

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 7, 2023

Explanation – Language in ***blue italics*** is new; language in ***red text*** [***omitted material***] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.162; NRS 453.163; NRS 639.070; NRS 639.23916

A REGULATION relating to the database of the computerized program established pursuant to NRS 453.162; and providing other matters properly relating thereto.

Amendment of Nevada Administrative Code (NAC) 639.XXX: Assembly Bill No. 156 (2023) – An Act Relating to Substance Use Disorders. This law requires the Board to adopt regulations related to:

(a) The requirements to register with the Board to engage in the activity authorized by this section; and (b) Establishing a protocol for the actions authorized by the bill.

NAC 639.xxx Practice Requirements Relating to Treatment of Substance Use Disorder

1. A pharmacist who wishes to engage in the activity authorized by section 12.3 of Assembly Bill No. 156 of the 82nd Session of the Nevada Legislature shall register with the Board in the manner required by NAC 453.100 to NAC 453.300, inclusive.
2. A pharmacist who registers with the Board pursuant to this regulation shall adhere to the requirements of chapters 453, 454 and 639 of NRS, and

the regulations promulgated thereunder, to the same extent that a practitioner must adhere to those provisions when prescribing controlled substances and dangerous drugs within the scope of his or her practice.

3. As used in this regulation, "practitioner" has the meaning ascribed to it in NRS 453.126.

NAC 639.xxx Assessment of patient; contents of assessment. Before offering treatment, the pharmacist shall undertake an assessment of the patient. The assessment must be documented in the chart of the patient.

NAC 639.xxx Documented treatment plan. The pharmacist may offer treatment that is documented as a treatment plan tailored for the individual needs of the patient. The documented treatment plan must:

1. Evaluate treatment progress or success with stated objectives, including, without limitation, improved physical or psychosocial function.
2. Consider pertinent medical history, previous medical records and physical examinations, and the need for further testing, consultations, referrals or the use of other treatment modalities.

NAC 639.xxx Periodic reviews of care of patient. The pharmacist must document and conduct periodic reviews of the care of the patient. The periodic reviews must:

1. Consider the individual circumstances of the patient;
2. Be conducted at reasonable intervals in consideration of the individual circumstances of the patient;
3. Report the progress in reaching treatment objectives; and
4. Take into consideration the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint.

NAC 639.xxx Records of care provided to patient. The pharmacist shall maintain complete and accurate records of the care provided to the patient, including, without limitation, the requirements of NRS 639 and NAC 639 inclusive. All the records must be available for review by the Board.

Supporting Documentation;

Assembly Bill No. 156—Committee on Health and Human Services

CHAPTER.....

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

Legislative Counsel's Digest:

Existing law requires all gifts or grants of money for a program for alcohol or other substance use disorders which the Division of Public and Behavioral Health of the Department of Health and Human Services is authorized to accept to be deposited in the State Treasury for credit to the State Grant and Gift Account for Alcohol or Other Substance Use Disorders. (NRS 458.100) **Sections 1.28 and 1.3** of this bill authorize the Division to accept and deposit into a separate account gifts, grants, donations, bequests or money from any other source for the purpose of funding the bulk purchase of opioid antagonists. **Section 1.28** provides that such money is not subject to provisions of law governing budgeting by agencies of the State Government. **Section 1.28** requires the Division to use the money in the account to fund the bulk purchase of opioid antagonists and the distribution of those opioid antagonists.

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

Existing law defines the term "practice of pharmacy" for the purpose of determining which activities require a person to be registered and regulated by the State Board of Pharmacy as a pharmacist. (NRS 639.0124) **Section 12.3** of this bill requires the Board to prescribe a protocol to allow a pharmacist who registers with the Board to: (1) assess a patient to determine whether the patient has an opioid use disorder and medication-assisted treatment would be appropriate for the patient; and (2) prescribe and dispense a drug for medication-assisted treatment.

Section

12.6 of this bill provides that the practice of pharmacy includes actions authorized by the protocol established in **section 12.3**. **Sections 1-1.25 and 12.8** of this bill

make additional changes necessary to authorize a pharmacist who registers with the Board to prescribe a drug for medication-assisted treatment. The Board would be authorized to suspend or revoke the registration of a pharmacist who orders or assesses a patient or prescribes or dispenses drugs under the protocol established pursuant to **section 12.3** without complying with the provisions of the protocol. (NRS 639.210)

Sections 3.5, 4.5, 16.1, 16.3, 16.4, 16.48-16.75 and 16.9 of this bill require public and private health plans, including Medicaid managed care organizations and health plans for state and local government employees, to: (1) cover drugs approved by the Food and Drug Administration for medication-assisted treatment; and (2) reimburse assessment, prescribing and dispensing by a pharmacist in accordance with **section 12.3** at a rate equal to that provided to a physician, physician assistant or advanced practice registered nurse for similar services.

Section 5.5 of this bill also requires Medicaid to reimburse those services at such a rate, regardless of whether the services are reimbursed directly or through managed care organizations. **Sections 2.5 and 16.2** of this bill make conforming changes to indicate the proper placement of **sections 5.5 and 16.1**, respectively, of this bill in the Nevada Revised Statutes. **Sections 6.5, 16.13, 16.16, 16.43 and 16.45** of this bill make conforming changes to indicate that the coverage required by **sections 16.1, 16.3 and 16.4** is in addition to certain coverage for the treatment of substance use disorder that certain insurers are required by existing law to provide. **Section**

16.8 of this bill authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to comply with the requirements of **section 16.7** of this bill. The Commissioner would also be authorized to take such action against other health insurers who fail to comply with the requirements of **sections 16.1, 16.3, 16.48-16.6 or 16.9** of this bill. (NRS 680A.200)

Existing law authorizes a physician, physician assistant or advanced practice registered nurse to prescribe controlled substances if he or she is registered with the State Board of Pharmacy. (NRS 453.126, 453.231, 630.271, 632.237, 633.432)

Existing federal law requires a physician, physician assistant or advanced practice registered nurse who prescribes or dispenses narcotic drugs for the treatment of opioid use disorder to register with the Drug Enforcement Administration of the United States Department of Justice for the specific purpose of dispensing such drugs. (21 U.S.C. § 822(a)) **Sections 10-12 and 13-16** of this bill require a physician, physician assistant, advanced practice registered nurse, osteopathic physician or certain providers of behavioral health care who diagnose a patient with an opioid use disorder to counsel and provide information to the patient concerning evidence-based treatment for opioid use disorder, including medication-assisted treatment. If the patient requests medication-assisted treatment: (1) **sections 10-**

12 require a physician, physician assistant, advanced practice registered nurse or osteopathic physician who is authorized under federal and state law to prescribe such treatment to offer to issue such a prescription; and **(2) sections 10-12 and 13-16** require all other physicians, physician assistants, advanced practice registered nurses, osteopathic physicians and certain providers of behavioral health care to refer the patient to a physician, physician assistant, advanced practice registered nurse, osteopathic physician or pharmacist who is authorized to issue such a prescription.

Existing law requires the Director of the Department of Corrections to establish one or more programs of treatment for offenders with substance use or co-occurring disorders who have been sentenced to imprisonment in the state prison. (NRS 209.4236, 209.425) Existing law additionally provides that the treatment of a prisoner in a local jail or detention facility who has a substance use disorder may

include medication-assisted treatment. (NRS 211.140) **Section 17.5** of this bill requires the Department of Corrections, in collaboration with the Department of Health and Human Services, and each county, city or town that maintains a jail or detention facility to study during the 2023-2024 interim certain issues relating to the provision of medication-assisted treatment to incarcerated persons.

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

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

Section 1. NRS 453.126 is hereby amended to read as follows: 453.126 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.
2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.
3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.
4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.
5. A physician assistant who:
 - (a) Holds a license from the Board of Medical Examiners; and
 - (b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of a

physician as required by chapter 630 of NRS.

6. A physician assistant who:

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

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

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

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

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

453.128 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse , **pharmacist registered pursuant to section 12.3 of this act** or veterinarian, or his or her agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

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

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

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

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

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

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

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

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

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

(d) A physician who:

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

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

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

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

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations. **Sec. 1.15.** NRS 453.336 is hereby amended to read as follows:

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

2. Except as otherwise provided in subsections 3, 4 and 5 and in NRS 453.3363, and unless a greater penalty is provided in NRS

212.160, 453.3385 or 453.339, a person who violates this section:

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

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I or II and the quantity possessed is less than 14 grams, or if the controlled substance is listed in schedule III, IV or V

and the quantity possessed is less than 28 grams, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, is guilty of possession of a controlled substance and shall be punished for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

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

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

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

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for

which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

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

- (a) Performing not more than 24 hours of community service;
 - (b) Attending the live meeting described in paragraph (a) of subsection 2 of NRS 484C.530 and complying with any other requirements set forth in that section; or
 - (c) Being required to undergo an evaluation in accordance with subsection 1 of NRS 484C.350,
- ↳ or any combination thereof.

5. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of more than 1 ounce, but less than 50 pounds, of marijuana or more than one-eighth of an ounce, but less than one pound, of concentrated cannabis is guilty of a category E felony and shall be punished as provided in NRS 193.130.

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

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

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

9. As used in this section:

- (a) "Controlled substance" includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.
- (b) "Marijuana" does not include concentrated cannabis.
- (c) "Sterile hypodermic device program" has the meaning ascribed to it in NRS 439.986.

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

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

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

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

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

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

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

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

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

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

454.00958 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.
2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.
3. When relating to the prescription of poisons, dangerous drugs and devices:
 - (a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or
 - (b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.
4. An optometrist who is certified to prescribe and administer pharmaceutical agents pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.

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

Sec. 1.28. Chapter 458 of NRS is hereby amended by adding thereto a new section to read as follows:

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

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

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

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

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

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

458.100 1. **[AH] Except as otherwise provided in section**

1.28 of this act, all gifts or grants of money for a program for alcohol or other substance use disorders which the Division is authorized to accept must be deposited in the State Treasury for credit to the State Grant and Gift Account for Alcohol or Other Substance Use Disorders which is hereby created in the Department of Health and Human Services' Gift Fund.

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

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

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

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

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

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

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

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

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

Sec. 2. (Deleted by amendment.)

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

232.320 **1.** The Director:

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

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

(2) The Administrator of the Division of Welfare and

Supportive Services;

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

The Administrator of the Division of Health Care Financing and Policy; and

(4) The Administrator of the Division of Public and Behavioral Health.

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

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

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

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

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

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

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

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

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of

programs administered by the Department.

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

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

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

Sec. 3. (Deleted by amendment.)

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

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

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

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

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any

contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive,

and section 16.3 of this act, 689B.265, 689B.287 and 689B.500 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

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

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

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

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

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

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

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

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

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

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

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

Sec. 4. (Deleted by amendment.)

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

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

Sec. 5. (Deleted by amendment.)

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

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

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

Secs. 5.8 and 6. (Deleted by amendment.)

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

608.156 1. ~~If~~ *In addition to any benefits required by NRS 608.155, if* an employer provides health benefits for his or her

employees, the employer shall provide benefits for the expenses for the treatment of alcohol and substance use disorders. The annual benefits provided by the employer must ~~[e]consist of:]~~ **include, without limitation:**

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

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

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

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

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

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

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

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

Secs. 7-9. (Deleted by amendment.)

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

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

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

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

(b) If the physician or physician assistant is not authorized under federal and state law to prescribe an appropriate

medication, refer the patient to a physician, osteopathic physician, physician assistant licensed pursuant to this chapter or chapter 633 of NRS, advanced practice registered nurse or pharmacist who is authorized to issue the prescription.

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

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

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

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

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

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

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

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

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

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

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

(b) If the osteopathic physician or physician assistant is not authorized under federal and state law to prescribe an appropriate medication, refer the patient to a physician, osteopathic physician, physician assistant licensed pursuant to this chapter or chapter

630 of NRS, advanced practice registered nurse or pharmacist who is authorized to issue the prescription.

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

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

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

(a) Assess a patient to determine whether:

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

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

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

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

2. The Board shall adopt regulations:

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

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

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

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

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

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

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

(c) Participation in drug evaluation and drug research.

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

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

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

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

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

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

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

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

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

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

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

639.0125 "Practitioner" means:

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

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

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

4. A physician assistant who:

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

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or

devices under the supervision of a physician as required by chapter 630 of NRS;

5. A physician assistant who:

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

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

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

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

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

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

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

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

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

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

2. If the client requests medication-assisted treatment, the marriage and family therapist or clinical professional counselor shall refer the client to a physician, osteopathic physician, physician assistant licensed pursuant to chapter 630 or 633 of

NRS, advanced practice registered nurse or pharmacist who is authorized under federal and state law to prescribe an appropriate medication.

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

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

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

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

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

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

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

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

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

Sec. 16.05. (Deleted by amendment.)

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

NRS 629.031.

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

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

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

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

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

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

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

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

7. The policy must not contain any provision purporting to make any portion of the charter, rules, constitution or bylaws of the

insurer a part of the policy unless that portion is set forth in full in the policy, except in the case of the incorporation of or reference to a statement of rates or classification of risks, or short-rate table filed with the Commissioner.

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

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

(a) At the option of the applicant; and

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

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

Sec. 16.16. NRS 689A.046 is hereby amended to read as follows:
689A.046 1. **[The] In addition to the benefits required by section 16.1 of this act, the** benefits provided by a policy for health insurance for treatment of alcohol or substance use disorder must ~~{consist of:} include, without limitation:~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

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

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

3. Except as otherwise provided in this subsection, a carrier shall not subject the benefits required by subsection 1 to medical management techniques, other than step therapy. A carrier may subject such benefits to other reasonable medical management

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

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

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

6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

(b) The services described in section 12.3 of this act when provided by a pharmacist or pharmacy that participates in the network plan of the health maintenance organization. The Commissioner shall adopt regulations governing the provision of reimbursement for such services.

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

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

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

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

6. As used in this section:

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

(b) "Network plan" means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined

set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

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

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

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

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

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

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

5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.1733, 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 *and section 16.7 of this act* apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. A managed care organization that offers or issues a health care plan shall reimburse a pharmacist or pharmacy that participates in the network plan of the managed care organization for the services described in section 12.3 of this act at a rate equal

to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.

3. Except as otherwise provided in this subsection, managed care organization shall not subject the benefits required by subsection 1 to medical management techniques, other than step therapy. A managed care organization may subject such benefits to other reasonable medical management techniques when the benefits are provided by a pharmacist in accordance with section 12.3 of this act.

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

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

6. As used in this section:

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

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

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

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

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

3. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

4. Sections 1 to 1.25, inclusive, 2 to 16.9, inclusive, and 18 of this act become effective:
 - (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and
 - (b) On January 1, 2024, for all other purposes.

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