

SENATE BILL NO. 250—SENATORS HARDY, SMITH, ROBERSON,
BROWER, FARLEY; FORD, GOICOECHEA, GUSTAVSON,
HARRIS, KIECKHEFER AND LIPPARELLI

MARCH 11, 2015

JOINT SPONSORS: ASSEMBLYMEN OSCARSON AND TITUS

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to policies of health insurance. (BDR 57-687)

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

CONTAINS UNFUNDED MANDATE (§11)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to insurance; requiring certain policies of health insurance and health care plans to provide coverage for certain prescriptions dispensed for a supply of less than 30 days; prohibiting certain policies of health insurance and health care plans from prorating any pharmacy dispensing fees for those prescriptions; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires certain public and private policies of insurance and health
2 care plans to provide coverage for certain procedures, including colorectal cancer
3 screenings, cytological screening tests and mammograms, in certain circumstances.
4 (NRS 287.027, 287.04335, 689A.04042, 689A.0405, 689B.0367, 689B.0374,
5 695B.1907, 695B.1912, 695C.1731, 695C.1735, 695G.168) Existing law also
6 requires employers to provide certain benefits to employees, including coverage for
7 the procedures required to be covered by insurers, if the employer provides health
8 benefits for its employees. (NRS 608.1555) **Sections 1, 3, 4, 6, 7, 10 and 11** of this
9 bill require that certain public and private policies of insurance and health care
10 plans must authorize certain prescriptions to be divided into more than one
11 dispensing for the purpose of synchronizing a patient’s multiple prescriptions.
12 **Sections 1, 3, 4, 6, 7, 10 and 11** prohibit these policies and plans from denying a



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13 claim for such a prescription that is otherwise covered. Finally, **sections 1, 3, 4, 6,**
14 **7, 10 and 11** prohibit these policies and plans from prorating the pharmacy
15 dispensing fees for such prescriptions.

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

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

3 *1. An insurer who offers or issues a policy of health*
4 *insurance which provides coverage for prescription drugs:*

5 *(a) Must authorize coverage for and may apply a copayment*
6 *and deductible to a prescription that is dispensed by a pharmacy*
7 *for less than a 30-day supply if, for the purpose of synchronizing*
8 *the insured's chronic medications:*

9 *(1) The prescriber or pharmacist determines that filling or*
10 *refilling the prescription in that manner is in the best interest of*
11 *the insured; and*

12 *(2) The insured requests less than a 30-day supply.*

13 *(b) May not deny coverage for a prescription described in*
14 *paragraph (a) which is otherwise approved for coverage by the*
15 *insurer.*

16 *(c) May not prorate any pharmacy dispensing fees for a*
17 *prescription described in paragraph (a).*

18 *2. A policy subject to the provisions of this chapter which*
19 *provides coverage for prescription drugs and that is delivered,*
20 *issued for delivery or renewed on or after January 1, 2017, has the*
21 *legal effect of providing that coverage subject to the requirements*
22 *of this section, and any provision of the policy or renewal which is*
23 *in conflict with this section is void.*

24 *3. The provisions of this section do not apply to unit-of-use*
25 *packaging for which synchronization is not practicable or to a*
26 *controlled substance.*

27 *4. As used in this section:*

28 *(a) "Chronic medication" means any drug that is prescribed to*
29 *treat any disease or other condition which is determined to be*
30 *permanent, persistent or lasting indefinitely.*

31 *(b) "Synchronization" means the alignment of the dispensing*
32 *of multiple medications by a single contracted pharmacy for the*
33 *purpose of improving a patient's adherence to a prescribed course*
34 *of medication.*

35 *(c) "Unit-of-use packaging" means medication that is*
36 *prepackaged by the manufacturer in blister packs, compliance*
37 *packs, course-of-therapy packs or any other packaging which is*
38 *designed and intended to be dispensed directly to the patient*



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1 *without modification by the dispensing pharmacy, except for the*
2 *addition of a prescription label.*

3 **Sec. 2.** NRS 689A.330 is hereby amended to read as follows:

4 689A.330 If any policy is issued by a domestic insurer for
5 delivery to a person residing in another state, and if the insurance
6 commissioner or corresponding public officer of that other state has
7 informed the Commissioner that the policy is not subject to approval
8 or disapproval by that officer, the Commissioner may by ruling
9 require that the policy meet the standards set forth in NRS 689A.030
10 to 689A.320, inclusive **H**, *and section 1 of this act.*

11 **Sec. 3.** Chapter 689B of NRS is hereby amended by adding
12 thereto a new section to read as follows:

13 *1. An insurer who offers or issues a policy of group health*
14 *insurance which provides coverage for prescription drugs:*

15 *(a) Must authorize coverage for and may apply a copayment*
16 *and deductible to a prescription that is dispensed by a pharmacy*
17 *for less than a 30-day supply if, for the purpose of synchronizing*
18 *the insured's chronic medications:*

19 *(1) The prescriber or pharmacist determines that filling or*
20 *refilling the prescription in that manner is in the best interest of*
21 *the insured; and*

22 *(2) The insured requests less than a 30-day supply.*

23 *(b) May not deny coverage for a prescription described in*
24 *paragraph (a) which is otherwise approved for coverage by the*
25 *insurer.*

26 *(c) May not prorate any pharmacy dispensing fees for a*
27 *prescription described in paragraph (a).*

28 *2. A policy subject to the provisions of this chapter which*
29 *provides coverage for prescription drugs and that is delivered,*
30 *issued for delivery or renewed on or after January 1, 2017, has the*
31 *legal effect of providing that coverage subject to the requirements*
32 *of this section, and any provision of the policy or renewal which is*
33 *in conflict with this section is void.*

34 *3. The provisions of this section do not apply to unit-of-use*
35 *packaging for which synchronization is not practicable or to a*
36 *controlled substance.*

37 *4. As used in this section:*

38 *(a) "Chronic medication" means any drug that is prescribed to*
39 *treat any disease or other condition which is determined to be*
40 *permanent, persistent or lasting indefinitely.*

41 *(b) "Synchronization" means the alignment of the dispensing*
42 *of multiple medications by a single contracted pharmacy for the*
43 *purpose of improving a patient's adherence to a prescribed course*
44 *of medication.*



1 (c) *“Unit-of-use packaging” means medication that is*
2 *prepackaged by the manufacturer in blister packs, compliance*
3 *packs, course-of-therapy packs or any other packaging which is*
4 *designed and intended to be dispensed directly to the patient*
5 *without modification by the dispensing pharmacy, except for the*
6 *addition of a prescription label.*

7 **Sec. 4.** Chapter 689C of NRS is hereby amended by adding
8 thereto a new section to read as follows:

9 1. *A carrier who offers or issues a health benefit plan which*
10 *provides coverage for prescription drugs:*

11 (a) *Must authorize coverage for and may apply a copayment*
12 *and deductible to a prescription that is dispensed by a pharmacy*
13 *for less than a 30-day supply if, for the purpose of synchronizing*
14 *the insured’s chronic medications:*

15 (1) *The prescriber or pharmacist determines that filling or*
16 *refilling the prescription in that manner is in the best interest of*
17 *the insured; and*

18 (2) *The insured requests less than a 30-day supply.*

19 (b) *May not deny coverage for a prescription described in*
20 *paragraph (a) which is otherwise approved for coverage by the*
21 *carrier.*

22 (c) *May not prorate any pharmacy dispensing fees for a*
23 *prescription described in paragraph (a).*

24 2. *A health benefit plan subject to the provisions of this*
25 *chapter which provides coverage for prescription drugs and that is*
26 *delivered, issued for delivery or renewed on or after January 1,*
27 *2017, has the legal effect of providing that coverage subject to the*
28 *requirements of this section, and any provision of the health*
29 *benefit plan or renewal which is in conflict with this section is*
30 *void.*

31 3. *The provisions of this section do not apply to unit-of-use*
32 *packaging for which synchronization is not practicable or to a*
33 *controlled substance.*

34 4. *As used in this section:*

35 (a) *“Chronic medication” means any drug that is prescribed to*
36 *treat any disease or other condition which is determined to be*
37 *permanent, persistent or lasting indefinitely.*

38 (b) *“Synchronization” means the alignment of the dispensing*
39 *of multiple medications by a single contracted pharmacy for the*
40 *purpose of improving a patient’s adherence to a prescribed course*
41 *of medication.*

42 (c) *“Unit-of-use packaging” means medication that is*
43 *prepackaged by the manufacturer in blister packs, compliance*
44 *packs, course-of-therapy packs or any other packaging which is*
45 *designed and intended to be dispensed directly to the patient*



1 *without modification by the dispensing pharmacy, except for the*
2 *addition of a prescription label.*

3 **Sec. 5.** NRS 689C.425 is hereby amended to read as follows:

4 689C.425 A voluntary purchasing group and any contract
5 issued to such a group pursuant to NRS 689C.360 to 689C.600,
6 inclusive, are subject to the provisions of NRS 689C.015 to
7 689C.355, inclusive, *and section 4 of this act* to the extent
8 applicable and not in conflict with the express provisions of NRS
9 687B.408 and 689C.360 to 689C.600, inclusive.

10 **Sec. 6.** Chapter 695B of NRS is hereby amended by adding
11 thereto a new section to read as follows:

12 *1. A hospital or medical services corporation who offers or*
13 *issues a policy of health insurance which provides coverage for*
14 *prescription drugs:*

15 *(a) Must authorize coverage for and may apply a copayment*
16 *and deductible to a prescription that is dispensed by a pharmacy*
17 *for less than a 30-day supply if, for the purpose of synchronizing*
18 *the insured's chronic medications:*

19 *(1) The prescriber or pharmacist determines that filling or*
20 *refilling the prescription in that manner is in the best interest of*
21 *the insured; and*

22 *(2) The insured requests less than a 30-day supply.*

23 *(b) May not deny coverage for a prescription described in*
24 *paragraph (a) which is otherwise approved for coverage by the*
25 *hospital or medical services corporation.*

26 *(c) May not prorate any pharmacy dispensing fees for a*
27 *prescription described in paragraph (a).*

28 *2. A policy of health insurance subject to the provisions of*
29 *this chapter which provides coverage for prescription drugs and*
30 *that is delivered, issued for delivery or renewed on or after*
31 *January 1, 2017, has the legal effect of providing that coverage*
32 *subject to the requirements of this section, and any provision of*
33 *the policy of health insurance or renewal which is in conflict with*
34 *this section is void.*

35 *3. The provisions of this section do not apply to unit-of-use*
36 *packaging for which synchronization is not practicable or to a*
37 *controlled substance.*

38 *4. As used in this section:*

39 *(a) "Chronic medication" means any drug that is prescribed to*
40 *treat any disease or other condition which is determined to be*
41 *permanent, persistent or lasting indefinitely.*

42 *(b) "Synchronization" means the alignment of the dispensing*
43 *of multiple medications by a single contracted pharmacy for the*
44 *purpose of improving a patient's adherence to a prescribed course*
45 *of medication.*



1 (c) “Unit-of-use packaging” means medication that is
2 prepackaged by the manufacturer in blister packs, compliance
3 packs, course-of-therapy packs or any other packaging which is
4 designed and intended to be dispensed directly to the patient
5 without modification by the dispensing pharmacy, except for the
6 addition of a prescription label.

7 **Sec. 7.** Chapter 695C of NRS is hereby amended by adding
8 thereto a new section to read as follows:

9 1. A health maintenance organization that offers or issues a
10 health care plan which provides coverage for prescription drugs:

11 (a) Must authorize coverage for and may apply a copayment
12 and deductible to a prescription that is dispensed by a pharmacy
13 for less than a 30-day supply if, for the purpose of synchronizing
14 the enrollee’s chronic medications:

15 (1) The prescriber or pharmacist determines that filling or
16 refilling the prescription in that manner is in the best interest of
17 the enrollee; and

18 (2) The enrollee requests less than a 30-day supply.

19 (b) May not deny coverage for a prescription described in
20 paragraph (a) which is otherwise approved for coverage by the
21 health maintenance organization.

22 (c) May not prorate any pharmacy dispensing fees for a
23 prescription described in paragraph (a).

24 2. An evidence of coverage subject to the provisions of this
25 chapter which provides coverage for prescription drugs and that is
26 delivered, issued for delivery or renewed on or after January 1,
27 2017, has the legal effect of providing that coverage subject to the
28 requirements of this section, and any provision of the evidence of
29 coverage or renewal which is in conflict with this section is void.

30 3. The provisions of this section do not apply to unit-of-use
31 packaging for which synchronization is not practicable or to a
32 controlled substance.

33 4. As used in this section:

34 (a) “Chronic medication” means any drug that is prescribed to
35 treat any disease or other condition which is determined to be
36 permanent, persistent or lasting indefinitely.

37 (b) “Synchronization” means the alignment of the dispensing
38 of multiple medications by a single contracted pharmacy for the
39 purpose of improving a patient’s adherence to a prescribed course
40 of medication.

41 (c) “Unit-of-use packaging” means medication that is
42 prepackaged by the manufacturer in blister packs, compliance
43 packs, course-of-therapy packs or any other packaging which is
44 designed and intended to be dispensed directly to the patient



1 *without modification by the dispensing pharmacy, except for the*
2 *addition of a prescription label.*

3 **Sec. 8.** NRS 695C.050 is hereby amended to read as follows:

4 695C.050 1. Except as otherwise provided in this chapter or
5 in specific provisions of this title, the provisions of this title are not
6 applicable to any health maintenance organization granted a
7 certificate of authority under this chapter. This provision does not
8 apply to an insurer licensed and regulated pursuant to this title
9 except with respect to its activities as a health maintenance
10 organization authorized and regulated pursuant to this chapter.

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

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

18 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
19 695C.1693, 695C.170 to 695C.173, inclusive, 695C.1733 to
20 695C.200, inclusive, and 695C.265 do not apply to a health
21 maintenance organization that provides health care services through
22 managed care to recipients of Medicaid under the State Plan for
23 Medicaid or insurance pursuant to the Children's Health Insurance
24 Program pursuant to a contract with the Division of Health Care
25 Financing and Policy of the Department of Health and Human
26 Services. This subsection does not exempt a health maintenance
27 organization from any provision of this chapter for services
28 provided pursuant to any other contract.

29 5. The provisions of NRS 695C.1694, 695C.1695 and
30 695C.1731 *and section 7 of this act* apply to a health maintenance
31 organization that provides health care services through managed
32 care to recipients of Medicaid under the State Plan for Medicaid.

33 **Sec. 9.** NRS 695C.330 is hereby amended to read as follows:

34 695C.330 1. The Commissioner may suspend or revoke any
35 certificate of authority issued to a health maintenance organization
36 pursuant to the provisions of this chapter if the Commissioner finds
37 that any of the following conditions exist:

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



1 (b) The health maintenance organization issues evidence of
2 coverage or uses a schedule of charges for health care services
3 which do not comply with the requirements of NRS 695C.1691 to
4 695C.200, inclusive, *and section 7 of this act* or 695C.207;

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

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

9 (1) Does not meet the requirements of subsection 1 of NRS
10 695C.080; or

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

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

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

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

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

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

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

30 (i) The continued operation of the health maintenance
31 organization would be hazardous to its enrollees;

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

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

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

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

43 4. If the certificate of authority of a health maintenance
44 organization is revoked, the organization shall proceed, immediately
45 following the effective date of the order of revocation, to wind up its



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1 affairs and shall conduct no further business except as may be
2 essential to the orderly conclusion of the affairs of the organization.
3 It shall engage in no further advertising or solicitation of any kind.
4 The Commissioner may, by written order, permit such further
5 operation of the organization as the Commissioner may find to be in
6 the best interest of enrollees to the end that enrollees are afforded
7 the greatest practical opportunity to obtain continuing coverage for
8 health care.

9 **Sec. 10.** Chapter 695G of NRS is hereby amended by adding
10 thereto a new section to read as follows:

11 *1. A managed care organization that offers or issues a health
12 care plan which provides coverage for prescription drugs:*

13 *(a) Must authorize coverage for and may apply a copayment
14 and deductible to a prescription that is dispensed by a pharmacy
15 for less than a 30-day supply if, for the purpose of synchronizing
16 the insured's chronic medications:*

17 *(1) The prescriber or pharmacist determines that filling or
18 refilling the prescription in that manner is in the best interest of
19 the insured; and*

20 *(2) The insured requests less than a 30-day supply.*

21 *(b) May not deny coverage for a prescription described in
22 paragraph (a) which is otherwise approved for coverage by the
23 managed care organization.*

24 *(c) May not prorate any pharmacy dispensing fees for a
25 prescription described in paragraph (a).*

26 *2. An evidence of coverage subject to the provisions of this
27 chapter which provides coverage for prescription drugs and that is
28 delivered, issued for delivery or renewed on or after January 1,
29 2017, has the legal effect of providing that coverage subject to the
30 requirements of this section, and any provision of the evidence of
31 coverage or renewal which is in conflict with this section is void.*

32 *3. The provisions of this section do not apply to unit-of-use
33 packaging for which synchronization is not practicable or to a
34 controlled substance.*

35 *4. As used in this section:*

36 *(a) "Chronic medication" means any drug that is prescribed to
37 treat any disease or other condition which is determined to be
38 permanent, persistent or lasting indefinitely.*

39 *(b) "Synchronization" means the alignment of the dispensing
40 of multiple medications by a single contracted pharmacy for the
41 purpose of improving a patient's adherence to a prescribed course
42 of medication.*

43 *(c) "Unit-of-use packaging" means medication that is
44 prepackaged by the manufacturer in blister packs, compliance
45 packs, course-of-therapy packs or any other packaging which is*



1 *designed and intended to be dispensed directly to the patient*
2 *without modification by the dispensing pharmacy, except for the*
3 *addition of a prescription label.*

4 **Sec. 11.** NRS 287.010 is hereby amended to read as follows:

5 287.010 1. The governing body of any county, school
6 district, municipal corporation, political subdivision, public
7 corporation or other local governmental agency of the State of
8 Nevada may:

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

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

24 (c) Provide group life, accident or health coverage through a
25 self-insurance reserve fund and, where necessary, deduct
26 contributions to the maintenance of the fund from the compensation
27 of officers and employees and pay the deductions into the fund. The
28 money accumulated for this purpose through deductions from
29 the compensation of officers and employees and contributions of the
30 governing body must be maintained as an internal service fund as
31 defined by NRS 354.543. The money must be deposited in a state or
32 national bank or credit union authorized to transact business in the
33 State of Nevada. Any independent administrator of a fund created
34 under this section is subject to the licensing requirements of chapter
35 683A of NRS, and must be a resident of this State. Any contract
36 with an independent administrator must be approved by the
37 Commissioner of Insurance as to the reasonableness of
38 administrative charges in relation to contributions collected and
39 benefits provided. The provisions of NRS 687B.408, 689B.030 to
40 689B.050, inclusive, *and section 3 of this act* and 689B.287 apply
41 to coverage provided pursuant to this paragraph.

42 (d) Defray part or all of the cost of maintenance of a self-
43 insurance fund or of the premiums upon insurance. The money for
44 contributions must be budgeted for in accordance with the laws
45 governing the county, school district, municipal corporation,



1 political subdivision, public corporation or other local governmental
2 agency of the State of Nevada.

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

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

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

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

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

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

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

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

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

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

42 **Sec. 12.** NRS 287.04335 is hereby amended to read as
43 follows:

44 287.04335 If the Board provides health insurance through a
45 plan of self-insurance, it shall comply with the provisions of NRS



1 689B.255, 695G.150, 695G.160, 695G.164, 695G.1645, 695G.167,
2 695G.170, 695G.171, 695G.173, 695G.177, 695G.200 to 695G.230,
3 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and*
4 *section 10 of this act* in the same manner as an insurer that is
5 licensed pursuant to title 57 of NRS is required to comply with those
6 provisions.

7 **Sec. 13.** The provisions of NRS 354.599 do not apply to any
8 additional expenses of a local government that are related to the
9 provisions of this act.

10 **Sec. 14.** This act becomes effective:

11 1. Upon passage and approval for the purposes of adopting any
12 regulations and performing any preparatory administrative tasks
13 necessary to carry out the provisions of this act; and

14 2. On January 1, 2017, for all other purposes.

