ASSEMBLY BILL NO. 368–ASSEMBLYMEN JONES, FIORE, HANSEN, WHEELER, ELLISON; DICKMAN, MOORE, SEAMAN AND SHELTON

## MARCH 17, 2015

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JOINT SPONSOR: SENATOR GUSTAVSON

Referred to Committee on Commerce and Labor

SUMMARY—Repeals provisions creating and providing for the Silver State Health Insurance Exchange. (BDR 57-1066)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

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

AN ACT relating to insurance; repealing provisions creating and providing for the Silver State Health Insurance Exchange; requiring the Executive Director of the Exchange to notify the United States Department of Health and Human Services of the cessation of operations of the Exchange and to coordinate with the Department on a transition plan; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:** 

Existing law provides for the establishment of the Silver State Health Insurance Exchange, and requires the Exchange to create and administer a state-based health insurance exchange and to perform all duties that are required of the Exchange to implement the requirements of the federal Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-152, and any amendments to, or regulations or guidance issued pursuant to those acts. (NRS 695I.200, 695I.210) Existing law also provides for a Board of Directors of the Exchange, and the appointment of an Executive Director of the Exchange by the Board. (NRS 695I.300, 695I.380) Existing law further provides for the certification of exchange enrollment facilitators, who are in the business of facilitating enrollment in qualified health plans offered by the Exchange. (Chapter 695J of NRS)



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**Section 6** of this bill requires the Executive Director of the Exchange, on July 1, 2015, to notify the United States Department of Health and Human Services of the intention of this State to cease operations of the Exchange as soon as practicable and coordinate with the Department on a transition plan to be developed jointly between the Department and this State pursuant to the provisions of 45 C.F.R. § 155.106. Section 7 of this bill requires the Commissioner of Insurance, unless otherwise provided in the transition plan developed pursuant to section 6, to participate in any such transition plan, and to assume all debts, obligations and liabilities of the Exchange on the date on which the Exchange ceases to operate under the transition plan. Section 10 of this bill repeals all the provisions related specifically to the Exchange and the exchange enrollment facilitators, and sections 1-4 of this bill make corresponding changes in various provisions of existing law referencing the Exchange. Section 5 of this bill provides that, unless otherwise provided in the transition plan developed pursuant to section 6, the provisions of this bill do not impair or alter the provisions of any qualified health plan, as that term is defined in the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act, that is in effect on the date on which the Exchange ceases operations.

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

1	Section 1. NRS 680B.010 is hereby amended to read as
2	follows:
3	680B.010 The Commissioner shall collect in advance and
4	receipt for, and persons so served must pay to the Commissioner,
5	fees and miscellaneous charges as follows:
6	1. Insurer's certificate of authority:
7	(a) Filing initial application\$2,450
8	(b) Issuance of certificate:
9	(1) For any one kind of insurance as defined in
10	NRS 681A.010 to 681A.080, inclusive
11	(2) For two or more kinds of insurance as so
12	defined
13	(3) For a reinsurer2,450
14	(c) Each annual continuation of a certificate2,450
15	(d) Reinstatement pursuant to NRS 680A.180, 50
16	percent of the annual continuation fee otherwise
17	required.
18	(e) Registration of additional title pursuant to
19	NRS 680A.24050
20	(f) Annual renewal of the registration of additional
21	title pursuant to NRS 680A.24025



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1	2. Charter documents, other than those filed with an	
2	application for a certificate of authority. Filing	
3	amendments to articles of incorporation, charter, bylaws,	
4	power of attorney and other constituent documents of the	
5	insurer, each document	\$10
6	3. Annual statement or report. For filing annual	
7	statement or report	\$25
8	4. Service of process:	
9	(a) Filing of power of attorney	
10	(b) Acceptance of service of process	30
11	5. Licenses, appointments and renewals for	
12	producers of insurance:	
13	(a) Application and license	\$125
14	(b) Appointment fee for each insurer	
15	(c) Triennial renewal of each license	125
16	(d) Temporary license	10
17	(e) Modification of an existing license	50
18	6. Surplus lines brokers:	
19	(a) Application and license	\$125
20	(b) Triennial renewal of each license	125
21	7. Managing general agents' licenses, appointments	
22	and renewals:	
23	(a) Application and license	\$125
24	(b) Appointment fee for each insurer	15
25	(c) Triennial renewal of each license	125
26	8. Adjusters' licenses and renewals:	
27	(a) Independent and public adjusters:	
28	(1) Application and license	\$125
29	(2) Triennial renewal of each license	125
30	(b) Associate adjusters:	
31	(1) Application and license	125
32	(2) Triennial renewal of each license	125
33	9. Licenses and renewals for appraisers of physical	
34	damage to motor vehicles:	
35	(a) Application and license	\$125
36	(b) Triennial renewal of each license	125
37	10. Additional title and property insurers pursuant	
38	to NRS 680A.240:	
39	(a) Original registration	\$50
40	(b) Annual renewal	25
41	11. Insurance vending machines:	***
42	(a) Application and license, for each machine	\$125
43	(b) Triennial renewal of each license	125
44	12. Permit for solicitation for securities:	***-
45	(a) Application for permit	\$100





1	(b) Extension of permit	50
2	13. Securities salespersons for domestic insurers:	
3	(a) Application and license	\$25
4		15
5	14. Rating organizations:	
6	(a) Application and license	\$500
7	(b) Annual renewal	500
8	15. Certificates and renewals for administrators	
9	licensed pursuant to chapter 683A of NRS:	
10	(a) Application and certificate of registration	\$125
11	(b) Triennial renewal	125
12	16. For copies of the insurance laws of Nevada, a	
13	fee which is not less than the cost of producing the	
14	copies.	
15	17. Certified copies of certificates of authority and	
16	licenses issued pursuant to the Code	\$10
17	18. For copies and amendments of documents on	
18	file in the Division, a reasonable charge fixed by the	
19	Commissioner, including charges for duplicating or	
20	amending the forms and for certifying the copies and	
21	affixing the official seal.	
22	19. Letter of clearance for a producer of insurance	
23	or other licensee if requested by someone other than the	
24	licensee	\$10
25	20. Certificate of status as a producer of insurance	
26	or other licensee if requested by someone other than the	
27	licensee	\$10
28	21. Licenses, appointments and renewals for bail	
29	agents:	
30	(a) Application and license	
31	(b) Appointment for each surety insurer	15
32	(c) Triennial renewal of each license	125
33	22. Licenses and renewals for bail enforcement	
34	agents:	
35	(a) Application and license	\$125
36	(b) Triennial renewal of each license	125
37	23. Licenses, appointments and renewals for	
38	general agents for bail:	
39	(a) Application and license	\$125
40	(b) Initial appointment by each insurer	15
41	(c) Triennial renewal of each license	125
42	24. Licenses and renewals for bail solicitors:	
43	(a) Application and license	\$125
44	(b) Triennial renewal of each license	125





1 2	25. Licenses and renewals for title agents and escrow officers:	
3	(a) Application and license	¢125
3 4	(b) Triennial renewal of each license	\$123
5	(c) Appointment fee for each title insurer	15
6	(d) Change in name or location of business or in	13
7	association	10
8	26. Certificate of authority and renewal for a seller	10
9	of prepaid funeral contracts	\$125
10	27. Licenses and renewals for agents for prepaid	ψ123
11	funeral contracts:	
12	(a) Application and license	\$125
13	(b) Triennial renewal of each license	125
14	28. Licenses, appointments and renewals for agents	120
15	for fraternal benefit societies:	
16	(a) Application and license	\$125
17	(b) Appointment for each insurer	
18	(c) Triennial renewal of each license	
19	29. Reinsurance intermediary broker or manager:	
20	(a) Application and license	\$125
21	(b) Triennial renewal of each license	125
22	30. Agents for and sellers of prepaid burial	
23	contracts:	
24	(a) Application and certificate or license	\$125
25	(b) Triennial renewal	125
26	31. Risk retention groups: (a) Initial registration	
27	(a) Initial registration	\$250
28	(b) Each annual continuation of a certificate of	
29	registration	250
30	32. Required filing of forms:	
31	(a) For rates and policies	
32	(b) For riders and endorsements	10
33	33. Viatical settlements:	
34	(a) Provider of viatical settlements:	
35	(1) Application and license	
36	(2) Annual renewal	1,000
37	(b) Broker of viatical settlements:	<b>=</b> 00
38	(1) Application and license	500
39	(2) Annual renewal	500
40	(c) Registration of producer of insurance acting as a	250
41	viatical settlement broker	250
42	34. Insurance consultants:	¢105
43	(a) Application and license	\$125
44	(b) Triennial renewal	125





1	35. Licensee's association with or appointment or
2	sponsorship by an organization:
3	(a) Initial appointment, association or sponsorship,
4	for each organization\$50
5	(b) Renewal of each association or sponsorship50
6	(c) Annual renewal of appointment
7	36. Purchasing groups:
8	(a) Initial registration and review of an application\$100
9	(b) Each annual continuation of registration100
10	37. Exchange enrollment facilitators:
11	(a) Application and certificate \$125
12	37. Exchange enrollment facilitators:  (a) Application and certificate \$125  (b) Triennial renewal of each certificate 125
13	(c) Temporary certificate 10
14	— (d) Modification of an existing certificate50
15	— 38.] In addition to any other fee or charge, all applicable fees
16	required of any person, including, without limitation, persons listed
17	in this section, pursuant to NRS 680C.110.
18	<b>Sec. 2.</b> NRS 680C.110 is hereby amended to read as follows:
19	680C.110 1. In addition to any other fee or charge, the
20	Commissioner shall collect in advance and receipt for, and persons
21	so served must pay to the Commissioner, the fees required by this
22	section.
23	2. A fee required by this section must be:
24	(a) If an initial fee, paid at the time of an initial application or
25	issuance of a license, as applicable;
26	(b) If an annual fee, paid on or before March 1 of every year;
27	(c) If a triennial fee, paid on or before the time of continuation,
28	renewal or other similar action in regard to a certificate, license,
29	permit or other type of authorization, as applicable; and
30	(d) Deposited in the Fund for Insurance Administration and
31	Enforcement created by NRS 680C.100.
32	3. The fees required pursuant to this section are not refundable.
33	4. The following fees must be paid by the following persons to
34	the Commissioner:
35	(a) Associations of self-insured private employers,
36	as defined in NRS 616A.050:
37	(1) Initial fee\$1,300
38	(2) Annual fee\$1,300
39	(b) Associations of self-insured public employers, as
40	defined in NRS 616A.055:
41	(1) Initial fee\$1,300
42	(2) Annual fee\$1,300
43	(c) Independent review organizations, as provided
44	for in NRS 616A.469 or 683A.3715, or both:
45	(1) Initial fee\$60





1	(2) Annual fee		\$60
2	(d) Insurers not otherwise provided for in t	his	
3	subsection:		
4	(1) Initial fee	\$	1,300
5	(2) Annual fee	\$	1,300
6	(e) Producers of insurance, as defined		,
7	NRS 679A.117:		
8	(1) Initial fee		\$60
9	(2) Triennial fee		
10	(f) Accredited reinsurers, as provided for	in	
11	NRS 681A.160:		
12	(1) Initial fee	\$	1 300
13	(2) Annual fee	\$	1 300
14	(g) Intermediaries, as defined in NRS 681A.330:	Ψ	1,500
15	(1) Initial fee		\$60
16	(2) Triennial fee		
17	(h) Reinsurers, as defined in NRS 681A.370:	•••••	φοσ
18	(1) Initial fee	\$	1 300
19	(2) Annual fee	ψ <b>γ</b>	1,300 1 300
20	(i) Administrators, as defined in NRS 683A.025:	Ψ	1,500
21	(1) Initial fee(1)		\$60
22	(2) Triennial fee	•••••	\$00 0.2
23	(i) Managing ganged agents as defined	in	\$00
23 24	(j) Managing general agents, as defined NRS 683A.060:	111	
24 25	(1) Initial fee		¢40
	(1) Illitial fee(2) Triennial fee	•••••	\$0U
26			\$00
27	(k) Agents who perform utilization reviews,	as	
28	defined in NRS 683A.376:  (1) Initial fee		0.00
29			
30	(2) Annual fee		\$60
31	(1) Insurance consultants, as defined	ın	
32	NRS 683C.010:		Φ.c.0
33	(1) Initial fee	•••••	\$60
34	(2) Triennial fee	••••••	\$60
35	(m) Independent adjusters, as defined	1n	
36	NRS 684A.030:		Φ.c.0
37	(1) Initial fee		
38	(2) Triennial fee		\$60
39	(n) Public adjusters, as defined in NRS 684A.030:		<b></b>
40	(1) Initial fee		
41	(2) Triennial fee	• • • • • • • • • • • • • • • • • • • •	\$60
42	(o) Associate adjusters, as defined	ın	
43	NRS 684A.030:		<b>.</b>
44	(1) Initial fee		
45	(2) Triennial fee		\$60
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1	(p) Motor vehicle physical damage appraisers, as
2	defined in NRS 684B.010:
3	(1) Initial fee\$60
4	(2) Triennial fee\$60
5	(q) Brokers, as defined in NRS 685A.031:
6	(1) Initial fee
7	(2) Triennial fee\$60
8	(r) Eligible surplus line insurers, as provided for in NRS 685A.070:
9	(1) Initial fee\$1,300
10 11	(1) Illitial fee
12	(s) Companies, as defined in NRS 686A.330:
13	(1) Initial fee\$1,300
14	(1) Initial rec
15	(t) Rate service organizations, as defined in
16	NRS 686B.020:
17	(1) Initial fee\$1,300
18	(2) Annual fee\$1,300
19	(u) Brokers of viatical settlements, as defined in
20	NRS 688C.030:
21	(1) Initial fee\$60
22	(2) Annual fee\$60
23	(v) Providers of viatical settlements, as defined in
24	NRS 688C.080:
25	(1) Initial fee\$60
26	(2) Annual fee\$60
27	(w) Agents for prepaid burial contracts subject to the
28	provisions of chapter 689 of NRS:
29	(1) Initial fee \$60
30	(2) Triennial fee\$60
31	(x) Agents for prepaid funeral contracts subject to
32	the provisions of chapter 689 of NRS:
33	(1) Initial fee \$60
34	(2) Triennial fee\$60
35	(y) Sellers of prepaid burial contracts subject to the
36	provisions of chapter 689 of NRS:
37	(1) Initial fee \$60
38	(2) Triennial fee
39 40	(z) Sellers of prepaid funeral contracts subject to the
40 41	provisions of chapter 689 of NRS:  (1) Initial fee
41	(1) Illiuar ree
42	(aa) Providers, as defined in NRS 690C.070:
44	(1) Initial fee
45	(1) Initial rec \$1,300 (2) Annual fee. \$1,300
13	• • • • • • • • • • • • • • • • • • • •





1	(bb) Escrow officers, as defined in NRS 692A.028:
2	(1) Initial fee
3	(2) Triennial fee \$60
4	(cc) Title agents, as defined in NRS 692A.060:
5	(1) Initial fee\$60
6	(2) Triennial fee\$60
7	(dd) Captive insurers, as defined in NRS 694C.060:
8	(1) Initial fee
9 10	(2) Annual fee\$250 (ee) Fraternal benefit societies, as defined in
11	NRS 695A.010:
12	(1) Initial fee\$1,300
13	(2) Annual fee\$1,300
14	(ff) Insurance agents for societies, as provided for in
15	NRS 695A.330:
16	(1) Initial fee\$60
17	(2) Triennial fee\$60
18	(gg) Corporations subject to the provisions of
19	chapter 695B of NRS: (1) Initial fee\$1,300
20 21	(1) Illitial fee
22	(h) Health maintenance organizations, as defined in
23	NRS 695C.030:
24	(1) Initial fee\$1,300
25	(2) Annual fee\$1,300
26	(ii) Organizations for dental care, as defined in
27	NRS 695D.060:
28	(1) Initial fee\$1,300
29	(2) Annual fee
30 31	(jj) Purchasing groups, as defined in NRS 695E.100: (1) Initial fee\$250
32	(1) Initial fee
33	(kk) Risk retention groups, as defined in
34	NRS 695E.110:
35	(1) Initial fee\$250
36	(2) Annual fee\$250
37	(II) Prepaid limited health service organizations, as
38	defined in NRS 695F.050:
39	(1) Initial fee
40	(2) Annual fee\$1,300
41 42	(mm) Medical discount plans, as defined in NRS 695H.050:
42	(1) Initial fee\$1,300
44	(1) Initial rec
45	(nn) Club agents, as defined in NRS 696A.040:
	* * * *





1	(1) Initial fee\$60
2	(2) Triennial fee \$60
3	(oo) Motor clubs, as defined in NRS 696A.050:
4	(1) Initial fee
5	(2) Annual fee\$1,300
6	(pp) Bail agents, as defined in NRS 697.040:
7	(1) Initial fee\$60
8	(2) Triennial fee\$60
9	(qq) Bail enforcement agents, as defined in
10	NRS 697.055:
11	(1) Initial fee\$60
12	(2) Triennial fee \$60
13	(rr) Bail solicitors, as defined in NRS 697.060:
14	(1) Initial fee\$60
15	(2) Triennial fee\$60
16	(ss) General agents, as defined in NRS 697.070:
17	(1) Initial fee\$60
18	(2) Triennial fee \$60
19	[(tt) Exchange enrollment facilitators, as defined in
20	NRS 695J.050:
21	(1) Initial fee \$60
22	(2) Triennial fee
23	<b>Sec. 3.</b> NRS 687B.480 is hereby amended to read as follows:
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24	687B.480 1. All health benefit plans must be made available
24 25	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.
24 25 26	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health
24 25 26 27	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver]
24 25 26 27 28	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]
24 25 26 27 28 29	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the
24 25 26 27 28 29 30	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;
24 25 26 27 28 29 30 31	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after
24 25 26 27 28 29 30 31 32	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;
24 25 26 27 28 29 30 31 32 33	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately
24 25 26 27 28 29 30 31 32 33 34	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and
24 25 26 27 28 29 30 31 32 33 34 35	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for
24 25 26 27 28 29 30 31 32 33 34 35 36	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.
24 25 26 27 28 29 30 31 32 33 34 35 36 37	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows:
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:  (a) The Governor.
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:  (a) The Governor.  (b) Except as otherwise provided in NRS 209.221, the
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:  (a) The Governor.  (b) Except as otherwise provided in NRS 209.221, the Department of Corrections.
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows:  233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:  (a) The Governor.  (b) Except as otherwise provided in NRS 209.221, the Department of Corrections.  (c) The Nevada System of Higher Education.
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	687B.480 1. All health benefit plans must be made available in the manner required by 45 C.F.R. § 147.104.  2. In addition to the requirements of subsection 1, any health benefit plan for individuals: [that is not purchased on the Silver State Health Insurance Exchange established by NRS 695I.210:]  (a) Must be made available for purchase at any time during the calendar year;  (b) Is subject to a waiting period of not more than 90 days after the date on which the application for coverage was received;  (c) Is effective upon the first day of the month immediately succeeding the month in which the waiting period expires; and  (d) Is not retroactive to the date on which the application for coverage was received.  Sec. 4. NRS 233B.039 is hereby amended to read as follows: 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:  (a) The Governor.  (b) Except as otherwise provided in NRS 209.221, the Department of Corrections.





- (f) Except as otherwise provided in NRS 368A.140 and 463.765, the Nevada Gaming Commission.
- (g) The Division of Welfare and Supportive Services of the Department of Health and Human Services.
- (h) Except as otherwise provided in NRS 422.390, the Division of Health Care Financing and Policy of the Department of Health and Human Services.
- (i) The State Board of Examiners acting pursuant to chapter 217 of NRS.
- (j) Except as otherwise provided in NRS 533.365, the Office of the State Engineer.
- (k) The Division of Industrial Relations of the Department of Business and Industry acting to enforce the provisions of NRS 618.375.
- (l) The Administrator of the Division of Industrial Relations of the Department of Business and Industry in establishing and adjusting the schedule of fees and charges for accident benefits pursuant to subsection 2 of NRS 616C.260.
- (m) The Board to Review Claims in adopting resolutions to carry out its duties pursuant to NRS 590.830.

(n) The Silver State Health Insurance Exchange.]

- 2. Except as otherwise provided in subsection 5 and NRS 391.323, the Department of Education, the Board of the Public Employees' Benefits Program and the Commission on Professional Standards in Education are subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.
  - 3. The special provisions of:
- (a) Chapter 612 of NRS for the distribution of regulations by and the judicial review of decisions of the Employment Security Division of the Department of Employment, Training and Rehabilitation;
- (b) Chapters 616A to 617, inclusive, of NRS for the determination of contested claims;
- (c) Chapter 91 of NRS for the judicial review of decisions of the Administrator of the Securities Division of the Office of the Secretary of State; and
- (d) NRS 90.800 for the use of summary orders in contested cases.
- → prevail over the general provisions of this chapter.
- 4. The provisions of NRS 233B.122, 233B.124, 233B.125 and 233B.126 do not apply to the Department of Health and Human Services in the adjudication of contested cases involving the issuance of letters of approval for health facilities and agencies.
  - 5. The provisions of this chapter do not apply to:





- (a) Any order for immediate action, including, but not limited to, quarantine and the treatment or cleansing of infected or infested animals, objects or premises, made under the authority of the State Board of Agriculture, the State Board of Health, or any other agency of this State in the discharge of a responsibility for the preservation of human or animal health or for insect or pest control;
- (b) An extraordinary regulation of the State Board of Pharmacy adopted pursuant to NRS 453.2184;
- (c) A regulation adopted by the State Board of Education pursuant to NRS 392.644 or 394.1694; or
- (d) The judicial review of decisions of the Public Utilities Commission of Nevada.
- 6. The State Board of Parole Commissioners is subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.
- **Sec. 5.** Unless otherwise provided in the transition plan developed pursuant to section 6 of this act, the provisions of this act do not impair or alter the provisions of any qualified health plan, as that term is defined in 42 U.S.C. § 18021, that is in effect on the date on which the Silver State Health Insurance Exchange ceases to operate under the transition plan developed pursuant to section 6 of this act.
- **Sec. 6.** On July 1, 2015, the Executive Director of the Silver State Health Insurance Exchange shall notify the United States Department of Health and Human Services of the intention of this State to cease operations of the Silver State Health Insurance Exchange as soon as practicable and coordinate with the Department on a transition plan to be developed jointly between the Department and this State pursuant to the provisions of 45 C.F.R. § 155.106.
- **Sec. 7.** Unless otherwise provided in the transition plan developed pursuant to section 6 of this act, the Commissioner of Insurance shall:
- 1. Participate with the Executive Director of the Silver State Health Insurance Exchange in any transition plan developed pursuant to section 6 of this act; and
- 2. Assume all debts, obligations and liabilities of the Silver State Health Insurance Exchange on the date on which the Exchange ceases to operate under the transition plan developed pursuant to section 6 of this act.
- **Sec. 8.** When the next reprint of Nevada Revised Statutes is prepared by the Legislative Counsel, the Legislative Counsel shall revise any provision of any bill enacted during the 78th Session of the Nevada Legislature which provides any new obligations or duties by the Silver State Health Insurance Exchange to reflect the provisions of this act.





- **Sec. 9.** 1. Notwithstanding the amendatory provisions of this act, any agreements, contracts and obligations entered into by the Silver State Health Insurance Exchange before the effective date of this act remain in effect until those agreements, contracts and obligations are:
  - (a) No longer capable of being fulfilled;

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- (b) Invalidated by or in the transition plan developed pursuant to section 6 of this act; or
  - (c) Extinguished by or pursuant to federal law.
- 2. In the event that a dispute arises over the validity of an agreement, contract or obligation affected by the cessation of the operations of the Silver State Health Insurance Exchange, the Division of Insurance of the Department of Business and Industry may institute, defend or intervene in litigation or in arbitration, mediation or administrative proceedings in its own name on behalf of itself, on behalf of the State of Nevada or on behalf of any agency or instrumentality of the State of Nevada.
- 3. As used in this section, "Silver State Health Insurance Exchange" means the entity established by the former provisions of NRS 695I.200, section 13 of chapter 439, Statutes of Nevada 2011.
- **Sec. 10.** NRS 695I.030, 695I.010. 695I.020. 695I.040, 695I.060. 695I.070, 695I.080, 695I.090, 695I.100, 695I.110, 695I.200. 695I.210, 695I.300, 695I.310, 695I.320. 695I.330. 695I.340, 6951.350, 6951.360, 6951.370, 695I.380. 695I.390. 695I.500, 695I.510, 695I.520, 695J.010, 695J.020, 695J.030, 695J.040. 695J.050, 695J.060, 695J.070, 695J.100. 695J.110. 695J.120. 695J.130, 695J.140, 695J.150, 695J.160. 695J.170. 695J.180, 695J.190, 695J.200, 695J.210, 695J.220, 695J.230. 695J.240, 695J.250, 695J.260, 695J.270 and 695J.280 are hereby repealed.
- **Sec. 11.** 1. This section and section and sections 5 to 9, inclusive, of this act become effective upon passage and approval.
- 2. Sections 1 to 4, inclusive, and 10 of this act become effective on the date on which the Silver State Health Insurance Exchange ceases to operate under the transition plan developed pursuant to section 6 of this act.

## LEADLINES OF REPEALED SECTIONS

695I.010 Definitions.

695I.020 "Board" defined.

695I.030 "Exchange" defined.





695I.040 "Executive Director" defined.

695I.060 "Medical facility" defined.

695I.070 "Provider of health care" defined.

695I.080 "Qualified health plan" defined.

695I.090 "Qualified individual" defined.

695I.100 "Qualified small employer" defined.

695I.110 "Small employer" defined.

695I.200 Creation; purpose.

695I.210 Powers and duties of Exchange.

695I.300 Membership of Board.

695I.310 Terms of office; reappointment; removal; vacancy; expiration of term.

695I.320 Chair and Vice Chair: Election; term; vacancy.

695I.330 Members serve without compensation; per diem and travel expenses.

695I.340 Meetings; quorum; voting.

695I.350 Subcommittees and advisory committees.

695I.360 Compliance with chapter 241 of NRS.

695I.370 Powers and duties of Board; audits.

695I.380 Executive Director: Appointment and discharge; duties; appointment and removal of employees.

6951.390 Coordination with Medicaid, Children's Health Insurance Program and other public programs.

695I.500 State agencies to provide support to Exchange; intergovernmental agreements.

695I.510 Executive Director may request advance from State General Fund; conditions; notification; repayment.

695I.520 Construction of chapter.

695J.010 Definitions.

695J.020 "Appointment" defined.

695J.030 "Assister" defined.

695J.040 "Exchange" defined.

695J.050 "Exchange enrollment facilitator" defined.

695J.060 "Navigator" defined.

695J.070 "Qualified health plan" defined.

695J.100 Applicability.

695J.110 Application for initial certificate as exchange enrollment facilitator: Requirements; fee.

695J.120 Application for certificate as exchange enrollment facilitator: Form; fingerprints; expiration of certificate.

695J.130 Fee for examination; failure to appear.

695J.140 Renewal of certificate; application; fees; waiver of time limit and fine or sanction.





695J.150 Payment of child support: Statement by applicant for certificate; grounds for denial of certificate; duty of Commissioner.

695J.160 Suspension of certificate for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of certificate.

695J.170 Application for certificate must include social security number of applicant.

695J.180 Contents of certificate; holder to inform Commissioner of locations of business.

695J.190 Temporary certificate as exchange enrollment facilitator.

695J.200 Natural person authorized to act for entity appointed by Exchange required to be exchange enrollment facilitator.

695J.210 Prohibited acts.

695J.220 Responsibilities of exchange enrollment facilitator.

695J.230 Nonresident exchange enrollment facilitator.

695J.240 Disciplinary action.

695J.250 Suspension, limitation or revocation of certificate.

695J.260 Surrender of certificate in absence or upon termination of appointment by Exchange.

695J.270 Regulations.

695J.280 Engaging in business of exchange enrollment facilitator without certificate prohibited; penalty.





