 noncompetition covenant or an employee brings an action to  
7 challenge a noncompetition covenant and the court finds the  
8 covenant is supported by valuable consideration but contains  
9 limitations as to time, geographical area or scope of activity to be  
10 restrained that are not reasonable, imposes a greater restraint than is  
11 necessary for the protection of the employer for whose benefit the  
12 restraint is imposed or imposes undue hardship on the employee, the  
13 court shall revise the covenant to the extent necessary and enforce  
14 the covenant as revised. Such revisions must cause the limitations  
15 contained in the covenant as to time, geographical area and scope of  
16 activity to be restrained to be reasonable, to not impose undue  
17 hardship on the employee and to impose a restraint that is not  
18 greater than is necessary for the protection of the employer for  
19 whose benefit the restraint is imposed.

20 ~~[7.]~~ 8. If an employer brings an action to enforce a  
21 noncompetition covenant or an employee brings an action to  
22 challenge a noncompetition covenant and the court finds that the  
23 noncompetition covenant applies to an employee described in  
24 subsection 3 , ~~[or]~~ that the employer has restricted or attempted to  
25 restrict a former employee in the manner described in subsection 2  
26 ~~[.]~~ *or that the noncompetition covenant violates the provisions of*  
27 *subsection 4*, the court shall award the employee reasonable  
28 attorney's fees and costs. Nothing in this subsection shall be  
29 construed as prohibiting a court from otherwise awarding attorney's  
30 fees to a prevailing party pursuant to NRS 18.010.

31 ~~[8.]~~ 9. As used in this section:

32 (a) "Employer" means every person having control or custody of  
33 any employment, place of employment or any employee.

34 (b) *"Hospital" has the meaning ascribed to it in NRS 449.012.*

35 (c) *"Medical facility" has the meaning ascribed to it in*  
36 *NRS 449.0151.*

37 (d) "Noncompetition covenant" means an agreement between an  
38 employer and employee which, upon termination of the employment  
39 of the employee, prohibits the employee from pursuing a similar  
40 vocation in competition with or becoming employed by a competitor  
41 of the employer.

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



1     **Sec. 28.** Chapter 630 of NRS is hereby amended by adding  
2 thereto the provisions set forth as sections 29 and 30 of this act.

3     **Sec. 29.** 1. *The Board, in consultation with the State Board*  
4 *of Nursing and the State Board of Osteopathic Medicine, shall:*

5     (a) *Adopt regulations concerning the use of race-based health*  
6 *formulas and race-based care standards by physicians and*  
7 *physician assistants. Those regulations must list specific race-*  
8 *based health formulas and race-based care standards that*  
9 *physicians and physician assistants are authorized to use. That list*  
10 *must not include a race-based health formula or a race-based care*  
11 *standard if there is a race-neutral health formula or race-neutral*  
12 *care standard, as applicable, that is scientifically validated as*  
13 *being at least as effective for the same purpose.*

14     (b) *Monitor evolving scientific research and, not later than 1*  
15 *year after a race-based health formula or race-based care*  
16 *standard included on the list of authorized race-based health*  
17 *formulas and race-based care standards adopted pursuant to*  
18 *paragraph (a) ceases to meet the requirements of that paragraph,*  
19 *propose regulations to remove the race-based health formula or*  
20 *race-based care standard from that list.*

21     2. *A physician or physician assistant shall not use or*  
22 *authorize the use of a race-based health formula or race-based*  
23 *care standard that is not included on the list of authorized race-*  
24 *based health formulas and race-based care standards adopted*  
25 *pursuant to subsection 1.*

26     3. *As used in this section:*

27     (a) *“Race-based care standard” means a standard of care that*  
28 *requires or authorizes a physician or physician assistant to take*  
29 *the race of the patient into account when making determinations*  
30 *regarding the care that will be provided to a patient.*

31     (b) *“Race-based health formula” means a formula for*  
32 *determining whether a health-related condition exists or*  
33 *calculating health-related data that takes the race of the patient*  
34 *into account.*

35     (c) *“Race-neutral care standard” means a standard of care*  
36 *that does not require or authorize a physician or physician*  
37 *assistant to take the race of the patient into account when making*  
38 *determinations regarding the care that will be provided to a*  
39 *patient.*

40     (d) *“Race-neutral health formula” means a formula for*  
41 *determining whether a health-related condition exists or*  
42 *calculating health-related data that does not take the race of the*  
43 *patient into account.*

44     **Sec. 30.** 1. *Upon diagnosing a patient with arthritis,*  
45 *osteoarthritis or any other condition that is regularly treated using*



1 *stem cell therapy, a physician or physician assistant shall discuss*  
2 *with the patient the potential use of stem cell therapy to treat the*  
3 *condition.*

4 2. *During the first encounter with a new patient, a provider of*  
5 *primary care shall inform the patient of options that may be*  
6 *available to the patient for donating, banking or storing stem cells*  
7 *for future use by the patient or a donee.*

8 3. *As used in this section:*

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

11 (b) *“Provider of primary care” means a physician, physician*  
12 *assistant or group of providers of health care that includes a*  
13 *physician or physician assistant which:*

14 (1) *Provides initial and primary health care services to a*  
15 *patient; and*

16 (2) *Maintains the continuity of care for the patient.*

17 (c) *“Stem cell therapy” means a therapy involving the use of*  
18 *human cells, tissues or cellular or tissue-based products.*

19 **Sec. 31.** Chapter 632 of NRS is hereby amended by adding  
20 thereto the provisions set forth as sections 32 and 33 of this act.

21 **Sec. 32. 1. The Board, in consultation with the Board of**  
22 **Medical Examiners and the State Board of Osteopathic Medicine,**  
23 **shall:**

24 (a) *Adopt regulations concerning the use of race-based health*  
25 *formulas and race-based care standards by registered nurses and*  
26 *licensed practical nurses. Those regulations must list specific*  
27 *race-based health formulas and race-based care standards that*  
28 *registered nurses and licensed practical nurses are authorized to*  
29 *use. That list must not include a race-based health formula or a*  
30 *race-based care standard if there is a race-neutral health formula*  
31 *or race-neutral care standard, as applicable, that is scientifically*  
32 *validated as being at least as effective for the same purpose.*

33 (b) *Monitor evolving scientific research and, not later than 1*  
34 *year after a race-based health formula or race-based care*  
35 *standard included on the list of authorized race-based health*  
36 *formulas and race-based care standards adopted pursuant to*  
37 *paragraph (a) ceases to meet the requirements of that paragraph,*  
38 *propose regulations to remove the race-based health formula or*  
39 *race-based care standard from that list.*

40 2. *A registered nurse or licensed practical nurse shall not use*  
41 *or authorize the use of a race-based health formula or race-based*  
42 *care standard that is not included on the list of authorized race-*  
43 *based health formulas and race-based care standards adopted*  
44 *pursuant to subsection 1.*

45 3. *As used in this section:*



1 (a) "Race-based care standard" means a standard of care that  
2 requires or authorizes a registered nurse or licensed practical  
3 nurse to take the race of the patient into account when making  
4 determinations regarding the care that will be provided to a  
5 patient.

6 (b) "Race-based health formula" means a formula for  
7 determining whether a health-related condition exists or  
8 calculating health-related data that takes the race of the patient  
9 into account.

10 (c) "Race-neutral care standard" means a standard of care  
11 that does not require or authorize a registered nurse or licensed  
12 practical nurse to take the race of the patient into account when  
13 making determinations regarding the care that will be provided to  
14 a patient.

15 (d) "Race-neutral health formula" means a formula for  
16 determining whether a health-related condition exists or  
17 calculating health-related data that does not take the race of the  
18 patient into account.

19 **Sec. 33. 1.** Upon diagnosing a patient with arthritis,  
20 osteoarthritis or any other condition that is regularly treated using  
21 stem cell therapy, an advanced practice registered nurse shall  
22 discuss with the patient the potential use of stem cell therapy to  
23 treat the condition.

24 2. During the first encounter with a new patient, a provider of  
25 primary care shall inform the patient of options that may be  
26 available to the patient for donating, banking or storing stem cells  
27 for future use by the patient or a donee.

28 3. As used in this section:

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

31 (b) "Provider of primary care" means an advance practice  
32 registered nurse or a group of providers of health care that  
33 includes an advanced practice registered nurse which:

34 (1) Provides initial and primary health care services to a  
35 patient; and

36 (2) Maintains the continuity of care for the patient.

37 (c) "Stem cell therapy" means a therapy involving the use of  
38 human cells, tissues or cellular or tissue-based products.

39 **Sec. 34.** Chapter 633 of NRS is hereby amended by adding  
40 thereto the provisions set forth as sections 35 and 36 of this act.

41 **Sec. 35. 1.** The Board, in consultation with the Board of  
42 Medical Examiners and the State Board of Nursing, shall:

43 (a) Adopt regulations concerning the use of race-based health  
44 formulas and race-based care standards by osteopathic physicians  
45 and physician assistants. Those regulations must list specific



1 *race-based health formulas and race-based care standards that*  
2 *osteopathic physicians and physician assistants are authorized to*  
3 *use. That list must not include a race-based health formula or a*  
4 *race-based care standard if there is a race-neutral health formula*  
5 *or race-neutral care standard, as applicable, that is scientifically*  
6 *validated as being at least as effective for the same purpose.*

7 (b) *Monitor evolving scientific research and, not later than 1*  
8 *year after a race-based health formula or race-based care*  
9 *standard included on the list of authorized race-based health*  
10 *formulas and race-based care standards adopted pursuant to*  
11 *paragraph (a) ceases to meet the requirements of that paragraph,*  
12 *propose regulations to remove the race-based health formula or*  
13 *race-based care standard from that list.*

14 2. *An osteopathic physician or a physician assistant shall not*  
15 *use a race-based health formula or race-based care standard that*  
16 *is not included on the list of authorized race-based health*  
17 *formulas and race-based care standards adopted pursuant to*  
18 *subsection 1.*

19 3. *As used in this section:*

20 (a) *“Race-based care standard” means a standard of care that*  
21 *requires or authorizes an osteopathic physician or physician*  
22 *assistant to take the race of the patient into account when making*  
23 *determinations regarding the care that will be provided to a*  
24 *patient.*

25 (b) *“Race-based health formula” means a formula for*  
26 *determining whether a health-related condition exists or*  
27 *calculating health-related data that takes the race of the patient*  
28 *into account.*

29 (c) *“Race-neutral care standard” means a standard of care*  
30 *that does not require or authorize an osteopathic physician or*  
31 *physician assistant to take the race of the patient into account*  
32 *when making determinations regarding the care that will be*  
33 *provided to a patient.*

34 (d) *“Race-neutral health formula” means a formula for*  
35 *determining whether a health-related condition exists or*  
36 *calculating health-related data that does not take the race of the*  
37 *patient into account.*

38 **Sec. 36. 1.** *Upon diagnosing a patient with arthritis,*  
39 *osteoarthritis or any other condition that is regularly treated using*  
40 *stem cell therapy, an osteopathic physician or physician assistant*  
41 *shall discuss with the patient the potential use of stem cell therapy*  
42 *to treat the condition.*

43 2. *During the first encounter with a new patient, a provider of*  
44 *primary care shall inform the patient of options that may be*





1 *available to the patient for donating, banking or storing stem cells*  
2 *for future use by the patient or a donee.*

3 3. *As used in this section:*

4 (a) *“Provider of health care” has the meaning ascribed to it in*  
5 *NRS 629.031.*

6 (b) *“Provider of primary care” means an osteopathic*  
7 *physician, physician assistant or group of providers of health care*  
8 *that includes an osteopathic physician or physician assistant*  
9 *which:*

10 (1) *Provides initial and primary health care services to a*  
11 *patient; and*

12 (2) *Maintains the continuity of care for the patient.*

13 (c) *“Stem cell therapy” means a therapy involving the use of*  
14 *human cells, tissues or cellular or tissue-based products.*

15 **Sec. 37.** NRS 639.239145 is hereby amended to read as  
16 follows:

17 639.239145 1. Except as otherwise provided in this section,  
18 the provisions of NRS 639.2391 to 639.23914, inclusive, do not  
19 apply to any prescription for a controlled substance listed in  
20 schedule II, III or IV for the treatment of the pain of a patient who:

21 (a) Has been diagnosed with cancer or sickle cell disease or any  
22 of its variants; or

23 (b) Is receiving hospice care or palliative care.

24 2. Before issuing an initial prescription for a controlled  
25 substance listed in schedule II, III or IV for the treatment of the pain  
26 of a patient described in subsection 1, a practitioner must:

27 (a) Have established a bona fide relationship, as described in  
28 subsection 4 of NRS 639.235, with the patient; and

29 (b) Obtain informed consent to the use of the controlled  
30 substance that meets the requirements of subsection 2 of NRS  
31 639.23912 or any applicable guidelines or standards for informed  
32 consent prescribed by:

33 (1) If the patient is receiving hospice or palliative care, the  
34 Centers for Medicare and Medicaid Services of the United States  
35 Department of Health and Human Services;

36 (2) If the patient has been diagnosed with cancer, the  
37 American Society of Clinical Oncology or its successor organization  
38 or, if that organization ceases to exist, a similar organization  
39 designated by regulation of the Board; or

40 (3) If the patient has been diagnosed with sickle cell disease  
41 or any of its variants, the National Heart, Lung and Blood Institute  
42 or its successor organization or, if that organization ceases to exist, a  
43 similar organization designated by regulation of the Board.

44 3. *The provisions of NRS 639.2391 to 639.23914, inclusive,*  
45 *do not:*





1 (a) Apply to any prescription for or the dispensing of:  
2 (1) A controlled substance for any purpose other than the  
3 treatment of pain; or

4 (2) A controlled substance listed in schedule V for any  
5 purpose;

6 (b) Require a practitioner to take any action when prescribing  
7 or dispensing a controlled substance as described in paragraph  
8 (a); or

9 (c) Create a standard of care when a practitioner prescribes or  
10 dispenses a controlled substance as described in paragraph (a).

11 4. The Board or a professional licensing board may not:

12 (a) Require a practitioner to take any action described in NRS  
13 639.2391 to 639.23914, inclusive, when prescribing or dispensing  
14 a controlled substance as described in paragraph (a) of subsection  
15 3; or

16 (b) Investigate or impose discipline against a practitioner for  
17 failing to take any action described in NRS 639.2391 to 639.23914,  
18 inclusive, when prescribing or dispensing a controlled substance  
19 as described in paragraph (a) of subsection 3.

20 5. As used in this section, "purpose other than the treatment  
21 of pain" includes, without limitation, the treatment of an  
22 underlying disease or condition that causes pain.

23 **Sec. 38.** NRS 682A.434 is hereby amended to read as follows:

24 682A.434 1. An insurer may acquire, manage and dispose of  
25 real estate for the convenient accommodation of the insurer's, and  
26 its affiliates', business operations, including home office, branch  
27 office and field office operations.

28 2. Real estate acquired as described in this section may include  
29 excess space for rent to others, if the excess space, valued at its fair  
30 market value, would otherwise be an allowed investment in  
31 accordance with the provisions of NRS 682A.432 and is so qualified  
32 by the insurer.

33 3. The real estate acquired as described in this section may be  
34 subject to one or more mortgages, liens or other encumbrances, the  
35 amount of which must, to the extent that the obligations secured by  
36 the mortgages, liens or encumbrances are without recourse to the  
37 insurer, be deducted from the amount of the investment of the  
38 insurer in the real estate for purposes of determining compliance  
39 with subsection 4 of NRS 682A.436.

40 ~~[4. For the purposes of this section, business operations must~~  
41 ~~not include that portion of real estate used for the direct provision of~~  
42 ~~health care services by an accident and health insurer for its~~  
43 ~~insureds. An insurer may acquire real estate used for these purposes~~  
44 ~~under NRS 682A.432.]~~



1       **Sec. 39.** NRS 682A.436 is hereby amended to read as follows:  
2       682A.436 1. An insurer shall not acquire an investment in  
3 accordance with the provisions of NRS 682A.430 if, as a result of  
4 and after giving effect to the investment, the aggregate amount of all  
5 investments held by the insurer pursuant to that section would  
6 exceed:

7       (a) One percent of its admitted assets in mortgage loans  
8 covering any one secured location;

9       (b) One-quarter of one percent of its admitted assets in  
10 construction loans covering any one secured location; or

11       (c) Two percent of its admitted assets in construction loans in  
12 the aggregate.

13       2. An insurer shall not acquire an investment under NRS  
14 682A.432 if, as a result of and after giving effect to the investment  
15 and any outstanding guarantees made by the insurer in connection  
16 with the investment, the aggregate amount of investments held by  
17 the insurer under NRS 682A.432 plus the guarantees outstanding  
18 would exceed:

19       (a) One percent of its admitted assets in one parcel or group of  
20 contiguous parcels of real estate ; ~~[-, except that this limitation does  
21 not apply to that portion of real estate used for the direct provision  
22 of health care services by an accident and health insurer for its  
23 insureds, such as hospitals, medical clinics, medical professional  
24 buildings or other health facilities used for the purpose of providing  
25 health services;]~~ or

26       (b) Fifteen percent of its admitted assets in the aggregate, but  
27 not more than 5 percent of its admitted assets as to properties that  
28 are to be improved or developed.

29       3. An insurer shall not acquire an investment pursuant to NRS  
30 682A.430 or 682A.432 if, as a result of and after giving effect to the  
31 investment and any guarantees made by the insurer in connection  
32 with the investment, the aggregate amount of all investments held  
33 by the insurer in accordance with those sections plus the guarantees  
34 outstanding would exceed 45 percent of the insurer's admitted  
35 assets. An insurer may exceed this limitation by not more than 30  
36 percent of the insurer's admitted assets if:

37       (a) This increased amount is invested only in residential  
38 mortgage loans;

39       (b) The insurer has not more than 10 percent of the insurer's  
40 admitted assets invested in mortgage loans other than residential  
41 mortgage loans;

42       (c) The loan-to-value ratio of each residential mortgage loan  
43 does not exceed 60 percent at the time the mortgage loan is qualified  
44 pursuant to this increased authority, and the fair market value is



1 supported by an appraisal that is not more than 2 years old and  
2 prepared by an independent appraiser;

3 (d) A single mortgage loan qualified pursuant to this increased  
4 authority does not exceed 0.5 percent of the insurer's admitted  
5 assets;

6 (e) The insurer files with the Commissioner, and receives  
7 approval from the Commissioner for, a plan that is designed to  
8 result in a portfolio of residential mortgage loans that is sufficiently  
9 geographically diversified; and

10 (f) The insurer agrees to file annually with the Commissioner  
11 records which demonstrate that the insurer's portfolio of residential  
12 mortgage loans is geographically diversified in accordance with the  
13 plan.

14 4. The limitations of NRS 682A.402, 682A.404 and 682A.406  
15 do not apply to an insurer's acquisition of real estate under NRS  
16 682A.434. An insurer shall not acquire real estate under NRS  
17 682A.434 if, as a result of and after giving effect to the acquisition,  
18 the aggregate amount of real estate held by the insurer in accordance  
19 with that section would exceed 10 percent of its admitted assets.  
20 With the approval of the Commissioner, additional amounts of real  
21 estate may be acquired under NRS 682A.434.

22 **Sec. 40.** NRS 682A.544 is hereby amended to read as follows:

23 682A.544 1. An insurer may acquire, manage and dispose of  
24 real estate for the convenient accommodation of the insurer's, and  
25 its affiliates, business operations, including home office, branch  
26 office and filed office operations.

27 2. Real estate acquired as described in this section may include  
28 excess space for rent to others, if the excess space, valued at its fair  
29 market value, would otherwise be an allowed investment in  
30 accordance with the provisions of NRS 682A.542 and is so qualified  
31 by the insurer.

32 3. The real estate acquired as described in this section may be  
33 subject to one or more mortgages, liens or other encumbrances, the  
34 amount of which must, to the extent that the obligations secured by  
35 the mortgages, liens or encumbrances are without recourse to the  
36 insurer, be deducted from the amount of the investment of the  
37 insurer in the real estate for purposes of determining compliance  
38 with subsection 4 of NRS 682A.546.

39 ~~[4. For purposes of this section, business operations must not  
40 include that portion of real estate used for the direct provision of  
41 health care services by an insurer whose insurance premiums and  
42 required statutory reserves for accident and health insurance  
43 constitute at least 95 percent of total premium considerations or total  
44 statutory required reserves, respectively. An insurer may acquire  
45 real estate used for these purposes under NRS 682A.542.]~~



1       **Sec. 41.** NRS 682A.546 is hereby amended to read as follows:  
2       682A.546 1. An insurer shall not acquire an investment in  
3 accordance with the provisions of NRS 682A.540 if, as a result of  
4 and after giving effect to the investment, the aggregate amount of all  
5 investments held by the insurer pursuant to that section would  
6 exceed:

7       (a) One percent of its admitted assets in mortgage loans  
8 covering any one secured location;

9       (b) One-quarter of one percent of its admitted assets in  
10 construction loans covering any one secured location; or

11       (c) One percent of its admitted assets in construction loans in the  
12 aggregate.

13       2. An insurer shall not acquire an investment under NRS  
14 682A.542 if, as a result of and after giving effect to the investment  
15 and any outstanding guarantees made by the insurer in connection  
16 with the investment, the aggregate amount of investments held by  
17 the insurer under NRS 682A.542 plus the guarantees outstanding  
18 would exceed:

19       (a) One percent of its admitted assets in any one parcel or group  
20 of contiguous parcels of real estate ; ~~[-, except that this limitation  
21 does not apply to that portion of real estate used for the direct  
22 provision of health care services by an insurer whose insurance  
23 premiums and required statutory reserves for accident and health  
24 insurance constitute at least 95 percent of total premium  
25 considerations or total statutory required reserves, respectively,  
26 including, without limitation, hospitals, medical clinics, medical  
27 professional buildings or other health facilities used for the purpose  
28 of providing health services;]~~ or

29       (b) The lesser of 10 percent of its admitted assets or 40 percent  
30 of its surplus as regards policyholders in the aggregate, except for an  
31 insurer whose insurance premiums and required statutory reserves  
32 for accident and health insurance constitute at least 95 percent of  
33 total premium considerations or total statutory required reserves,  
34 respectively, this limitation must be increased to 15 percent of its  
35 admitted assets in the aggregate.

36       3. An insurer shall not acquire an investment pursuant to NRS  
37 682A.540 or 682A.542 if, as a result of and after giving effect to the  
38 investment and any guarantees it has made in connection with the  
39 investment, the aggregate amount of all investments held by  
40 the insurer in accordance with the provisions of those sections plus  
41 the guarantees outstanding would exceed 25 percent of the insurer's  
42 admitted assets.

43       4. The limitations of NRS 682A.512, 682A.514 and 682A.516  
44 do not apply to an insurer's acquisition of real estate under NRS  
45 682A.544. An insurer shall not acquire real estate under



1 NRS 682A.544 if, as a result of and after giving effect to the  
2 acquisition, the aggregate amount of real estate held by the insurer  
3 in accordance with that section would exceed 10 percent of its  
4 admitted assets. With the permission of the Commissioner,  
5 additional amounts of real estate may be acquired under  
6 NRS 682A.544.

7 **Sec. 42.** NRS 687B.692 is hereby amended to read as follows:  
8 687B.692 1. A health carrier which offers or issues a network  
9 plan may not deny a request from a provider of health care to enter  
10 into a provider network contract with the health carrier ~~if~~ :

11 *(a) If the provider of health care:*

12 ~~[(a)]~~ *(I)* Meets and accepts the terms and conditions for  
13 participation in the network of the health carrier, including, without  
14 limitation:

15 ~~[(1)]~~ *(I)* Meeting any credentialing requirement of the health  
16 carrier;

17 ~~[(2)]~~ *(II)* Agreeing to all provisions of the provider network  
18 contract, including, without limitation, provisions setting forth the  
19 grounds and procedures for terminating providers of health care  
20 from participation in the network; and

21 ~~[(3)]~~ *(III)* Agreeing to participate in a review of the  
22 performance and experience of the provider of health care at least  
23 once each year or as otherwise required by the health carrier;

24 ~~[(b)]~~ *(2)* Is employed by or has accepted an offer of  
25 employment from a school of medicine or school of osteopathic  
26 medicine in this State to serve in a position where the provider of  
27 health care teaches students studying to become providers of health  
28 care or resident physicians at least 50 percent of the time the  
29 provider of health care is performing his or her duties for the school;

30 ~~[(c)]~~ *(3)* Does not have a clinical practice already established in  
31 this State at the time the request to enter into a provider network  
32 contract is made; and

33 ~~[(d)]~~ *(4)* Requests to be a participating provider of health care in  
34 the network of the health carrier ~~if~~; *or*

35 *(b) Because the provider of health care is a solo practitioner.*

36 2. A health carrier which offers or issues a network plan may  
37 deny a request from a provider of health care to enter into a provider  
38 network contract with the health carrier if:

39 (a) The health carrier contracts with a third party for the delivery  
40 of services to covered persons;

41 (b) Participating providers of health care are paid through  
42 capitation agreements; or

43 (c) Accepting the provider of health care into the network plan  
44 would disrupt existing provider network contracts.



1 3. A health carrier may terminate a provider network contract  
2 entered into pursuant to *paragraph (a) of* subsection 1 for any  
3 grounds authorized under the contract. Such grounds may include,  
4 without limitation, failure to maintain the employment described in  
5 *subparagraph (2) of* paragraph ~~[(b)]~~ (a) of subsection 1 or issues of  
6 inconsistency with other participating providers of health care with  
7 regard to:

8 (a) Access for covered persons to the services of the provider of  
9 health care;

10 (b) The cost of the services of the provider of health care;

11 (c) The quality of care provided by the provider of health care;

12 or

13 (d) Other issues relating to the utilization of the services of the  
14 provider of health care.

15 **Sec. 43.** Chapter 689A of NRS is hereby amended by adding  
16 thereto a new section to read as follows:

17 *1. An insurer that issues a policy of health insurance that*  
18 *includes coverage for maternity care shall include in the policy*  
19 *coverage for doula services.*

20 *2. An insurer shall ensure that the benefits required by*  
21 *subsection 1 are made available to an insured through a doula*  
22 *who participates in the network plan of the insurer.*

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

28 *4. As used in this section:*

29 (a) *“Doula services” means services to provide education and*  
30 *support relating to childbirth, including, without limitation,*  
31 *emotional and physical support provided during pregnancy, labor,*  
32 *birth and the postpartum period.*

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

39 **Sec. 44.** NRS 689A.0415 is hereby amended to read as  
40 follows:

41 689A.0415 1. An insurer that offers or issues a policy of  
42 health insurance which provides coverage for prescription drugs or  
43 devices shall include in the policy coverage for ~~[any]~~:

44 (a) *Testosterone replacement therapy for menopausal women;*  
45 *and*



1 (b) *Any* type of hormone replacement therapy which is lawfully  
2 prescribed or ordered and which has been approved by the Food and  
3 Drug Administration.

4 2. An insurer that offers or issues a policy of health insurance  
5 that provides coverage for prescription drugs shall not:

6 (a) Require an insured to pay a higher deductible, any  
7 copayment or coinsurance or require a longer waiting period or  
8 other condition for coverage for a prescription for hormone  
9 replacement therapy;

10 (b) Refuse to issue a policy of health insurance or cancel a  
11 policy of health insurance solely because the person applying for or  
12 covered by the policy uses or may use in the future hormone  
13 replacement therapy;

14 (c) Offer or pay any type of material inducement or financial  
15 incentive to an insured to discourage the insured from accessing  
16 hormone replacement therapy;

17 (d) Penalize a provider of health care who provides hormone  
18 replacement therapy to an insured, including, without limitation,  
19 reducing the reimbursement of the provider of health care; or

20 (e) Offer or pay any type of material inducement, bonus or other  
21 financial incentive to a provider of health care to deny, reduce,  
22 withhold, limit or delay hormone replacement therapy to an insured.

23 3. A policy subject to the provisions of this chapter that is  
24 delivered, issued for delivery or renewed on or after ~~{October}~~  
25 *January 1, {1999,} 2026*, has the legal effect of including the  
26 coverage required by subsection 1, and any provision of the policy  
27 or the renewal which is in conflict with this section is void.

28 4. The provisions of this section do not require an insurer to  
29 provide coverage for fertility drugs.

30 5. As used in this section, "provider of health care" has the  
31 meaning ascribed to it in NRS 629.031.

32 **Sec. 45.** 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 ~~{,}~~ *and section 43 of this act.*

40 **Sec. 46.** Chapter 689B of NRS is hereby amended by adding  
41 thereto a new section to read as follows:

42 *1. An insurer that issues a policy of group health insurance*  
43 *that includes coverage for maternity care shall include in the*  
44 *policy coverage for doula services.*





1       2. *An insurer shall ensure that the benefits required by*  
2 *subsection 1 are made available to an insured through a doula*  
3 *who participates in the network plan of the insurer.*

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

10       4. *As used in this section:*

11       (a) *“Doula services” means services to provide education and*  
12 *support relating to childbirth, including, without limitation,*  
13 *emotional and physical support provided during pregnancy, labor,*  
14 *birth and the postpartum period.*

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

21       **Sec. 47.** NRS 689B.0376 is hereby amended to read as  
22 follows:

23       689B.0376 1. An insurer that offers or issues a policy of  
24 group health insurance which provides coverage for prescription  
25 drugs or devices shall include in the policy coverage for **[any]**:

26       (a) *Testosterone replacement therapy for menopausal women;*  
27 *and*

28       (b) *Any* type of hormone replacement therapy which is lawfully  
29 prescribed or ordered and which has been approved by the Food and  
30 Drug Administration.

31       2. An insurer that offers or issues a policy of group health  
32 insurance that provides coverage for prescription drugs shall not:

33       (a) Require an insured to pay a higher deductible, any  
34 copayment or coinsurance or require a longer waiting period or  
35 other condition for coverage for a prescription for hormone  
36 replacement therapy;

37       (b) Refuse to issue a policy of group health insurance or cancel a  
38 policy of group health insurance solely because the person applying  
39 for or covered by the policy uses or may use in the future hormone  
40 replacement therapy;

41       (c) Offer or pay any type of material inducement or financial  
42 incentive to an insured to discourage the insured from accessing  
43 hormone replacement therapy;





1 (d) Penalize a provider of health care who provides hormone  
2 replacement therapy to an insured, including, without limitation,  
3 reducing the reimbursement of the provider of health care; or

4 (e) Offer or pay any type of material inducement, bonus or other  
5 financial incentive to a provider of health care to deny, reduce,  
6 withhold, limit or delay hormone replacement therapy to an insured.

7 3. A policy subject to the provisions of this chapter that is  
8 delivered, issued for delivery or renewed on or after ~~October~~  
9 **January 1, 2026**, has the legal effect of including the  
10 coverage required by subsection 1, and any provision of the policy  
11 or the renewal which is in conflict with this section is void.

12 4. The provisions of this section do not require an insurer to  
13 provide coverage for fertility drugs.

14 5. As used in this section, "provider of health care" has the  
15 meaning ascribed to it in NRS 629.031.

16 **Sec. 48.** Chapter 689C of NRS is hereby amended by adding  
17 thereto a new section to read as follows:

18 *1. A carrier that issues a health benefit plan that includes*  
19 *coverage for maternity care shall include in the health benefit*  
20 *plan coverage for doula services.*

21 *2. A carrier shall ensure that the benefits required by*  
22 *subsection 1 are made available to an insured through a doula*  
23 *who participates in the network plan of the carrier.*

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

29 *4. As used in this section:*

30 *(a) "Doula services" means services to provide education and*  
31 *support relating to childbirth, including, without limitation,*  
32 *emotional and physical support provided during pregnancy, labor,*  
33 *birth and the postpartum period.*

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

40 **Sec. 49.** NRS 689C.1678 is hereby amended to read as  
41 follows:

42 689C.1678 1. A carrier that offers or issues a health benefit  
43 plan shall include in the plan coverage for:


44 (a) Counseling, support and supplies for breastfeeding,  
45 including breastfeeding equipment, counseling and education during



1 the antenatal, perinatal and postpartum period for not more than 1  
2 year;

3 (b) Screening and counseling for interpersonal and domestic  
4 violence for women at least annually, with initial intervention  
5 services consisting of education, strategies to reduce harm,  
6 supportive services or a referral for any other appropriate services;

7 (c) Behavioral counseling concerning sexually transmitted  
8 diseases from a provider of health care for sexually active women  
9 who are at increased risk for such diseases;

10 (d) Hormone replacement therapy  , *including, without*  
11 *limitation, testosterone replacement therapy for menopausal*  
12 *women;*

13 (e) Such prenatal screenings and tests as recommended by the  
14 American College of Obstetricians and Gynecologists or its  
15 successor organization;

16 (f) Screening for blood pressure abnormalities and diabetes,  
17 including gestational diabetes, after at least 24 weeks of gestation or  
18 as ordered by a provider of health care;

19 (g) Screening for cervical cancer at such intervals as are  
20 recommended by the American College of Obstetricians and  
21 Gynecologists or its successor organization;

22 (h) Screening for depression;

23 (i) Screening and counseling for the human immunodeficiency  
24 virus consisting of a risk assessment, annual education relating to  
25 prevention and at least one screening for the virus during the  
26 lifetime of the insured or as ordered by a provider of health care;

27 (j) Smoking cessation programs for an insured who is 18 years  
28 of age or older consisting of not more than two cessation attempts  
29 per year and four counseling sessions per year;

30 (k) All vaccinations recommended by the Advisory Committee  
31 on Immunization Practices of the Centers for Disease Control and  
32 Prevention of the United States Department of Health and Human  
33 Services or its successor organization; and

34 (l) Such well-woman preventative visits as recommended by the  
35 Health Resources and Services Administration, which must include  
36 at least one such visit per year beginning at 14 years of age.

37 2. A carrier must ensure that the benefits required by  
38 subsection 1 are made available to an insured through a provider of  
39 health care who participates in the network plan of the carrier.

40 3. Except as otherwise provided in subsection 5, a carrier that  
41 offers or issues a health benefit plan shall not:

42 (a) Require an insured to pay a higher deductible, any  
43 copayment or coinsurance or require a longer waiting period or  
44 other condition to obtain any benefit provided in the health benefit  
45 plan pursuant to subsection 1;



1 (b) Refuse to issue a health benefit plan or cancel a health  
2 benefit plan solely because the person applying for or covered by  
3 the plan uses or may use any such benefit;

4 (c) Offer or pay any type of material inducement or financial  
5 incentive to an insured to discourage the insured from obtaining any  
6 such benefit;

7 (d) Penalize a provider of health care who provides any such  
8 benefit to an insured, including, without limitation, reducing the  
9 reimbursement of the provider of health care;

10 (e) Offer or pay any type of material inducement, bonus or other  
11 financial incentive to a provider of health care to deny, reduce,  
12 withhold, limit or delay access to any such benefit to an insured; or

13 (f) Impose any other restrictions or delays on the access of an  
14 insured to any such benefit.

15 4. A plan subject to the provisions of this chapter that is  
16 delivered, issued for delivery or renewed on or after January 1,  
17 ~~2018,~~ 2026, has the legal effect of including the coverage required  
18 by subsection 1, and any provision of the plan or the renewal which  
19 is in conflict with this section is void.

20 5. Except as otherwise provided in this section and federal law,  
21 a carrier may use medical management techniques, including,  
22 without limitation, any available clinical evidence, to determine the  
23 frequency of or treatment relating to any benefit required by this  
24 section or the type of provider of health care to use for such  
25 treatment.

26 6. As used in this section:

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

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

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

40 **Sec. 50.** NRS 689C.425 is hereby amended to read as follows:

41 689C.425 A voluntary purchasing group and any contract  
42 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
43 inclusive, are subject to the provisions of NRS 689C.015 to  
44 689C.355, inclusive, *and section 48 of this act*, to the extent



1 applicable and not in conflict with the express provisions of NRS  
2 687B.408 and 689C.360 to 689C.600, inclusive.

3 **Sec. 51.** Chapter 695A of NRS is hereby amended by adding  
4 thereto a new section to read as follows:

5 *1. A society that issues a benefit contract that includes*  
6 *coverage for maternity care shall include in the contract coverage*  
7 *for doula services.*

8 *2. A society shall ensure that the benefits required by*  
9 *subsection 1 are made available to an insured through a doula*  
10 *who participates in the network plan of the society.*

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

17 *4. As used in this section:*

18 *(a) "Doula services" means services to provide education and*  
19 *support relating to childbirth, including, without limitation,*  
20 *emotional and physical support provided during pregnancy, labor,*  
21 *birth and the postpartum period.*

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


28 **Sec. 52.** NRS 695A.1875 is hereby amended to read as  
29 follows:

30 695A.1875 1. A society that offers or issues a benefit  
31 contract shall include in the contract coverage for:

32 (a) Counseling, support and supplies for breastfeeding,  
33 including breastfeeding equipment, counseling and education during  
34 the antenatal, perinatal and postpartum period for not more than 1  
35 year;

36 (b) Screening and counseling for interpersonal and domestic  
37 violence for women at least annually with initial intervention  
38 services consisting of education, strategies to reduce harm,  
39 supportive services or a referral for any other appropriate services;

40 (c) Behavioral counseling concerning sexually transmitted  
41 diseases from a provider of health care for sexually active women  
42 who are at increased risk for such diseases;

43 (d) Hormone replacement therapy , including, without  
44 limitation, testosterone replacement therapy for menopausal  
45 women;



1 (e) Such prenatal screenings and tests as recommended by the  
2 American College of Obstetricians and Gynecologists or its  
3 successor organization;

4 (f) Screening for blood pressure abnormalities and diabetes,  
5 including gestational diabetes, after at least 24 weeks of gestation or  
6 as ordered by a provider of health care;

7 (g) Screening for cervical cancer at such intervals as are  
8 recommended by the American College of Obstetricians and  
9 Gynecologists or its successor organization;

10 (h) Screening for depression;

11 (i) Screening and counseling for the human immunodeficiency  
12 virus consisting of a risk assessment, annual education relating to  
13 prevention and at least one screening for the virus during the  
14 lifetime of the insured or as ordered by a provider of health care;

15 (j) Smoking cessation programs for an insured who is 18 years  
16 of age or older consisting of not more than two cessation attempts  
17 per year and four counseling sessions per year;

18 (k) All vaccinations recommended by the Advisory Committee  
19 on Immunization Practices of the Centers for Disease Control and  
20 Prevention of the United States Department of Health and Human  
21 Services or its successor organization; and

22 (l) Such well-woman preventative visits as recommended by the  
23 Health Resources and Services Administration, which must include  
24 at least one such visit per year beginning at 14 years of age.

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

28 3. Except as otherwise provided in subsection 5, a society that  
29 offers or issues a benefit contract shall not:

30 (a) Require an insured to pay a higher deductible, any  
31 copayment or coinsurance or require a longer waiting period or  
32 other condition to obtain any benefit provided in the benefit contract  
33 pursuant to subsection 1;

34 (b) Refuse to issue a benefit contract or cancel a benefit contract  
35 solely because the person applying for or covered by the contract  
36 uses or may use any such benefit;

37 (c) Offer or pay any type of material inducement or financial  
38 incentive to an insured to discourage the insured from obtaining any  
39 such benefit;

40 (d) Penalize a provider of health care who provides any such  
41 benefit to an insured, including, without limitation, reducing the  
42 reimbursement of the provider of health care;

43 (e) Offer or pay any type of material inducement, bonus or other  
44 financial incentive to a provider of health care to deny, reduce,  
45 withhold, limit or delay access to any such benefit to an insured; or



1 (f) Impose any other restrictions or delays on the access of an  
2 insured to any such benefit.

3 4. A benefit contract subject to the provisions of this chapter  
4 that is delivered, issued for delivery or renewed on or after  
5 January 1, ~~[2018,]~~ 2026, has the legal effect of including the  
6 coverage required by subsection 1, and any provision of the benefit  
7 contract or the renewal which is in conflict with this section is void.

8 5. Except as otherwise provided in this section and federal law,  
9 a society may use medical management techniques, including,  
10 without limitation, any available clinical evidence, to determine the  
11 frequency of or treatment relating to any benefit required by this  
12 section or the type of provider of health care to use for such  
13 treatment.

14 6. As used in this section:

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

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

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

28 **Sec. 53.** Chapter 695B of NRS is hereby amended by adding  
29 thereto a new section to read as follows:

30 *1. A hospital or medical services corporation that issues a*  
31 *policy of health insurance that includes coverage for maternity*  
32 *care shall include in the policy coverage for doula services.*

33 *2. A hospital or medical services corporation shall ensure*  
34 *that the benefits required by subsection 1 are made available to an*  
35 *insured through a doula who participates in the network plan of*  
36 *the hospital or medical services corporation.*

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) "Doula services" means services to provide education and  
44 support relating to childbirth, including, without limitation,



1 *emotional and physical support provided during pregnancy, labor,*  
2 *birth and the postpartum period.*

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

10 **Sec. 54.** NRS 695B.1916 is hereby amended to read as  
11 follows:

12 695B.1916 1. An insurer that offers or issues a contract for  
13 hospital or medical service which provides coverage for prescription  
14 drugs or devices shall include in the contract coverage for ~~any~~:

15 (a) *Testosterone replacement therapy for menopausal women;*  
16 *and*

17 (b) *Any* type of hormone replacement therapy which is lawfully  
18 prescribed or ordered and which has been approved by the Food and  
19 Drug Administration.

20 2. An insurer that offers or issues a contract for hospital or  
21 medical service that provides coverage for prescription drugs shall  
22 not:

23 (a) Require an insured to pay a higher deductible, any  
24 copayment or coinsurance or require a longer waiting period or  
25 other condition for coverage for a prescription for hormone  
26 replacement therapy;

27 (b) Refuse to issue a contract for hospital or medical service or  
28 cancel a contract for hospital or medical service solely because the  
29 person applying for or covered by the contract uses or may use in  
30 the future hormone replacement therapy;

31 (c) Offer or pay any type of material inducement or financial  
32 incentive to an insured to discourage the insured from accessing  
33 hormone replacement therapy;

34 (d) Penalize a provider of health care who provides hormone  
35 replacement therapy to an insured, including, without limitation,  
36 reducing the reimbursement of the provider of health care; or

37 (e) Offer or pay any type of material inducement, bonus or other  
38 financial incentive to a provider of health care to deny, reduce,  
39 withhold, limit or delay hormone replacement therapy to an insured.

40 3. A contract for hospital or medical service subject to the  
41 provisions of this chapter that is delivered, issued for delivery or  
42 renewed on or after ~~October~~ *January* 1, ~~1999~~ *2026*, has the  
43 legal effect of including the coverage required by subsection 1, and  
44 any provision of the contract or the renewal which is in conflict with  
45 this section is void.



1 4. The provisions of this section do not require an insurer to  
2 provide coverage for fertility drugs.

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

5 **Sec. 55.** Chapter 695C of NRS is hereby amended by adding  
6 thereto a new section to read as follows:

7 *1. A health maintenance organization that issues a health  
8 care plan that includes coverage for maternity care shall include  
9 in the health care plan coverage for doula services.*

10 *2. A health maintenance organization shall ensure that the  
11 benefits required by subsection 1 are made available to an enrollee  
12 through a doula who participates in the network plan of the health  
13 maintenance organization.*

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

19 *4. As used in this section:*

20 *(a) “Doula services” means services to provide education and  
21 support relating to childbirth, including, without limitation,  
22 emotional and physical support provided during pregnancy, labor,  
23 birth and the postpartum period.*

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

31 **Sec. 56.** NRS 695C.050 is hereby amended to read as follows:

32 695C.050 1. Except as otherwise provided in this chapter or  
33 in specific provisions of this title, the provisions of this title are not  
34 applicable to any health maintenance organization granted a  
35 certificate of authority under this chapter. This provision does not  
36 apply to an insurer licensed and regulated pursuant to this title  
37 except with respect to its activities as a health maintenance  
38 organization authorized and regulated pursuant to this chapter.

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

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





1 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,  
2 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to  
3 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,  
4 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,  
5 inclusive, and 695C.265 do not apply to a health maintenance  
6 organization that provides health care services through managed  
7 care to recipients of Medicaid under the State Plan for Medicaid or  
8 insurance pursuant to the Children's Health Insurance Program  
9 pursuant to a contract with the Division of Health Care Financing  
10 and Policy of the Department of Health and Human Services. This  
11 subsection does not exempt a health maintenance organization from  
12 any provision of this chapter for services provided pursuant to any  
13 other contract.

14 5. The provisions of NRS 695C.16932 to 695C.1699,  
15 inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731,  
16 695C.17333, 695C.17345, 695C.17347, 695C.1736 to 695C.1745,  
17 inclusive, 695C.1757 and 695C.204 *and section 55 of this act* apply  
18 to a health maintenance organization that provides health care  
19 services through managed care to recipients of Medicaid under the  
20 State Plan for Medicaid.

21 6. The provisions of NRS 695C.17095 do not apply to a health  
22 maintenance organization that provides health care services to  
23 members of the Public Employees' Benefits Program. This  
24 subsection does not exempt a health maintenance organization from  
25 any provision of this chapter for services provided pursuant to any  
26 other contract.

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

29 (a) The officers and employees, and the dependents of officers  
30 and employees, of the governing body of any county, school district,  
31 municipal corporation, political subdivision, public corporation or  
32 other local governmental agency of this State; or

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

34 ➔ This subsection does not exempt a health maintenance  
35 organization from any provision of this chapter for services  
36 provided pursuant to any other contract.

37 **Sec. 57.** NRS 695C.120 is hereby amended to read as follows:

38 695C.120 The powers of a health maintenance organization  
39 include, but are not limited to, the following:

40 1. The purchase, lease, construction, renovation, operation or  
41 maintenance of ~~[hospitals, medical facilities, or both, and their~~  
42 ~~ancillary equipment, and]~~ such property as may reasonably be  
43 required for its principal office or for such other purposes as may be  
44 necessary in the transaction of the business of the organization;



1 2. The making of loans to a medical group under contract with  
2 it in furtherance of its program ; ~~for the making of loans to a~~  
3 ~~corporation under its control for the purpose of acquiring or~~  
4 ~~constructing medical facilities and hospitals or in furtherance of a~~  
5 ~~program providing health care services to enrollees;~~

6 3. The furnishing of health care service through providers  
7 which are under contract with ~~for employed by~~ the health  
8 maintenance organization;

9 4. The contracting with any person for the performance on its  
10 behalf of certain functions such as marketing, enrollment and  
11 administration; and

12 5. The contracting with an insurance company licensed in this  
13 state or authorized to do business in this state for the provision of  
14 such insurance, indemnity, or reimbursement against the cost of  
15 health care services provided by the health maintenance  
16 organization.

17 **Sec. 58.** NRS 695C.1694 is hereby amended to read as  
18 follows:

19 695C.1694 1. A health maintenance organization which  
20 offers or issues a health care plan that provides coverage for  
21 prescription drugs or devices shall include in the plan coverage for  
22 ~~any~~ :

23 (a) *Testosterone replacement therapy for menopausal women;*  
24 *and*

25 (b) *Any* type of hormone replacement therapy which is lawfully  
26 prescribed or ordered and which has been approved by the Food and  
27 Drug Administration.

28 2. A health maintenance organization that offers or issues a  
29 health care plan that provides coverage for prescription drugs shall  
30 not:

31 (a) Require an enrollee to pay a higher deductible, any  
32 copayment or coinsurance or require a longer waiting period or  
33 other condition for coverage for hormone replacement therapy;

34 (b) Refuse to issue a health care plan or cancel a health care plan  
35 solely because the person applying for or covered by the plan uses  
36 or may use in the future hormone replacement therapy;

37 (c) Offer or pay any type of material inducement or financial  
38 incentive to an enrollee to discourage the enrollee from accessing  
39 hormone replacement therapy;

40 (d) Penalize a provider of health care who provides hormone  
41 replacement therapy to an enrollee, including, without limitation,  
42 reducing the reimbursement of the provider of health care; or

43 (e) Offer or pay any type of material inducement, bonus or other  
44 financial incentive to a provider of health care to deny, reduce,



1 withhold, limit or delay hormone replacement therapy to an  
2 enrollee.

3 3. Evidence of coverage subject to the provisions of this  
4 chapter that is delivered, issued for delivery or renewed on or after  
5 ~~October~~ **January** 1, ~~1999,~~ **2026**, has the legal effect of including  
6 the coverage required by subsection 1, and any provision of the  
7 evidence of coverage or the renewal which is in conflict with this  
8 section is void.

9 4. The provisions of this section do not require a health  
10 maintenance organization to provide coverage for fertility drugs.

11 5. As used in this section, "provider of health care" has the  
12 meaning ascribed to it in NRS 629.031.

13 **Sec. 59.** NRS 695C.187 is hereby amended to read as follows:

14 695C.187 1. A health maintenance organization shall not ~~f~~  
15 ~~—(a) Enter~~ **enter** into any contract or agreement, or make any  
16 other arrangements, with a provider for the provision of health care  
17 ~~f; or~~

18 ~~—(b) Employ a provider pursuant to a contract, an agreement or~~  
19 ~~any other arrangement to provide health care,~~

20 ~~↪~~ unless the contract, agreement or other arrangement specifically  
21 provides that the health maintenance organization and provider  
22 agree to the schedule for the payment of claims set forth in  
23 NRS 695C.185.

24 2. Any contract, agreement or other arrangement between a  
25 health maintenance organization and a provider that is entered into  
26 or renewed on or after October 1, 2001, that does not specifically  
27 include a provision concerning the schedule for the payment of  
28 claims as required by subsection 1 shall be deemed to conform with  
29 the requirements of subsection 1 by operation of law.

30 **Sec. 60.** NRS 695C.330 is hereby amended to read as follows:

31 695C.330 1. The Commissioner may suspend or revoke any  
32 certificate of authority issued to a health maintenance organization  
33 pursuant to the provisions of this chapter if the Commissioner finds  
34 that any of the following conditions exist:

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

42 (b) The health maintenance organization issues evidence of  
43 coverage or uses a schedule of charges for health care services  
44 which do not comply with the requirements of NRS 695C.1691 to



1 695C.200, inclusive, *and section 55 of this act*, 695C.204 or  
2 695C.207;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42 4. If the certificate of authority of a health maintenance  
43 organization is revoked, the organization shall proceed, immediately  
44 following the effective date of the order of revocation, to wind up its  
45 affairs and shall conduct no further business except as may be



1 essential to the orderly conclusion of the affairs of the organization.  
2 It shall engage in no further advertising or solicitation of any kind.  
3 The Commissioner may, by written order, permit such further  
4 operation of the organization as the Commissioner may find to be in  
5 the best interest of enrollees to the end that enrollees are afforded  
6 the greatest practical opportunity to obtain continuing coverage for  
7 health care.

8 **Sec. 61.** Chapter 695G of NRS is hereby amended by adding  
9 thereto a new section to read as follows:

10 *1. A managed care organization that issues a health care*  
11 *plan that includes coverage for maternity care shall include in the*  
12 *health care plan coverage for doula services.*

13 *2. A managed care organization shall ensure that the benefits*  
14 *required by subsection 1 are made available to an insured through*  
15 *a doula who participates in the network plan of the managed care*  
16 *organization.*

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

22 *4. As used in this section:*

23 *(a) "Doula services" means services to provide education and*  
24 *support relating to childbirth, including, without limitation,*  
25 *emotional and physical support provided during pregnancy, labor,*  
26 *birth and the postpartum period.*

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

34 **Sec. 62.** NRS 695G.040 is hereby amended to read as follows:

35 695G.040 "Managed care" means a system for delivering  
36 health care services that encourages the efficient use of health care  
37 services by using ~~employed or~~ independently contracted providers  
38 of health care and by using various techniques which may include,  
39 without limitation:

40 1. Managing the health care services of an insured who has a  
41 serious, complicated, protracted or other health-related condition  
42 that requires the use of numerous providers of health care or other  
43 costly services;

44 2. Providing utilization review;



1 3. Offering financial incentives for the effective use of health  
2 care services; or

3 4. Any combination of those techniques.

4 **Sec. 63.** NRS 695G.125 is hereby amended to read as follows:

5 695G.125 1. A managed care organization ~~{that delivers~~  
6 ~~health care services by using independently contracted providers~~  
7 ~~of health care}~~ shall use its best efforts to contract with at least one  
8 health center in each geographic area served by the organization to  
9 provide such services to insureds if the health center:

10 (a) Meets all conditions imposed by the organization on  
11 similarly situated providers of health care that are under contract  
12 with the organization, including, without limitation:

13 (1) Certification for participation in the Medicaid or  
14 Medicare program; and

15 (2) Requirements relating to the appropriate credentials for  
16 providers of health care; and

17 (b) Agrees to reasonable reimbursement rates that are generally  
18 consistent with those offered by the organization to similarly  
19 situated providers of health care that are under contract with the  
20 organization.

21 2. As used in this section, "health center" has the meaning  
22 ascribed to it in 42 U.S.C. § 254b.

23 **Sec. 64.** NRS 695G.1717 is hereby amended to read as  
24 follows:

25 695G.1717 1. A managed care organization that offers or  
26 issues a health care plan shall include in the plan coverage for:

27 (a) Counseling, support and supplies for breastfeeding,  
28 including breastfeeding equipment, counseling and education during  
29 the antenatal, perinatal and postpartum period for not more than 1  
30 year;

31 (b) Screening and counseling for interpersonal and domestic  
32 violence for women at least annually with initial intervention  
33 services consisting of education, strategies to reduce harm,  
34 supportive services or a referral for any other appropriate services;

35 (c) Behavioral counseling concerning sexually transmitted  
36 diseases from a provider of health care for sexually active women  
37 who are at increased risk for such diseases;

38 (d) Hormone replacement therapy ~~{~~ , *including, without*  
39 *limitation, testosterone replacement therapy for menopausal*  
40 *women;*

41 (e) Such prenatal screenings and tests as recommended by the  
42 American College of Obstetricians and Gynecologists or its  
43 successor organization;



1 (f) Screening for blood pressure abnormalities and diabetes,  
2 including gestational diabetes, after at least 24 weeks of gestation or  
3 as ordered by a provider of health care;

4 (g) Screening for cervical cancer at such intervals as are  
5 recommended by the American College of Obstetricians and  
6 Gynecologists or its successor organization;

7 (h) Screening for depression;

8 (i) Screening and counseling for the human immunodeficiency  
9 virus consisting of a risk assessment, annual education relating to  
10 prevention and at least one screening for the virus during the  
11 lifetime of the insured or as ordered by a provider of health care;

12 (j) Smoking cessation programs for an insured who is 18 years  
13 of age or older consisting of not more than two cessation attempts  
14 per year and four counseling sessions per year;

15 (k) All vaccinations recommended by the Advisory Committee  
16 on Immunization Practices of the Centers for Disease Control and  
17 Prevention of the United States Department of Health and Human  
18 Services or its successor organization; and

19 (l) Such well-woman preventative visits as recommended by the  
20 Health Resources and Services Administration, which must include  
21 at least one such visit per year beginning at 14 years of age.

22 2. A managed care organization must ensure that the benefits  
23 required by subsection 1 are made available to an insured through a  
24 provider of health care who participates in the network plan of the  
25 managed care organization.

26 3. Except as otherwise provided in subsection 5, a managed  
27 care organization that offers or issues a health care plan shall not:

28 (a) Require an insured to pay a higher deductible, any  
29 copayment or coinsurance or require a longer waiting period or  
30 other condition to obtain any benefit provided in the health care plan  
31 pursuant to subsection 1;

32 (b) Refuse to issue a health care plan or cancel a health care plan  
33 solely because the person applying for or covered by the plan uses  
34 or may use any such benefit;

35 (c) Offer or pay any type of material inducement or financial  
36 incentive to an insured to discourage the insured from obtaining any  
37 such benefit;

38 (d) Penalize a provider of health care who provides any such  
39 benefit to an insured, including, without limitation, reducing the  
40 reimbursement of the provider of health care;

41 (e) Offer or pay any type of material inducement, bonus or other  
42 financial incentive to a provider of health care to deny, reduce,  
43 withhold, limit or delay access to any such benefit to an insured; or

44 (f) Impose any other restrictions or delays on the access of an  
45 insured to any such benefit.



1 4. A health care plan subject to the provisions of this chapter  
2 that is delivered, issued for delivery or renewed on or after  
3 January 1, 2018, has the legal effect of including the coverage  
4 required by subsection 1, and any provision of the plan or the  
5 renewal which is in conflict with this section is void.

6 5. Except as otherwise provided in this section and federal law,  
7 a managed care organization may use medical management  
8 techniques, including, without limitation, any available clinical  
9 evidence, to determine the frequency of or treatment relating to any  
10 benefit required by this section or the type of provider of health care  
11 to use for such treatment.

12 6. As used in this section:

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

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

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

27 **Sec. 65.** 1. On or before February 1, 2027, the Board of  
28 Medical Examiners, the State Board of Osteopathic Medicine, the  
29 University of Nevada, Reno, School of Medicine and the University  
30 of Nevada, Las Vegas, School of Medicine shall:

31 (a) Study disparities in health care access, the provision of  
32 health care and health care outcomes. The study must include,  
33 without limitation, the analyses of:

34 (1) The historical use of race-based health formulas and race-  
35 based care standards;

36 (2) The current use of race-based health formulas and race-  
37 based care standards;

38 (3) The effect of the use of race-based health formulas and  
39 race-based care standards on:

40 (I) Outcomes for patients;

41 (II) Diagnoses of patients, including, without limitation,  
42 classifications of diseases;

43 (III) The procedures, medications and other treatment  
44 prescribed or recommended for patients;





1 (IV) Insurance coverage of the conditions and symptoms  
2 with which patients have been diagnosed and the procedures,  
3 medications and other treatments prescribed or recommended to  
4 treat those conditions and symptoms; and

5 (V) The eligibility of patients for compensation for  
6 disabilities, including, without limitation, compensation for work-  
7 related injuries and occupational diseases pursuant to title 53 of  
8 NRS and disability insurance benefits under the federal Social  
9 Security Act, and the amounts received through those programs.

10 (b) Publish a report of the study performed pursuant to  
11 paragraph (a) on the Internet websites maintained by the Board of  
12 Medical Examiners and the State Board of Osteopathic Medicine.

13 (c) Submit the report published pursuant to paragraph (b) to the  
14 Director of the Legislative Counsel Bureau for transmittal to the  
15 next regular session of the Legislature.

16 2. As used in this section:

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

19 (b) "Race-based care standard" means a standard of care that  
20 requires or authorizes a provider of health care to take the race of  
21 the patient into account when making determinations regarding the  
22 care that will be provided to a patient.

23 (b) "Race-based health formula" means a formula for  
24 determining whether a health-related condition exists or calculating  
25 health-related data that takes the race of the patient into account.

26 (c) "Race-neutral care standard" means a standard of care that  
27 does not require or authorize a provider of health care to take the  
28 race of the patient into account when making determinations  
29 regarding the care that will be provided to a patient.

30 (d) "Race-neutral health formula" means a formula for  
31 determining whether a health-related condition exists or calculating  
32 health-related data that does not take the race of the patient into  
33 account.

34 **Sec. 66.** The provisions of NRS 613.195, as amended by  
35 section 27 of this act, do not apply to any contract existing on  
36 January 1, 2026, between a hospital, as defined in NRS 449.012,  
37 and a provider of health care, as defined in NRS 629.031, but apply  
38 to any renewal of such a contract.

39 **Sec. 67.** The amendatory provisions of section 37 of this act  
40 apply to:

41 1. Any prescribing or dispensing of a controlled substance  
42 described in paragraph (a) of subsection 3 of NRS 639.239145, as  
43 amended by section 37 of this act, that occurs before, on or after the  
44 effective date of this section; and



1 2. Any investigation, administrative proceeding or civil action  
2 instituted before, on or after the effective date of this section.

3 **Sec. 68.** The provisions of NRS 354.599 do not apply to any  
4 additional expenses of a local government that are related to the  
5 provisions of this act.

6 **Sec. 69.** 1. This section and sections 37, 65, 67 and 68 of this  
7 act become effective upon passage and approval.

8 2. Section 19 of this act becomes effective:

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

12 (b) On July 1, 2025, for all other purposes.

13 3. Sections 1 to 18, inclusive, 20 to 36, inclusive, 38 to 64,  
14 inclusive, and 66 of this act become effective:

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

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





