(Reprinted with amendments adopted on April 21, 2025)

FIRST REPRINT **S.B. 337**

SENATE BILL NO. 337–SENATOR LANGE

MARCH 12, 2025

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to opioids. (BDR 40-204)

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

CONTAINS UNFUNDED MANDATE (§§ 1, 16, 26)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to health care; requiring certain health care facilities and certain providers of health care to provide patients with a form for a non-opioid directive and offer patients treatments that do not utilize an opioid under certain circumstances; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to create a form for a non-opioid directive; requiring the Administrator of the Division to appoint an advisory board to monitor compliance with laws and regulations relating to the non-opioid directive; requiring certain policies of health insurance to include coverage for at least one drug that is an alternative to opioids; requiring certain insurers to provide the form for a non-opioid directive to new insureds; revising the manner by which money in the Fund for a Resilient Nevada allocates money to projects and grants; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes a patient to execute certain directives and declarations to record his or her wishes relating to health care and to direct providers of health care in the provision of health care to the patient. (NRS 449A.400-449A.645) **Section 15** of this bill requires the Division of Public and Behavioral Health of the Department of Health and Human Services to create a non-opioid directive, which is a form on which a person may indicate that he or she does not wish to receive

opioids, and to post the non-opioid directive on an Internet website maintained by the Division. **Section 16** of this bill requires: (1) certain practitioners to provide a person with an opportunity to execute a non-opioid directive; (2) third party insurers that provide health coverage to provide persons who enroll in such health coverage a non-opioid directive; and (3) certain health care facilities to ensure that persons providing care at the facility provide a patient with an opportunity to execute a non-opioid directive. **Section 16** also requires such third party insurers and health facilities to post the non-opioid directive on their Internet websites. **Sections 17 and 18** of this bill set forth the procedure for a patient to execute and revoke a non-opioid directive.

Section 19 of this bill prohibits a person who knows or should know that a person has executed a non-opioid directive from prescribing, administering or directing or supervising the administration of an opioid to that person except under certain circumstances. **Section 21** of this bill requires the State Board of Health to adopt regulations prescribing procedures relating to the non-opioid directive.

Sections 22 and 23 of this bill require the Administrator of the Division to appoint an advisory board to: (1) review the implementation of and compliance with provisions relating to the non-opioid directive; and (2) make recommendations to practitioner licensing boards and certain governmental entities concerning issues relating to opioid use and alternative treatments that do not utilize opioids. **Sections 8-14** of this bill define certain terms used in **sections 8-23**.

Sections 1 and 33-40 of this bill require a medical facility, certain other health care facilities and certain practitioners who prescribe or administer opioids to comply with the provisions of law governing non-opioid directives. Under **section 55** of this bill, beginning on July 1, 2027, or 6 months after the date on which the regulations relating to the non-opioid directives become effective, whichever is later, **sections 1, 33, 35-37, 39 and 40** require such facilities and practitioners to offer and provide alternative treatments that do not utilize opioids to patients who have requested such alternatives or executed non-opioid directives, except in certain circumstances. **Sections 1, 33, 35-37, 39 and 40** require the regulatory bodies that license such facilities and practitioners to biennially review the compliance of such facilities and practitioners with those requirements. **Sections 34 and 38** make conforming changes to clarify that **sections 33 and 37**, respectively, apply to the prescribing and administering of opioids to treat intractable pain. **Sections 2-6 and 41** of this bill provide for the administration and enforcement of **section 1** in the same manner as other requirements imposed by existing law on licensed health facilities.

Sections 25 and 54 of this bill authorize the Board of the Public Employees' Benefits Program and the Public Option, which is a state-run health insurance program for private citizens, to reduce the rates paid to a facility or practitioner who violates any provision of **section 33, 35-37, 39 or 40** or prohibit the facility or practitioner from receiving payments through the Program or the Public Option. (NRS 695K.200) **Section 27** of this bill applies certain definitions to **section 25**.

Existing law requires public and private policies of insurance regulated under Nevada law and employers who provide such insurance for their employees to include coverage for drugs to: (1) support safe withdrawal from substance use disorder; and (2) provide medication-assisted treatment for opioid use disorder. (NRS 287.010, 287.04335, 422.4025, 608.1555, 689A.0459, 689B.0319, 689C.1665, 689C.425, 695A.1874, 695B.19197, 695C.050, 695C.1699, 695G.1719) **Sections 26, 28, 43, 45-50 and 53** of this bill require certain public and private policies of health insurance, not including Medicaid, to cover drugs that are alternatives to opioids for purposes for which opioids are commonly used. **Sections 42, 43, 45-50 and 53** of this bill prohibit certain insurers from imposing prior authorization and certain other conditions on covered opioid alternatives that are not imposed on opioids. **Section 44** of this bill authorizes the Commissioner of

Insurance to require certain policies of health insurance issued by a domestic insurer to a person who resides in another state to include the coverage required by **section 43**. **Sections 51 and 53.5** of this bill exempt certain policies of health insurance that provide health care services to recipients of Medicaid or insurance pursuant to the Children's Health Insurance Program from requirements to cover drugs that are alternatives to opioids for purposes for which opioids are commonly used. **Section 52** of this bill authorizes the Commissioner to suspend or revoke the certification of a health maintenance organization that fails to comply with the requirements of **section 50**. The Commissioner would also be authorized to take such actions against other health insurers who fail to comply with the requirements of **sections 43, 45-49 and 53**. (NRS 680A.200)

Existing law requires the Director of the Department of Health and Human Services to create the Silver State Scripts Board (NRS 422.4035) Existing law requires the Department to set the duties of the Board by regulation, including identifying the prescription drugs which should be included on the list of preferred prescription drugs for Medicaid. (NRS 422.405) **Section 30.6** of this bill additionally requires the Department to require the Board to review new classes of therapeutic prescription drugs that include alternatives to opioids for inclusion on that list.

Existing federal law requires a state to establish a Drug Use Review Board to conduct certain reviews related to the use of prescription drugs under Medicaid. (42 U.S.C. § 1396r-8(g)(3)) Existing Nevada law requires the Drug Use Review Board to develop step therapy protocols and prior authorization policies and procedures for use by the Medicaid program for prescription drugs. (NRS 422.403) **Section 30.3** of this bill additionally requires the Drug Use Review Board to regularly review the step therapy protocols and prior authorization policies and procedures applicable to drugs that are alternatives to opioids to ensure sufficient access by recipients of Medicaid to such drugs.

Existing law creates the Fund for a Resilient Nevada to hold the proceeds of certain litigation by the State concerning the manufacture, distribution, sale and marketing of opioids. (NRS 433.732) Existing law requires the Department to create a statewide plan to allocate the money in the Fund for certain statewide projects and grants to local governments and private-sector organizations whose work relates to opioid use disorder and other substance use disorders. (NRS 433.738) **Section 31** of this bill requires the statewide plan to allocate at least 20 percent of the money distributed from the Fund to such projects and grants that are related to the prevention of substance use disorders. **Section 32** of this bill makes a conforming change to update an internal reference changed by **section 31**. **Section 55** authorizes the Department to continue to utilize the current statewide plan and at the time that the Department revises the statewide plan or develops a new plan, the new plan must comply with the provisions of **section 31**.

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

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

1. A medical facility or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that administers opioids to patients shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before administering an opioid to the patient for the first time unless:

(1) In the opinion of the attending provider of health care, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the medical facility or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall provide such a treatment.

3. During each even-numbered year, the Division shall review compliance with the requirements of this section by each medical facility or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that administers opioids to patients.

4. As used in this section:

(a) "Non-opioid directive" has the meaning ascribed to it in section 9 of this act.

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

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

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

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

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

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

2. Foster homes as defined in NRS 424.014.

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

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

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

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

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

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

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

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or 439A.102 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, ***and section 1 of this act*** and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required, including, without limitation, the closure or conversion of any hospital in a county whose population is 100,000 or more that is owned by the licensee without approval pursuant to NRS 439A.102.

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

(g) Violation of the provisions of NRS 458.112.

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

(i) Violation of the provisions of NRS 629.260.

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

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

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

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

3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the

license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:

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

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

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

➥ The facility shall make the information available to the public pursuant to NRS 449.2486.

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

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

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

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

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, ***and section 1 of this act*** or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

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

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

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

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

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

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

(2) Improvements are made to correct the violation.

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

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

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

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

4. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, ***and section 1 of this act,*** or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

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

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

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

Sec. 7. Chapter 449A of NRS is hereby amended by adding thereto the provisions set forth as sections 8 to 23, inclusive, of this act.

Sec. 8. ***As used in sections 8 to 23, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 9 to 14, inclusive, of this act have the meanings ascribed to them in those sections.***

Sec. 9. *"Non-opioid directive" means the form created pursuant to section 15 of this act.*

Sec. 10. *"Non-opioid patient" means a person who executes a non-opioid directive or whose legal guardian has executed a non-opioid directive on behalf of the person.*

Sec. 11. *"Practitioner" has the meaning ascribed to it in NRS 639.0125.*

Sec. 12. *"Practitioner licensing board" means a licensing board created by chapter 630, 631, 632, 633, 635 or 636 of NRS.*

Sec. 13. *"Provider of health care" has the meaning ascribed to it in NRS 629.031.*

Sec. 14. *"Third party" means any insurer, governmental entity or other organization providing health coverage or benefits in accordance with state or federal law.*

Sec. 15. *1. The Division shall create a form for executing a non-opioid directive.*

2. The form created pursuant to subsection 1 must include, without limitation:

(a) A statement of circumstances prescribed by section 19 of this act under which an opioid may be administered to a non-opioid patient;

(b) A statement of the legal effect of the non-opioid directive, as prescribed by section 19 of this act;

(c) A place for a person to execute the form in accordance with section 17 of this act;

(d) A summary of the procedures for revoking a non-opioid directive pursuant to section 18 of this act; and

(e) Any additional information the Division considers relevant.

3. The Division shall post the form for executing a non-opioid directive on an Internet website maintained by the Division.

Sec. 16. *1. Except in an emergency situation, before prescribing, administering or directing or supervising the administration of an opioid to a patient, a practitioner shall:*

(a) Check the medical record of the patient to determine whether the patient is a non-opioid patient;

(b) If the patient is not a non-opioid patient, explain to the patient or his or her legal guardian that he or she may execute a non-opioid directive in accordance with section 17 of this act; and

(c) If the patient or legal guardian indicates that he or she would like to execute a non-opioid directive, provide the non-opioid directive to the patient or legal guardian, as applicable, for execution pursuant to section 17 of this act.

2. A third party that provides health coverage in this State shall:

(a) Post the form for executing a non-opioid directive on an Internet website maintained by the third party; and

(b) Provide the non-opioid directive to each person who enrolls in health coverage provided by the third party.

3. A medical facility or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that administers opioids to patients shall:

(a) Ensure that persons described in subsection 1 who provide care at the facility comply with the requirements of that subsection; and

(b) Post the non-opioid directive on an Internet website maintained by the facility, if the facility maintains an Internet website.

Sec. 17. *1. A non-opioid directive may be executed by:*

(a) A person for himself or herself; or

(b) The legal guardian of a person on behalf of the person.

2. An executed non-opioid directive becomes effective when a person described in subsection 1 provides the executed non-opioid directive to:

(a) A provider of health care, medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is providing care to the non-opioid patient to whom the non-opioid directive pertains; or

(b) A third party that provides coverage to the non-opioid patient to whom the non-opioid directive pertains.

3. Upon receiving an executed non-opioid directive pursuant to subsection 2, a provider of health care, a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or third party shall record the non-opioid directive in the record of the non-opioid patient to whom the non-opioid directive pertains.

Sec. 18. *1. A non-opioid patient may revoke his or her non-opioid directive at any time and in any manner that communicates to a person or entity described in subsection 2 of section 17 of this act the intent to revoke the directive.*

2. A legal guardian who has executed a non-opioid directive may revoke the directive at any time by articulating in writing an intent to revoke the directive and providing such written notice to a person or entity described in subsection 2 of section 17 of this act.

3. The revocation of a non-opioid directive is effective upon the patient or legal guardian communicating pursuant to

subsection 1 or 2, the desire to revoke the form. The person or entity to whom the revocation is communicated shall:

(a) Make the revocation a part of the records of the patient; or

(b) Cause the revocation to be made a part of the record of the patient.

Sec. 19. *1. Except as otherwise provided in this section, a person who knows or should know that a person is a non-opioid patient shall not prescribe, administer or direct or supervise another in administering an opioid to a non-opioid patient.*

2. A practitioner may prescribe, administer, or direct or supervise the administration of an opioid to a non-opioid patient, and a person listed in NRS 453.375 may administer an opioid to a non-opioid patient under such direction or supervision, if:

(a) Prescribing or administering the opioid is medically necessary, as determined by the practitioner, to treat the patient in an emergency situation or while the patient is receiving inpatient care at a medical facility;

(b) The opioid is prescribed or administered for intraoperative use; or

(c) The opioid is prescribed or administered pursuant to the regulations adopted by the Board pursuant to subsection 5 of section 21 of this act.

3. If a non-opioid patient is prescribed or administered an opioid pursuant to paragraph (a) of subsection 2, the practitioner who prescribes, administers or directs or supervises the administration of the opioid shall ensure that the non-opioid patient or his or her legal guardian receives information on preventing opioid use disorder, including, without limitation, relapse into opioid use disorder, when the emergency situation has ended or the person is being discharged from the medical facility.

Sec. 20. (Deleted by amendment.)

Sec. 21. *The Board shall adopt regulations as necessary to carry out the provisions of sections 8 to 23, inclusive, of this act, including, without limitation, regulations prescribing procedures:*

1. For a practitioner to record a non-opioid directive in the medical record of a non-opioid patient;

2. For a non-opioid patient or the legal guardian of a non-opioid patient to revoke a non-opioid directive;

3. To ensure that the recording, disclosure and distribution of a non-opioid directive and data relating to such a directive complies with applicable state and federal laws and regulations concerning the confidentiality of health information and informed consent to health care;

4. For complying with the requirements of section 16 of this act; and

5. For prescribing and administering opioids to a non-opioid patient:

(a) To treat a substance use disorder; or

(b) If the non-opioid patient is receiving hospice care.

Sec. 22. ***1. The Administrator of the Division shall appoint an advisory board to advise the Division concerning the implementation of sections 8 to 23, inclusive, of this act and monitoring compliance with those provisions. The advisory board must consist of persons selected by the Administrator who have expertise in the safe and effective use of opioids during the provision of health care and the treatment of substance use disorder.***

2. The term of office of a member of the advisory board is 3 years and commences on July 1 of the year of appointment. The terms of office of the members of the advisory board must be staggered to result in, as nearly as possible, the appointment of an equal number of members to the advisory board on July 1 of each year.

3. The members of the advisory board serve without compensation and are not entitled to the per diem and travel expenses provided for state officers and employees generally.

4. Each member of the advisory board who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation so that the officer or employee may prepare for and attend meetings of the advisory board and perform any work necessary to carry out the duties of the advisory board in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the advisory board to make up the time the officer or employee is absent from work to carry out duties as a member of the advisory board or use annual leave or compensatory time for the absence.

5. The advisory board shall:

(a) Elect a Chair from among its members; and

(b) Meet at the times and places specified by a call of the Chair.

Sec. 23. ***The advisory board appointed pursuant to section 22 of this act shall:***

1. Review the implementation of and compliance with the requirements of sections 8 to 23, inclusive, of this act, including, without limitation, by:

(a) Hearing testimony from:

(1) Practitioners, patients, persons who have recovered or are in recovery from opioid use disorder and persons involved in the treatment of opioid use disorder;

(2) Representatives of the Division, practitioner licensing boards and other organizations; and

(3) Other persons and entities with knowledge and information related to opioids, opioid use disorder or non-opioid alternatives to opioids or any other relevant knowledge and information; and

(b) Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to non-opioid directives and the prescribing and use of opioids; and

2. Make recommendations to practitioner licensing boards, the Department, the Legislature and other governmental entities concerning issues relating to opioid use and alternative treatments that do not utilize opioids.

Sec. 24. (Deleted by amendment.)

Sec. 25. Chapter 287 of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Division of Public and Behavioral Health of the Department of Health and Human Services finds that a health facility has failed to comply with section 1 of this act or a practitioner licensing board finds that a practitioner has failed to comply with section 33, 35, 36, 37 or 39 of this act or NRS 636.2882, the Board may:

(a) Reduce the reimbursement rates paid to the health facility or practitioner, as applicable, by the plan of health insurance provided by the Board; or

(b) Prohibit the health facility or practitioner, as applicable, from receiving payments through the insurance provided through the Program.

2. The Board shall include in any contract with a provider of health care notice of the actions the Board may take pursuant to subsection 1.

3. As used in this section:

(a) "Health facility" means a medical facility, as defined in NRS 449.0151, or a facility which is required by the regulations adopted by the State Board of Health pursuant to NRS 449.0303 to be licensed.

(b) "Practitioner" has the meaning ascribed to it in NRS 639.0125.

(c) "Practitioner licensing board" means a board created pursuant to chapter 630, 631, 632, 633, 635 or 636 of NRS.

Sec. 26. 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 439.581 to 439.597, inclusive, 686A.135, 687B.352, 687B.408, 687B.692, 687B.723, 687B.725, 687B.805, 689B.030 to 689B.0317, inclusive, ***and section 45 of this act,*** paragraphs (b) and (c) of subsection 1 of NRS 689B.0319, subsections 2, 4, 6 and 7 of NRS 689B.0319, 689B.033 to 689B.0369, inclusive, 689B.0375 to 689B.050, inclusive, 689B.0675, 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. 27. NRS 287.0402 is hereby amended to read as follows:

287.0402 As used in NRS 287.0402 to 287.049, inclusive, ***and section 25 of this act,*** unless the context otherwise requires, the words and terms defined in NRS 287.0404 to 287.04064, inclusive, have the meanings ascribed to them in those sections.

Sec. 28. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 439.581 to 439.597, inclusive, 686A.135, 687B.352, 687B.409, 687B.692, 687B.723, 687B.725, 687B.805, 689B.0353, 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.1675, 695G.170 to 695G.1712, inclusive, 695G.1714 to 695G.174, inclusive, ***and section 53 of this act,*** 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, 695G.405 and 695G.415, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 29. (Deleted by amendment.)

Sec. 30. (Deleted by amendment.)

Sec. 30.3. NRS 422.403 is hereby amended to read as follows:

422.403 1. The Department shall, by regulation, establish and manage the use by the Medicaid program of step therapy and prior authorization for prescription drugs.

2. The Drug Use Review Board shall:

(a) Advise the Department concerning the use by the Medicaid program of step therapy and prior authorization for prescription drugs;

(b) Develop step therapy protocols and prior authorization policies and procedures for use by the Medicaid program for prescription drugs; and

(c) Review and approve, based on clinical evidence and best clinical practice guidelines and without consideration of the cost of the prescription drugs being considered, step therapy protocols used by the Medicaid program for prescription drugs.

3. The step therapy protocol established pursuant to this section must not apply to a drug approved by the Food and Drug Administration that is prescribed to treat a psychiatric condition of a recipient of Medicaid, if:

(a) The drug has been approved by the Food and Drug Administration with indications for the psychiatric condition of the

insured or the use of the drug to treat that psychiatric condition is otherwise supported by medical or scientific evidence;

(b) The drug is prescribed by:

(1) A psychiatrist;

(2) A physician assistant under the supervision of a psychiatrist;

(3) An advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120; or

(4) A primary care provider that is providing care to an insured in consultation with a practitioner listed in subparagraph (1), (2) or (3), if the closest practitioner listed in subparagraph (1), (2) or (3) who participates in Medicaid is located 60 miles or more from the residence of the recipient; and

(c) The practitioner listed in paragraph (b) who prescribed the drug knows, based on the medical history of the recipient, or reasonably expects each alternative drug that is required to be used earlier in the step therapy protocol to be ineffective at treating the psychiatric condition.

4. The Department shall not require the Drug Use Review Board to develop, review or approve prior authorization policies or procedures necessary for the operation of the list of preferred prescription drugs developed pursuant to NRS 422.4025.

5. The Department shall accept recommendations from the Drug Use Review Board as the basis for developing or revising step therapy protocols and prior authorization policies and procedures used by the Medicaid program for prescription drugs.

6. ***The Department shall require the Drug Use Review Board, for the purpose of ensuring sufficient access by recipients of Medicaid to alternatives to opioids, to regularly review the step therapy protocols and prior authorization policies and procedures applicable to drugs that are approved by the United States Food and Drug Administration as alternatives to opioids.***

7. As used in this section:

(a) "Medical or scientific evidence" has the meaning ascribed to it in NRS 695G.053.

(b) "Step therapy protocol" means a procedure that requires a recipient of Medicaid to use a prescription drug or sequence of prescription drugs other than a drug that a practitioner recommends for treatment of a psychiatric condition of the recipient before Medicaid provides coverage for the recommended drug.

Sec. 30.6. NRS 422.405 is hereby amended to read as follows:

422.405 1. The Department shall, by regulation, set forth the duties of the Board, which must include, without limitation:

(a) Identifying the prescription drugs which should be included on the list of preferred prescription drugs developed by the Department pursuant to NRS 422.4025, which must include, without limitation, any prescription drug required by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to be covered by the Medicaid program and any other prescription drug deemed essential by the Board;

(b) Identifying the prescription drugs which should be excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs;

(c) Identifying classes of therapeutic prescription drugs for its review and performing a clinical analysis of each drug included in each class that is identified for review; and

(d) Reviewing at least annually all classes of therapeutic prescription drugs on the list of preferred prescription drugs developed by the Department pursuant to NRS 422.4025.

2. The Department shall, by regulation, require the Board to:

(a) Base its decisions on evidence of clinical efficacy, safety and outcomes for patients and, if the difference between the clinical efficacy, safety and outcomes for two or more drugs is not clinically significant, cost;

(b) Review new pharmaceutical products in as expeditious a manner as possible; ~~[and]~~

(c) Consider new clinical evidence supporting the inclusion of an existing pharmaceutical product on the list of preferred prescription drugs developed by the Department and new clinical evidence supporting the exclusion of an existing pharmaceutical product from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs in as expeditious a manner as possible ~~[.]~~ ***; and***

(d) Review pursuant to paragraph (c) of subsection 1 each new class of therapeutic prescription drugs that includes a subset of drugs that are approved by the United States Food and Drug Administration as alternatives to opioids for purposes for which opioids would normally be used.

3. The Department shall, by regulation, authorize the Board to:

(a) In carrying out its duties, exercise clinical judgment and analyze peer review articles, published studies, and other medical and scientific information; and

(b) Establish subcommittees to analyze specific issues that arise as the Board carries out its duties.

4. The Board may close any portion of a meeting during which it considers the cost of prescription drugs.

Sec. 31. NRS 433.738 is hereby amended to read as follows:

433.738 1. The statewide plan to allocate money from the Fund established by the Department, in consultation with the Office, pursuant to paragraph (b) of subsection 1 of NRS 433.734 must:

(a) Establish policies and procedures for the administration and distribution of money from the Fund;

(b) Allocate the money in the Fund for the purposes described in ~~[subsection]~~ ***subsections*** 2 ~~[;]~~ ***and 3;*** and

(c) Establish requirements governing the use of money allocated from the Fund.

2. ***The statewide plan must allocate at least 20 percent of the money distributed from the Fund for projects and grants related to the prevention of substance use disorders. Such money may be used for:***

(a) The projects described in subparagraph (15) of paragraph (a) of subsection 3 and, where applicable, other projects described in that paragraph; and

(b) Grants to an agency or organization listed in paragraph (b) of subsection 3 for work relating to the prevention of substance use disorders.

3. The statewide plan may allocate money to:

(a) Statewide projects, which may include, without limitation:

(1) Expanding access to evidence-based prevention of substance use disorders, early intervention for persons at risk of a substance use disorder, treatment for substance use disorders and support for persons in recovery from substance use disorders;

(2) Programs to reduce the incidence and severity of neonatal abstinence syndrome;

(3) Prevention of adverse childhood experiences and early intervention for children who have undergone adverse childhood experiences and the families of such children;

(4) Services to reduce the harm caused by substance use;

(5) Prevention and treatment of infectious diseases in persons with substance use disorders;

(6) Services for children and other persons in a behavioral health crisis and the families of such persons;

(7) Housing for persons who have or are in recovery from substance use disorders;

(8) Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders;

(9) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;

(10) The evaluation of existing programs relating to substance use and substance use disorders;

(11) Development of the workforce of providers of services relating to substance use and substance use disorders;

(12) The collection and analysis of data relating to substance use and substance use disorders;

(13) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling; ~~[and]~~

(14) Implementing the hotline for persons who are considering suicide or otherwise in a behavioral health crisis and providing services to persons who access that hotline in accordance with the provisions of NRS 433.702 to 433.710, inclusive ~~[.]~~ ***; and***

(15) Research into alternative treatments that do not utilize an opioid.

(b) Grants to regional, county, local and tribal agencies and private-sector organizations whose work relates to opioid use disorder and other substance use disorders.

~~[3.]~~ ***4.*** The projects described in paragraph (a) of subsection ~~[2]~~ ***3*** may include, without limitation, projects to maximize expenditures through federal, local and private matching contributions.

~~[4.]~~ ***5.*** The Department, in consultation with the Office, may revise the statewide plan to allocate money from the Fund as necessary without conducting a statewide needs assessment pursuant to paragraph (a) of subsection 1 of NRS 433.734 so long as a needs assessment is conducted at the intervals required by that subsection.

Sec. 32. NRS 433.740 is hereby amended to read as follows:

433.740 1. If the Department awards grants pursuant to paragraph (b) of subsection ~~[2]~~ ***3*** of NRS 433.738, the Department, in consultation with the Office, must:

(a) Develop, solicit and accept applications for those grants. An application submitted by a regional, local or tribal governmental entity must include, without limitation:

(1) The results of a needs assessment that meets the requirements of NRS 433.742; and

(2) A plan for the use of the grant that meets the requirements of NRS 433.744.

(b) Coordinate with and provide support to regional, local and tribal governmental entities in conducting needs assessments and developing plans pursuant to paragraph (a).

(c) Consider any money recovered or anticipated to be recovered by county, local or tribal governmental agencies through judgments received or settlements entered into as a result of litigation concerning the manufacture, distribution, sale or marketing of opioids.

(d) Conduct annual evaluations of programs to which grants have been awarded.

2. To the extent authorized by the terms of any judgment or settlement described in subsection 1 of NRS 433.732, the recipient of a grant pursuant to paragraph (b) of subsection ~~[2]~~ ***3*** of NRS 433.738 may use not more than 8 percent of the grant for administrative expenses related to the grant or the projects supported by the grant.

3. The recipient of a grant pursuant to paragraph (b) of subsection ~~[2]~~ ***3*** of NRS 433.738 shall annually submit to the Department a report concerning the expenditure of the money that was received and the outcomes of the projects on which that money was spent.

4. If a regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection ~~[2]~~ ***3*** of NRS 433.738 later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids:

(a) The regional, local or tribal governmental entity must immediately notify the Department; and

(b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.

5. A regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection ~~[2]~~ ***3*** of NRS 433.738 shall conduct a new needs assessment and update its plan for the use of the grant at intervals prescribed by regulation of the Department, which must be not less than every 4 years.

Sec. 33. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A physician or physician assistant who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the physician or physician assistant, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed

a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the physician or physician assistant shall provide such a treatment.

3. During each even-numbered year, the Board shall review compliance with the requirements of this section by each physician and physician assistant who prescribes or administers opioids to patients.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 34. NRS 630.3066 is hereby amended to read as follows:

630.3066 A physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with the provisions of ***section 33 of this act and*** NRS 639.23507 and 639.2391 to 639.23916, inclusive, any regulations adopted by the State Board of Pharmacy pursuant thereto and any other regulations adopted by the Board of Medical Examiners.

2. Engaging in any activity in accordance with the provisions of chapter 678C of NRS.

Sec. 35. Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A dentist who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the dentist, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the dentist shall provide such a treatment.

3. During each even-numbered year, the Board shall review compliance with the requirements of this section by each dentist who prescribes or administers opioids to patients.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 36. Chapter 632 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An advanced practice registered nurse or certified registered nurse anesthetist who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the advanced practice registered nurse or certified registered nurse anesthetist, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the advanced practice registered nurse or certified registered nurse anesthetist shall provide such a treatment.

3. During each even-numbered year, the Board shall review compliance with the requirements of this section by each advanced practice registered nurse or certified registered nurse anesthetist who prescribes or administers opioids to patients.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 37. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An osteopathic physician or physician assistant who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the osteopathic physician or physician assistant, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the osteopathic physician or physician assistant shall provide such a treatment.

3. During each even-numbered year, the Board shall review compliance with the requirements of this section by each osteopathic physician or physician assistant who prescribes or administers opioids to patients.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 38. NRS 633.521 is hereby amended to read as follows:

633.521 An osteopathic physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care:

(a) Amygdalin (laetrile), if the patient has consented to the use of the substance.

(b) Procaine hydrochloride with preservatives and stabilizers (Gerovital H3).

(c) A controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with the provisions of NRS 639.23507 and 639.2391 to 639.23916, inclusive, ***and section 37 of this act*** and any regulations adopted by the State Board of Pharmacy pursuant thereto and the accepted standards for the practice of osteopathic medicine.

2. Engaging in any activity in accordance with the provisions of chapter 678C of NRS.

Sec. 39. Chapter 635 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A podiatric physician who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the podiatric physician, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

2. Except as otherwise provided in subsection 1 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the podiatric physician shall provide such a treatment.

3. During each even-numbered year, the Board shall review compliance with the requirements of this section by each podiatric physician who prescribes or administers opioids to patients.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 40. NRS 636.2882 is hereby amended to read as follows:

636.2882 ***1.*** An optometrist who is certified to administer and prescribe a pharmaceutical agent pursuant to NRS 636.288 shall not prescribe a controlled substance unless the optometrist:

~~[1.]~~ ***(a)*** Has completed an optometric examination of the patient for whom the controlled substance is prescribed;

~~[2.]~~ ***(b)*** Prescribes the controlled substance in an amount that does not exceed 90 morphine milligram equivalents per day and will not last more than 72 hours; and

~~[3.]~~ ***(c)*** Sets forth in the prescription for the controlled substance that the prescription may not be refilled without a subsequent examination of the patient by the optometrist.

2. An optometrist who prescribes or administers opioids shall:

(a) Comply with the requirements of sections 8 to 23, inclusive, of this act, and any regulations adopted pursuant thereto; and

(b) Offer to a patient an alternative treatment that does not utilize an opioid before prescribing, administering or directing or supervising the administration of an opioid to the patient for the first time unless:

(1) In the opinion of the optometrist, there is no treatment that does not utilize an opioid that is suitable for treating the patient; or

(2) It is not practicable to offer such an alternative treatment to the patient.

3. Except as otherwise provided in subsection 2 and section 19 of this act, if a patient or his or her legal guardian has executed a non-opioid directive or states that the patient wishes to receive an alternative treatment that does not utilize an opioid, the optometrist shall provide such a treatment.

4. During each even-numbered year, the Board shall review compliance with the requirements of this section by each optometrist who prescribes or administers opioids to patients.

5. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 41. NRS 654.190 is hereby amended to read as follows:

654.190 1. The Board may, after notice and an opportunity for a hearing as required by law, impose an administrative fine of not more than $10,000 for each violation on, recover reasonable investigative fees and costs incurred from, suspend, revoke, deny the issuance or renewal of or place conditions on the license of, and place on probation or impose any combination of the foregoing on any licensee who:

(a) Is convicted of a felony relating to the practice of administering a facility for skilled nursing or facility for intermediate care or residential facility for groups or of any offense involving moral turpitude.

(b) Has obtained his or her license by the use of fraud or deceit.

(c) Violates any of the provisions of this chapter.

(d) Aids or abets any person in the violation of any of the provisions of NRS 449.029 to 449.2428, inclusive, ***and section 1 of this act,*** or 449A.100 to 449A.124, inclusive, and 449A.270 to 449A.286, inclusive, as those provisions pertain to a facility for skilled nursing, facility for intermediate care or residential facility for groups.

(e) Violates any regulation of the Board prescribing additional standards of conduct for licensees, including, without limitation, a code of ethics.

(f) Engages in conduct that violates the trust of a patient or resident or exploits the relationship between the licensee and the patient or resident for the financial or other gain of the licensee.

2. If a licensee requests a hearing pursuant to subsection 1, the Board shall give the licensee written notice of a hearing pursuant to NRS 233B.121 and 241.0333. A licensee may waive, in writing, his or her right to attend the hearing.

3. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Chair of the Board may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

4. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

5. The expiration of a license by operation of law or by order or decision of the Board or a court, or the voluntary surrender of a license, does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

Sec. 42. NRS 687B.225 is hereby amended to read as follows:

687B.225 1. Except as otherwise provided in NRS 689A.0405, 689A.0412, 689A.0413, 689A.0418, 689A.0437, 689A.044, 689A.0445, 689A.0459, 689B.031, 689B.0312, 689B.0313, 689B.0315, 689B.0317, 689B.0319, 689B.0374, 689B.0378, 689C.1665, 689C.1671, 689C.1675, 689C.1676, 695A.1843, 695A.1856, 695A.1865, 695A.1874, 695B.1912, 695B.1913, 695B.1914, 695B.1919, 695B.19197, 695B.1924, 695B.1925, 695B.1942, 695C.1696, 695C.1699, 695C.1713, 695C.1735, 695C.1737, 695C.1743, 695C.1745, 695C.1751, 695G.170, 695G.1705, 695G.171, 695G.1714, 695G.1715, 695G.1719 and 695G.177, ***and sections 43, 45, 46, 48, 49, 50 and 53 of this act,*** any contract for group, blanket or individual health insurance or any contract by a nonprofit hospital, medical or dental service corporation or organization for dental care which provides for payment of a certain part of medical or dental care may require the insured or member to obtain prior authorization for that care from the insurer or organization. The insurer or organization shall:

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

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

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

Sec. 43. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the policy coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. An insurer shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

3. 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, 2026, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with the provisions of this section is void.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 44. 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 43 of this act.***

Sec. 45. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the policy coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. An insurer shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

3. 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, 2026, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with the provisions of this section is void.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 46. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the plan coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. A carrier shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

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

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 47. 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 46 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. 48. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the contract coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. A society shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

3. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2026, has the legal effect of including the coverage

required by this section, and any provision of the contract that conflicts with the provisions of this section is void.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 49. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the policy coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. A hospital or medical services corporation shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

3. 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, 2026, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with the provisions of this section is void.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 50. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the plan coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. A health maintenance organization shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

3. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after

January 1, 2026, has the legal effect of including the coverage required by this section, and any provision of the plan that conflicts with the provisions of this section is void.

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 51. 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 ***and section 50 of this act*** 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.16932 to 695C.1699, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347, 695C.1736 to 695C.1745, inclusive, 695C.1757 and 695C.204 apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

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

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

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

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

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

Sec. 52. 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, ***and section 50 of this act,*** 695C.204 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. 53. 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:

(a) Comply with subsection 2 of section 16 of this act; and

(b) Include in the plan coverage for at least one alternative to an opioid that is effective for each purpose for which:

(1) An opioid is commonly used; and

(2) A non-opioid alternative is available.

2. A managed care organization shall not:

(a) Require prior authorization for the benefits described in paragraph (b) of subsection 1 if such prior authorization would not be required for an opioid under the same circumstances; or

(b) Impose other requirements on the benefits described in paragraph (b) of subsection 1 that would not be imposed on an opioid used under the same circumstances.

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

4. As used in this section, "non-opioid directive" has the meaning ascribed to it in section 9 of this act.

Sec. 53.5. NRS 695G.090 is hereby amended to read as follows:

695G.090 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.

3. The provisions of NRS 695G.127, 695G.1639, 695G.164, 695G.1645, 695G.167 ***and section 53 of this act*** and 695G.200 to 695G.230, inclusive, 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.

4. The provisions of NRS 695C.1735 and 695G.1639 do not apply to a managed care organization that provides health care services to members of the Public Employees' Benefits Program.

5. Subsections 3 and 4 do not exempt a managed care organization from any provision of this chapter for services provided pursuant to any other contract.

Sec. 54. Chapter 695K of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Division of Public and Behavioral Health of the Department of Health and Human Services finds that a health care facility has violated section 1 of this act or a practitioner licensing board finds that a practitioner has violated section 33, 35, 36, 37 or 39 of this act or NRS 636.2882, the Director may:

(a) Reduce the reimbursement rates received by the health care facility or practitioner, as applicable, from the Public Option; or

(b) Prohibit the health care facility or practitioner, as applicable, from receiving payments through the insurance provided through the Public Option.

2. The Director of the Department of Health and Human Services shall include in any contract with a health care facility or practitioner notice of the actions the Director may take pursuant to subsection 1.

3. As used in this section:

(a) "Health care facility" means a medical facility, as defined in NRS 449.0151, or a facility which is required by the regulations adopted by the State Board of Health pursuant to NRS 449.0303 to be licensed.

(b) "Practitioner" has the meaning ascribed to it in NRS 639.0125.

(c) "Practitioner licensing board" means a board created pursuant to chapter 630, 631, 632, 633, 635 or 636 of NRS.

Sec. 55. 1. The Department of Health and Human Services may continue to utilize the statewide plan created pursuant to paragraph (b) of subsection 1 of NRS 433.734 that is in effect on January 1, 2026. The Department shall comply with the provisions of NRS 433.738, as amended by section 31 of this act, when revising the statewide plan.

2. Notwithstanding the amendatory provisions of sections 1, 16, 33, 35, 36, 37 and 39 of this act and NRS 636.2882, as amended by section 40 of this act:

(a) A medical facility or facility which is required by the regulations adopted by the State Board of Health pursuant to NRS 449.0303 to be licensed that administers opioids to patients is not required to offer treatments that are alternatives to opioids to patients or require practitioners who provide care at the facility to take any action described in paragraph (b) until July 1, 2027, or 6 months after the date on which the regulations adopted pursuant to section 21 of this act become effective, whichever occurs later;

(b) A practitioner who prescribes or administers opioids is not required to explain to the patient or his or her legal guardian that the

patient or legal guardian, as applicable, may execute a non-opioid directive, provide the non-opioid directive to a patient or his or her legal guardian or offer treatments that are alternatives to opioids until July 1, 2027, or 6 months after the date on which the regulations adopted pursuant to section 21 of this act become effective, whichever occurs later;

(c) The Division of Public and Behavioral Health of the Department of Health and Human Services may not review the compliance of medical facilities and facilities which are required by the regulations adopted pursuant to NRS 449.0303 to be licensed with the requirements of section 1 of this act until January 1, 2029, or 18 months after the date on which the regulations adopted pursuant to section 21 of this act become effective, whichever occurs later; and

(d) A practitioner licensing board may not review the compliance of practitioners with the requirements of sections 33, 35, 36, 37 and 39 of this act and NRS 636.2882, as amended by section 40 of this act, until January 1, 2029, or 18 months after the date on which the regulations adopted pursuant to section 21 of this act become effective, whichever occurs later.

3. A practitioner who discovers on or before the date set forth in paragraph (b) of subsection 1 that a patient is a non-opioid patient and is unable to offer a treatment that is an alternative to an opioid to the patient shall, where the practitioner would otherwise be required by section 33, 35, 36, 37 or 39 of this act or NRS 636.2882, as amended by section 40 of this act, to offer such an alternative treatment, refer the patient to a provider of health care who is able to offer such a treatment.

4. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in NRS 449.0151.

(b) "Non-opioid directive" has the meaning ascribed to it in section 9 of this act.

(c) "Non-opioid patient" has the meaning ascribed to it in section 10 of this act.

(d) "Practitioner" has the meaning ascribed to it in section 11 of this act.

(e) "Practitioner licensing board" has the meaning ascribed to it in section 12 of this act.

Sec. 56. 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. 57. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 56, inclusive, 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 July 1, 2026, for all other purposes.

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