Amendment No. 433

Assembly Amendment to Assembly Bill No. 162 (BDR 57-44)
Proposed by: Assembly Committee on Commerce and Labor
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes
Adoption of this amendment will REMOVE the unfunded mandate from A.B. 162.
ASSEMBLY ACTION Initial and Date SENATE ACTION Initial and Date
Adopted Lost Lost Adopted Lost Lost Lost
Concurred In Not Concurred In Not Concurred In
Receded
EXPLANATION: Matter in (1) <i>blue bold italics</i> is new language in the original bill; (2) <i>green bold italic underlining</i> is new language proposed in this amendment; (3) red strikethrough is deleted language in the original bill; (4) purple double strikethrough is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) green bold dashed underlining is newly added transitory language.

AAK/BJE



Date: 4/20/2009

A.B. No. 162—Requires certain policies of health insurance and health care plans to provide coverage for screening for and treatment of autism. (BDR 57-44)

ASSEMBLY BILL NO. 162–ASSEMBLYMEN OHRENSCHALL, BUCKLEY, LESLIE, WOODBURY, CONKLIN; AIZLEY, ANDERSON, ARBERRY, ATKINSON, BOBZIEN, CARPENTER, CHRISTENSEN, CLABORN, DENIS, DONDERO LOOP, GOICOECHEA, GRADY, HAMBRICK, HARDY, HOGAN, HORNE, KIHUEN, KIRKPATRICK, KOIVISTO, MANENDO, MASTROLUCA, MCCLAIN, MORTENSON, MUNFORD, OCEGUERA, PARNELL, PIERCE, SEGERBLOM, SMITH AND STEWART

February 12, 2009

JOINT SPONSORS: SENATORS HORSFORD, SCHNEIDER, LEE, WIENER, TOWNSEND; AMODEI, BREEDEN, CARE, CARLTON, COFFIN, COPENING, NOLAN, PARKS, RHOADS AND WOODHOUSE

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain policies of health insurance and health care plans to provide coverage for screening for and treatment of autism. (BDR 57-44)

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

Effect on the State: Yes.

[CONTAINS UNFUNDED MANDATE (§ 9) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to insurance; requiring certain policies of health insurance and health care plans to provide an_option_of coverage for screening for and treatment of autism; to_license_behavior_analysts_and_autism_behavior_therapists; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain public and private health care plans and policies of insurance to provide coverage for certain procedures, including colorectal cancer screenings, cytological screening tests and mammograms, in certain circumstances. (NRS 287.027, 287.04335, 689A.04042, 689A.0405, 689B.0367, 689B.0374, 695B.1907, 695B.1912, 695C.1731, 695C.1735, 695G.168) Existing law also requires employers to provide certain benefits to employees, including coverage for the procedures required to be covered by insurers, if the employer provides health benefits for its employees. (NRS 608.1555) Sections 1- [10] 8.5 of this bill require [those] certain health care plans and policies of insurance [content than the State Plan for Medicaid.] To also provide an option of coverage for the screening for, including the diagnosis of, and the treatment of autism spectrum disorders in certain circumstances.

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<u>Sections 12 and 13 of this bill provide for the licensure of behavior analysts and autism behavior therapists by the Board of Psychological Examiners.</u>

The provisions of this bill apply prospectively to any policy of insurance or health care plan issued or renewed on or after [October 1, 2000.] January 1, 2011.

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

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

1. A [policy of health insurance] health benefit plan must provide an option of coverage for screening for and diagnosis of autism spectrum disorders and for treatment of autism spectrum disorders [+] for persons covered by the policy under the age of 18 or, if enrolled in high school, under the age of 21.

Optional coverage provided pursuant to this section must be subject to:

(a) A maximum benefit of not less than \$36,000 per year for applied behavior analysis treatment; and

(b) Copayment, deductible and coinsurance provisions and any other general exclusions or limitations of a policy of health insurance to the same extent as other medical services or prescription drugs covered by the policy.

3. An insurer that offers or issues a policy of health insurance which provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period [or other condition] for <u>optional</u> coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the policy; or

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.

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

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for prescription for an autism spectrum disorder than is required for other prescription drugs covered by the policy; or

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.]

4. [An] Except as provided in subsections 1 and 2, an insurer who offers optional coverage pursuant to subsection 1 shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

5. [The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the policy.] Treatment of autism spectrum disorders must be identified in a treatment plan and may include medically necessary habilitative or rehabilitative care, prescription care, psychiatric care, psychological care, behavior therapy or therapeutic care that is:

(a) Prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and

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(b) Provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.

→ An insurer may request a copy of and review a treatment plan created pursuant to this subsection.

- 6. [A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2009, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with subsection 1 is void.] Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.
 - 7. As used in this section:
- (a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- (b) "Autism spectrum disorders" means fany of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, a neurobiological medical condition including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.
- (c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior \(\frac{1}{2} \) provided by a licensed behavior analyst or a licensed autism behavior therapist providing services under the supervision
- of a licensed behavior analyst.

 [(d) "Board certified] (g) "Licensed behavior analyst" means a person who holds current certification or meets the standards to be certified as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization \boxminus , and who is licensed as a behavior analyst by the Board of Psychological Examiners.
- [(e)] (f) "Licensed autism behavior therapist" means a person who is certified as an autism behavior therapist by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst.
- (d) "Evidence-based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.
- [(f)] (e) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis, for any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.
- (g) "Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:
 - (1) Prevent the onset of an illness, condition, injury or disability:

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(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.]

- (h) ["Pharmaceutical] "Prescription care" means medications prescribed by licensed physician and any health-related services deemed medically [appropriate] necessary to determine the need or effectiveness of the medications.
- (i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(k) "Screening for autism spectrum disorders" means [all] medically [appropriate] necessary assessments, evaluations or tests to <u>screen and diagnose</u> whether a person has an autism spectrum disorder.

(l) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

(m) "Treatment [of autism spectrum disorders"] plan" means [habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with] a plan to treat an autism spectrum disorder that is prescribed by a licensed physician [;] or licensed psychologist for board certified behavior analyst who determines the care to be medically appropriate.] and is developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.

Sec. 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 , and section 1 of this act.
- Sec. 3. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. A [policy of group health insurance] health benefit plan must provide coverage for screening for and diagnosis of autism spectrum disorders and for treatment of autism spectrum disorders [+] to persons covered by the policy of group health insurance under the age of 18 or, if enrolled in high school, under the age of 21.
 - 2. Coverage provided under this section is subject to:
- (a) A maximum benefit of \$36,000 per year for applied behavior analysis treatment; and
- (b) Copayment, deductible and coinsurance provisions and any other general exclusion or limitation of a health insurance policy to the same extent as other medical services or prescription drugs covered by the policy.
- 3. An insurer that offers or issues a policy of group health insurance which provides coverage for outpatient care shall not:
- (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period for other condition! for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the policy; or

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- (b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.
- 3. An insurer that offers or issues a policy of group health insurance which provides coverage for prescription drugs shall not:
- (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the policy; or
- (b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.]
- 4. [An] Except as provided in subsections 1 and 2, an insurer shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.
- 5. [The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the policy.] Treatment of autism spectrum disorders must be identified in a treatment plan and may include medically necessary habilitative or rehabilitative care, prescription care, psychiatric care, psychological care, behavior therapy or therapeutic care that is:
- (a) Prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and
- (b) Provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.
- An insurer may request a copy of and review a treatment plan created pursuant to this subsection.
- A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after [October 1, 2009,] January 1, 2011, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with [subsection] subsections 1 or <u>2</u> is void.
- Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.
 - 8. As used in this section:
- (a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- (b) "Autism spectrum disorders" means [any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, a neurobiological medical condition including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.
- (c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior \(\frac{1}{2} \) provided by a licensed behavior analyst

or a licensed autism behavior therapist providing services under the supervision of a licensed behavior analyst.

[(d) "Board certified] (g) "Licensed behavior analyst" means a person who holds current certification or meets the standards to be certified as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization [-] and who is licensed as a behavior analyst by the Board of Psychological Examiners.

[(e)] (f) "Licensed autism behavior therapist" means a person who is certified as an autism behavior therapist by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst.

(d) "Evidence-based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

[ff] (e) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis. for any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

[(g) "Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

(1) Prevent the onset of an illness, condition, injury or disability;

(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.]

(h) ["Pharmaceutical] "Prescription care" means medications prescribed by a licensed physician and any health-related services deemed medically [appropriate] necessary to determine the need or effectiveness of the medications.

(i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(k) "Screening for autism spectrum disorders" means [all] medically [appropriate] <u>necessary</u> assessments, evaluations or tests to <u>screen and</u> diagnose whether a person has an autism spectrum disorder.

(1) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

(m) "Treatment [of autism spectrum disorders"] plan" means [habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with] a plan to treat an autism spectrum disorder that is prescribed by a licensed physician [-] or licensed psychologist [or board certified behavior analyst who determines the care to be medically appropriate.] and is developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.

Sec. 3.5. Chapter 689C of NRS is hereby amended by adding thereto a

new section to read as follows:

1. A health benefit plan must provide coverage for screening for and diagnosis of autism spectrum disorders and for treatment of autism spectrum

disorders to persons covered by the policy of group health insurance under the age of 18 or, if enrolled in high school, under the age of 21.

Coverage provided under this section is subject to:

- (a) A maximum benefit of \$36,000 per year for applied behavior analysis
- (b) Copayment, deductible and coinsurance provisions and any other general exclusion or limitation of a health insurance policy to the same extent as other medical services or prescription drugs covered by the policy.

An insurer that offers or issues a policy of group health insurance which

provides coverage for outpatient care shall not:

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- (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the policy; or
- (b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future any of the services listed in subsection 1.
- Except as provided in subsections 1 and 2, an insurer shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.
- Treatment of autism spectrum disorders must be identified in a treatment plan and may include medically necessary habilitative or rehabilitative care, prescription care, psychiatric care, psychological care, behavior therapy or therapeutic care that is:
- (a) Prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and
- (b) Provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.
- An insurer may request a copy of and review a treatment plan created pursuant to this subsection.
- A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2011, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with subsections 1 or 2 is void.
- Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.

As used in this section:

- (a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- (b) "Autism spectrum disorders" means a neurobiological medical condition including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

48 49 (c) "Behavioral therapy" means any interactive therapy derived from 50 evidence-based research, including, without limitation, discrete trial training, 51 early intensive behavioral intervention, intensive intervention programs, pivotal 52 response training and verbal behavior provided by a licensed behavior analyst or a licensed autism behavior therapist providing services under the supervision of a licensed behavior analyst.

(d) "Evidence-based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

(e) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

(f) "Licensed behavior analyst" means a person who holds current certification or meets the standards to be certified as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization and who is licensed as a behavior analyst by the Board of Psychological Examiners.

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(g) "Licensed autism behavior therapist" means a person who is certified as an autism behavior therapist by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst.

(h) "Prescription care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.

(i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(k) "Screening for autism spectrum disorders" means medically necessary assessments, evaluations or tests to screen and diagnose whether a person has an autism spectrum disorder.

(l) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

(m) "Treatment plan" means a plan to treat an autism spectrum disorder that is prescribed by a licensed physician or licensed psychologist and is developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.

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

1. An insurer that offers or issues a contract for hospital or medical service must provide coverage for screening for autism spectrum disorders and for treatment of autism spectrum disorders.

2. An insurer that offers or issues a contract for hospital or medical service which provides coverage for outpatient care shall not:

— (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the contract; or

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use in the future any of the services listed in subsection 1.

3. An insurer that offers or issues a contract for hospital or medical service which provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a

 prescription for an autism spectrum disorder than is required for other prescription drugs covered by the contract; or

— (b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use in the future any of the services listed in subsection 1.

4. An insurer shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

5. The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the contract.

6. A contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2009, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with subsection 1 is void.

7. As used in this section:

(a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

(b) "Autism spectrum disorders" means any of the pervasive developmental disorders as defined by the most recent edition of the <u>Diagnostic and Statistical Manual of Mental Disorders</u>, including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

(c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior.

(d) "Board certified behavior analyst" means a person who holds current certification as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization.

(e) "Evidence based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

(f) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis or any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

(g) "Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

— (1) Prevent the onset of an illness, condition, injury or disability;

(2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

(3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.

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(h) "Pharmaceutical care" means medications prescribed by a licensed physician and any health-related services deemed medically appropriate to determine the need or effectiveness of the medications.

(i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(k) "Screening for autism spectrum disorders" means all medically appropriate assessments, evaluations or tests to diagnose whether a person has an autism spectrum disorder.

(l) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

(m) "Treatment of autism spectrum disorders" means habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist or board certified behavior analyst who determines the care to be medically appropriate. (Deleted by amendment.)

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

1. A health care plan issued by a health maintenance organization must provide coverage for screening for and diagnosis of autism spectrum disorders and for treatment of autism spectrum disorders [+] to persons covered by the health care plan under the age of 18 or, if enrolled in high school, under the age $\overline{of 21}$.

Coverage provided under this section is subject to:

(a) A maximum benefit of \$36,000 per year for applied behavior analysis treatment; and

(b) Copayment, deductible and coinsurance provisions and any other general exclusion or limitation of a health insurance policy to the same extent as other medical services or prescription drugs covered by the policy.

3. A health care plan issued by a health maintenance organization that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period [or other condition] for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the plan; or

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

[3. A health care plan issued by a health maintenance organization that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the plan; or

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.]

4. [A] Except as provided in subsections 1 and 2, a health maintenance organization shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

- 5. [The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the plan.] Treatment of autism spectrum disorders must be identified in a treatment plan and may include medically necessary habilitative or rehabilitative care, prescription care, psychiatric care, psychological care, behavior therapy or therapeutic care that is:
- (a) Prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and
- (b) Provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.
- An insurer may request a copy of and review a treatment plan created pursuant to this subsection.
- 6. Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after [October 1, 2009,] January 1, 2011, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with [subsection] subsections 1 or 2 is void.
- 7. Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.
 - 8. As used in this section:
- (a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- (b) "Autism spectrum disorders" means [any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders,] a neurobiological medical condition including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.
- (c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior [-] provided by a licensed behavior analyst or a licensed autism behavior therapist providing services under the supervision of a licensed behavior analyst.
- of a licensed behavior analyst.

 [(d) "Board certified] (g) "Licensed behavior analyst" means a person who holds current certification or meets the standards to be certified as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization [-] and who is licensed as a behavior analyst by the Board of Psychological Examiners.
- [(e)] (f) "Licensed autism behavior therapist" means a person who is certified as an autism behavior therapist by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst.
- (d) "Evidence-based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

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- [(f)] (e) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis, for any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.
- [<u>(g)"Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with the control of th</u> accepted standards of practice and which will, or is reasonably expected to:
- (1) Prevent the onset of an illness, condition, injury or disability; (2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or
- (3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the
- (h) ["Pharmaceutical] "Prescription care" means medications prescribed by licensed physician and any health-related services deemed medically [appropriate] necessary to determine the need or effectiveness of the medications.
- (i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- (j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- (k) "Screening for autism spectrum disorders" means [all] medically [appropriate] necessary assessments, evaluations or tests to screen and diagnose whether a person has an autism spectrum disorder.
- (l) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.
- (m) "Treatment [of autism spectrum disorders"] plan" means [habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with] a plan to treat an autism spectrum disorder that is prescribed by a licensed physician [] or licensed psychologist [or board certified behavior analyst who determines the care to be medically appropriate.] and is developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.
 - **Sec. 6.** 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.
- 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
- 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 to 695C.200, inclusive, and section 5 of this act, 695C.250 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, 695C.1695 and 695C.1731 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. 7. 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 he 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, *and section 5 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 State Board of Health certifies to the Commissioner that the health maintenance organization:
 - (1) Does not meet the requirements of subsection 2 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 final 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;
- (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

- 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 he 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. 8.** Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. A health care plan issued by a managed care organization must provide coverage for screening for <u>and diagnosis of</u> autism spectrum disorders and for treatment of autism spectrum disorders [A] to persons covered by the health care plan under the age of 18 or, if enrolled in high school, under the age of 21.

2. Coverage provided under this section is subject to:

- (a) A maximum benefit of \$36,000 per year for applied behavior analysis treatment; and
- (b) Copayment, deductible and coinsurance provisions and any other general exclusion or limitation of a health insurance policy to the same extent as other medical services or prescription drugs covered by the policy.

3. A managed care organization that offers or issues a health care plan which provides coverage for outpatient care shall not:

- (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period for other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the plan; or
- (b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.
- [3. A managed care organization that offers or issues a health care plan which provides coverage for prescription drugs shall not:
- (a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the plan; or
- (b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.1
- 4. [A] Except as provided in subsections 1 and 2, a managed care organization shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.
- 5. [The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the plan.] Treatment of autism spectrum disorders must be identified in a treatment plan and may include medically necessary habilitative or rehabilitative care, prescription care, psychiatric care, psychological care, behavior therapy or therapeutic care that is:

(a) Prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and

(b) Provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.

An insurer may request a copy of and review a treatment plan created pursuant to this subsection.

- 6. An evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after [October 1, 2009,] January 1, 2011, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with [subsection] subsections 1 or 2 is void.
- 7. Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.

8. As used in this section:

- (a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- (b) "Autism spectrum disorders" means fany of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, a neurobiological medical condition including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.
- (c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior [] provided by a licensed behavior analyst or a licensed autism behavior therapist providing services under the supervision of a licensed behavior analyst.

[(d) "Board certified] (g) "Licensed behavior analyst" means a person who holds current certification or meets the standards to be certified as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization [-] and who is licensed as a behavior analyst by the Board of Psychological Examiners.

[(e)] (f) "Licensed autism behavior therapist" means a person who is certified as an autism behavior therapist by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst.

(d) "Evidence-based research" means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

[(f)] (e) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis. for any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.

[(g) "Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician,

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licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:

(1) Prevent the onset of an illness, condition, injury or disability;

- (2) Reduce or ameliorate the physical, mental or developmental effects of
- an illness, condition, injury or disability; or

 (3) Assist to achieve or maintain maximum functioning capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the
- (h) ["Pharmaceutical] "Prescription care" means medications prescribed by a licensed physician and any health-related services deemed medically [appropriate] necessary to determine the need or effectiveness of the medications.
- (i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- (j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- (k) "Screening for autism spectrum disorders" means [all] medically [appropriate] necessary assessments, evaluations or tests to screen and diagnose whether a person has an autism spectrum disorder.
- (1) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.
- (m) "Treatment [of autism spectrum disorders"] plan" means [habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with] a plan to treat an autism spectrum disorder that is prescribed by a licensed physician [] or licensed psychologist [or board certified behavior analyst who determines the care to be medically appropriate.] and is developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.

NRS 695G.090 is hereby amended to read as follows:

- 1. Except as otherwise provided in subsection 3, the provisions of this chapter apply to each organization and insurer that operates as a managed care organization and may include, without limitation, an insurer that issues a policy of health insurance, an insurer that issues a policy of individual or group health insurance, a carrier serving small employers, a fraternal benefit society, a hospital or medical service corporation and a health maintenance organization.
- 2. In addition to the provisions of this chapter, each managed care organization shall comply with:
- (a) The provisions of chapter 686A of NRS, including all obligations and remedies set forth therein; and
 - (b) Any other applicable provision of this title.
- The provisions of NRS 695G.164, 695G.200 to 695G.230, inclusive, [and] 695G.430 and section 8 of this act do not apply to a managed care organization that provides health care services 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 managed care organization from any provision of this chapter for services provided pursuant to any other contract.
 - Sec. 9. Chapter 287 of NRS is hereby amended by adding thereto a new
- 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 that provides health insurance through a plan of

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self-insurance must provide coverage for screening for autism spectrum-disorders and for treatment of autism spectrum disorders.

2. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that provides health insurance through a plan of self-insurance which provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to autism spectrum disorders than is required for other outpatient care covered by the plan; or

(b) Refuse to issue a plan of self-insurance or cancel a plan of self-insurance solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

3. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that provides health insurance through a plan of self-insurance which provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for an autism spectrum disorder than is required for other prescription drugs covered by the plan; or

(b) Refuse to issue a plan of self-insurance or cancel a plan of self-insurance solely because the person applying for or covered by the plan uses or may use in the future any of the services listed in subsection 1.

4. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that provides health insurance through a plan of self-insurance shall not limit the number of visits an insured may make to any person, entity or group for treatment of autism spectrum disorders.

5. The coverage required pursuant to this section must not be subject to monetary limits, deductibles or coinsurance provisions that are less favorable to an insured than the monetary limits, deductibles or coinsurance provisions which apply to physical illness generally under the plan.

6. A plan-subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2009, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with subsection I is void.

As used in this section:

(a) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

(b) "Autism spectrum disorders" means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, without limitation, autistic disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

(c) "Behavioral therapy" means any interactive therapy derived from evidence-based research, including, without limitation, discrete trial training, early intensive behavioral intervention, intensive intervention programs, pivotal response training and verbal behavior.

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- (d) "Board certified behavior analyst" means a person who holds current certification as a board certified behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization.

 (e) "Evidence-based research" means research that applies rigorous,
- systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.
- (f) "Habilitative or rehabilitative care" means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis or any other behavioral therapy, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of a person.
- (g) "Medically appropriate" means any care, intervention, item, service or treatment which is prescribed, provided or ordered by a licensed physician, licensed psychologist or board certified behavior analyst in accordance with accepted standards of practice and which will, or is reasonably expected to:
 - (1) Prevent the onset of an illness, condition, injury or disability;
- (2) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

 (3) Assist to achieve or maintain maximum functioning capacity in
- performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.
- (h) "Pharmaceutical care" means medications prescribed by a licensed physician and any health-related services deemed medically appropriate to determine the need or effectiveness of the medications.
- (i) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- (j) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- (k) "Screening for autism spectrum disorders" means all medically appropriate assessments, evaluations or tests to diagnose whether a person has an autism spectrum disorder.
- (1) "Therapeutic care" means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.
- (m) "Treatment of autism spectrum disorders" means habilitative or rehabilitative care, pharmaceutical care, psychiatric care, psychological care or therapeutic care prescribed, provided or ordered for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist or board certified behavior analyst who determines the care to be medically appropriate. (Deleted by amendment.)
- Sec. 10. [NRS 287.04335 is hereby amended to read as follows: 287.04335 If the Board provides health.] 287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 689B.255, 695G.150, 695G.160, 695G.164, 695G.170, 695G.171, 695G.173, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, and section 8 of this act in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.] (Deleted by amendment.)
- Sec. 11. [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.] (Deleted by amendment.)

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

The Board shall adopt regulations that establish the grounds for disciplinary

action for a licensed behavior analyst or autism behavior therapist.

Sec. 13. NRS 641.170 is hereby amended to read as follows:

641.170 I. Each application *for licensure as a psychologist* must be accompanied by evidence satisfactory to the Board that the applicant:

(a) Is at least 21 years of age.

- (b) Is of good moral character as determined by the Board.
- (c) Is a citizen of the United States, or is lawfully entitled to remain and work in the United States.
- (d) Has earned a doctorate in psychology from an accredited educational institution approved by the Board, or has other doctorate-level training from an accredited educational institution deemed equivalent by the Board in both subject matter and extent of training.
- (e) Has at least 2 years of experience satisfactory to the Board, 1 year of which must be postdoctoral experience in accordance with the requirements established by regulations of the Board.
- 2. Each application for licensure as a behavior analyst or autism behavior therapist must be accompanied by evidence satisfactory to the Board that the applicant:
 - (a) Is at least 21 years of age.
 - (b) Is of good moral character as determined by the Board.
- (c) Is a citizen of the United States, or is lawfully entitled to remain and work in the United States.
- (d) Has completed education or training in accordance with the requirements established by regulations of the Board.
- 3. Within 120 days after receiving an application and the accompanying evidence from an applicant, the Board shall:
- (a) Evaluate the application and accompanying evidence and determine whether the applicant is qualified pursuant to this section for licensure [as a psychologist:]; and
 - (b) Issue a written statement to the applicant of its determination.
- 3. The written statement issued to the applicant pursuant to subsection $\frac{2}{2}$ must include:
- (a) If the Board determines that the qualifications of the applicant are insufficient for licensure, a detailed explanation of the reasons for that determination.
- (b) If the applicant <u>for licensure as a psychologist</u> has not earned a doctorate in psychology from an accredited educational institution approved by the Board and the Board determines that his doctorate-level training from an accredited educational institution is not equivalent in subject matter and extent of training, a detailed explanation of the reasons for that determination.

Sec. 14. NRS 641.180 is hereby amended to read as follows:

- 641.180 I. Except as otherwise provided in this section and NRS 641.190, each applicant for a license <u>as a psychologist</u> must pass the Examination for the Professional Practice of Psychology in the form administered by the Association of State and Provincial Psychology Boards and approved for use in this State by the Board. In addition to this written examination, the Board may require an oral examination in whatever applied or theoretical fields it deems appropriate.
- 2. The examination must be given at least once a year, and may be given more often if deemed necessary by the Board. The examination must be given at a time and place, and under such supervision, as the Board may determine.

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- results provided to the Board by the Association of State and Provincial Psychology Boards.
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person who:

Board review his examination.

(a) Is licensed in another state;

(b) Has 10 years experience; and

(c) Is a diplomate in the American Board of Professional Psychology or a fellow in the American Psychological Association, or who has other equivalent status as determined by the Board.

The Board shall notify each applicant of the results of his written

If an applicant fails the examination, he may request in writing that the

The Board may waive the requirement of a written examination for a

examination and supply him with a copy of all material information about those

- The Board of Psychological Examiners shall begin licensing Sec. 15. behavior analysts and autism behavior therapists pursuant to section 13 of this act no later than January 1, 2010.
- Sec. 16. 1. This act becomes effective upon passage and approval for the purpose of adopting regulations and licensing behavior analysts and autism behavior therapists. 2. This section and sections 3 to 15, inclusive, of this act become effective
- on October 1, 2009.
- 3. Sections 1 and 2 of this act become effective on January 1, 2011.