

Amendment No. 645

Assembly Amendment to Senate Bill No. 266 Second Reprint (BDR 57-879)
Proposed by: Assembly Committee on Commerce and Labor
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the unfunded mandate requested by the affected local government to S.B. 266 R2 (§ 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: 5/18/2013

S.B. No. 266—Revises provisions governing coverage for chemotherapy in a policy of health insurance or health care plan. (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—Revises provisions governing coverage for chemotherapy in a policy
of health insurance or health care plan. (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)

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

AN ACT relating to insurance; prohibiting certain policies of health insurance and
health care plans from making monetary limits of coverage for certain
orally administered chemotherapy less favorable to the insured than
other forms of chemotherapy; limiting the total combined amount of
any copayment, deductible or coinsurance for chemotherapy
administered orally; 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) **Sections**
8 **1, 3-5, 8 and 9** of this bill prohibit a health care plan and policy of insurance, other than the
9 State Plan for Medicaid, that provides coverage for both chemotherapy administered
10 intravenously or by injection and orally administered chemotherapy from making the
11 monetary limits of coverage for orally administered chemotherapy different than other types

of chemotherapy. **Sections 1, 3-5, 8 and 9** further prohibit such a health care plan or policy of insurance from meeting this requirement by decreasing the monetary limits for chemotherapy under the policy or plan. **Sections 1, 3-5, 8 and 9** also prohibit such a health care plan and policy of insurance from requiring a copayment, deductible or coinsurance amount for orally administered chemotherapy in a combined amount that is more than \$100 per prescription.

The provisions of this bill apply prospectively to any policy of insurance or health care plan ~~offered through the Silver State Health Insurance Exchange on or after January 1, 2015, and to any other policy of insurance or health care plan~~ **that is delivered, issued for delivery or renewed on or after January 1, 2014, 2015.**

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

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

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

(a) Require a copayment, deductible or coinsurance amount for chemotherapy administered orally by means of a prescription drug in a combined amount that is more than \$100 per prescription.

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

(c) Decrease the monetary limits applicable to chemotherapy administered orally by means of a prescription drug or to chemotherapy which is administered by injection or intravenously to meet the requirements of this section.

2. A policy subject to the provisions of this chapter which provides coverage for the treatment of cancer through the use of chemotherapy and that is delivered, issued for delivery or renewed on or after January 1, 2015, has the legal effect of providing that coverage subject to the requirements of this section, and any provision of the policy or renewal which is in conflict with this section is void. ~~*if the policy is:*~~

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

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

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

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

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~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 copayment, deductible or coinsurance amount for*
7 *chemotherapy administered orally by means of a prescription drug in a combined*
8 *amount that is more than \$100 per prescription.*

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) *Decrease the monetary limits applicable to chemotherapy administered*
14 *orally by means of a prescription drug or to chemotherapy which is administered*
15 *by injection or intravenously to meet the requirements of this section.*

16 2. *A policy subject to the provisions of this chapter which provides coverage*
17 *for the treatment of cancer through the use of chemotherapy and that is*
18 *delivered, issued for delivery or renewed on or after January 1, 2015, has the*
19 *legal effect of providing that coverage subject to the requirements of this section,*
20 *and any provision of the policy or renewal which is in conflict with this section is*
21 *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 copayment, deductible or coinsurance amount for*
32 *chemotherapy administered orally by means of a prescription drug in a combined*
33 *amount that is more than \$100 per prescription.*

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) *Decrease the monetary limits applicable to chemotherapy administered*
39 *orally by means of a prescription drug or to chemotherapy which is administered*
40 *by injection or intravenously to meet the requirements of this section.*

41 2. *A contract subject to the provisions of this chapter which provides*
42 *coverage for the treatment of cancer through the use of chemotherapy and that is*
43 *delivered, issued for delivery or renewed on or after January 1, 2015, has the*
44 *legal effect of providing that coverage subject to the requirements of this section,*
45 *and any provision of the contract or renewal which is in conflict with this section*
46 *is void. ~~if the contract is:~~*

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

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

52 3. *Nothing in this section shall be construed as requiring an insurer to*
53 *provide coverage for the treatment of cancer through the use of chemotherapy*

1 *administered by injection or intravenously or administered orally by means of a*
2 *prescription drug.*

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

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

8 *(a) Require a copayment, deductible or coinsurance amount for*
9 *chemotherapy administered orally by means of a prescription drug in a combined*
10 *amount that is more than \$100 per prescription.*

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

15 *(c) Decrease the monetary limits applicable to such chemotherapy*
16 *administered orally by means of a prescription drug or to chemotherapy which is*
17 *administered by injection or intravenously to meet the requirements of this*
18 *section.*

19 *2. Evidence of coverage subject to the provisions of this chapter which*
20 *provides coverage for the treatment of cancer through the use of chemotherapy*
21 *and that is delivered, issued for delivery or renewed on or after January 1, 2015,*
22 *has the legal effect of providing that coverage subject to the requirements of this*
23 *section, and any provision of the evidence of coverage or the renewal which is in*
24 *conflict with this section is void. ~~If the evidence of coverage is:~~*

25 ~~*(a) A qualified health plan, as defined in NRS 695L080, that is offered to*~~
26 ~~*persons through the Silver State Health Insurance Exchange and delivered,*~~
27 ~~*issued for delivery or renewed on or after January 1, 2015; or*~~

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

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

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

35 695C.050 1. Except as otherwise provided in this chapter or in specific
36 provisions of this title, the provisions of this title are not applicable to any health
37 maintenance organization granted a certificate of authority under this chapter. This
38 provision does not apply to an insurer licensed and regulated pursuant to this title
39 except with respect to its activities as a health maintenance organization authorized
40 and regulated pursuant to this chapter.

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

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

48 4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693,
49 695C.170 to 695C.173, inclusive, 695C.1733 to 695C.200, inclusive, *and section 5*
50 *of this act*, 695C.250 and 695C.265 do not apply to a health maintenance
51 organization that provides health care services through managed care to recipients
52 of Medicaid under the State Plan for Medicaid or insurance pursuant to the
53 Children's Health Insurance Program pursuant to a contract with the Division of

1 Health Care Financing and Policy of the Department of Health and Human
2 Services. This subsection does not exempt a health maintenance organization from
3 any provision of this chapter for services provided pursuant to any other contract.

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

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

8 695C.330 1. The Commissioner may suspend or revoke any certificate of
9 authority issued to a health maintenance organization pursuant to the provisions of
10 this chapter if the Commissioner finds that any of the following conditions exist:

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

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

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

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

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

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

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

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

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

36 (1) Resolving complaints in a manner reasonably to dispose of valid
37 complaints; and

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

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

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

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

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

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

51 3. If the certificate of authority of a health maintenance organization is
52 suspended, the health maintenance organization shall not, during the period of that

1 suspension, enroll any additional groups or new individual contracts, unless those
2 groups or persons were contracted for before the date of suspension.

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

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

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

17 *(a) Require a copayment, deductible or coinsurance amount for
18 chemotherapy administered orally by means of a prescription drug in a combined
19 amount that is more than \$100 per prescription.*

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

24 *(c) Decrease the monetary limits applicable to chemotherapy administered
25 orally by means of a prescription drug or to chemotherapy which is administered
26 by injection or intravenously to meet the requirements of this section.*

27 *2. An evidence of coverage for a health care plan subject to the provisions
28 of this chapter which provides coverage for the treatment of cancer through the
29 use of chemotherapy and that is delivered, issued for delivery or renewed on or
30 after January 1, 2015, has the legal effect of providing that coverage subject to
31 the requirements of this section, and any provision of the evidence of coverage or
32 the renewal which is in conflict with this section is void. ~~if the evidence of
33 coverage is:~~*

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

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

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

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

44 695G.090 1. Except as otherwise provided in subsection 3, the provisions of
45 this chapter apply to each organization and insurer that operates as a managed care
46 organization and may include, without limitation, an insurer that issues a policy of
47 health insurance, an insurer that issues a policy of individual or group health
48 insurance, a carrier serving small employers, a fraternal benefit society, a hospital
49 or medical service corporation and a health maintenance organization.

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

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

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

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

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

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

17 (a) *Require a copayment, deductible or coinsurance amount for*
18 *chemotherapy administered orally by means of a prescription drug in a combined*
19 *amount that is more than \$100 per prescription.*

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

24 (c) *Decrease the monetary limits applicable to such chemotherapy*
25 *administered orally by means of a prescription drug or to chemotherapy which is*
26 *administered by injection or intravenously to meet the requirements of this*
27 *section.*

28 *2. A plan of self-insurance subject to the provisions of this chapter which*
29 *provides coverage for the treatment of cancer through the use of chemotherapy*
30 *and that is delivered, issued for delivery or renewed on or after January 1, 2015,*
31 *has the legal effect of providing that coverage subject to the requirements of this*
32 *section, and any provision of the plan or the renewal which is in conflict with this*
33 *section is void, if the plan is:*

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

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

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

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

46 287.015 1. A local government employer and any employee organization
47 that is recognized by the employer pursuant to chapter 288 of NRS may, by written
48 agreement between themselves or with other local government employers and
49 employee organizations, establish a trust fund to provide health and welfare
50 benefits to active and retired employees of the participating employers and the
51 dependents of those employees.

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

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

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

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

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

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

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

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

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

25 6. *The provisions of section 9 of this act do not apply to a trust fund*
26 *established pursuant to this section before October 1, 2013.*

27 7. As used in this section:

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

29 (b) "Local government employer" has the meaning ascribed to it in NRS
30 288.060.

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

32 287.04335 If the Board provides health insurance through a plan of self-
33 insurance, it shall comply with the provisions of NRS 689B.255, 695G.150,
34 695G.160, 695G.164, 695G.1645, 695G.170, 695G.171, 695G.173, 695G.177,
35 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405,
36 *and section 8 of this act* in the same manner as an insurer that is licensed pursuant
37 to title 57 of NRS is required to comply with those provisions.

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