Amendment No. 686

Senate Amendment to Assembly Bill No. 80 First Reprint (BDR 23-496)									
Proposed by: Senate Committee on Legislative Operations and Elections									
Amends:	Summary: No	Title: No	Preamble: No	Joint Sponsorship: No	Digest: Yes				

ASSEMBLY	ACT	ION	Initial and Date	SENATE ACTIO	ON Initial and Date
Adopted		Lost		Adopted	Lost
Concurred In		Not	1	Concurred In	Not
Receded		Not	1	Receded	Not

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.

EGO Date: 5/29/2011

A.B. No. 80—Makes various changes relating to the Public Employees' Benefits Program. (BDR 23-496)

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ASSEMBLY BILL NO. 80–COMMITTEE ON GOVERNMENT AFFAIRS

(ON BEHALF OF THE PUBLIC EMPLOYEES' BENEFITS PROGRAM)

DECEMBER 15, 2010

Referred to Committee on Government Affairs

SUMMARY—Makes various changes relating to the Public Employees' Benefits Program. (BDR 23-496)

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

Effect on the State: Yes.

EXPLANATION - Matter in bolded italics is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to the Public Employees' Benefits Program; making various changes relating to the Program; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, the Board of the Public Employees' Benefits Program is required to submit various reports concerning the administration and operation of the Program. (NRS 287.043, 287.04366) **Sections 3, 8 and 14** of this bill make the Executive Officer of the Program, rather than the Board, responsible for submitting such reports.

Under existing law, if a retired public officer or employee of the State or a local governmental agency, or the surviving spouse of such a retired officer or employee, who was formerly covered by health insurance provided under the Program, or under a plan offered by the local governmental employer, reinstates such insurance, the reinstated insurance excludes coverage for certain preexisting conditions during the first 12 months after such reinstatement. (NRS 287.0205, 287.0475) Sections 4.5 and 12 of this bill eliminate the exclusion for certain preexisting conditions as called for in the Patient Protection and Affordable Care Act. (Pub. L. No. 111-148, 124 Stat. 119) Section 12 also prohibits a public officer or employee who retired from a local governmental agency, or his or her surviving spouse or domestic partner, from reinstating health insurance under the Program if the Board has adopted regulations that exclude such persons from participation in the Program because they are eligible for health coverage from a health and welfare plan or trust that arose out of certain collective bargaining agreements or under certain federal laws.

Under existing law, a state agency is required to pay to the Program a certain amount to pay a portion of the cost of coverage under the Program for each state officer or employee of that state agency who participates in the Program. State officers and employees are required to pay the remaining portion of the costs of their coverage as well as the full amount of covering their dependents under the Program. The Board is authorized to allocate the money paid by the state agency between the costs of coverage for such officers and employees and for their dependents. (NRS 287.044) **Section 9** of this bill clarifies the manner in which the Board may perform the allocation.

Existing law provides for the payment of a subsidy to cover a portion of the costs of coverage under the Program for certain retired state officers and employees. (NRS 287.046)

Section 10 of this bill clarifies that employees who are initially hired by the State on or after January 1, 2010, are not entitled to the subsidy for coverage under the Program if they retire with less than 15 years of service, which must include state service and may include local governmental service, with the exception of disabled retirees, or if they fail to maintain continuous coverage under the Program during retirement. **Section 6** of this bill clarifies the application of this provision to persons who retire from employment with local governmental agencies.

Existing law provides that if a state officer or employee or a dependent of a state officer or employee incurs medical costs that are payable under the Program, but for which a third person has the legal liability to pay, the Board is subrogated to the rights of the officer, employee or dependent and may commence, join or intervene in any legal action against the third person to enforce that legal liability. (NRS 287.0465) Section 11 of this bill extends this provision to apply to any person who participates in the Program, including retired, as well as active, officers and employees of the State and their dependents and to active and retired officers and employees of local governments and their dependents who are covered under the Program.

Existing law provides that the surviving spouse and any surviving child of a police officer or firefighter who was killed in the line of duty are eligible to obtain or continue coverage under the Program or a benefits plan established by his or her local governmental employer under certain circumstances. The public employer of the police officer or firefighter, or the State of Nevada in the case of a volunteer firefighter, is required to pay the entire cost of the coverage for the surviving spouse for life and the entire cost of the coverage for any surviving child at least until the child reaches 18 years of age and until the child reaches 23 years of age so long as the child is a full-time student. (NRS 287.021, 287.0477) Sections 5 and 13 of this bill provide that neither the public employer nor the State is required to pay the cost of the coverage for the surviving domestic partner of such a police officer or firefighter. Sections 5 and 13 also codify that the duration of the coverage for the surviving children of police officers and firefighters killed in the line of duty is the same as the duration of coverage for children otherwise in the public employer's health care plan.

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

Section 1. Chapter 287 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. "Domestic partner" has the meaning ascribed to it NRS 122A.030.

Sec. 3. 1. The Executive Officer shall is submit a report regarding the administration and operation of the Program to the Board fof the Public Employees' Benefits Program, and the Director of the Department of Administration, and to the Director of the Legislative Counsel Bureau for transmittal to the appropriate committees of the Legislature or, if the Legislature is not in regular session, to the Legislative Commission and the Interim Retirement and Benefits Committee of the Legislature created by NRS 218E.420. The report must include, without limitation:

- (a) An audited financial statement of the Program Fund for the immediately preceding fiscal year. The statement must be prepared by an independent certified public accountant.
- (b) An audited financial statement of the Retirees' Fund for the immediately preceding fiscal year. The statement must be prepared by an independent certified public accountant.
- (c) A report of the utilization of the Program by participants during the immediately preceding plan year, segregated by benefit, administrative cost, active employees and retirees, including, without limitation, an assessment of the actuarial accuracy of reserves.

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- connection with enrollment in the Program for the current plan year, including, without limitation:
- (1) Information regarding rates and the costs for participation in the Program paid by participants on a monthly basis; and

(2) A summary of the changes in the plan design for the current plan

(d) Material provided generally to participants or prospective participants in

year from the plan design for the immediately preceding plan year.

- The Executive Officer shall submit a biennial report to the Board fof the Public Employees' Benefits Program, and the Director of the Department of Administration, and to the Director of the Legislative Counsel Bureau for transmittal to the appropriate committee or committees of the Legislature. The report must include, without limitation:
- (a) An independent biennial certified actuarial valuation and report of the State's health and welfare benefits for current and future state retirees, which are provided for the purpose of developing the annual required contribution pursuant to the statements issued by the Governmental Accounting Standards Board.
- (b) A biennial review of the Program to determine whether the Program complies with federal and state laws relating to taxes and employee benefits. The review must be conducted by an attorney who specializes in employee benefits.

Sec. 4. NRS 287.0205 is hereby amended to read as follows:

- 1. A public officer or employee of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada who has retired pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, or is enrolled in a retirement program provided pursuant to NRS 286.802, or the surviving spouse of such a retired public officer or employee who is deceased, may, in any even-numbered year, reinstate any insurance, except life insurance, that, at the time of reinstatement, is provided by the last public employer of the retired public officer or employee to the active officers and employees and their dependents of that public employer:
 (a) Pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of
- subsection 1 of NRS 287.025; or
- (b) Under the Public Employees' Benefits Program, if the last public employer of the retired officer or employee participates in the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025.
- Reinstatement pursuant to paragraph (a) of subsection 1 must be requested
- (a) Giving written notice of the intent of the public officer or employee or surviving spouse to reinstate the insurance to the last public employer of the public officer or employee not later than January 31 of an even-numbered year;
- (b) Accepting the public employer's current program or plan of insurance and any subsequent changes thereto; and
- (c) Except as otherwise provided in [subparagraph (2) of] paragraph (b) of subsection 4 of NRS 287.023, paying any portion of the premiums or contributions of the public employer's program or plan of insurance, in the manner set forth in NRS 1A.470 or 286.615, which is due from the date of reinstatement and not paid by the public employer.
- → The last public employer shall give the insurer notice of the reinstatement not later than March 31 of the year in which the public officer or employee or surviving spouse gives notice of the intent to reinstate the insurance.
- Reinstatement pursuant to paragraph (b) of subsection 1 must be requested pursuant to NRS 287.0475.
- [Reinstatement] If a plan is considered grandfathered under the Patient Protection and Affordable Care Act, Public Law 111-148, reinstatement of

insurance pursuant to subsection 1 [excludes] may exclude claims for expenses for any condition for which medical advice, treatment or consultation was rendered within 12 months before reinstatement unless the reinstated insurance has been in effect more than 12 consecutive months.

5. The last public employer of a retired officer or employee who reinstates insurance, except life insurance, which was provided to the retired officer or

5. The last public employer of a retired officer or employee who reinstates insurance, except life insurance, which was provided to the retired officer or employee and the retired officer's or employee's dependents at the time of retirement pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 shall, for the purpose of establishing actuarial data to determine rates and coverage for such persons, commingle the claims experience of such persons with the claims experience of active and retired officers and employees and their dependents who participate in that group insurance, plan of benefits or medical and hospital service.

Sec. 4.5. NRS 287.0205 is hereby amended to read as follows:

287.0205 1. A public officer or employee of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada who has retired pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, or is enrolled in a retirement program provided pursuant to NRS 286.802, or the surviving spouse of such a retired public officer or employee who is deceased, may, in any even-numbered year, reinstate any insurance, except life insurance, that, at the time of reinstatement, is provided by the last public employer of the retired public officer or employee to the active officers and employees and their dependents of that public employer:

(a) Pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025; or

(b) Under the Public Employees' Benefits Program, if the last public employer of the retired officer or employee participates in the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025.

2. Reinstatement pursuant to paragraph (a) of subsection 1 must be requested by:

(a) Giving written notice of the intent of the public officer or employee or surviving spouse to reinstate the insurance to the last public employer of the public officer or employee not later than January 31 of an even-numbered year;

(b) Accepting the public employer's current program or plan of insurance and

any subsequent changes thereto; and

(c) Except as otherwise provided in paragraph (b) of subsection 4 of NRS 287.023, paying any portion of the premiums or contributions of the public employer's program or plan of insurance, in the manner set forth in NRS 1A.470 or 286.615, which is due from the date of reinstatement and not paid by the public employer.

→ The last public employer shall give the insurer notice of the reinstatement not later than March 31 of the year in which the public officer or employee or surviving spouse gives notice of the intent to reinstate the insurance.

3. Reinstatement pursuant to paragraph (b) of subsection 1 must be requested pursuant to NRS 287.0475.

4. [If a plan is considered grandfathered under the Patient Protection and Affordable Care Act, Public Law 111-148, reinstatement of insurance pursuant to subsection 1 may exclude claims for expenses for any condition for which medical advice, treatment or consultation was rendered within 12 months before reinstatement unless the reinstated insurance has been in effect more than 12 consecutive months.

— 5.] The last public employer of a retired officer or employee who reinstates insurance, except life insurance, which was provided to the retired officer or

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52 53 employee and the retired officer's or employee's dependents at the time of retirement pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 shall, for the purpose of establishing actuarial data to determine rates and coverage for such persons, commingle the claims experience of such persons with the claims experience of active and retired officers and employees and their dependents who participate in that group insurance, plan of benefits or medical and hospital service.

Sec. 5. NRS 287.021 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 3, the surviving spouse, surviving domestic partner and any surviving child of a police officer or firefighter who was:

- (a) Employed by a local governmental agency that had established group insurance, a plan of benefits or medical and hospital service pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025; and
 - (b) Killed in the line of duty,
- may elect to accept or continue coverage under that group insurance, plan or medical and hospital service if the police officer or firefighter was a participant or would have been eligible to participate in the group insurance, plan or medical and hospital service on the date of the death of the police officer or firefighter. If the surviving spouse, surviving domestic partner or child elects to accept coverage under the group insurance, plan or medical and hospital service in which the police officer or firefighter would have been eligible to participate or to discontinue coverage under the group insurance, plan or medical and hospital service in which the police officer or firefighter was a participant, the spouse, *domestic partner*, child or legal guardian of the child must notify in writing the local governmental agency that employed the police officer or firefighter within 60 days after the date of death of the police officer or firefighter.
- [The] Except as otherwise provided in this section and NRS 287.023, the local governmental agency that employed the police officer or firefighter shall pay the entire cost of the premiums or contributions for the group insurance, plan of benefits or medical and hospital service for the surviving spouse or child who meets the requirements set forth in subsection 1.
- A surviving spouse or surviving domestic partner is eligible to receive coverage pursuant to this section for the duration of the life of the surviving spouse or surviving domestic partner. A surviving child is eligible to receive coverage pursuant to this section until the child reaches [+
- (a) The] [the age of] [18] [26 years] [; or (b) The age of 23 years, if the child is enrolled as a full time student in an accredited university, college or trade school.] L. unless the plan is grandfathered pursuant to the provisions of the Patient Protection and Affordable Care Act, Public Law 111-148.] the age at which the child would not otherwise be eligible to receive coverage under the group insurance, plan of benefits or medical and hospital service.
- 4. A local governmental agency is not required to pay the entire cost of [the premiums or contributions] health care benefits pursuant to subsection 2 for a surviving domestic partner who meets the requirements set forth in subsection 1.
- 5. As used in this section "police officer" has the meaning ascribed to it in NRS 617.135.
 - **Sec. 6.** NRS 287.023 is hereby amended to read as follows:
- 287.023 1. Whenever an officer or employee of the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada retires under

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the conditions set forth in NRS 1A.350 or 1A.480, or 286.510 or 286.620 and, 1 2 3 4 5 6 7 8 during the period in which the person served as an officer or employee, was eligible to be covered or had dependents who were eligible to be covered by any group insurance, plan of benefits or medical and hospital service established pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 or under the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025, the officer or employee has the option upon retirement to cancel or continue any such coverage to the extent that such coverage 9 is not provided to the officer or employee or a dependent by the Health Insurance 10 for the Aged Act, 42 U.S.C. §§ 1395 et seq. 11

- 2. A retired person who continues coverage under the Public Employees' Benefits Program shall assume the portion of the premium or contribution costs for the coverage which the governing body or the State does not pay on behalf of retired officers or employees. A dependent of such a retired person has the option, which may be exercised to the same extent and in the same manner as the retired person, to cancel or continue coverage in effect on the date the retired person dies. The dependent is not required to continue to receive retirement payments from the Public Employees' Retirement System to continue coverage.
- Notice of the selection of the option must be given in writing to the last public employer of the officer or employee within 60 days after the date of retirement or death, as the case may be. If no notice is given by that date, the retired officer or employee and any dependents shall be deemed to have selected the option to cancel the coverage for the group insurance, plan of benefits or medical and hospital service established pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 or coverage under the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025.
- 4. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this
- (a) May pay the cost, or any part of the cost, of coverage established pursuant to NRS 287.010, 287.015 or 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 for persons who continue that coverage pursuant to subsection 1, but it must not pay a greater portion than it does for its current officers and employees.
- (b) Shall pay the same portion of the cost of coverage under the Public Employees' Benefits Program for *retired* persons who [:
- (1) Were initially hired before January 1, 2010, and who retire and] are covered under the Program [pursuant to subsection 1 or who subsequently reinstate eoverage under the Program pursuant to NRS 287.0205; or
 - (2) Are initially hired on or after January 1, 2010, and who retire with:
- (I) At least 15 years of service credit, which must include local governmental service and may include state service, and who have participated in the Program on a continuous basis since their retirement from such employment; or
- (II) At least 5 years of service credit, which must include local governmental service and may include state service, who do not have at least 15 years of service credit to qualify under sub-subparagraph (I) as a result of a disability for which disability benefits are received under the Public Employees' Retirement System or a retirement program for professional employees offered by
- or through the Nevada System of Higher Education.

 → as the State pays pursuant to [subsection 1 of] NRS 287.046 for persons retired with state service who participate in the [Public Employees' Benefits] Program.

 5. The governing body of any county, school district, municipal corporation,
- political subdivision, public corporation or other local governmental agency of this

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State shall, for the purpose of establishing actuarial data to determine rates and coverage for persons who continue coverage for group insurance, a plan of benefits or medical and hospital service with the governing body pursuant to subsection 1, commingle the claims experience of those persons with the claims experience of active officers and employees and their dependents who participate in the group insurance, a plan of benefits or medical and hospital service.

Sec. 7. NRS 287.0402 is hereby amended to read as follows:

As used in NRS 287.0402 to 287.049, inclusive, and sections 2 and 3 of this act, unless the context otherwise requires, the words and terms defined in NRS 287.0404 to 287.04064, inclusive, and section 2 of this act have the meanings ascribed to them in those sections.

Sec. 8. NRS 287.043 is hereby amended to read as follows: 287.043 1. The Board shall:

- (a) Establish and carry out a program to be known as the Public Employees' Benefits Program which:
- (1) Must include a program relating to group life, accident or health insurance, or any combination of these; and
 - (2) May include:
- (I) A plan that offers flexibility in benefits, and for which the rates must be based only on the experience of the participants in the plan and not in combination with the experience of participants in any other plan offered under the Program; or
- (II) A program to reduce taxable compensation or other forms of compensation other than deferred compensation,
- → for the benefit of all state officers and employees and other persons who participate in the Program.
- (b) Ensure that the Program is funded on an actuarially sound basis and operated in accordance with sound insurance and business practices.
 - 2. In establishing and carrying out the Program, the Board shall:
- (a) For the purpose of establishing actuarial data to determine rates and coverage for active and retired state officers and employees and their dependents, commingle the claims experience of such active and retired officers and employees and their dependents for whom the Program provides primary health insurance coverage into a single risk pool.
- (b) Except as otherwise provided in this paragraph, negotiate and contract pursuant to paragraph (a) of subsection 1 of NRS 287.025 with the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that wishes to obtain exclusive group insurance for all of its active and retired officers and employees and their dependents, except as otherwise provided in sub-subparagraph (III) of subparagraph (2) of paragraph (h), by participation in the Program. The Board shall establish separate rates and coverage for active and retired officers and employees of those local governmental agencies and their dependents based on actuarial reports that commingle the claims experience of such active and retired officers and employees and their dependents for whom the Program provides primary health insurance coverage into a single risk pool.
- (c) Except as otherwise provided in paragraph (d), provide public notice in writing of any proposed changes in rates or coverage to each participating public agency that may be affected by the changes. Notice must be provided at least 30 days before the effective date of the changes.
- (d) If a proposed change is a change in the premium or contribution charged for, or coverage of, health insurance, provide written notice of the proposed change to all participants in the Program. The notice must be provided at least 30 days

before the date on which a participant in the Program is required to select or change the participant's policy of health insurance.

- (e) Purchase policies of life, accident or health insurance, or any combination of these, or, if applicable, a program to reduce the amount of taxable compensation pursuant to 26 U.S.C. § 125, from any company qualified to do business in this State or provide similar coverage through a plan of self-insurance established pursuant to NRS 287.0433 for the benefit of all eligible participants in the Program.
- (f) Except as otherwise provided in this title, develop and establish other employee benefits as necessary.

(g) Investigate and approve or disapprove any contract proposed pursuant to NRS 287.0479.

- (h) Adopt such regulations and perform such other duties as are necessary to carry out the provisions of NRS 287.010 to 287.245, inclusive, *and sections 2 and 3 of this act*, including, without limitation, the establishment of:
- (1) Fees for applications for participation in the Program and for the late payment of premiums or contributions;
- (2) Conditions for entry and reentry into and exit from the Program by local governmental agencies pursuant to paragraph (a) of subsection 1 of NRS 287.025, which:
- (I) Must include a minimum period of 4 years of participation for entry into the Program;
- (II) Must include a requirement that participation of any retired officers and employees of the local governmental agency whose last continuous period of enrollment with the Program began after November 30, 2008, terminates upon termination of the local governmental agency's contract with the Program; and
- (III) May allow for the exclusion of active and retired officers and employees of the local governmental agency who are eligible for health coverage from a health and welfare plan or trust that arose out of collective bargaining under chapter 288 of NRS or a trust established pursuant to 29 U.S.C. § 186;
- (3) Procedures by which a group of participants in the Program may leave the Program pursuant to NRS 287.0479 and conditions and procedures for reentry into the Program by those participants;
 - (4) Specific procedures for the determination of contested claims;
- (5) Procedures for review and notification of the termination of coverage of persons pursuant to paragraph (b) of subsection 4 of NRS 287.023; and
- (6) Procedures for the payments that are required to be made pursuant to paragraph (b) of subsection 4 of NRS 287.023.
 - (i) Appoint an independent certified public accountant. The accountant shall:
 - (1) Provide an annual audit of the Program; and
- (2) Report to the Board and the Interim Retirement and Benefits Committee of the Legislature created pursuant to NRS 218E.420.
- (j) Appoint an attorney who specializes in employee benefits. The attorney
- (1) Perform a biennial review of the Program to determine whether the Program complies with federal and state laws relating to taxes and employee benefits; and
- (2) Report to the Board and the Interim Retirement and Benefits Committee of the Legislature created pursuant to NRS 218E.420.
- 3. The Board shall submit an annual report regarding the administration and operation of the Program to the Director of the Legislative Counsel Bureau for transmittal to the appropriate committees of the Legislature, or to the Legislative Commission when the Legislature is not in regular session, for acceptance or rejection not more than 6 months before the Board establishes rates and coverage

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- for participants for the following plan year. The report must include, without limitation:
- (a) Detailed financial results for the Program for the preceding plan year, including, without limitation, identification of the sources of revenue for the Program and a detailed accounting of expenses which are segregated by each type of benefit offered by the Program, and administrative costs. The results must be provided separately concerning:
- (1) Participants who are active and retired state officers and employees and their dependents;
- (2) All participants in the Program other than those described subparagraph (1); and
- (3) Within the groups described in subparagraphs (1) and (2), active participants, retired participants for which the Program provides primary health insurance coverage and retired participants in the Program who are provided coverage for medical or hospital service, or both, by the Health Insurance for the Aged Act, 42 U.S.C. §§ 1395 et seq., or a plan that provides similar coverage.

 (b) An assessment of actuarial accuracy and reserves for the current plan year
- and the immediately preceding plan year.
- (c) A summary of the plan design for the current plan year, including, without limitation, information regarding rates and any changes in the vendors with which the Program has entered into contracts, and a comparison of the plan design for the current plan year to the plan design for the immediately preceding plan year. The information regarding rates provided pursuant to this paragraph must set forth the costs for participation in the Program paid by participants and employers on a monthly basis.
- (d) A description of all written communications provided generally to all participants by the Program during the preceding plan year.
 - (e) A discussion of activities of the Board concerning purchasing coalitions.
- 4.] 3. The Board may use any services provided to state agencies and shall use the services of the Purchasing Division of the Department of Administration to establish and carry out the Program.
- The Board may make recommendations to the Legislature concerning legislation that it deems necessary and appropriate regarding the Program.
- [6.] 5. A participating public agency is not liable for any obligation of the Program other than indemnification of the Board and its employees against liability relating to the administration of the Program, subject to the limitations specified in NRS 41.0349.
- [7.] 6. As used in this section, "employee benefits" includes any form of compensation provided to a public employee except federal benefits, wages earned, legal holidays, deferred compensation and benefits available pursuant to chapter 286 of NRS.
 - Sec. 9. NRS 287.044 is hereby amended to read as follows:
- 287.044 1. Except as otherwise provided in subsection 2, each participating state agency shall pay to the Program an amount specified by law for every state officer or employee who is employed by a participating public agency on a permanent and full-time basis and elects to participate in the Program.
- A member of the Senate or Assembly who elects to participate in the Program shall pay the entire premium or contribution for the member's insurance.
- State officers and employees who elect to participate in the Program must authorize deductions from their compensation for the payment of premiums or contributions for the Program. Any deduction from the compensation of a state officer or employee for the payment of such a premium or contribution must be based on the actual amount of the premium or contribution after deducting any

amount [of the premium or contribution which is paid] allocated by the Board pursuant to subsection [1.] 6.

4. If a state officer or employee chooses to cover any dependents, whenever this option is made available by the Board, except as otherwise provided in NRS 287.021 and 287.0477, the state officer or employee must pay the difference between the amount of the premium or contribution for the coverage for the state officer or employee and such dependents and [the] any amount [paid by the participating state agency that employs the officer or employee.] allocated by the Board pursuant to subsection 6.

5. A participating state agency shall not pay any part of those premiums or contributions if the group life insurance or group accident or health insurance is not approved by the Board.

6. The Board may allocate the money paid to the Program pursuant to **[this section]** subsection 1 between the cost of premiums and contributions for group insurance for each state officer or employee, except a member of the Senate or Assembly, and the dependents of each state officer or employee.

Sec. 10. NRS 287.046 is hereby amended to read as follows:

287.046 1. The Department of Administration shall establish an assessment that is to be used to pay for a portion of the cost of premiums or contributions for the Program for persons who have retired with state service. [before January 1, 1994, or under the circumstances set forth in paragraph (a), (b) or (c) of subsection 3.1

- 2. The money assessed pursuant to subsection 1 must be deposited into the Retirees' Fund and must be based upon [an] a base amount approved by the Legislature each session to pay for a portion of the current and future health and welfare benefits for [such retirees.] persons who retired before January 1, 1994, or for persons who retire on or after January 1, 1994, as adjusted by subsection 3. Except as otherwise provided in subsection [4,] 5, the portion to be paid to the Program from the Retirees' Fund on behalf of such persons must be equal to a portion of the cost for each retiree and the retiree's dependents who are enrolled in the plan, as defined for each year of the plan by the Program.
- 3. [Adjustments] Except as otherwise provided in subsection 4, adjustments to the portion of the amount approved by the Legislature pursuant to subsection 2 to be paid by the Retirees' Fund [must be as follows:
- (a) For persons who retire on or after January 1, 1994, with state service [- (1)] must be as follows:
- (a) For each year of service less than 15 years, excluding service purchased pursuant to NRS 1A.310 or 286.300, the portion paid by the Retirees' Fund must be reduced by an amount equal to 7.5 percent of the base funding level defined by the Legislature. In no event may the adjustment exceed 75 percent of the base funding level defined by the Legislature.
- [(2)] (b) For each year of service greater than 15 years, excluding service purchased pursuant to NRS 1A.310 or 286.300, the portion paid by the Retirees' Fund must be increased by an amount equal to 7.5 percent of the base funding level defined by the Legislature. In no event may the adjustment exceed 37.5 percent of the base funding level defined by the Legislature.

[(b) For persons who are]

- 4. No money may be paid by the Retirees' Fund on behalf of a retired person who is initially hired by the State on or after January 1, 2010, and who [retire with at least 15 years of service credit, which must include state service and may include local governmental service, and who have]:
- (a) Has not participated in the Program on a continuous basis since [their] retirement from such employment [, for each year of service greater than 15 years,

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- excluding service purchased pursuant to NRS 1A.310 or 286.300, the portion paid by the Retirees' Fund must be increased by an amount equal to 7.5 percent of the base funding level defined by the Legislature. In no event may the adjustment exceed 37.5 percent of the base funding level defined by the Legislature.
- (c) For persons who are initially hired by the State on or after January 1, 2010, and who retire with at least 5 years of service credit, which must include state service and may include local governmental service, who do]; or
- (b) Does not have at least 15 years of service [credit to qualify under paragraph (b) as], which must include state service and may include local governmental service, unless the retired person does not have at least 15 years of service as a result of a disability for which disability benefits are received under the Public Employees' Retirement System or a retirement program for professional employees offered by or through the Nevada System of Higher Education, and [who have] has participated in the Program on a continuous basis since [their] retirement from such employment. [:
- (1) For each year of service less than 15 years, excluding service purchased pursuant to NRS 1A.310 or 286.300, the portion paid by the Retirees' Fund must be reduced by an amount equal to 7.5 percent of the base funding level defined by the Legislature. In no event may the adjustment exceed 75 percent of the base funding level defined by the Legislature.
- (2) For each year of service greater than 15 years, excluding service purchased pursuant to NRS 1A.310 or 286.300, the portion paid by the Retirees' Fund must be increased by an amount equal to 7.5 percent of the base funding level defined by the Legislature. In no event may the adjustment exceed 37.5 percent of the base funding level defined by the Legislature.
- 4.] 5. If the amount calculated pursuant to subsection 3 exceeds the actual premium or contribution for the plan of the Program that the retired participant selects, the balance must be credited to the Program Fund.
 - [5.] 6. For the purposes of subsection [1:] 3:
- (a) Credit for service must be calculated in the manner provided by chapter 286 of NRS.
 - (b) No proration may be made for a partial year of [state] service.
- The Department shall agree through the Board with the insurer for billing of remaining premiums or contributions for the retired participant and the retired participant's dependents to the retired participant and to the retired participant's dependents who elect to continue coverage under the Program after the retired participant's death.
 - **Sec. 11.** NRS 287.0465 is hereby amended to read as follows:
- 287.0465 1. If fan officer or employee of the State or a dependent of such an officer or employee] a member incurs an illness or injury for which medical services are payable under the plan for self-insurance established by the Board and the illness or injury is incurred under circumstances creating a legal liability in some person, other than the fofficer, employee or dependent, member, to pay all or part of the cost of those services, the Board is subrogated to the right of the fofficer, employee or dependent] member to the extent of all such costs, and may join or intervene in any action by the [officer, employee or dependent] member or any [successors] successor in interest, to enforce that legal liability.
- 2. If [an officer, employee or dependent] a member or any [successors] successor in interest fail or refuse to commence an action to enforce that legal liability, the Board may commence an independent action, after notice to the [officer, employee or dependent] member or any [successors] successor in interest, to recover all costs to which it is entitled. In any such action by the Board, the [officer, employee or dependent] member may be joined as a third party defendant.

- for the same injury.

 4. The [officer, employee or dependent] member or any successors in interest shall notify the Board in writing before entering any settlement or agreement or commencing any action to enforce the legal liability referred to in subsection 1.

 5. As used in this section, "member" means:
 - (a) An active or retired officer or employee of the State or a dependent of such an officer or employee who is covered under the Program; and

3. If the Board is subrogated to the rights of the [officer, employee or dependent] member or any [successors] successor in interest as provided in subsection 1, the Board has a lien upon the total proceeds of any recovery from the persons liable, whether the proceeds of the recovery are by way of a judgment or settlement or otherwise. Within 15 days after recovery by receipt of the proceeds of the judgment, settlement or other recovery, the [officer, employee or dependent] member or any successors in interest shall notify the Board of the recovery and pay the Board the amount due to it pursuant to this section. The [officer, employee or dependent] member or any successors in interest are not entitled to double recovery

- (b) An active or retired officer or employee of a local governmental agency or a dependent of such an officer or employee who is covered under the Program.
 Sec. 12. NRS 287.0475 is hereby amended to read as follows:
- 287.0475 1. A retired public officer or employee or the surviving spouse *or surviving domestic partner* of a retired public officer or employee who is deceased may, in any even-numbered year, reinstate any insurance under the Program, except life insurance, that, at the time of reinstatement, is provided by the Program if the retired public officer or employee retired:
- (a) Pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, from a participating state agency or was enrolled in a retirement program provided pursuant to NRS 286.802; or
- (b) Pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, from employment with a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State which is a participating local governmental agency at the time of the request for reinstatement [.], unless the retired public officer or employee is excluded from participation in the Program pursuant to sub-subparagraph (III) of subparagraph (2) of paragraph (h) of subsection 2 of NRS 287.043.
 - 2. Reinstatement pursuant to subsection 1 must be requested by:
- (a) Giving written notice to the Program of the intent of the public officer or employee or surviving spouse *or surviving domestic partner* to reinstate the insurance not later than March 15 of an even-numbered year;
- (b) Accepting the Program's current plan of insurance and any subsequent changes thereto; and
- (c) Except as otherwise provided in NRS 287.046, paying any portion of the premiums or contributions for coverage under the Program, in the manner set forth in NRS 1A.470 or 286.615, which are due from the date of reinstatement and not paid by the public employer.
- [3. Reinstatement of insurance excludes claims for expenses for any condition for which medical advice, treatment or consultation was rendered within 12 months before reinstatement unless the reinstated insurance has been in effect more than 12 consecutive months.]
 - **Sec. 13.** NRS 287.0477 is hereby amended to read as follows:
- 287.0477 1. Except as otherwise provided in subsection 4, the surviving spouse, *surviving domestic partner* and any surviving child of a police officer or firefighter who was employed by a participating public agency and who was killed in the line of duty may join or continue coverage under the Public Employees'

1 2 3 4 5 6 7 8 9 Benefits Program or another insurer or employee benefit plan approved by the Board pursuant to NRS 287.0479 if the police officer or firefighter was a participant or would have been eligible to participate on the date of the death of the police officer or firefighter. If the surviving spouse, surviving domestic partner or child elects to join or discontinue coverage under the Public Employees' Benefits Program pursuant to this subsection, the spouse, domestic partner, child or legal guardian of the child must notify in writing the participating public agency that employed the police officer or firefighter within 60 days after the date of death of the police officer or firefighter. 10

- 2. Except as otherwise provided in subsection 4, the surviving spouse, surviving domestic partner and any surviving child of a volunteer firefighter who was killed in the line of duty and who was officially a member of a volunteer fire department in this State is eligible to join the Public Employees' Benefits Program. If such a spouse, domestic partner or child elects to join the Public Employees' Benefits Program, the spouse, *domestic partner*, child or legal guardian of the child must notify in writing the Board within 60 days after the date of death of the volunteer firefighter.
- [The] Except as otherwise provided in this section, the participating public agency that employed the police officer or firefighter shall pay the entire cost of the premiums or contributions for the Public Employees' Benefits Program or another insurer or employee benefit plan approved by the Board pursuant to NRS 287.0479 for the surviving spouse or child who meets the requirements set forth in subsection 1. The State of Nevada shall pay the entire cost of the premiums or contributions for the Public Employees' Benefits Program for the surviving spouse or child who elects to join the Public Employees' Benefits Program pursuant to subsection 2.
- 4. A surviving spouse or surviving domestic partner is eligible to receive coverage pursuant to this section for the duration of the life of the surviving spouse or surviving domestic partner. A surviving child is eligible to receive coverage pursuant to this section until the child reaches [:

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- (a) The] [the age of] [18] [26 years.] [; or (b) The age of 23 years, if the child is enrolled as a full time student in an accredited university, college or trade school.] the age at which the child would not otherwise be eligible to receive coverage under the Public Employees' Benefits Program.
- 5. A participating public agency and the State of Nevada are not required to pay the entire cost of [the premiums or contributions] health care benefits pursuant to subsection 3 for a surviving domestic partner who elects to join the Public Employees' Benefits Program pursuant to subsection 2.
- 6. As used in this section "police officer" has the meaning ascribed to it in NRS 617.135.
 - **Sec. 14.** NRS 287.04366 is hereby repealed.
- **Sec. 15.** 1. This section and sections 4 and 12 of this act become effective on July 1, 2011.
- 2. Sections 1, 2, 3, 5 to 11, inclusive, 13 and 14 of this act become effective on October 1, 2011.
- 3. [Section 4 of this act expires by limitation on the date on which the provisions of the Patient Protection and Affordable Care Act, Public Law 111-148, cease to allow a grandfathered health plan to exclude claims for preexisting medical
- 4. Section 4.5 of this act becomes effective on the date on which the provisions of the Patient Protection and Affordable Care Act, Public Law 111-148, cease to allow a grandfathered health plan to exclude claims for preexisting medical conditions.

TEXT OF REPEALED SECTION

287.04366 Audits and reports. The Board shall provide to the Department of Administration and to the Interim Retirement and Benefits Committee of the Legislature, created by NRS 218E.420:

- 1. An annual audit of the Retirees' Fund to be conducted by an independent certified public accountant;
 - 2. An annual report concerning the Retirees' Fund; and
- 3. An independent biennial certified actuarial valuation and report of the State's health and welfare benefits for current and future state retirees, which are provided for the purpose of developing the annual required contribution pursuant to the statements issued by the Governmental Accounting Standards Board.