

Amendment No. 443

Senate Amendment to Senate Bill No. 266 (BDR 57-879)

Proposed by: Senate Committee on Commerce, Labor and Energy

Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 266 (§ 9).

ASSEMBLY ACTION		Initial and Date		SENATE ACTION		Initial and Date			
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) green bold italic underlining is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) green bold underlining is newly added transitory language.

AAK/RBL



Date: 4/19/2013

S.B. No. 266—Requires certain policies of health insurance and health care plans to provide comparable coverage for orally administered chemotherapy. (BDR 57-879)



SENATE BILL NO. 266—SENATORS DENIS, HARDY, SMITH, ATKINSON, SEGERBLOM; FORD, GOICOECHEA, HAMMOND, HUTCHISON, JONES, KIHUEN, MANENDO, PARKS, ROBERSON, SPEARMAN AND WOODHOUSE

MARCH 15, 2013

JOINT SPONSORS: ASSEMBLYMEN FIORE, DIAZ, EISEN, BOBZIEN, HAMBRICK; AIZLEY, ELLIOT ANDERSON, PAUL ANDERSON, BENITEZ-THOMPSON, CARLTON, CARRILLO, DALY, DONDERO LOOP, ELLISON, FLORES, FRIERSON, GRADY, HOGAN, HORNE, KIRKPATRICK, LIVERMORE, MARTIN, MUNFORD, NEAL, OHRENSCHALL, OSCARSON, PIERCE, SPIEGEL, SPRINKLE, STEWART AND WHEELER

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Requires certain policies of health insurance and health care plans to provide comparable coverage for orally administered chemotherapy. (BDR 57-879)

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

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

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

AN ACT relating to insurance; requiring certain policies of health insurance and health care plans to provide coverage for certain orally administered chemotherapy that is not less favorable to the insured than other forms of chemotherapy; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires certain public and private health care plans and policies of
2 insurance to provide coverage for certain procedures, including colorectal cancer screenings,
3 cytological screening tests and mammograms, in certain circumstances. (NRS 287.027,
4 287.04335, 689A.04042, 689A.0405, 689B.0367, 689B.0374, 695B.1907, 695B.1912,
5 695C.1731, 695C.1735, 695G.168) Existing law also requires employers to provide certain
6 benefits to employees, including coverage for the procedures required to be covered by
7 insurers, if the employer provides health benefits for its employees. (NRS 608.1555) This bill
8 requires each health care plan and policy of insurance, other than the State Plan for Medicaid,
9 that provides coverage for both chemotherapy administered intravenously or by injection and
10 orally administered chemotherapy to provide the coverage for orally administered
11 chemotherapy to the same extent to the insured as other types of chemotherapy. The bill
12 further prohibits a health care plan or policy of insurance from meeting this requirement by

13 increasing the costs of the other types of chemotherapy or by decreasing the monetary limits
 14 for chemotherapy under the policy or plan.

15 The provisions of this bill apply prospectively to any policy of insurance or health care
 16 plan offered through the Silver State Health Insurance Exchange on or after January 1,
 17 2015, and to any other policy of insurance or health care plan issued or renewed on or
 18 after ~~October 1, 2013~~ 2014.

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 adding thereto a new
 2 section to read as follows:

3 *1. An insurer that offers or issues a policy of health insurance which*
 4 *provides coverage for the treatment of cancer through the use of chemotherapy*
 5 *shall not:*

6 *(a) Require a higher copayment, deductible or coinsurance amount for*
 7 *chemotherapy administered orally by means of a prescription drug than is*
 8 *required for chemotherapy which is administered by injection or intravenously.*

9 *(b) Make the coverage subject to monetary limits that are less favorable for*
 10 *chemotherapy administered orally by means of a prescription drug than the*
 11 *monetary limits applicable to chemotherapy which is administered by injection or*
 12 *intravenously.*

13 *(c) Increase the copayment, deductible or coinsurance amount for*
 14 *chemotherapy that is administered by injection or intravenously or decrease the*
 15 *monetary limits applicable to such chemotherapy to meet the requirements of this*
 16 *section.*

17 *2. A policy subject to the provisions of this chapter ~~that is delivered, issued~~*
 18 *~~for delivery or renewed on or after October 1, 2013,~~ which provides coverage for*
 19 *the treatment of cancer through the use of chemotherapy has the legal effect of*
 20 *providing that coverage subject to the requirements of this section, and any*
 21 *provision of the policy or renewal which is in conflict with this section is void ~~if~~*
 22 *if the policy is:*

23 *(a) A qualified health plan, as defined in NRS 695I.080, that is offered to*
 24 *persons through the Silver State Health Insurance Exchange and delivered,*
 25 *issued for delivery or renewed on or after January 1, 2015; or*

26 *(b) For any other policy, delivered, issued for delivery or renewed on or after*
 27 *January 1, 2014.*

28 *3. Nothing in this section shall be construed as requiring an insurer to*
 29 *provide coverage for the treatment of cancer through the use of chemotherapy*
 30 *administered by injection or intravenously or administered orally by means of a*
 31 *prescription drug.*

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

33 689A.330 If any policy is issued by a domestic insurer for delivery to a
 34 person residing in another state, and if the insurance commissioner or
 35 corresponding public officer of that other state has informed the Commissioner that
 36 the policy is not subject to approval or disapproval by that officer, the
 37 Commissioner may by ruling require that the policy meet the standards set forth in
 38 NRS 689A.030 to 689A.320, inclusive ~~H~~, and section 1 of this act.

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

3 1. *An insurer that offers or issues a policy of group health insurance which*
4 *provides coverage for the treatment of cancer through the use of chemotherapy*
5 *shall not:*

6 (a) *Require a higher copayment, deductible or coinsurance amount for*
7 *chemotherapy administered orally by means of a prescription drug than is*
8 *required for chemotherapy which is administered by injection or intravenously.*

9 (b) *Make the coverage subject to monetary limits that are less favorable for*
10 *chemotherapy administered orally by means of a prescription drug than the*
11 *monetary limits applicable to chemotherapy which is administered by injection or*
12 *intravenously.*

13 (c) *Increase the copayment, deductible or coinsurance amount for*
14 *chemotherapy that is administered by injection or intravenously or decrease the*
15 *monetary limits applicable to such chemotherapy to meet the requirements of this*
16 *section.*

17 2. *A policy subject to the provisions of this chapter ~~that is delivered, issued~~*
18 *~~for delivery or renewed on or after October 1, 2013,~~ which provides coverage for*
19 *the treatment of cancer through the use of chemotherapy has the legal effect of*
20 *providing that coverage subject to the requirements of this section, and any*
21 *provision of the policy or renewal which is in conflict with this section is void.*

22 3. *Nothing in this section shall be construed as requiring an insurer to*
23 *provide coverage for the treatment of cancer through the use of chemotherapy*
24 *administered by injection or intravenously or administered orally by means of a*
25 *prescription drug.*

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

28 1. *An insurer that offers or issues a contract for hospital or medical service*
29 *which provides coverage for the treatment of cancer through the use of*
30 *chemotherapy shall not:*

31 (a) *Require a higher copayment, deductible or coinsurance amount for*
32 *chemotherapy administered orally by means of a prescription drug than is*
33 *required for chemotherapy which is administered by injection or intravenously.*

34 (b) *Make the coverage subject to monetary limits that are less favorable for*
35 *chemotherapy administered orally by means of a prescription drug than the*
36 *monetary limits applicable to chemotherapy which is administered by injection or*
37 *intravenously.*

38 (c) *Increase the copayment, deductible or coinsurance amount for*
39 *chemotherapy that is administered by injection or intravenously or decrease the*
40 *monetary limits applicable to such chemotherapy to meet the requirements of this*
41 *section.*

42 2. *A contract subject to the provisions of this chapter ~~that is delivered,~~*
43 *~~issued for delivery or renewed on or after October 1, 2013,~~ which provides*
44 *coverage for the treatment of cancer through the use of chemotherapy has the*
45 *legal effect of providing that coverage subject to the requirements of this section,*
46 *and any provision of the contract or renewal which is in conflict with this section*
47 *is void ~~if~~ if the contract is:*

48 (a) *A qualified health plan, as defined in NRS 695I.080, that is offered to*
49 *persons through the Silver State Health Insurance Exchange and delivered,*
50 *issued for delivery or renewed on or after January 1, 2015; or*

51 (b) *For any other contract, delivered, issued for delivery or renewed on or*
52 *after January 1, 2014.*

1 3. *Nothing in this section shall be construed as requiring an insurer to*
2 *provide coverage for the treatment of cancer through the use of chemotherapy*
3 *administered by injection or intravenously or administered orally by means of a*
4 *prescription drug.*

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

7 1. *A health maintenance organization that offers or issues a health care*
8 *plan which provides coverage for the treatment of cancer through the use of*
9 *chemotherapy shall not:*

10 (a) *Require a higher copayment, deductible or coinsurance amount for*
11 *chemotherapy administered orally by means of a prescription drug than is*
12 *required for chemotherapy which is administered by injection or intravenously.*

13 (b) *Make the coverage subject to monetary limits that are less favorable for*
14 *chemotherapy administered orally by means of a prescription drug than the*
15 *monetary limits applicable to chemotherapy which is administered by injection or*
16 *intravenously.*

17 (c) *Increase the copayment, deductible or coinsurance amount for*
18 *chemotherapy that is administered by injection or intravenously or decrease the*
19 *monetary limits applicable to such chemotherapy to meet the requirements of this*
20 *section.*

21 2. *Evidence of coverage subject to the provisions of this chapter ~~that is~~*
22 *~~delivered, issued for delivery or renewed on or after October 1, 2013,~~ which*
23 *provides coverage for the treatment of cancer through the use of chemotherapy*
24 *has the legal effect of providing that coverage subject to the requirements of this*
25 *section, and any provision of the evidence of coverage or the renewal which is in*
26 *conflict with this section is void ~~if~~ if the evidence of coverage is:*

27 (a) *A qualified health plan, as defined in NRS 695L.080, that is offered to*
28 *persons through the Silver State Health Insurance Exchange and delivered,*
29 *issued for delivery or renewed on or after January 1, 2015; or*

30 (b) *For any other evidence of coverage, delivered, issued for delivery or*
31 *renewed on or after January 1, 2014.*

32 3. *Nothing in this section shall be construed as requiring a health*
33 *maintenance organization to provide coverage for the treatment of cancer*
34 *through the use of chemotherapy administered by injection or intravenously or*
35 *administered orally by means of a prescription drug.*

36 **Sec. 6.** NRS 695C.050 is hereby amended to read as follows:

37 695C.050 1. Except as otherwise provided in this chapter or in specific
38 provisions of this title, the provisions of this title are not applicable to any health
39 maintenance organization granted a certificate of authority under this chapter. This
40 provision does not apply to an insurer licensed and regulated pursuant to this title
41 except with respect to its activities as a health maintenance organization authorized
42 and regulated pursuant to this chapter.

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

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

50 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,
51 695C.170 to 695C.173, inclusive, 695C.1733 to 695C.200, inclusive, *and section 5*
52 *of this act*, 695C.250 and 695C.265 do not apply to a health maintenance
53 organization that provides health care services through managed care to recipients

1 of Medicaid under the State Plan for Medicaid or insurance pursuant to the
2 Children's Health Insurance Program pursuant to a contract with the Division of
3 Health Care Financing and Policy of the Department of Health and Human
4 Services. This subsection does not exempt a health maintenance organization from
5 any provision of this chapter for services provided pursuant to any other contract.

6 5. The provisions of NRS 695C.1694, 695C.1695 and 695C.1731 apply to a
7 health maintenance organization that provides health care services through
8 managed care to recipients of Medicaid under the State Plan for Medicaid.

9 **Sec. 7.** NRS 695C.330 is hereby amended to read as follows:

10 695C.330 1. The Commissioner may suspend or revoke any certificate of
11 authority issued to a health maintenance organization pursuant to the provisions of
12 this chapter if the Commissioner finds that any of the following conditions exist:

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

19 (b) The health maintenance organization issues evidence of coverage or uses a
20 schedule of charges for health care services which do not comply with the
21 requirements of NRS 695C.1691 to 695C.200, inclusive, *and section 5 of this act*
22 *or 695C.207*;

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

25 (d) The State Board of Health certifies to the Commissioner that the health
26 maintenance organization:

27 (1) Does not meet the requirements of subsection 2 of NRS 695C.080; or

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

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

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

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

38 (1) Resolving complaints in a manner reasonably to dispose of valid
39 complaints; and

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

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

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

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

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

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

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

5 4. If the certificate of authority of a health maintenance organization is
6 revoked, the organization shall proceed, immediately following the effective date of
7 the order of revocation, to wind up its affairs and shall conduct no further business
8 except as may be essential to the orderly conclusion of the affairs of the
9 organization. It shall engage in no further advertising or solicitation of any kind.
10 The Commissioner may, by written order, permit such further operation of the
11 organization as the Commissioner may find to be in the best interest of enrollees to
12 the end that enrollees are afforded the greatest practical opportunity to obtain
13 continuing coverage for health care.

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

16 *1. A managed care organization that offers or issues a health care plan
17 which provides coverage for the treatment of cancer through the use of
18 chemotherapy shall not:*

19 *(a) Require a higher copayment, deductible or coinsurance amount for
20 chemotherapy administered orally by means of a prescription drug than is
21 required for chemotherapy which is administered by injection or intravenously.*

22 *(b) Make the coverage subject to monetary limits that are less favorable for
23 chemotherapy administered orally by means of a prescription drug than the
24 monetary limits applicable to chemotherapy which is administered by injection or
25 intravenously.*

26 *(c) Increase the copayment, deductible or coinsurance amount for
27 chemotherapy that is administered by injection or intravenously or decrease the
28 monetary limits applicable to such chemotherapy to meet the requirements of this
29 section.*

30 *2. An evidence of coverage for a health care plan subject to the provisions
31 of this chapter ~~that is delivered, issued for delivery or renewed on or after~~
32 ~~October 1, 2013,~~ which provides coverage for the treatment of cancer through
33 the use of chemotherapy has the legal effect of providing that coverage subject to
34 the requirements of this section, and any provision of the evidence of coverage or
35 the renewal which is in conflict with this section is void ~~if~~ if the evidence of
36 coverage is:*

37 (a) A qualified health plan, as defined in NRS 695I.080, that is offered to
38 persons through the Silver State Health Insurance Exchange and delivered,
39 issued for delivery or renewed on or after January 1, 2015; or

40 (b) For any other evidence of coverage, delivered, issued for delivery or
41 renewed on or after January 1, 2014.

42 *3. Nothing in this section shall be construed as requiring a managed care
43 organization to provide coverage for the treatment of cancer through the use of
44 chemotherapy administered by injection or intravenously or administered orally
45 by means of a prescription drug.*

46 **Sec. 8.5.** NRS 695G.090 is hereby amended to read as follows:

47 695G.090 1. Except as otherwise provided in subsection 3, the provisions of
48 this chapter apply to each organization and insurer that operates as a managed care
49 organization and may include, without limitation, an insurer that issues a policy of
50 health insurance, an insurer that issues a policy of individual or group health
51 insurance, a carrier serving small employers, a fraternal benefit society, a hospital
52 or medical service corporation and a health maintenance organization.

1 2. In addition to the provisions of this chapter, each managed care
2 organization shall comply with:

3 (a) The provisions of chapter 686A of NRS, including all obligations and
4 remedies set forth therein; and

5 (b) Any other applicable provision of this title.

6 3. The provisions of NRS 695G.164, 695G.1645, 695G.200 to 695G.230,
7 inclusive, and 695G.430 and section 8 of this act, do not apply to a managed care
8 organization that provides health care services to recipients of Medicaid under the
9 State Plan for Medicaid or insurance pursuant to the Children's Health Insurance
10 Program pursuant to a contract with the Division of Health Care Financing and
11 Policy of the Department of Health and Human Services. This subsection does not
12 exempt a managed care organization from any provision of this chapter for services
13 provided pursuant to any other contract.

14 **Sec. 9.** Chapter 287 of NRS is hereby amended by adding thereto a new
15 section to read as follows:

16 *1. The governing body of any county, school district, municipal*
17 *corporation, political subdivision, public corporation or other local governmental*
18 *entity of the State of Nevada that provides health insurance through a plan of*
19 *self-insurance which provides coverage for the treatment of cancer through the*
20 *use of chemotherapy shall not:*

21 (a) *Require a higher copayment, deductible or coinsurance amount for*
22 *chemotherapy administered orally by means of a prescription drug than is*
23 *required for chemotherapy which is administered by injection or intravenously.*

24 (b) *Make the coverage subject to monetary limits that are less favorable for*
25 *chemotherapy administered orally by means of a prescription drug than the*
26 *monetary limits applicable to chemotherapy which is administered by injection or*
27 *intravenously.*

28 (c) *Increase the copayment, deductible or coinsurance amount for*
29 *chemotherapy that is administered by injection or intravenously or decrease the*
30 *monetary limits applicable to such chemotherapy to meet the requirements of this*
31 *section.*

32 *2. A plan of self-insurance subject to the provisions of this chapter ~~that is~~*
33 *~~delivered, issued for delivery or renewed on or after October 1, 2013,~~ which*
34 *provides coverage for the treatment of cancer through the use of chemotherapy*
35 *has the legal effect of providing that coverage subject to the requirements of this*
36 *section, and any provision of the plan or the renewal which is in conflict with this*
37 *section is void ~~if~~ if the plan is:*

38 *(a) A qualified health plan, as defined in NRS 695I.080, that is offered to*
39 *persons through the Silver State Health Insurance Exchange and delivered,*
40 *issued for delivery or renewed on or after January 1, 2015; or*

41 *(b) For any other plan, delivered, issued for delivery or renewed on or after*
42 *January 1, 2014.*

43 *3. Nothing in this section shall be construed as requiring the governing*
44 *body of any county, school district, municipal corporation, political subdivision,*
45 *public corporation or other local governmental entity of the State of Nevada that*
46 *provides health insurance through a plan of self-insurance to provide coverage*
47 *for the treatment of cancer through the use of chemotherapy administered by*
48 *injection or intravenously or administered orally by means of a prescription drug.*

49 **Sec. 9.5.** **NRS 287.015 is hereby amended to read as follows:**

50 287.015 1. A local government employer and any employee organization
51 that is recognized by the employer pursuant to chapter 288 of NRS may, by written
52 agreement between themselves or with other local government employers and
53 employee organizations, establish a trust fund to provide health and welfare

1 benefits to active and retired employees of the participating employers and the
2 dependents of those employees.

3 2. All contributions made to a trust fund established pursuant to this section
4 must be held in trust and used:

5 (a) To provide, from principal or income, or both, for the benefit of the
6 participating employees and their dependents, medical, hospital, dental, vision,
7 death, disability or accident benefits, or any combination thereof, and any other
8 benefit appropriate for an entity that qualifies as a voluntary employees' beneficiary
9 association under Section 501(c)(9) of the Internal Revenue Code of 1986, 26
10 U.S.C. § 501(c)(9), as amended; and

11 (b) To pay any reasonable administrative expenses incident to the provision of
12 these benefits and the administration of the trust.

13 3. The basis on which contributions are to be made to the trust must be
14 specified in a collective bargaining agreement between each participating local
15 government employer and employee organization or in a written participation
16 agreement between the employer and employee organization, jointly, and the trust.

17 4. The trust must be administered by a board of trustees on which
18 participating local government employers and employee organizations are equally
19 represented. The agreement that establishes the trust must:

20 (a) Set forth the powers and duties of the board of trustees, which must not be
21 inconsistent with the provisions of this section;

22 (b) Establish a procedure for resolving expeditiously any deadlock that arises
23 among the members of the board of trustees; and

24 (c) Provide for an audit of the trust, at least annually, the results of which must
25 be reported to each participating employer and employee organization.

26 5. The provisions of paragraphs (b) and (c) of subsection 2 of NRS 287.029
27 apply to a trust fund established pursuant to this section by the governing body of a
28 school district.

29 6. *The provisions of section 9 of this act do not apply to a trust fund*
30 *established pursuant to this section.*

31 7. As used in this section:

32 (a) "Employee organization" has the meaning ascribed to it in NRS 288.040.

33 (b) "Local government employer" has the meaning ascribed to it in NRS
34 288.060.

35 **Sec. 10.** NRS 287.04335 is hereby amended to read as follows:

36 287.04335 If the Board provides health insurance through a plan of self-
37 insurance, it shall comply with the provisions of NRS 689B.255, 695G.150,
38 695G.160, 695G.164, 695G.1645, 695G.170, 695G.171, 695G.173, 695G.177,
39 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405,
40 *and section 8 of this act* in the same manner as an insurer that is licensed pursuant
41 to title 57 of NRS is required to comply with those provisions.

42 **Sec. 11.** The provisions of NRS 354.599 do not apply to any additional
43 expenses of a local government that are related to the provisions of this act.