

# NIVOS - Legislative Report

4.25.2025

| Bill                            | Sponsors                                 | Title  | Last Action  | Latest Version                |
|---------------------------------|--|--|--|-------------------------------|
| NV 83<br><a href="#">AB 170</a> | <a href="#">Hanadi Nadeem</a>            | <p>Providing for the licensure of associate physicians and associate osteopathic physicians. (BDR 54-840)</p> <p>Establishes limited licenses for medical school graduates to practice as associate physicians or associate osteopathic physicians under the supervision of a licensed physician or osteopathic physician. They can prescribe controlled substances under specific conditions and must have malpractice insurance covering their practice. Supervisors are limited to overseeing no more than three associate physicians or osteopathic physicians. Mandates that supervisors inform the public about their roles and requires employers to credential and bill for services like physician assistants. Authorizes the State Board of Pharmacy to regulate associate physicians and osteopathic physicians holding controlled substances certificates. Outlines the expiration and renewal of limited licenses and requires biennial reporting of associate physicians and osteopathic physicians.</p> | Assembly • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)  | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">AB 204</a> | <a href="#">Max Carter</a>               | <p>Revises provisions relating to medical debt. (BDR 52-135)</p> <p>As amended: Prohibits health care entities from reporting a medical debt to a consumer reporting agency unless the entity or collection agency offers the consumer a payment plan. Prohibits health care entities and collection agencies from certain actions or threats, including arrests, liens or foreclosure on primary residence, or garnishment of wages or bank accounts. Prohibits health care entities and collection agencies from engaging in extraordinary debt collection activities for 180 days. Defines "extraordinary collection action". Prohibits extraordinary collection action during public emergencies. Requires disclosure of debt practices and timelines to consumers. Describes enforcement actions that can be taken by the Commissioner of Financial Institutions, sets penalties for infractions.</p>   | Assembly • Apr 23, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.     | <a href="#">Reprint 1</a>     |
| NV 83<br><a href="#">AB 253</a> | <a href="#">Erica Mosca</a>              | <p>Revises provisions relating to civil liability. (BDR 3-722)</p> <p>Revises the definition of "immune contractor" to include any person authorized to provide care pursuant to an agreement between a hospital and the U.S. Armed Forces, making them immune from civil liability for certain acts or omissions of the person.</p>   | Assembly • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)  | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">AB 305</a> | Assembly Committee on Commerce and Labor | <p>Limits the amount a provider of health care may charge for filling out certain forms associated with certain leaves of absence. (BDR 54-665)</p> <p>As amended: Prohibits a healthcare provider from charging &gt;\$30 for filling out a form for certification of family or medical leave. That amount will increase or decrease corresponding to the Consumer Price Index.</p> <p>Bill up for consideration • <a href="#">Senate Committee on Commerce and Labor - Agenda released</a></p> <p>Apr 28, 2025 08:00am</p> <p>Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, NV., Videoconferenced to Room 5 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, NV.; 8:00 AM</p> <p>Agenda</p>  | Senate • Apr 23, 2025: Read first time. Referred to Committee on Commerce and Labor. To committee. | <a href="#">Reprint 1</a>     |
| NV 83<br><a href="#">AB 319</a> | <a href="#">David Orentlicher</a>        | <p>Makes revisions relating to providers of health care. (BDR 54-791)</p> <p>Makes medical education in equivalent foreign countries count the same as those in the US and Canada. Increases the fine for submitting false</p>   | Assembly • Apr 25, 2025: From printer. To engrossment. Engrossed. First                            | <a href="#">Reprint 1</a>     |

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|                              |  | <p>information from \$5000 to \$10,000. Requires licensees to maintain an email with the Board. Defines progressive postgraduate education &amp; training. Authorizes practitioners of respiratory care to perform laboratory tests without a license if they are trained and it's within their scope of practice. Reserves expedited licensure to retired or active members or spouses of the military. Requires inactive licensees to take the same test as first-time applicants after 24 months of inactivity. Removes the requirement that the Board grant a special volunteer license to retired physicians. Requires the Board to adopt regulations re: exemptions for administrative physicians. Eliminates a special license that allows an out-of-state doctor to come in and treat a patient with the permission of the patient's doctor. Renames a special purpose license that allows out-of-state doctors to practice electronically to a "telemedicine license". Requires dual licensed doctors who fail to pay one of their two half-price license fees to pay the full amount. Removes BME fees for a duplicate ID card, computer printouts &amp; labels, and verification for listing of physicians. Exempts students practicing perfusion from licensing requirements and examination, instead requiring certification. Allows the Board to require physician assistants to receive or maintain certification. Clarifies that physician assistant applicants must be under current investigation for their license to be denied. Removes the requirement for a high school or GE diploma to practice respiratory care. Clarifies that disciplinary action from any state agency, as well as failure to cooperate with a Board investigation, is grounds for license revocation. Adds anesthesiologist assistants to the health care professionals that must report malpractice to the Board and undergo examinations to demonstrate fitness. Insurer reports re: malpractice are public records. Renames the document that initiates a Board investigation to "charging document". Makes reports from the AG re: a licensee committing industrial insurance fraud like any other formal complaint. Allows the Board to restrict a licensee's practice before suspending the license. Allows a court to stay a license suspension but prohibits a stay in a summary suspension. Allows the Board, with the licensee's permission, to communicate with employers or entities that credential the licensee. Removes some procedural requirements for hearings, including a hearing within 30 days. Removes requirement that complainants be allowed to participate in disciplinary hearings. Revises service of process in proceedings. Clarifies that only witnesses and respondents can be held in contempt. People with revoked licenses must apply for a new one. Gives immunity to all licensees for whistleblowing. Expands prohibition on anesthesia in a facility without the proper permit or out of state to physician/anesthesiologist assistants. Requires screening for heart conditions for patients under 19 during routine physical examination. Authorizes unlicensed medical assistants to perform clinical tasks under the supervision of a registered nurse and authorizes the State Board of Nursing to discipline an RN that fails to properly supervise a medical assistant.</p> | reprint. To Senate.   |                               |
| <a href="#">NV 83 AB 326</a> | Gregory Koenig<br>Lisa Cole<br><a href="#">Selena Torres-Fossett</a> | <p>Provides for a study on the treatment of trauma. (BDR S-153)</p> <p>Encorporates level I, II, III, and IV centers for the treatment of trauma into existing law and authorizes the Administrator of the Division of Public and Behavioral Health to designate a critical access hospital as a level IV center for the treatment of trauma. A hospital that wishes to increase the treatment of trauma level must submit an application and approval process similar to the application and approval process to a hospital applying for the initial designation. Additionally, it prohibits the operator of a center for treating trauma from representing a level of treatment unless designated by the administrator to provide that level of treatment.</p>  | Assembly • Apr 23, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.    | <a href="#">Reprint 1</a>     |
| <a href="#">NV 83 AB 349</a> | <a href="#">David Orentlicher</a>                                    | Makes revisions relating to health care. (BDR 23-343)   | Assembly • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.) | <a href="#">As Introduced</a> |
| <a href="#">NV 83 AB 393</a> | <a href="#">Hanadi Nadeem</a>  | <p>Revises provisions governing hospitals. (BDR 40-839)</p> <p>Prohibits a hospital from employing a physician except as part of a graduate medical program or if the hospital is owned or operated by the State. Religious facilities, foster homes, and facilities owned and operated by the federal government also exempted. Authorizes the Division of Public and Behavioral Health to suspend or revoke the license of a hospital that violates these provisions, as well as impose administrative fines of &lt;\$5000 per day plus interest of &lt;10% per year.</p>   | Assembly • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.) | <a href="#">As Introduced</a> |

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| NV 83<br><a href="#">AB 483</a> | Assembly Committee on Health and Human Services | <p>Provides for priority review of certain applications for licensure to practice health professions. (BDR 40-354)</p> <p>Require all entities that license or certify health care professions to develop a process to expedite the licensure or certification process by giving priority review status to the application of an applicant for a license or certificate who demonstrates that he or she intends to practice in an historically underserved community as defined in NRS 704.78343. An applicant shall provide proper documentation, including, without limitation, a letter from an employer located in a historically underserved community indicating that the applicant has accepted employment and stating the start date.</p> <ul style="list-style-type: none"> <li>Letter of Support by PPC</li> </ul>   | Assembly • Apr 15, 2025: Read second time. Taken from General File. Rereferred to Committee on Ways and Means. Exemption effective. To committee. | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">AB 484</a> | Assembly Committee on Health and Human Services | <p>Revises provisions relating to the collection of data concerning providers of health care. (BDR 40-806)</p> <p>Amends information collected into a database maintained by the Department of Health and Human Services from applicants seeking to renew a license, certificate, or registration as a health care provider to include the sex of the applicant, any other jurisdiction where the applicant holds the same type of license, certificate or registration in which the applicant is currently renewing, whether the applicant utilizes telehealth, and the demographics and types of insurance of which the applicant serves.</p>  | Senate • Apr 17, 2025: In Senate. Read first time. Referred to Committee on Health and Human Services. To committee.                              | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">AB 522</a> | Assembly Committee on Health and Human Services | <p>Revises provisions relating to health care. (BDR 57-1135)</p> <p>Aligns Nevada with federal law by requiring a health insurance policy that provides coverage for dependent children, which will continue to make such coverage available until the dependent child reaches 26. Requires public and private health insurance and Medicaid policies to include additional preventive health care services such as screenings, counseling, vaccinations, contraceptives, and other family planning drugs and devices. It also prohibits an insurer from charging a higher deductible or any copay or coinsurance for such preventive care. It prohibits an insurer from charging a higher deductible or any copay or coinsurance for screening, genetic counseling, and testing for harmful mutations of the BRCA gene, examinations of pregnant women to detect certain diseases, and testing and treatment for preventing sexually transmitted diseases. It also includes coverage for the detection of the human immunodeficiency virus in pregnant women. It prohibits an insurer from charging a higher deductible, copay, or coinsurance for medication to prevent breast cancer for insureds who are at high risk of developing breast cancer. It further requires all public and private health insurance policies, including Medicaid, to cover screening for colorectal cancer and prohibits insurers from charging a higher deductible or any copay or coinsurance for such screenings. Prohibits public and private policies of health insurance, including Medicaid and providers of health care, from discriminating against any person based on actual or perceived race, color, national origin, sex, age, or disability. Includes a prohibition on discrimination by providers of health care based on gender identity or expression. Authorizes the regulating licensing board/agency to adopt regulations prescribing the types of discrimination prohibited and discipline for violations. Further, it authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to provide the coverage required above and take action against private health insurers for failure to do the same.</p> | Assembly • Apr 24, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.  | <a href="#">Reprint 1</a>     |
| NV 83<br><a href="#">AB 544</a> | Assembly Committee on Ways and Means            | <p>Revises provisions relating to certain licenses issued by the Division of Public and Behavioral Health of the Department of Health and Human Services. (BDR 40-1118)</p> <p>Updates the timing for licenses for medical facilities from the Division of Public and Behavioral Health. Licenses expire 1 year after issuance, rather than December 31, and can be renewed annually. A license that's valid on December 30, 2025, remains valid until the 2026 anniversary date of the initial issuance. Requires the Division to assist licensees in determining the anniversary date.</p> <p><b>Bill up for consideration • <a href="#">Assembly Committee on Ways and Means - Agenda released</a></b></p> <p>Apr 25, 2025</p> <p>Room 3137 of the Legislative Building, 401 South Carson Street,</p>   | Assembly • Apr 1, 2025: From printer. To committee.   | <a href="#">As Introduced</a> |

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|                                 |   | <p>Carson City, NV., Videoconferenced to Room 2 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, NV.; View Event<br/>View Event on YouTube</p> <p>Agenda</p> <p>Call of Chair</p>   |  |                           |
| NV 83<br><a href="#">SB 124</a> | <a href="#">Fabian Doñate</a><br><a href="#">Cecelia González</a><br><a href="#">Edgar Flores</a> | <p>Revises provisions relating to health care. (BDR 54-38)</p> <p>Allows for the offer of a limited license to practice medicine to foreign nationals by the Board of Medical Examiners under certain criteria including:</p> <p>a valid and unrestricted license to practice medicine from a foreign country other than Canada, completion of a residency program within said foreign country within 5 years of application or performed the duties of a physician for 3 of the 5 years preceding the application, receipt of an offer of employment facility which has a residency program approved by the Accreditation Council for Graduate Medical Education. Practice must be limited to a facility that has a residency program approved by the Accreditation Council for Graduate Medical Education.</p>  | Senate • Apr 25, 2025: From printer. To engrossment. Engrossed. First reprint.               | <a href="#">Reprint 1</a> |
| NV 83<br><a href="#">SB 128</a> | <a href="#">Dina Neal</a>   | <p>Makes changes related to health care. (BDR 57-87)</p> <p>Prohibits health insurers from using artificial intelligence or an automated decision tool to: deny or modify a request for prior authorization; reduce the scope of services or amount of coverage included in a request for prior authorization; or terminate, reduce or modify coverage for previously approved care. Prohibits health insurers from denying or modifying requests for prior authorization on the grounds that the treatment is not medically necessary, experimental, or investigational unless a licensed health care professional with relevant training and education makes that determination. Requires healthcare professionals to inform patients with arthritis, osteoporosis, and similar conditions about the potential benefits of stem cell therapy. Requires primary care physicians to inform patients about options to donate, bank, or store stem cells.</p>   | Senate • Apr 25, 2025: From printer. To engrossment. Engrossed. First reprint.               | <a href="#">Reprint 1</a> |
| NV 83<br><a href="#">SB 182</a> | Rochelle Nguyen   | <p>Revises provisions relating to the staffing of health care facilities. (BDR 40-33)<br/>As amended.</p> <p>Establishes a ratio of nurses to patients in Clark and Washoe hospitals. Establishes a 1:1 ratio of direct care nurses to patients in an operating room or a critical care unit; for emergency rooms, a 1:1 ratio for trauma patients, a 1:4 ratio average over 12 hours, and a 1:5 ratio at any given time; in labor and delivery rooms, a 1:1 ratio for patients in active labor or experiencing complications, and 1:2 otherwise; 1:2 for burn, intensive care, and postanesthesia units; 1:3 for cardiac telemetry and intermediate care units; 1:4 for ambulatory care, oncology, pediatric, medical-surgical, pre-surgical, and psychiatric units; 1:5 for rehab units; 1:6 for antepartum, postpartum, and nurseries for well babies; and 1:8 for mother-baby units. Establishes ratios of nursing assistants to patients: 1:7 between 6 am and 8 pm and 1:11 between 8 pm and 6 am.</p> <p>Requires hospitals in Clark and Washoe to maintain records for each unit re: # of patients admitted, released, and present; name and hours of direct care nurses and nursing assistants; missed rest or meal breaks; statistics on mortality, morbidity, infection, accident, injury, and medical errors. Must maintain these records for 7 years. Requires hospitals in Clark and Washoe to establish technical and service staffing committees, which will work with nursing staffing committees to draft an overall staffing plan. A hospital's committee on workplace safety is required to include members of the technical and service staffing committees. Requires skilled nursing facilities to post staffing ratios on their website. Establishes procedures for investigation and discipline by the Labor Commissioner and the Division of Public and Behavioral Health, including random visits and a whistleblower system, to ensure compliance with this bill.</p> <p>The amendment revises the definition of "direct care nurse" to a registered nurse who is assigned the responsibility in a hands-on capacity. Includes the 1:1 ratio intensive care unit, postanesthesia unit, or a unit where a patient receives conscious sedation and critical care. 1:3 for patients in an emergency unit but not trauma or critical care. Ads ratios for Antepartum care and fetal monitoring are at 1:2. This includes the maximum ratios for the number of patients that may be assigned to a Certified Nursing Assistant in any unit at one time (Section 8). Authorizes hospitals that are required to establish a nurse staffing committee and</p> | Senate • Apr 23, 2025: From printer. To engrossment. Engrossed. First reprint. To committee. | <a href="#">Reprint 1</a> |

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|                                 |  | adhere to the maximum ratios to deviate from those ratios and staffing plans during a state of emergency.   |  |                               |
| NV 83<br><a href="#">SB 184</a> | <a href="#">Jeff Stone</a>   | Prohibits the use of latex in certain circumstances. (BDR 40-536)<br><br>Prohibits use of latex gloves and latex implements in food establishments.<br><br>Also prohibits the use of latex gloves and latex implements in health care establishments.   | Senate • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)                          | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">SB 188</a> | <a href="#">Fabian Doñate</a>  | Establishes procedures to assist certain persons with limited English proficiency in accessing health care in certain circumstances. (BDR 40-41)<br><b>As amended.</b><br>Requires healthcare facilities and providers to provide language assistance free of charge, accurately, and in a timely manner. Requires the use of a qualified interpreter or translator, to the best extent possible. Prohibits requiring patients from providing their own interpreter. Amendment clarifies the definition of "health facility" to mean a medical facility, a facility for the dependent that is a provider of services under Medicaid, or a facility governed by NRS 449.0303.<br><br><b>Bill up for consideration • <a href="#">Assembly Committee on Health and Human Services - Agenda released</a></b><br><br>Apr 28, 2025 01:30pm<br><br>Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, NV., Videoconferenced to Room 3 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, NV.; 1:30 PM<br><br>Agenda  | Assembly • Apr 24, 2025: In Assembly. Read first time. Referred to Committee on Health and Human Services. To committee. | <a href="#">Reprint 1</a>     |
| NV 83<br><a href="#">SB 250</a> | <a href="#">Roberta Lange</a><br><a href="#">Michelee Cruz-Crawford</a><br><a href="#">James Ohrenschall</a> | Revises provisions relating to health care records. (BDR 40-70)<br><br>Clarifies that a patient's electronic health records are the patient's property. Healthcare providers must allow the patient to access and transmit the records without charge and request the records be sent to a person or entity. Requires healthcare providers and insurers allow a patient to prohibit someone from accessing their health information. Violations of this bill are a misdemeanor, and violators may also be subject to administrative sanctions. Requires the Director of DHHS to create a statewide electronic health repository that providers must integrate their systems with. Non-compliance will result in administrative sanctions but not a misdemeanor.   | Senate • Apr 23, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.                             | <a href="#">Reprint 1</a>     |
| NV 83<br><a href="#">SB 294</a> | <a href="#">Edgar Flores</a><br><a href="#">Reuben D'Silva</a>   | Revises provisions relating to physician assistants. (BDR 54-965)<br><br>Removes the requirement that a physician or osteopathic physician supervise a Physician Assistant (PA). PAs with fewer than 4,000 hours of practice or who switch to a new field, if so, are required by the Board to enter into a written collaborative agreement with a physician, submitted to the Board. Requires PAs to obtain informed consent from patients before providing any medical services, and they are only allowed to perform services that fall within their scope of practice and for which they are trained and competent.<br><br><ul style="list-style-type: none"> <li>Including performing physical examinations; evaluating, diagnosing, developing a treatment plan, and managing the condition of a patient; ordering, performing, and interpreting a diagnostic test or therapeutic procedure or assigning the task to another authorized to perform and supervising that person; health and disease prevention education; examining and reporting on the health of a patient for eligibility for local, state, or federal programs; providing a signature in place of a physicians signature if within scope of practice; planning and initiating a therapeutic regimen; prescribing, ordering, dispensing and administering any medical device or drug that is not a controlled substance of dangerous drug; prescribing, ordering, dispensing, and administering dangerous drugs or controlled substances in schedules II, III, IV or V in accordance to state and federal law. If a patient requires, may benefit from, or requests a medical service beyond the scope of practice or experience, knowledge, or ability of the PA, they shall collaborate, consult, or refer the patient to another authorized.</li> </ul><br>A PA may only practice within a medical facility, a facility of medical practice owned by a physician or osteopathic physician, a federally | Senate • Apr 25, 2025: From printer. To engrossment. Engrossed. First reprint.   | <a href="#">Reprint 1</a>     |

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|   |   | <p>qualified health center, a correctional facility or institution, a state, county, city, or district health department, or any other location authorized by the Board's regulations.</p> <p>Removes the requirement for rural clinics to be supervised by a physician, allowing PAs and APRNs to operate independently in rural areas.</p> <p>Removes the requirement for the Board of Medical Examiners and the State Board of Osteopathic Medicine to adopt regulations for testing or examining applicants for PA licensure and for outlining the specific services a PA can perform. It also grants PAs similar authority and responsibilities to those of other independent healthcare providers, and it affords Advanced Practice Registered Nurses (APRNs) similar authority to PAs.</p> <p>This bill removes the requirement that the State Board of Pharmacy consider physician assistants '(PAs)' experience and training when adopting regulations for controlled substances, dangerous drugs, poisons, and medical devices that PAs can administer or prescribe. Furthermore, if the registration of the physician assistant (PA) is suspended or revoked, the physician's controlled substance registration will also be suspended or revoked.</p> <p>Give attending physician assistants the same authority as physicians in withholding or withdrawing life-sustaining treatment.</p>   |  |                                  |
| <p>NV 83<br/><a href="#">SB 337</a></p> | <p><a href="#">Roberta Lange</a></p>  | <p>Revises provisions relating to opioids. (BDR 40-204)</p> <p>Requires the Division of Public and Behavioral Health (DHHS) to create and post on its website a non-opioid directive, on which a person may indicate that they do not wish to receive opioids. It requires certain healthcare providers, third-party insurers, and certain healthcare facilities to provide a patient with an opportunity to execute a non-opioid directive. Additionally, third-party insurers and health facilities are required to post the directive form on their websites. Requires the State Board of Health to adopt regulations prescribing procedures relating to the non-opioid directive. Requires the Administrator of the Division of Public and Behavioral Health to appoint an Advisory Board to review the implementation and compliance of the directive and make recommendations to licensing boards and governmental entities concerning opioid use and alternative treatments. Regulatory bodies are additionally required to review the compliance of facilities and practitioners biennially.</p> <p>Prohibits a person who knows, or should know that a patient has executed a non-opioid directive from prescribing, administering or the direction or supervision of the administration of an opioid to that person unless it is determined by the practitioner medically necessary, is prescribed or administered from intraoperative use, or according to regulations adopted by the Board. Provides immunity to practitioners who act in good faith and in compliance with applicable laws and regulations adopted by the Board.</p> <p>Requires Medical facilities and providers of health care who prescribe or administer opioids to comply with the directive and offer and provide non-opioid treatments. It requires certain public and private health insurance policies to cover alternative treatments and prohibits the imposition of prior authorization or other conditions. Authorizes the Commissioner of Insurance to suspend or revoke the certification of an HMO or other insurer who fails to comply</p> <p>Authorizes the Board of the Public Employees' Benefits program and the Public Option to reduce the rates paid, or prohibit the receiving of payments, to a facility or practitioner who violates these provisions. It requires the Administrator of the Division of Health Care Financing Policy to adopt regulations that monitor compliance and impose sanctions if a facility or practitioner fails to comply.</p> <p>Requires that the statewide plan allocate at least 20% of the money distributed from the Fund for a Resilient Nevada to projects and grants related to the prevention of substance use disorders.</p> | <p>Senate • Apr 24, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.</p>                      | <p><a href="#">Reprint 1</a></p> |
| <p>NV 83<br/><a href="#">SB 352</a></p> | <p><a href="#">Melanie Scheible</a><br/>Michelee Cruz-Crawford<br/>Erica Roth</p> | <p>Revises provisions relating to health care. (BDR 57-712)</p> <p>As amended: Expands anti-discrimination protections in health care and insurance coverage. Existing federal and state laws prohibit discrimination based on characteristics such as race, color, national origin, sex, age, disability, and gender identity in certain health care settings and insurance policies. This bill extends these protections to all public and private health insurance policies, including Medicaid, ensuring they cannot discriminate based on race, color, national origin, sex, age, or</p>  | <p>Assembly • Apr 17, 2025: In Assembly. Read first time. Referred to Committee on Commerce and Labor. To committee.</p> | <p><a href="#">Reprint 1</a></p> |

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|                                 |  | <p>disability. Additionally, it prohibits health care providers from discriminating on these same bases, including gender identity or expression. The bill also allows licensing and regulatory bodies to establish specific anti-discrimination regulations and take disciplinary action against providers who violate these protections.</p> <p>Amendment clarifies that healthcare providers are not required to provide services they are not qualified to perform, and that insurers can take age into account when determining premiums. Also adds the Division of Public and Behavioral Health to the definition of "health care licensing board".</p> <p><b>Bill up for consideration • <a href="#">Assembly Committee on Commerce and Labor - Agenda released</a></b></p> <p>Apr 25, 2025 12:00pm</p> <p>Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, NV., Videoconferenced to Room 1 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, NV.; 12:00 PM</p> <p><a href="#">View Event</a></p> <p><a href="#">View Event on YouTube</a></p> <p>Agenda</p>   |   |                               |
| NV 83<br><a href="#">SB 377</a> | John Steinbeck   | Establishes provisions relating to health insurance. (BDR 57-1083)   | Senate • Apr 12, 2025: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.) | <a href="#">As Introduced</a> |
| NV 83<br><a href="#">SB 378</a> | <a href="#">Fabian Doñate</a><br>Michelee Cruz-Crawford<br>Rochelle Nguyen | <p>Makes revisions relating to health care. (BDR 40-705)</p> <p>Requires custodians of healthcare records to provide those records to a patient or patient-approved person or entity within two business days and with no charge. Only medical facilities and "high-level" providers must maintain, transmit, and exchange health information electronically. Defines "high-level" providers. Exempts small solo practitioners or concierge "high-level" providers from electronic health information requirements, but all high-level providers must provide health information to patients electronically upon request.</p> <p>Requires facilities owned/operated by/part of a hospital that are structurally separate and provide limited emergency medicine to be licensed as an independent center for emergency medical care. The license will be issued with no charge. Prohibits DPBH from issuing a license to an independent emergency care center if it is within 5 miles of another one, unless it is newly required to be licensed. Establishes reporting requirements for independent emergency care centers. Authorizes DHHS to review sealed records to determine the suitability of the person to be a Medicaid service provider. Requires Medicaid providers to maintain and provide documents to DHHS to verify claims during a hearing, and DHHS can deny a claim or recover money if they're unable to verify the claim. Prohibits noncompetition covenants for physicians.</p> | Senate • Apr 24, 2025: From printer. To engrossment. Engrossed. First reprint. To committee.    | <a href="#">Reprint 1</a>     |

23 bills