

# Healthcare & the 83rd Legislative Session

## Outcomes for Nevada Hospitals



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# I. Final Update – 83rd Legislative Session



Dear Members,

As the 83rd Nevada Legislative Session concludes, we are pleased to share a summary of key developments that will shape healthcare policy in our state for years to come. Over 1,200 bills were introduced, with more than 230 focused on healthcare. The Nevada Hospital Association (NHA) actively tracked and engaged on more than 50 of these bills to ensure that your voice was heard.

## Key Session Highlights

### **Workforce and Staffing Ratios**

The Legislature acknowledged the state's severe healthcare workforce shortage but nonetheless passed legislation imposing mandatory nurse staffing ratios for hospitals in Clark and Washoe counties. The NHA strongly opposed the bill, and Governor Lombardo vetoed it, recognizing the potential harm to hospital operations and patient access.

### **Graduate Medical Education (GME)**

To help address the long-term physician shortage, the Legislature increased funding to develop and expand residency programs in Nevada. This investment will support training more medical school graduates locally, improving physician retention, and building a more sustainable provider workforce in the years ahead.

### **Medical Debt Reform**

In response to growing concern about medical debt, lawmakers introduced several bills aimed at modifying debt collection practices and consumer protections. These proposals sought to reclassify medical debt and limit how it could impact credit or be pursued by collections agencies. While some measures were approved, Governor Lombardo vetoed those that posed undue operational or financial burdens on health systems.

### **Insurance Practices and Artificial Intelligence (AI)**

Legislation was introduced to reform insurer use of prior authorization, increase transparency, and restrict inappropriate use of AI in clinical decision-making. These bills aimed to ensure that care decisions remain grounded in sound medical judgment and are not delayed or denied due to opaque algorithms or administrative barriers.



## Looking Ahead

Thanks to strategic advocacy and key vetoes, hospitals fared well overall this session. The NHA, working closely with Nevada Rural Hospital Partners (NRHP), coordinated a skilled team of lobbyists to protect hospital interests and safeguard access to care across the state.

In the months ahead, we will share:

- A **2025 Legislative Checklist** to support compliance with newly enacted policies, and
- An updated **Nevada Hospital Law Manual** as a reference guide for hospital operations and governance.

Please remember that this summary, as well as the forthcoming documents, are for informational purposes. We strongly recommend reviewing the full text of any legislation with legal counsel before making operational changes.

## Thank You

Your engagement and support throughout the session was essential. Together, we helped shape meaningful policy outcomes and defended the integrity of Nevada's healthcare system. We look forward to our continued collaboration in the months ahead.



Patrick D. Kelly  
President and CEO  
Nevada Hospital Association

## II. Bills Signed Into Law

### AB3 – Monetary Threshold for Dispute Resolution

AB3 increases the monetary threshold for mandatory nonbinding arbitration in civil actions from \$50,000 to \$100,000.

**Sponsor: Assembly Committee on Judiciary**

### AB19 – Statewide Substance Use Response Working Group

AB19 establishes the Statewide Substance Use Response Working Group under the Attorney General. It will be composed of state officials, legislators, local government reps, healthcare professionals, law enforcement, advocates, and community members. The group will assess and coordinate evidence-based prevention, treatment, and recovery efforts for substance use disorders. Responsibilities include analyzing data, supporting special populations, evaluating funding use, and advising on policies.

**Sponsor: Assembly Committee on Health and Human Services**

### AB20 – Medical Symbols on License and ID Cards

AB20 authorizes the DMV to imprint symbols for medical conditions on driver's licenses and identification cards.

**Sponsor: Assembly Committee on Growth and Infrastructure**

### AB42 – DHCFP Administrative Regulations

AB42 authorizes the Administrator of the Division of Health Care Financing and Policy to amend or repeal a regulation or policy with three business days' notice if the action is required by federal law or will result in an expansion of services or benefits. Retroactive action is permitted in certain circumstances.

**Sponsor: Assembly Committee on Health and Human Services**

### \*AB50 – Mass Casualty Reporting

AB50 authorizes a board of county commissioners to establish and maintain an electronic database containing information concerning victims of mass casualty incidents (MCI) to coordinate reunification and identification services and appropriate follow-up services. If a hospital becomes aware of an MCI and treats victims, it must report the patient's name, date of birth, and identifying physical characteristics to the database no later than 24 hours after registration.



Hospitals must also assign each MCI victim a unique identifier in their medical record to facilitate identification for future long-term support services. Before discharge, hospitals are required to ask patients if they wish to receive such services; if they agree, hospitals must obtain written authorization from patients to keep their data in the database. (Note: Currently, only Clark County has plans to develop an MCI database.)

**Sponsor: Assembly Committee on Government Affairs**

### AB60 – Substance Use Disorder Peer Support Services

AB60 makes several significant changes to Nevada's approach to substance use disorder (SUD) prevention. It formally establishes *Certified Substance Use Disorder Prevention Coalitions* as key regional entities responsible for assessing community needs, identifying service gaps, and advising state agencies on prevention strategies. A major shift is the formal recognition and integration of Certified Prevention Specialists, who are authorized to lead prevention efforts, including data collection, program development, and coordination with community partners.

The bill also expands mandatory reporting requirements to include Certified Prevention Specialists and peer recovery professionals. Additionally, it clarifies licensing exemptions for several health and behavioral professionals involved in prevention or recovery services.

**Sponsor: Assembly Committee on Health and Human Services**

### AB64 – Open Meeting Law Revisions

AB64 updates Nevada's Open Meeting Law to clarify when public bodies, including certain government-owned hospital boards and public hospital authorities, can conduct meetings remotely and how public participation must be supported. The bill also revises rules on legal advice during closed sessions, expands clarity on public comment protections, and ensures that disciplinary hearings involving licensees, like hospital-employed clinicians, are subject to full public transparency once formal action is pursued.

**Sponsor: Assembly Committee on Government Affairs**

### AB65 – Guardianship

AB65 addresses guardianship procedures, including those involving minors seeking Special Immigrant Juvenile (SIJ) status. Hospitals must be prepared to recognize court-appointed guardians, including those whose authority may extend beyond age 18, up to age 21, in certain immigration-related cases. Hospitals are required to comply with court-

ordered service-of-process protocols, including personal service, certified mail, and alternative methods approved by the court.

**Sponsor: Assembly Committee on Judiciary**

### AB221 – Permitting Requirements with Anesthesia and Sedation

AB221 clarifies that physician offices or certain healthcare facilities that administer general anesthesia or sedation only to dental patients — and under a dental anesthesia permit — are exempt from having to obtain a second state anesthesia permit through the Division of Public and Behavioral Health. This eliminates duplicative regulatory requirements for professionals licensed as both physicians and dentists.

**Sponsor: Assemblymember Rebecca Edgeworth**

### AB235 – Protection for Reproductive Health Providers

AB235 allows health care providers involved in reproductive or gender-affirming care—as well as employees, volunteers, and their spouses, partners, or minor children—to request court orders to keep their personal information confidential when held by county recorders, assessors, or election officials. It also permits these individuals to request that the Department of Motor Vehicles use an alternate address on their driver's licenses, commercial licenses, or ID cards. The legislation aims to enhance privacy and protect the safety of individuals associated with sensitive healthcare services by limiting public access to identifying information.

**Sponsor: Assemblymember Erica Roth**

### AB266 – Lactation Awareness

AB266 promotes public awareness and protection of breastfeeding in Nevada. It requires the Department of Health and Human Services to post online information about Medicaid breastfeeding coverage and community lactation services, and to implement a public education campaign on lactation. The bill also prohibits public accommodations from discriminating against individuals who are breastfeeding, authorizes civil actions and administrative complaints for violations, and empowers the Nevada Equal Rights Commission to investigate such complaints and enforce compliance.

**Sponsors: Assemblymembers Cecelia González, Cinthia Zermeño Moore, and 4 other sponsors**

## [AB269](#) – Student Loan Repayment Program Provider Expansion

AB269 expands Nevada’s Student Loan Repayment Program to include public health professionals and a broader range of health care providers (such as therapists and behavioral health counselors) working in underserved communities.

**Sponsor: Assemblymember Reuben D'Silva**

## [AB304](#) – Electromagnetic Brain Pulse Treatment Study

AB304 requires entities running pilot programs on transcranial magnetic stimulation or electromagnetic brain pulse treatments to submit notifications and reports to the Legislative Counsel Bureau.

**Sponsors: Assemblymembers Venise Karris, Natha Anderson, and 10 other sponsors**

## [AB319](#) – Foreign Medical School Graduates, CRNAs, and Medical Assistants

AB319 introduces major reforms to medical licensure and healthcare regulation in Nevada, with a strong emphasis on expanding access for foreign medical graduates. The bill aligns licensure eligibility for physicians educated in the United Kingdom, Australia, and New Zealand with those trained in the U.S. or Canada. For graduates of other foreign countries, the Board of Medical Examiners is authorized to evaluate whether their country’s medical education system is “equivalent” to U.S. standards. If deemed equivalent, those graduates qualify under the same rules. Physicians whose education is not found equivalent may still become licensed by completing approved postgraduate education and meeting all other licensure requirements—ensuring an alternative path remains open while maintaining rigorous standards.

Other key provisions in AB319 aim to enhance Nevada’s healthcare workforce and regulatory systems. The bill expands the scope of practice for practitioners of respiratory care and authorizes certified registered nurse anesthetists to perform advanced tasks in hospitals located in smaller communities. It also permits medical assistants to carry out clinical duties under the supervision of registered nurses, increasing flexibility in care settings. In addition, the bill streamlines oversight, modernizes licensing processes, and reinforces coordination between medical boards to ensure safe, efficient delivery of healthcare statewide.

**Sponsor: Assemblymember David Orentlicher**

### \*[AB326](#) – Trauma Center Designations

AB326 authorizes the State Board of Health to adopt regulations establishing specific trauma center levels (I–IV). The regulations must limit the designation of level IV trauma centers to critical access hospitals located more than 80 miles outside the boundaries of a county with two or more existing centers for the treatment of trauma.

**Sponsors: Assemblymembers Gregory Koenig, Lisa Cole, and 1 other sponsor**

### \*[AB343](#) – Hospital Price Transparency and Medical Debt Reform

AB343 introduces new legal requirements for hospital price transparency and medical debt collection in Nevada. Hospitals are required to:

- **Publish Detailed Pricing:** Hospitals must post a machine-readable list of all standard charges (including highest/lowest negotiated rates, cash rates, and CPT/HCPCS codes). This is intended to be the same reporting requirements as 45 CFR 180, which is current federal law.
- **List Shoppable Services:** Hospitals may provide a comparable list for common services or an online estimator tool meeting accessibility and transparency standards.
- **Report:** Annually, hospitals must report additional pricing information to the Department of Health and Human Services.

#### **Debt Collection Restrictions**

Hospitals ***out of compliance with these transparency rules are barred from pursuing medical debt collection***, including reporting to credit agencies. Any debts collected while noncompliant must be canceled and refunded.

**Sponsor: Assemblymember Steve Yeager**

### \*[AB360](#) – Syphilis Testing

AB360 requires hospitals and other health care providers to prioritize early detection and treatment of syphilis in pregnancy. Under the new requirements, hospitals must assess every woman of childbearing age who seeks care to determine pregnancy status. If the patient confirms she is pregnant, providers must further inquire about any prenatal care or previous syphilis testing she has received. In cases where the patient has not undergone syphilis testing in the past three months or lacks documented care, the hospital must either conduct a syphilis test or ensure the patient is referred for testing. If the patient has a history of syphilis, the facility must still offer testing or referral to confirm current status.

To facilitate timely diagnosis, hospitals may use rapid or point-of-care tests, provided results are available before the patient is discharged. If these are not feasible, standard serological testing may be performed if results can be obtained during the hospital stay. In the event of a positive result, hospitals must either initiate treatment on-site, with the patient's consent, or arrange a referral if treatment cannot be provided directly. Medicaid is mandated to provide separate reimbursement for point-of-care syphilis testing.

**Sponsor: Assemblymember Heather Goulding**

### **AB368 – Electronic Communication Devices in Long-Term Care Patient Rooms**

AB368 authorizes patients in various healthcare and residential facilities and residents of living communities for people with disabilities to request the installation and use of electronic communication devices (such as cameras) in their living quarters or bedrooms, under specified privacy and consent conditions. The bill prohibits facilities and service providers from retaliating or discriminating against individuals for using such devices and establishes civil and criminal penalties for violations.

**Sponsor: Assemblymember Max Carter**

### **AB380 – Mobile Crisis Teams**

AB380 revises requirements for mobile crisis teams (MCTs) providing community-based intervention for individuals experiencing behavioral health crises in Nevada. It no longer limits who can create an MCT. It also removes location restrictions for such teams and updates their required composition to include at least one behavioral health professional and at least one law enforcement officer, emergency medical services provider, or other qualified paraprofessional (such as a peer support specialist or case manager).

**Sponsors: Assemblymembers Rebecca Edgeworth, Joe Dalia, and 2 other sponsors**

### **AB406 – AI Use in Behavioral Healthcare**

AB406 prohibits hospitals and other health care providers from using artificial intelligence (AI) systems to deliver direct professional mental or behavioral healthcare to patients. Licensed hospital providers may use AI only for administrative tasks and must comply with all privacy laws and independently verify AI-generated clinical information. The bill also imposes penalties for unlicensed individuals or AI systems that give false information on being capable of providing mental or behavioral health services.

**Sponsors: Assemblymembers Jovan Jackson and Hanadi Nadeem**

### [AB461](#) – Advanced Healthcare Directives

AB461 requires the Department of Health and Human Services to implement a statewide public education program on long-term care planning. The bill also requests the Nevada Guardianship Commission to study potential updates to the state’s healthcare decisions laws.

**Sponsors: Assemblymembers David Orentlicher and Shea Backus**

### [AB483](#) – Prioritized Licensure Review for Underserved Communities

AB483 requires state health licensing boards and certain local health authorities to adopt processes that prioritize review of initial licensure applications from health professionals who will practice primarily in historically underserved communities.

**Sponsor: Assembly Committee on Health and Human Services**

### [AB484](#) – Data Collection of Health Care Providers

AB484 requires the Director of the Department of Health and Human Services to expand the existing health care provider database to also collect information on an applicant’s sex, other jurisdictions of licensure, use of telehealth, and types of patients served during license, certificate, or registration renewals.

**Sponsor: Assembly Committee on Health and Human Services**

### [AB535](#) – Tax Exemption Qualifications

AB535 sets new criteria for determining whether an organization qualifies for a sales and use tax exemption in Nevada as a charitable organization. It requires qualifying organizations to either hold a federal 501(c)(3) exemption or further specified charitable purpose, and mandates that the Department of Taxation provide written explanations and appeal procedures for denials, along with biennial reporting to the Legislature on exemption applications.

**Sponsor: Assembly Committee on Revenue**

### [AB539](#) – Career Coaching in Middle and Junior High Schools

AB539 authorizes the Department of Employment, Training, and Rehabilitation to establish a program, subject to available funding, to place career coaches in middle and junior high schools to help students explore career pathways and build career readiness skills. The program prioritizes schools in high-unemployment areas and allows the Department to collaborate with partners and seek funding to support the initiative.

**Sponsor: Assembly Committee on Revenue**

### [AB544](#) – License Expiration Date Change

AB544 allows facility licenses to expire one year from the date of issuance, rather than on December 31, while retaining the option for annual renewal.

**Sponsor: Assembly Committee on Ways and Means**

### [AB551](#) – Background Checks for Contractors

AB551 requires periodic background checks for employees and contractors of Nevada's Division of Welfare and Supportive Services and the Department of Employment, Training, and Rehabilitation. The bill mandates that prospective and current employees and contractors submit proof of legal work status and fingerprints for federal and local background investigations, with follow-up checks required every five years.

**Sponsor: Assembly Committee on Ways and Means**

### [SB124](#) – Limited Medical Licenses

SB124 establishes a limited medical license in Nevada for physicians, including graduates of foreign medical schools, who meet core eligibility requirements but have not yet obtained full licensure. Applicants must have job offers from a federally qualified health center, state or local agency (including a county hospital or a health district), nonprofit provider, or physician group in a medically underserved area.

License holders must practice under the supervision of an experienced, fully licensed physician for at least two years under a Board-approved agreement. Following successful service and positive evaluations, they may apply for full licensure.

**Sponsors: Senators Fabian Doñate, Edgar Flores, and 2 other sponsors**

### [\\*SB138](#) – Presumptive Medicaid Eligibility for Newborns

SB138 requires hospitals providing birthing services to provide presumptive Medicaid eligibility determinations for pregnant women. Hospitals must screen each pregnant patient and provide written notice about potential eligibility for Medicaid and Supplemental Security Income (SSI) benefits. This includes both the pregnant woman and, when applicable, the parents or legal guardians of premature or medically complex newborns. If a child is born prematurely, with a low birth weight, or with any condition that qualifies them for benefits under the SSI Program, the hospital must ensure that the parent or legal guardian receives written notice regarding the child's potential eligibility for both SSI and Medicaid.



If a woman is found presumptively eligible for Medicaid, the hospital is responsible for informing her of the duration of that eligibility, the benefits available under the program, and how she can apply for full Medicaid enrollment. If she is not eligible, the hospital must explain the reasons for ineligibility and offer guidance on the application process. In addition to these provisions, the bill also establishes specific rights for parents or legal guardians of infants admitted to neonatal intensive care units.

**Sponsors: Senator Nicole Cannizzaro and joint sponsors Assemblymembers Tracy Brown-May and 5 other sponsors**

### **SB165 – Behavioral Health Promotion and Preventionists**

SB165 strengthens Nevada’s oversight and accountability framework for Behavioral Health Promotion and Preventionists (BHPPs)—professionals dedicated to promoting mental wellness, preventing mental illness and substance use disorders, and delivering early intervention and educational services within communities. While they are not clinical providers, BHPPs can play a vital role in advancing prevention strategies and supporting mental health at the population level.

To qualify as a BHPP, individuals must meet standards set by the Board of Psychological Examiners, which may include education, training, and testing in behavioral health promotion, public health, or related disciplines.

BHPPs may operate under the supervision of a licensed psychologist, nurse practitioner, or other appropriately licensed behavioral health professional.

**Sponsors: Senators Rochelle Nyugen, Carrie Buck and 1 other sponsor**

### **SB188 – Language Access for Persons with Limited English Proficiency**

SB188 requires Nevada healthcare facilities and providers to take reasonable steps to ensure that language barriers do not prevent persons with limited English proficiency (LEP) from accessing necessary healthcare. The bill codifies federal standards into state law and mandates that language assistance be provided free of charge, accurately, in a timely manner, and in a way that respects patient privacy and autonomy.

Hospitals are prohibited from asking patients to supply their own interpreters or to pay for such services. Non-qualified interpreters (including minors) may only be used temporarily in emergencies, with strict conditions. Remote interpreting is allowed but must meet quality and training standards.

**Sponsor: Senator Fabian Doñate**

## SB189 – Genetic Counselors

SB189 establishes a comprehensive licensing and regulatory framework for genetic counselors in Nevada. Genetic counselors are health care professionals who assess family and medical histories, explain genetic risks, order and interpret genetic tests, and provide non-clinical counseling to patients and families. Their role supports informed medical decisions and connects individuals to community resources, but they do not diagnose or treat conditions.

To obtain a license, applicants must hold a master's or higher degree in genetic counseling from an accredited program, pass a national certification exam, and maintain certification from the American Board of Genetic Counseling. The State Board of Medical Examiners oversees licensing and will be advised by a newly created Genetic Counseling Advisory Council.

**Sponsors: Senators Roberta Lange, Nicole Cannizzaro, and 8 other sponsors**

## SB231 – Drug Take-Back Bins

SB231 authorizes and regulates the operation of secure drug take-back bins for the collection of home-generated pharmaceutical waste, which includes unused or expired medications. Hospitals and other DEA-registered facilities may serve as “collectors” under the law and host these bins to help safely dispose of medications, including controlled substances (except Schedule I drugs), at no cost to the public. Hospitals cannot charge customers for this service.

Hospitals that choose to maintain take-back bins must follow strict requirements: ensuring bins are monitored during public access hours, posting clear signage, conducting and documenting regular inspections, and reporting any tampering or theft to local law enforcement within one business day.

**Sponsors: Senators Jeff Stone, John Steinbeck, and 5 other sponsors**

## \*SB262 – Graduate Medical Education

SB262 enhances Nevada's Graduate Medical Education Grant Program by transferring its administration to the Department of Health and Human Services (DHHS) and expanding its scope. The program offers competitive grants to institutions to create, expand, or retain residency and postdoctoral fellowship programs, especially those exceeding Medicare-funded capacity. Priority is given to programs that serve medically underserved areas, leverage federal/private funding, incorporate telehealth or rural training, and collaborate

with local health care providers. The legislation appropriates \$9 million over two fiscal years to fund the grants.

**Sponsors: Senators Julie Pazina, Marilyn Dondero Loop, and 8 other sponsors**

### **SB266 – Behavioral Health Student Loan Repayment**

SB266 permits marriage and family therapists, clinical alcohol and drug counselors, and licensed or certified alcohol and drug counselors to participate in the Student Loan Repayment for Providers of Health Care in Underserved Communities Program.

**Sponsors: Senators Angela Taylor, Michele Cruz-Crawford, and 8 other sponsors**

### **SB346 – Least Restrictive Guardianship**

SB346 enhances Nevada’s guardianship laws by expanding the information required in guardianship petitions and reinforcing protections for individuals subject to guardianship. Petitioners must now submit a licensed physician’s needs assessment that evaluates the individual’s capacity and confirms whether less restrictive alternatives to guardianship have been considered and found insufficient.

**Sponsors: Senators Melanie Scheible, Michele Cruz-Crawford, and 7 other sponsors**

### **SB347 – Confiscation of a Firearm During a Mental Health Crisis**

SB347 authorizes law enforcement officers in Nevada to immediately confiscate a firearm found on or near a person placed on a mental health crisis hold under NRS 433A.160. Upon confiscation, the officer must provide the individual with a receipt detailing the firearm and written instructions on how to retrieve it. Once the person is released from treatment, the firearm must be returned—unless the individual is legally prohibited from possessing firearms under NRS 202.360 or an officer files for a high-risk protection order under NRS 33.560. The bill aims to enhance public and individual safety during psychiatric emergencies while establishing clear due process for the temporary removal and return of firearms.

**Sponsors: Senators Melanie Scheible, Nicole Cannizzaro, and 2 other sponsors**

### **\*SB348 – Lab Fees for Newborn Screening**

SB348 authorizes the State Public Health Laboratory to charge a fee of \$122 for required newborn screenings beginning July 1, 2025. Starting January 1, 2026, the fee may increase to up to \$150 or the Medicaid reimbursement rate paid to hospitals, whichever is lower. Additionally, the bill requires that Medicaid reimburse for the screenings separately from other labor, delivery, or newborn care services.

**Sponsors: Senators Julie Pazina and Carrie Buck**

### **SB408 – County and Hospital District Hospitals**

SB408 authorizes county hospitals and county hospital district hospitals to employ surgeons, dentists, medical and dental residents and fellows. It also authorizes a county or district hospital to form a separate organization to provide or enter into contracts for crisis stabilization services or other mental or behavioral health services.

**Sponsor: Senate Committee on Health and Human Services**

### **SB409 – Expanded Immunity in Child Welfare Cases**

SB409 expands civil and criminal immunity for hospital staff involved in child abuse or neglect cases. Health care providers acting in good faith—such as reporting suspected abuse, performing or interpreting medical tests, or sharing medical records—are protected from liability. The bill also covers other related legal proceedings.

**Sponsor: Senate Committee on Health and Human Services**

### **\*SB494 – Nevada Health Authority**

SB494 creates the Nevada Health Authority (NHA), a new state agency that takes over many health-related responsibilities from existing departments. It replaces the Division of Health Care Financing and Policy and consolidates agencies that purchase healthcare into one agency. The new NHA will include:

- A Medicaid Division
- A Health Care Purchasing and Compliance Division
- A Consumer Health Division
- An Office of Data Analytics

The NHA will oversee hospital licensure, sentinel event reporting, hospital quality and financial stability, and administer programs for Medicaid, CHIP, and health facility construction. Additionally, it gains authority over drug cost transparency and the state's all-payer claims database, with further consolidation of behavioral and public health functions planned.

**Sponsor: Senate Committee on Finance**

### **SB498 – Expansion of Nursing Programs**

SB498 provides a total of \$20 million in funding over the biennium to expand undergraduate and graduate nursing programs within the Nevada System of Higher Education. The allocated funds are restricted to covering operating costs associated with

program expansion, including expenses related to faculty, staff, and equipment. The use of these funds for capital expenditures, such as the construction of new facilities, is expressly prohibited.

**Sponsor: Senate Committee on Finance**

### III. Medicaid and Reimbursement Issues Signed Into Law

#### [AB15](#) – Medicaid Fraud Unit

AB15 expands the Attorney General’s authority in Medicaid fraud cases by allowing subpoenas to compel testimony and written interrogations, not just document production. It creates court procedures to enforce compliance and limits the use of subpoenaed materials to civil actions only. The bill aligns Nevada’s qui tam law with federal standards by prohibiting private parties from bringing certain actions, not just maintaining them. It also revises penalties for failing to maintain Medicaid records: a misdemeanor for claims under \$650, a gross misdemeanor for \$650 or more, and a felony for intentional destruction of records.

**Sponsor: Assembly Committee on Government Affairs**

#### [AB36](#) – Medicaid Hearings

AB36 requires a Medicaid provider to request a hearing not later than 90 days after receiving notice of an action violating the state Medicaid Plan.

**Sponsor: Assembly Committee on Health and Human Services**

#### [AB52](#) – Payment of Claims

AB52 streamlines and strengthens Nevada’s requirements for timely payment of health insurance claims, mandating that insurers must approve or deny claims — and pay approved claims — within 21 days for electronic submissions and 30 days for paper submissions. The bill enhances transparency and accountability in the claims process, provides clearer notice and appeal rights for denied claims, and imposes penalties for delays.

**Sponsor: Assembly Committee on Commerce and Labor**

#### [AB207](#) – Mental Health Parity

AB207 mandates that insurers, including Medicaid managed care plans, comply with the federal Mental Health Parity and Addiction Equity Act. Annually, they must submit data or federal reports by October 1 to demonstrate compliance. Consumer and trade secret information is protected. By December 31, the Commissioner of Insurance must issue a public summary report to state officials and legislators.

**Sponsor: Assemblymember Lisa Cole**

### [AB234](#) – Medicaid Coverage for Certain Cancer Screenings

AB234 requires Medicaid to cover screenings for lung, colorectal, and prostate cancers.

**Sponsor: Assemblymember Natha Anderson**

### [AB284](#) – Medicaid Coverage for Vagus Nerve Stimulation

AB284 requires Medicaid to cover vagus nerve stimulation therapy devices and equipment.

**Sponsor: Assemblymember Tracy Brown-May**

### [AB305](#) – Healthcare Forms

AB305 limits healthcare providers to charging no more than \$30 for completing employer-required certification forms.

**Sponsor: Assembly Committee on Commerce and Labor**

### [AB315](#) – Medicaid Provider Verification

AB315 requires providers applying to Medicaid to include verification of the identity and signature of the person signing the application, either through notarization or an approved electronic identity verification system.

**Sponsors: Assemblymember Rebecca Edgeworth and joint sponsor Senator Angela Taylor**

### [AB428](#) – Insurance Coverage of Fertility Preservation Services

AB428 requires public and private health plans, including hospital and medical service corporation policies, to cover medically necessary fertility preservation procedures for patients diagnosed with breast or ovarian cancer if the disease or its treatment may impair fertility. Medicaid coverage for these services is also mandated, with appropriations provided to support implementation.

**Sponsors: Assemblymembers Tanya Flanagan, Daniele Monroe-Moreno, and 3 other sponsors**

### [AB463](#) – Prior Authorizations

AB463 shortens the required response time for insurers, including Medicaid managed care entities, to prior authorization requests to two business days (with certain exceptions), and prohibits prior authorization requirements for specific services such as preventive care, pediatric hospice care, neonatal abstinence syndrome treatment, outpatient substance



use disorder services, and glucose test strips. Additionally, prior authorization violations will result in requests being deemed approved.

**Sponsor: Assemblymember Shea Backus**

### AB511 – Insurance Reimbursement for Covered Services

AB511 updates Nevada insurance laws to require that if a health plan covers services within the authorized scope of practice of certain licensed providers, those services must be eligible for reimbursement. This applies to services provided by psychologists, social workers, clinical professional counselors, clinical alcohol and drug counselors, and registered nurses. Either the insured or the provider is entitled to reimbursement for those services. The bill also allows insured people to assign their right to benefits directly to these providers. This ensures the providers can be paid directly by insurers.

**Sponsor: Assembly Committee on Commerce and Labor**

### AB514 – Creation of *Rehabilitative Residential Mental Healthcare*

AB514 establishes the *Rehabilitative Residential Mental Healthcare*, a Medicaid-covered service that is a community-based, medically monitored residential treatment for individuals with mental illness. It creates a licensure framework for providers, subjecting them to facility regulations, inspections, patient safety reporting, and background checks. The bill also authorizes Medicaid funding and system upgrades to support implementation.

**Sponsor: Assembly Committee on Health and Human Services**

### AB555 – Insulin Price Caps

AB555 limits patient cost-sharing for prescription insulin drugs to no more than \$35 per 30-day supply, regardless of insulin type or amount, across a broad range of private insurance plans, including group and individual policies, HMOs, managed care organizations, and hospital or medical service corporation plans. This applies to coverage of diabetes treatment and overrides general cost-sharing terms that would otherwise apply. The bill also authorizes the Commissioner of Insurance to enforce compliance and impose penalties for violations.

**Sponsor: Assemblymember Steve Yeager**

### SB9 – Medicaid’s Right to Recover Costs

SB9 enhances Medicaid’s ability to recover costs from private insurers when it has paid for a beneficiary’s health care. It ensures that Medicaid is treated as having a valid and enforceable right to insurance benefits, even without a written assignment from the

patient. Private insurers, group health plans, HMOs, and similar entities must cooperate with state Medicaid agencies by providing coverage information and processing reimbursement claims within specified timelines.

**Sponsor: Senate Committee on Commerce and Labor**

### **SB54 – Medical Respite for Medicaid Beneficiaries**

SB54 directs Nevada Medicaid to develop a model and provide coverage for medical respite care—short-term, supportive healthcare services for individuals experiencing homelessness who are recovering from illness or injury but do not require hospitalization. Coverage is limited to up to 90 days within a 12-month period and includes services such as case management, behavioral health support, medication management, food and housing coordination, wound care, transportation, and substance use disorder care.

**Sponsor: Senate Committee on Health and Human Services**

### **SB87 – Payment for Sexual Assault and Strangulation Services**

SB87 allows medical providers, including hospitals and clinics, to be directly reimbursed for conducting forensic medical examinations related to sexual assault or strangulation. These costs will be paid from the Fund for the Compensation of Victims of Crime, with counties covering expenses only if the fund lacks sufficient money. Victims cannot be billed directly, and access to exams does not depend on reporting the crime to law enforcement.

**Sponsor: Senate Committee on Judiciary**

### **SB185 – Medicaid Funding for Family Caregivers**

SB185 directs Nevada’s Department of Health and Human Services to reimburse family members who provide personal care services to Medicaid-eligible children under age 18 who have a disability or chronic illness and require help with activities of daily living. Reimbursement is contingent upon securing necessary federal approval through a Medicaid State Plan amendment or waiver.

**Sponsors: Senators Angela Taylor and Lisa Krasner**

### **SB246 – Access to Gynecological and Obstetrical Services**

SB246 expands healthcare access and autonomy for women by requiring all group health insurance policies, benefit contracts, Medicaid plans, and managed care organizations in Nevada to allow women to:

- Access gynecological and obstetrical services without needing prior authorization or a referral from a primary care physician, and
- Designate an obstetrician or gynecologist as their primary care physician, if the provider is in-network and meets the same criteria and terms as other primary care providers.

**Sponsors: Senators Roberta Lange, Michele Cruz-Crawford, and 6 other sponsors**

### **SB344 – Coverage for Non-Invasive Prenatal Screening**

SB344 strengthens healthcare access by requiring managed care organizations (MCOs), including those serving Medicaid recipients, to provide coverage for noninvasive prenatal screening (NIPS) at any point during pregnancy. NIPS involves a simple blood draw from the pregnant individual to analyze fetal DNA circulating in the maternal bloodstream and detect chromosomal conditions like Down Syndrome. Coverage must be provided without prior authorization, eliminating administrative delays and ensuring timely prenatal care.

**Sponsors: Senators Nicole Cannizzaro, Rochelle Nguyen, and 8 other sponsors**

### **SB387 – Lung Cancer Screening Coverage**

SB387 mandates that all individual and group health insurance policies, health benefit plans, and benefit contracts in Nevada that cover lung cancer treatment must also cover lung cancer screening.

**Sponsor: Senator Roberta Lange**

## IV. Legislation That Died During the Legislative Process

### AB101 - Abortion

AB101 prohibited any healthcare entities from making or disseminating to the public a deceptive statement concerning any service that is or is not offered by the entity.

**Sponsor: Assemblymember David Orentlicher**

### AB186 – Pharmacist Scope of Practice

AB186 expanded the scope of practice for registered pharmacists by allowing pharmacists to prescribe and dispense certain drugs and devices, collect specimens by any method, order and perform certain laboratory tests, and other items.

**Sponsor: Assemblymember David Orentlicher**

### AB206 – Liability Insurance

AB206 prohibited insurers from issuing liability policies that reduce coverage limits by defense costs or otherwise limit coverage for legal defense expenses.

**Sponsor: Assemblymember Lisa Cole**

### AB272 – Forensic Medical Examinations

AB272 prohibited hospitals from billing a patient for a forensic medical examination and required DHHS to reimburse for the service.

**Sponsor: Assemblymember Melissa Hardy**

### AB290 – Prior Authorization

AB290 placed numerous requirements and restrictions on insurers related to prior authorizations.

**Sponsors: Assemblymembers Duy Nguyen, Venicia Considine, and 3 other sponsors**

### AB295 – Prior Authorization and Use of AI

AB295 imposed requirements relating to prior authorization and the use of artificial intelligence by health insurers.

**Sponsors: Assemblymembers Toby Yurek, Rebecca Edgeworth, and 1 other sponsor**

### AB339 – Office of Children’s Mental and Behavioral Health

AB339 created the Office of Children's Mental and Behavioral Health within the Office of the Director of the Department of Health and Human Services.

**Sponsor: Assembly Committee on Health and Human Services**

### AB346 – Assisted Suicide

AB346 provided numerous requirements related to assisted suicide.

**Sponsors: Assemblymembers Danielle Gallant and Joe Dalia**

### \*AB349 – Maximum Rate Setting

AB349 established maximum rates that hospitals, independent centers for emergency medical care, and surgery centers can charge for certain goods and services to public employees. Additionally, it required hospitals to publish certain pricing information on their website.

**Sponsor: Assemblymember David Orentlicher**

### \*AB393 – Hospital Employment of Physicians

AB393 prohibited hospitals from hiring physicians.

**Sponsor: Assemblymember Hanadi Nadeem**

### \*AB395 – Language Access Services

AB395 required certain healthcare facilities and providers to provide qualified sign language interpreters to people who are deaf or hard of hearing.

**Sponsors: Assemblymembers Erica Roth and Tracy Brown-May**

### AB470 – Prior Authorization for Medical or Dental Care

AB470 imposed requirements governing prior authorization for medical or dental care.

**Sponsor: Assemblymember Heidi Kasama**

### AB522 – Insurance Coverage

AB522 extended insurance coverage until an adult child reaches 26, provided coverage for certain preventable health services, certain testing, medication to prevent breast cancer, colorectal cancer treatment, and maternal and newborn care. It also prohibited demographic and gender identity discrimination.

**Sponsor: Assembly Committee on Health and Human Services**

### **\*SB34 – Nurse Licensure Compact**

SB34 enacted the PA, Nurse, Audiology and Speech Language, Physical Therapy, and Occupational Therapy Licensure compacts.

**Sponsor: Senate Committee on Commerce and Labor**

### **SB40 – Workforce Health Care Account**

SB40 created the Medicaid Health Care Workforce Account to be used for expanding the health care workforce, graduate medical education, medical education, apprenticeship programs, and the repayment of student loans.

**Sponsor: Senate Committee on Health and Human Services**

### **SB64 – Medicaid Claim Filing Against ABLE Savings Program**

SB64 prohibited the state from seeking Medicaid recovery or filing claims against the Nevada ABLE Savings Program accounts for deceased beneficiaries, except where required by federal law.

**Sponsor: Senate Committee on Health and Human Services**

### **SB68 – Social Work Licensure Compact and Behavioral Licensing Board Revisions**

SB68 enhanced reporting requirements for Nevada’s behavioral health licensing boards and adopted the Social Work Licensure Compact.

**Sponsor: Senate Committee on Commerce and Labor**

### **SB78 – Board Consolidation and Restructuring**

SB78 significantly restructured Nevada’s system of boards, commissions, councils, and similar bodies by consolidating, standardizing, or eliminating several entities and transferring their duties to newly created or existing bodies.

**Sponsor: Senate Committee on Revenue and Economic Development**

### **SB86 – Civil Immunity for Forensic Medical Examinations**

SB86 granted civil immunity to health care providers who, in good faith, perform forensic or strangulation forensic medical examinations.

**Sponsor: Senate Committee on Judiciary**

### SB105 – Medicare Supplemental Policies

SB105 required insurers offering Medicare supplemental policies in Nevada to allow eligible individuals to purchase any available standardized benefit plan. It also prohibited insurers from varying commissions based on guaranteed issue status.

**Sponsor: Senator Carrie Buck**

### SB111 – Purchasing of Child Remains

SB111 prohibited the sale or purchase of child remains except by a hospital, accredited medical school, dental school, or institution of higher education if used for education, research, or similar purpose.

**Sponsor: Senator Carrie Buck**

### \*SB192 – Doula Services, Race-Based Formulas, and Interpreter Access

SB192 imposed new requirements on hospitals and freestanding birthing centers, mandating the provision of qualified sign language interpreters for patients in labor and allowing both a family member and doula to be present during childbirth. The bill also prohibited the use of unvalidated race-based health formulas and care standards and required study and reporting on related health disparities. Additionally, it mandated insurance coverage for doula services and testosterone therapy for menopausal women.

**Sponsor: Senator Dina Neal**

### SB307 – Office of Minority Health and Equity Duties

SB307 expanded the duties of the Office of Minority Health and Equity to include identifying gaps in health and human services for minority groups in Nevada.

**Sponsor: Senate Committee on Commerce and Labor**

### SB316 – Regulation of Pharmacy Benefit Managers

SB316 expanded regulation of pharmacy benefit managers (PBMs).

**Sponsors: Senators Rochelle Nguyen, Jeff Stone, and 7 other sponsors**



## V. Vetoed Legislation

### AB44 – Essential Good or Service Pricing

AB44 prohibited manipulating the price of an essential good or service in the State.

**Sponsor: Assembly Committee on Commerce and Labor**

### \*AB204 – Medical Debt Collection

AB204 introduced significant new medical debt collection regulations for hospitals and other healthcare entities in Nevada.

**Sponsor: Assemblymember Max Carter**

### \*AB259 – Maximum Fair Pricing of Drugs

AB259 required hospitals to purchase certain drugs at the federal maximum fair price.

**Sponsors: Assemblymembers Venicia Considine and Natha Anderson**

### \*AB282 – Medical Billing Disputes and Refunds

AB282 imposed new billing dispute requirements and refund obligations on Nevada hospitals.

**Sponsor: Assemblymember David Orentlicher**

### AB388 – Paid Family Leave Procedures

AB388 extended mandatory paid family leave requirements to private and local government employers with 50 or more employees, including hospitals.

**Sponsors: Assemblymembers Selena La Rue Hatch, Cecelia González, and 11 other sponsors**

### AB411 – Prescription Drug Labeling

AB411 allowed practitioners, upon request, to label the prescription for mifepristone, misoprostol, or their generic alternatives with the name of the prescribing healthcare practice instead of the prescribing practitioner.

**Sponsor: Assemblymember Sandra Jauregui**

## **SB128 – AI Use with Prior Authorization and Stem Cell Education**

SB128 prohibited health insurers from using artificial intelligence (AI) tools or automated tools to deny, reduce, or modify prior authorization requests or coverage decisions for medical or dental care.

Additionally, SB128 encouraged physicians, advanced practice nurses, and osteopathic physicians to counsel patients on the use, storage, and donation of stem cells, particularly when treating patients with arthritis, osteoarthritis, or related conditions.

**Sponsor: Senator Dina Neal**

## **\*SB182 – Mandatory Nurse Staffing Ratios**

SB182 required hospitals to implement the most stringent nurse-to-patient staffing ratios in the nation.

**Sponsor: Senator Rochelle Nguyen**

## **SB198 – Payment of Wages and Compensation**

SB198 updated requirements for how and when hospitals and other employers had to pay wages and compensation to employees who resign, quit, are discharged, or are placed on nonworking status.

**Sponsor: Senator Skip Daly**

## **SB352 – Discrimination of Protected Classes**

SB352 prohibited health insurers and providers from discriminating against patients based on race, color, national origin, sex, age, sexual orientation, gender identity or expression, disability, and related characteristics.

**Sponsors: Senators Melanie Scheible, Michele Cruz-Crawford, and 9 other sponsors**

## **\*SB378 – Freestanding Emergency Departments**

SB378 addressed a variety of healthcare issues including Free Standing Emergency Departments, health information exchanges, and non-compete covenants in physician contracts.

**Sponsors: Senators Fabian Doñate, Michele Cruz-Crawford, and 5 other sponsors**