

THE NINETY-FIFTH DAY

CARSON CITY (Thursday), May 11, 2017

Senate called to order at 11:29 a.m.

President Hutchison presiding.

Roll called.

All present except Senator Goicoechea, who was excused.

Prayer by the Chaplain, Pastor Harvey Turner.

Heavenly Father, I come to You in the Name of the Lord Jesus Christ and by the power of the Holy Spirit. I come to You on behalf of these leaders who are present in this room, that You would grant them wisdom and insight that is beyond them.

Father, I ask that You would lead them in such a way that they give a voice to the voiceless. Guard them from the temptation of making decisions out of self-interest and let them make decisions that will cause human flourishing for those they have been elected to serve.

May they always be mindful of the poor, the unborn, the oppressed, the immigrant and the marginalized. Guard them from the temptation of making decisions that will benefit special interests or favor those who are in a position to advance their political career.

May justice be at the forefront of their minds, and may the law that You have written on their hearts be their guide. Thank You that You have given us rulers and authorities; I know that Your Word says that they are ministers of Your common grace to all people. Enlighten their work with divine light.

I pray this in the Name of Your Son, the Lord Jesus who is the King above all Kings, and because His kingdom reigns above all empires of men including the State of Nevada.

AMEN.

Pledge of Allegiance to the Flag.

By previous order of the Senate, the reading of the Journal is dispensed with, and the President and Secretary are authorized to make the necessary corrections and additions.

REPORTS OF COMMITTEES

Mr. President:

Your Committee on Finance, to which was re-referred Senate Bill No. 501, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Finance, to which were re-referred Senate Bills Nos. 136, 323, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

JOYCE WOODHOUSE, *Chair**Mr. President:*

Your Committee on Government Affairs, to which were referred Assembly Bills Nos. 8, 22, 79, 98, 134, 151, 258, 324, 337, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

DAVID R. PARKS, *Chair**Mr. President:*

Your Committee on Health and Human Services, to which were referred Assembly Bills Nos. 20, 31, 95, 108, 236, 305, 340, 346, 347, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

PAT SPEARMAN, *Chair*

Mr. President:

Your Committee on Judiciary, to which was referred Senate Bill No. 368, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

TICK SEGERBLOM, *Chair*

Mr. President:

Your Committee on Legislative Operations and Elections, to which was referred Assembly Bill No. 478, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

NICOLE J. CANNIZZARO, *Chair*

Mr. President:

Your Committee on Revenue and Economic Development, to which was referred Assembly Bill No. 170, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

JULIA RATTI, *Chair*

Mr. President:

Your Committee on Senate Parliamentary Rules and Procedures has approved the consideration of: Amendment No. 645 to Senate Bill No. 246.

KELVIN ATKINSON, *Chair*

Mr. President:

Your Committee on Transportation, to which was referred Assembly Bill No. 96, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

MARK A. MANENDO, *Chair*

MESSAGES FROM THE ASSEMBLY

ASSEMBLY CHAMBER, Carson City, May 9, 2017

To the Honorable the Senate:

I have the honor to inform your honorable body that the Assembly on this day passed Senate Joint Resolution No. 10; Assembly Bills Nos. 322, 477, 481.

Also, I have the honor to inform your honorable body that the Assembly on this day passed, as amended, Assembly Bills Nos. 29, 309, 449, 458.

Also, I have the honor to inform your honorable body that the Assembly on this day adopted Senate Concurrent Resolution No. 8.

CAROL AIELLO-SALA

Assistant Chief Clerk of the Assembly

MOTIONS, RESOLUTIONS AND NOTICES

By Senators Segerblom, Atkinson, Cancela, Cannizzaro, Denis, Farley, Ford, Gansert, Goicoechea, Gustavson, Hammond, Hardy, Harris, Kieckhefer, Manendo, Parks, Ratti, Roberson, Settlemeyer, Spearman, Woodhouse; Assemblymen Frierson, Elliot Anderson, Paul Anderson, Araujo, Benitez-Thompson, Bilbray-Axelrod, Brooks, Bustamante Adams, Carlton, Carrillo, Cohen, Daly, Diaz, Edwards, Ellison, Flores, Fumo, Hambrick, Hansen, Jauregui, Joiner, Kramer, Krasner, Marchant, McArthur, McCurdy II, Miller, Monroe-Moreno, Neal, Ohrenschall, Oscarson, Pickard, Spiegel, Sprinkle, Swank, Thompson, Titus, Tolles, Watkins, Wheeler, Woodbury and Yeager:

Senate Concurrent Resolution No. 9—Celebrating the life of former Boulder City Mayor Robert Stanley Ferraro.

WHEREAS, The members of the Nevada Legislature join the people of the State of Nevada to express their condolences and celebrate the life of former Boulder City Mayor Robert "Bob" Stanley Ferraro, who passed away April 29, 2017; and

WHEREAS, Native Nevadan Bob Ferraro was born on July 30, 1935, to Ella and John Ferraro in Paradise Valley, Nevada, which remained, along with Boulder City, one of his favorite places in the State; and

WHEREAS, While attending the University of Nevada, Reno, a passion for public service was ignited in Bob Ferraro when, while serving as President of the Young Democrats, he met future President John F. Kennedy while he was still a United States Senator; and

WHEREAS, Bob Ferraro was appointed to the Boulder City Council in 1976, eventually serving for 31 years, and in 1999, became the first elected mayor of the city and people he loved; and

WHEREAS, Known for his positive personality and ever-present smile, Bob Ferraro loved helping the people of Boulder City and was known for returning every call he received; and

WHEREAS, Former U.S. Senator Harry Reid knew Bob Ferraro understood the uniqueness of Boulder City, and fought to protect it, when he said Bob "fiercely defended Boulder City - overseeing unprecedented growth while maintaining the spirit of the city and its distinctive identity"; and

WHEREAS, Former Governor Richard Bryan, who is also a former U.S. Senator, was quoted as saying, "Some people change when they assume public office - Bob Ferraro was the same man I remembered when we were undergrads together in Reno"; and

WHEREAS, Bob Ferraro is survived by his wife of 22 years, Connie Burnett-Ferraro, whom he met when she noticed his smile and happy demeanor at a restaurant in Boulder City; and

WHEREAS, Bob Ferraro is also survived by his children, Christi, Tacey and Greg, stepdaughter Connie Johnson, siblings Jean and Stephen, and grandchildren Tommy, Tisha, Joe, John, Stephen, Dominic, Alison and Anthony; now, therefore, be it

RESOLVED BY THE SENATE OF THE STATE OF NEVADA, THE ASSEMBLY CONCURRING, That Bob Ferraro will be remembered for his service on behalf of the people and the city he loved so much, while still being a "regular guy" in the community; and be it further

RESOLVED, That the people of Boulder City and this State will feel the presence of former Mayor Bob Ferraro when they visit Veterans Memorial Park, which he helped create; and be it further

RESOLVED, That the Secretary of the Senate prepare and transmit a copy of this resolution to Bob Ferraro's beloved wife and children.

Senator Segerblom moved the adoption of the resolution.

Remarks by Senators Segerblom, Hardy and Gansert.

SENATOR SEGERBLOM:

I feel a special kinship with Robert S. Ferraro because, like me, he came from a family with deep roots in rural Nevada, and both of us somehow ended up in Boulder City. Bob's great-grandfather, Robert M. Burge, a native of Missouri, was one of the pioneers of Paradise Valley. For those of you not familiar with that area, Paradise Valley is a beautiful desert oasis about 40 miles north of Winnemucca. Bob's grandfather, Stephen Ferraro, immigrated from Italy as a young man, went to work as a cowboy in Paradise Valley and later purchased his own ranch. His father, John E. Ferraro, carried on the family tradition, so Bob was born and grew up in Paradise Valley.

Bob went to school in a one-room school house in Paradise Valley, where he was the only student in second, third, fourth, fifth, sixth, seventh, and eighth grades, so he was the head of the class. Later, he attended Humboldt County High School in Winnemucca making the 80-mile round trip every day and getting the reputation for having the fastest car on the road.

Bob attended the University of Nevada in Reno while working at the Getchell Mine during the summer. He earned a bachelor's degree in agriculture and a master's degree in agronomy and range management and was president of the Young Democrats club. Upon graduation, he worked for the County Extension Service in Churchill and Pershing Counties. Then in 1966, he packed up his

young family and moved them to Lahore in Pakistan, where he worked for the United States Agency for International Development.

In 1969, Bob moved to Boulder City to take a position as a chemical engineer at Pacific Engineering Production Company of Nevada (PEPCON) where he worked for 31 years. It was while working at PEPCON that Bob began one of the longest and most successful careers in public service in Nevada's history. In 1976, he was elected to the Boulder City Council, where he served for 31 years, including six terms as mayor. At the same time he served on the boards of many other local organizations including the board of the Las Vegas Convention and Visitors Authority, the Boulder City Hospital Foundation and the Nevada Development Authority. He served on the Clark County District Board of Health for 19 years, including two years as president.

Those of us who were fortunate enough to know Bob, and that includes most members of this Body, will always remember him as a happy person. He was optimistic, gregarious and a joy to be around. We will miss him. I urge you to join with me in supporting this resolution.

SENATOR HARDY:

When you run and enter the political scene, one of the things you do first is call the people who are in charge and tell them what you are going to do so they are not blindsided by your crazy idea. I called up Mayor Ferraro and talked to his wife Connie and explained that I was going to run for city council. She explained to me that Bob was not available because he was at the city council meeting because he was the mayor. I realized that if I was going to be on the city council, I should probably find out what day the city council met. When you visited Mayor Bob, as many people called him, at his home, you took off your shoes and walked on the nice carpeting, and there was a shrine, I will call it, of bottles he had collected over the years; it was Nevada, it literally was Nevada. He had a bottle from every place that used to be a place in the State of Nevada, and it was impressive. He was the face of Boulder City; literally, he was the face of Boulder City. He was a friend of the people. He was my Mayor and my friend, and he was known by all. While he was on the city council, he presided over the acquisition of El Dorado Valley, which, quite frankly, allows all of you from Las Vegas to be here. This is where we have the tortoise preserve which allowed the building up and the growth of Las Vegas. Were it not for that, Las Vegas would not have been able to build so many beautiful places that we all appreciate for the economic development they provide. He was non-partisan; in fact, I am not sure he knew how to say the word "partisan." He was truly, if you had saints, the saint of Boulder City.

SENATOR GANSERT:

I rise in support of Senate Concurrent Resolution No. 9. I have had the great fortune to know and be friends with the Ferraro family since my youth. Bob was a great servant and Nevadan. His family has family and has followed in his footsteps. Whether in medicine, teaching or in policy, his children and grandchildren continue to serve Nevada. I appreciate their dedication to serve their communities, their family and the State.

Resolution adopted unanimously.

Senator Segerblom moved that all necessary rules be suspended and that the resolution be immediately transmitted to the Assembly.

Motion carried.

Resolution ordered transmitted to the Assembly.

Senator Manendo has approved the addition of Senators Hardy, Parks, Settlemeyer and Hammond as primary sponsors and Senators Atkinson, Denis and Farley as sponsors of Senate Bill No. 246.

Senator Manendo moved that Senate Bill No. 246 be taken from the Secretary's desk and placed at the bottom of the General File.

Motion carried.

Senator Cancela moved that Assembly Bill No. 33 be taken from the Secretary's desk and placed at the bottom of the General File.

Motion carried.

INTRODUCTION, FIRST READING AND REFERENCE

By Senator Ford and Assemblyman Frierson (Emergency Request of Senate Majority Leader):

Senate Bill No. 538—AN ACT relating to Internet privacy; requiring the operator of an Internet website or online service which collects certain information from residents of this State to provide notice of certain provisions relating to the privacy of the information collected by the operator; and providing other matters properly relating thereto.

Senator Ford moved that the bill be referred to the Committee on Commerce, Labor and Energy.

Motion carried.

Assembly Bill No. 29.

Senator Atkinson moved that the bill be referred to the Committee on Transportation.

Motion carried.

Assembly Bill No. 309.

Senator Atkinson moved that the bill be referred to the Committee on Legislative Operations and Elections.

Motion carried.

Assembly Bill No. 322.

Senator Atkinson moved that the bill be referred to the Committee on Transportation.

Motion carried.

Assembly Bill No. 449.

Senator Atkinson moved that the bill be referred to the Committee on Government Affairs.

Motion carried.

Assembly Bill No. 458.

Senator Atkinson moved that the bill be referred to the Committee on Commerce, Labor and Energy.

Motion carried.

Assembly Bill No. 477.

Senator Atkinson moved that the bill be referred to the Committee on Government Affairs.

Motion carried.

Assembly Bill No. 481.

Senator Atkinson moved that the bill be referred to the Committee on Government Affairs.

Motion carried.

SECOND READING AND AMENDMENT

Senate Bill No. 265.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 637.

SUMMARY—Revises provisions relating to prescription drugs. (BDR 40-809)

AN ACT relating to prescription drugs; requiring the Department of Health and Human Services to compile a list of prescription drugs essential for treating diabetes in this State; ~~requiring the manufacturer of a prescription drug included on the list to reimburse a purchaser for a portion of the price of the drug in certain circumstances;~~ requiring the manufacturer of a prescription drug included on the list to report certain information to the Department; requiring certain nonprofit organizations to report to the Department certain information concerning contributions received from drug manufacturers ~~for~~ or trade and advocacy groups for such manufacturers; requiring the Department to place certain information on its Internet website; authorizing the Department to impose an administrative penalty in certain circumstances; requiring a pharmaceutical sales representative to obtain a license from the Division of Public and Behavioral Health of the Department; requiring a private school ~~and an employer~~ to allow a pupil ~~for employee, as applicable,~~ to keep and self-administer certain drugs; ~~requiring an insurer to reimburse an insured for a portion of any deductible, copay or coinsurance paid for certain drugs;~~ requiring ~~an insurer~~ certain insurers to provide certain notice to insureds; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services to compile and post on its Internet website information relating to the prices charged for certain prescription drugs. (NRS 439.915) Section 6 of this bill requires the Department to annually compile and post on its Internet website a list of drugs that the Department determines to be essential for treating diabetes in this State ~~[. Section 6 also requires the manufacturer of a drug included on the list to submit to the Department a list of such drugs for which: (1) including the wholesale acquisition cost of ~~the~~ such a drug, ~~exceeds the highest price paid for the drug in certain foreign countries; or (2) the manufacturer increases the wholesale acquisition cost of a drug during a calendar year by more than a prescribed amount.]~~ Section 7 of this bill requires the manufacturer of a prescription drug included on the list to submit to the Department an annual report that contains certain information concerning the~~

cost of the drug. Section 7 also requires the Department to compile and post on its Internet website a report concerning the prices of the essential diabetes drugs included on the list and the effect of those prices on overall spending on health care in this State. Section 27.5 of this bill further excludes the information reported by the manufacturer from the definition of "trade secret." Section 9 of this bill requires a nonprofit organization that advocates for patients or funds medical research in this State to post on its Internet website or, if it does not maintain an Internet website, submit [information] to the Department certain information concerning [contributions] payments, donations and anything else of value that the organization receives from manufacturers of prescription drugs [.] or trade or advocacy groups for such manufacturers. Section 8 of this bill requires the manufacturer of a prescription drug included on the list of essential diabetes drugs to notify the Department at least 90 days before a planned price increase. Section 12 of this bill requires the Department to ~~compile and~~ place ~~that~~ the information submitted by nonprofit organizations, information submitted by manufacturers concerning planned price increases and certain additional information on the Internet website maintained by the Department. Section 13 of this bill provides that the Department is not liable for ~~the~~ any act, omission ~~of information from reports or~~, error or technical problem that results in the failure to provide information or the provision of any incorrect information ~~in the reports.~~ placed on the Internet website of the Department. Section 14 of this bill requires the Department to adopt any necessary regulations concerning the ~~reports.~~ reporting of information by manufacturers and nonprofit organizations for inclusion on the Internet website of the Department. Section 16 of this bill authorizes the Department to impose an administrative penalty on a manufacturer or nonprofit organization that fails to post or submit ~~the~~ required report.

~~Section 6 also requires a manufacturer to reimburse the purchaser of a drug that is included on the list of essential diabetes drugs compiled by the Department if: (1) the wholesale acquisition cost of the drug exceeds the highest price paid for the drug in certain foreign countries; or (2) the manufacturer increases the wholesale acquisition cost of a drug during a calendar year by more than a prescribed amount. Sections 25, 26, 29, 32, 33, 35, 38, 40, 42 and 44 of this bill require an insurer, including a state or local governmental entity that insures its employees, that receives such a reimbursement to refund any deductible paid by an insured for the drug in an amount that does not exceed the amount of the reimbursement. Section 8 of this bill requires the manufacturer of a prescription drug included on the list to notify certain insurers at least 90 days before a planned price increase that is larger than a prescribed amount.~~

~~Sections 25, 26,~~ information. Section 30 ~~[, 31, 34, 36, 37, 39, 41 and 43]~~ of this bill ~~require~~ requires an insurer that issues a plan of individual health insurance and uses a formulary ~~[, including a state or local governmental entity that insures its employees, to publish before]~~ to provide, during each open

enrollment period, a notice of any drugs on the list of essential diabetes drugs that have been removed from the formulary or will be removed from the formulary during the current plan year or the next plan year. ~~Sections 25 and 26 also require a state or local governmental entity that insures its employees to provide each insured with notice of whether a formulary is used and, if so, the opportunity to obtain information about the formulary. Section 26 additionally prohibits the State from limiting or excluding coverage provided to its employees for certain prescription drugs that have previously been approved for coverage.~~

Under existing law, the Division of Public and Behavioral Health of the Department of Health and Human Services licenses and regulates certain health care facilities and organizations that provide health care. (Chapter 449 of NRS) Sections 17-24 of this bill require the Division to also license and regulate pharmaceutical sales representatives. Section 19 of this bill makes it a misdemeanor to practice as a pharmaceutical sales representative in this State without a license. Section 23 of this bill requires a pharmaceutical sales representative to submit an annual report to the Division containing certain information about his or her activities.

Upon the submission of a written request, existing law requires a public school to allow a pupil who has asthma, anaphylaxis or diabetes to carry and self-administer medication to treat his or her disorder while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus. (NRS 392.425) Willful failure to carry out this requirement is grounds for suspending, demoting, dismissing or refusing to reemploy a teacher or administrator. (NRS 391.750) ~~Sections 27 and 28~~ of this bill: (1) ~~impose~~ imposes similar requirements for private schools; ~~and employers;~~ and (2) ~~make~~ makes a willful violation of those requirements a misdemeanor.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this act.

Sec. 2. *"Manufacturer" means a person who derives, produces, prepares, ~~compounds, mixes,~~ cultivates, grows or processes a prescription drug.*

Sec. 3. *"Pharmacy" means every store or shop licensed by the State Board of Pharmacy where drugs, controlled substances, poisons, medicines or chemicals are stored or possessed, or dispensed or sold at retail, or displayed for sale at retail, or where prescriptions are compounded or dispensed. The term does not include an institutional pharmacy as defined in NRS 639.0085.*

Sec. 4. ~~*"Third party" means:*~~
~~1. An insurer, as that term is defined in NRS 679B.540;~~
~~2. A health benefit plan, as that term is defined in NRS 689A.540, for employees which provides coverage for prescription drugs;~~
~~3. A participating public agency, as that term is defined in NRS 287.04052, and any other local governmental agency of the State of~~

~~Nevada which provides a system of health insurance for the benefit of its officers and employees, and the dependents of officers and employees, pursuant to chapter 287 of NRS; or~~

~~4. Any other insurer or organization that provides health coverage or benefits in accordance with state or federal law.~~

~~→ The term does not include an insurer that provides coverage under a policy of casualty or property insurance. (Deleted by amendment.)~~

Sec. 5. "Wholesale acquisition cost" means the manufacturer's list price for a prescription drug to wholesalers or direct purchasers in the United States, not including any discounts, rebates or reductions in price, as reported in wholesale price guides or other publications of drug pricing data.

Sec. 6. ~~1. The~~ On or before February 1 of each year, the Department shall compile ~~and annually update a~~ a list of prescription drugs that the Department determines to be essential for treating diabetes in this State ~~and the wholesale acquisition cost of each such drug on the list.~~ The list must include, without limitation, all forms of insulin and biguanides marketed for sale in this State.

~~2. If the wholesale acquisition cost of a drug included on the list compiled pursuant to subsection 1 is greater than the foreign price cap for that drug on January 1 of the current calendar year, the manufacturer of the drug shall, upon the submission of a valid claim by a person or entity that purchased the drug in this State, including, without limitation, a patient or third party, reimburse the claimant for the difference between the wholesale acquisition cost and the foreign price cap.~~

~~3. If the manufacturer of a drug included on the list compiled pursuant to subsection 1 increases the price of the drug during a calendar year by a percentage that is larger than the percentage increase in the Consumer Price Index, Medical Care Component, for that calendar year, the manufacturer of that drug shall, upon the submission of a valid claim by a person or entity that purchased the drug in this State, including, without limitation, a patient or third party, reimburse the claimant for the difference between the amount of the increased price and the price of the drug at the beginning of the calendar year, multiplied by the percentage increase in the Consumer Price Index, Medical Care Component, for that calendar year.~~

~~4. A patient who is covered by a third party and has paid a deductible for a drug for which reimbursement is available pursuant to subsection 2 or 3 may submit a claim for reimbursement pursuant to subsection 2 or 3, as applicable. Except as otherwise provided in paragraph (a), the manufacturer shall, upon the submission of a valid claim by such a patient, reimburse the patient for the amount required by subsection 2 or 3, as applicable, not to exceed the amount of the deductible. A manufacturer:~~

~~(a) Is not required to provide a reimbursement pursuant to this subsection if the third party that covers the patient submitted a valid claim for reimbursement before the patient submitted his or her claim for reimbursement; and~~

~~—(b) May deduct the amount of any reimbursement provided to a patient in accordance with this subsection from the amount reimbursed to the third party that covers the patient on a subsequent claim.~~

~~—5. Each manufacturer of a drug included on the list compiled pursuant to subsection 1 shall:~~

~~—(a) Establish a means by which a person or entity that purchased the drug in this State may submit a claim for reimbursement pursuant to subsection 2 or 3.~~

~~—(b) Post conspicuously on an Internet website maintained by the manufacturer and submit to the Department a list of all drugs manufactured by the manufacturer for which reimbursement is available for sales within the immediately preceding 12 months. The list must be updated at least quarterly.~~

~~—6. As used in this section, "foreign price cap" means the highest price paid for a prescription drug, excluding taxes, in any country other than the United States that is:~~

~~—(a) A member of the Organisation for Economic Co-operation and Development or its successor organization; or~~

~~—(b) If the Organisation for Economic Co-operation and Development ceases to exist and has no successor organization, on a list of 35 economically developed countries adopted by regulation of the Department for the purposes of this section.}~~

Sec. 7. 1. On or before ~~(May)~~ April 1 of each year, the manufacturer of a prescription drug that appears on the most current list compiled by the Department pursuant to section 6 of this act shall prepare and submit to the Department, in the form prescribed by the Department, a report which must include:

~~{1.}~~ (a) The total cost of research and development for the drug, including, without limitation ~~the~~

~~—(a) The total cost of any study drug manufactured for the purpose of obtaining approval by the United States Food and Drug Administration of the drug that is the subject of the report;~~

~~—(b) The total cost of any preclinical studies of the drug;~~

~~—(c) The total cost of any clinical studies of the drug, including clinical trials performed for the purpose of obtaining the approval of the United States Food and Drug Administration and clinical studies conducted after the drug was approved by the United States Food and Drug Administration, regardless of whether such trials were required by the United States Food and Drug Administration;~~

~~—(d) The total cost associated with preparing and submitting documents to the United States Food and Drug Administration concerning the drug;~~

~~—(e) Any, any cost for research and development incurred with respect to the drug by a predecessor entity of the manufacturer; ~~and~~~~

~~(f) The total cost of studies conducted after the drug was approved by the United States Food and Drug Administration using external providers of data for the purpose of publication;~~

~~2.7~~ (b) Any other costs of producing the drug ; ~~including~~

~~(a) The total cost for materials, manufacturing and administrative expenditures relating to the drug;~~

~~(b) The total cost paid by any entity other than the manufacturer or a predecessor entity of the manufacturer for research and development, including money from governmental entities, subsidies and private grants; and~~

~~(c) Any cost to acquire rights to the drug, including the cost of purchasing patents or licensing or acquiring a corporate entity that owns rights to the drug;~~

~~3.7~~ (c) The total administrative expenditures relating to the drug, including marketing and advertising costs;

~~4.7~~ (d) The profit that the manufacturer has earned from the drug and the percentage of the manufacturer's total profit attributable to the drug;

~~5.7~~ (e) The total amount of financial assistance that the manufacturer has provided through any patient prescription assistance program;

~~6.7~~ (f) The cost associated with coupons provided directly to consumers and for programs to assist consumers in paying copayments, and the cost to the manufacturer attributable to the redemption of those coupons ~~and the use of those programs;~~

~~7.7~~ (g) The wholesale acquisition cost of the drug; ~~and~~

~~8.7~~ (h) A history of any increases in the wholesale acquisition cost of the drug over the 5 years immediately preceding the date on which the report is submitted, including the amount of each such increase expressed as a percentage of the total wholesale acquisition cost of the drug, the month and year in which each increase became effective and any explanation for the increase ~~and~~

(i) Any additional information prescribed by regulation of the Department for the purpose of analyzing the cost of prescription drugs that appear on the list compiled pursuant to section 6 of this act, trends in those costs and rebates available for such drugs.

2. On or before June 1 of each year, the Department shall analyze the information submitted pursuant to subsection 1 and compile and post on the Internet website maintained by the Department a report on the price of the prescription drugs that appear on the most current list compiled by the Department pursuant to section 6 of this act and the effect of those prices on overall spending on prescription drugs in this State. The report may include, without limitation, opportunities for persons and entities in this State to lower the cost of drugs for the treatment of diabetes while maintaining access to such drugs.

Sec. 8. ~~11.7~~ At least 90 days before increasing the wholesale acquisition cost of a prescription drug included on the list compiled by the Department pursuant to section 6 of this act, ~~by a percentage larger than the percentage increase in the Consumer Price Index, Medical Care Component, for the 12 months immediately preceding the date by which notification is required pursuant to this section,~~ the manufacturer of the drug shall notify ~~each third~~

~~party listed in the database established pursuant to subsection 2] the Department of the planned price increase.~~

~~[2. The Department, in consultation with the Commissioner of Insurance, shall:~~

~~— (a) Establish and maintain a database of third parties that provide or offer coverage of prescription drugs to residents of this State.~~

~~— (b) Provide information in that database to a manufacturer upon request for the purposes of complying with the requirements of this section.]~~

Sec. 9. On or before February 1 of each year, a nonprofit organization that advocates on behalf of patients or funds medical research in this State and has received a ~~[contribution]~~ payment, donation, subsidy or anything else of value from a manufacturer or a trade or advocacy group for manufacturers during the immediately preceding calendar year shall ~~[submit to the Department]~~ :

1. Compile a report which includes:

~~[1.]~~ (a) For each such contribution, the amount of the contribution and the manufacturer or group that ~~[made]~~ provided the payment, donation, subsidy or other contribution; and

~~[2. For each manufacturer that made such a contribution, the]~~

(b) The percentage of the total gross income of the organization during the immediately preceding calendar year attributable to payments, donations, subsidies or other contributions from ~~[the manufacturer.]~~ each manufacturer or group; and

2. Except as otherwise provided in this subsection, post the report on an Internet website that is maintained by the nonprofit organization and accessible to the public. If the nonprofit organization does not maintain an Internet website that is accessible to the public, the nonprofit organization shall submit the report compiled pursuant to subsection 1 to the Department.

Sec. 10. NRS 439.150 is hereby amended to read as follows:

439.150 1. The State Board of Health is hereby declared to be supreme in all nonadministrative health matters. It has general supervision over all matters, except for administrative matters and as otherwise provided in NRS 439.950 to 439.983, inclusive, relating to the preservation of the health and lives of citizens of this State and over the work of the Chief Medical Officer and all district, county and city health departments, boards of health and health officers.

2. The Department is hereby designated as the agency of this State to cooperate with the federal authorities in the administration of those parts of the Social Security Act which relate to the general promotion of public health. It may receive and expend all money made available to the Division by the Federal Government, the State of Nevada or its political subdivisions, or from any other source, for the purposes provided in this chapter. In developing and revising any state plan in connection with federal assistance for health programs, the Department shall consider, without limitation, the amount of money available from the Federal Government for those programs, the

conditions attached to the acceptance of that money and the limitations of legislative appropriations for those programs.

3. Except as otherwise provided in NRS 576.128 ~~[;]~~ and section 19 of this act, the State Board of Health may set reasonable fees for the:

- (a) Licensing, registering, certifying, inspecting or granting of permits for any facility, establishment or service regulated by the Division;
- (b) Programs and services of the Division;
- (c) Review of plans; and
- (d) Certification and licensing of personnel.

↪ Fees set pursuant to this subsection must be calculated to produce for that period the revenue from the fees projected in the budget approved for the Division by the Legislature.

Sec. 11. NRS 439.900 is hereby amended to read as follows:

439.900 As used in NRS 439.900 to 439.940, inclusive, and sections 2 to 9, inclusive, of this act, unless the context otherwise requires, ~~["pharmacy" means every store or shop licensed by the State Board of Pharmacy where drugs, controlled substances, poisons, medicines or chemicals are stored or possessed, or dispensed or sold at retail, or displayed for sale at retail, or where prescriptions are compounded or dispensed. The term does not include an institutional pharmacy as defined in NRS 639.0085.]~~ the words and terms defined in sections 2 to 5, inclusive, of this act have the meanings ascribed to them in those sections.

Sec. 12. NRS 439.915 is hereby amended to read as follows:

439.915 1. Except as otherwise provided in subsection ~~[subsections]~~ 2, ~~[and 3,]~~ the Department shall:

- (a) Place ~~[Compile and place]~~ or cause to be placed on the Internet website maintained by the Department ~~[the]~~ :

(1) The list of essential diabetes drugs compiled by the Department pursuant to section 6 of this act;

(2) The wholesale acquisition cost of each prescription drug reported pursuant to section 7 of this act;

(3) The name of each drug for which the manufacturer has notified the Department of a planned increase in the wholesale acquisition cost of the drug pursuant to section 8 of this act; and

(4) The information provided by each pharmacy pursuant to NRS 439.910 [; , each manufacturer pursuant to sections 6 and 7 of this act] and each nonprofit organization that is required to submit a report pursuant to section 9 of this act;

- (b) Ensure that the information ~~[provided by each pharmacy pursuant to NRS 439.910, each manufacturer pursuant to sections 6 and 7 of this act and each nonprofit organization pursuant to section 9 of this act and]~~ placed on the Internet website maintained by the Department pursuant to paragraph (a) is organized so that each individual pharmacy , manufacturer and nonprofit organization has its own separate entry on that website; ~~[and]~~

(c) Ensure that the information described in subparagraph (3) of paragraph (a) is placed on the Internet website maintained by the Department as soon as practicable after the Department receives the information; and

(d) Ensure that the usual and customary price that each pharmacy charges for each prescription drug that is on the list prepared pursuant to NRS 439.905 and that is stocked by the pharmacy:

(1) Is presented on the Internet website maintained by the Department in a manner which complies with the requirements of NRS 439.920; and

(2) Is updated not less frequently than once each calendar quarter.

➡ Nothing in this subsection prohibits the Department from determining the usual and customary price that a pharmacy charges for a prescription drug by extracting or otherwise obtaining such information from claims reported by pharmacies to the Medicaid program.

2. If a pharmacy is part of a larger company or corporation or a chain of pharmacies or retail stores, the Department may present the pricing information pertaining to such a pharmacy in such a manner that the pricing information is combined with the pricing information relative to other pharmacies that are part of the same company, corporation or chain, to the extent that the pricing information does not differ among those pharmacies.

3. ~~The Department is not required to place information reported by a manufacturer pursuant to section 7 of this act on the Internet website maintained by the Department if the Department determines that publishing the information would be detrimental to the financial or competitive position of the manufacturer.~~

~~4.1~~ The Department may establish additional or alternative procedures by which a consumer who is unable to access the Internet or is otherwise unable to receive the information described in subsection 1 in the manner in which it is presented by the Department may obtain that information:

(a) In the form of paper records;

(b) Through the use of a telephonic system; or

(c) Using other methods or technologies designed specifically to assist consumers who are hearing impaired or visually impaired.

~~4.5~~ As used in this section, "usual and customary price" means the usual and customary charges that a ~~provider~~ pharmacy charges to the general public for a drug, as described in 42 C.F.R. § ~~447.331~~ 447.512.

Sec. 13. NRS 439.925 is hereby amended to read as follows:

439.925 The Department and its members, officers and employees are not liable civilly or criminally for any act, omission, error or technical problem that results in:

1. The failure to provide to consumers information regarding a pharmacy, prescription drug or nonprofit organization, including, without limitation, the ~~prices charged by the pharmacy for the prescription drugs and generic equivalents that are on the list prepared pursuant to NRS 439.905 ; , any information concerning a prescription drug that is required to be reported pursuant to section 6 or 7 of this act or any information that a nonprofit~~

~~organization is required to report by section 9 of this act; or~~ information made available on the Department's Internet website pursuant to NRS 439.915; or

2. The providing to consumers of incorrect information regarding a pharmacy, *prescription drug or nonprofit organization*, including, without limitation, the ~~prices charged by the pharmacy for the prescription drugs and generic equivalents that are on the list prepared pursuant to NRS 439.905; , any information concerning a prescription drug that is required to be reported pursuant to section 6 or 7 of this act or any information that a nonprofit organization is required to report by section 9 of this act.~~ information made available on the Department's Internet website pursuant to NRS 439.915.

Sec. 14. NRS 439.930 is hereby amended to read as follows:

439.930 The Department shall adopt such regulations as it determines to be necessary or advisable to carry out the provisions of NRS 439.900 to 439.940, inclusive ~~{,}~~ , *and sections 2 to 9, inclusive, of this act.* Such regulations must provide for, without limitation:

1. Notice to consumers stating that:

(a) Although the Department will strive to ensure that consumers receive accurate information regarding pharmacies, *prescription drugs and nonprofit organizations*, including, without limitation, the ~~prices charged by those pharmacies for the prescription drugs and generic equivalents that are on the list prepared pursuant to NRS 439.905, the information that is reported concerning prescription drugs pursuant to sections 6 and 7 of this act and the information that is reported by nonprofit organizations pursuant to section 9 of this act.~~ information made available on the Department's Internet website pursuant to NRS 439.915, the Department is unable to guarantee the accuracy of such information;

(b) If a consumer follows an Internet link from the Internet website maintained by the Department to an Internet website *not* maintained by ~~{a pharmacy.}~~ the Department , *the Department* is unable to guarantee the accuracy of any information made available on ~~{the Internet}~~ *that website ; {maintained by the pharmacy;}* and

(c) The Department advises consumers to contact a pharmacy , *manufacturer or nonprofit organization* directly to verify the accuracy of any information regarding the pharmacy , *a prescription drug manufactured by the manufacturer or the nonprofit organization, as applicable,* which is made available to consumers pursuant to NRS 439.900 to 439.940, inclusive ~~{,}~~ , *and sections 2 to 9, inclusive, of this act;*

2. Procedures adopted to direct consumers who have questions regarding the program described in NRS 439.900 to 439.940, inclusive, *and sections 2 to 9, inclusive, of this act* to contact the Office for Consumer Health Assistance of the Department;

3. Provisions in accordance with which the Department will allow an Internet link to the information ~~{provided by each pharmacy pursuant to NRS 439.910, each manufacturer pursuant to sections 6 and 7 of this act and each nonprofit organization pursuant to section 9 of this act}~~ and made

available on the Department's Internet website pursuant to NRS 439.915 and sections 6 and 7 of this act to be placed on other Internet websites managed or maintained by other persons and entities, including, without limitation, Internet websites managed or maintained by:

(a) Other governmental entities, including, without limitation, the State Board of Pharmacy and the Office of the Governor; and

(b) Nonprofit organizations and advocacy groups;

4. Procedures pursuant to which consumers , ~~and~~ pharmacies , *manufacturers and nonprofit organizations* may report to the Department that information made available to consumers pursuant to NRS 439.900 to 439.940, inclusive, *and sections 2 to 9, inclusive, of this act* is inaccurate;

5. The form and manner in which pharmacies are to provide to the Department the information described in NRS 439.910; ~~and~~

6. *The form and manner in which manufacturers are to provide to the Department the information described in sections ~~6 and~~ 7 and 8 of this act;*

7. *The form and manner in which nonprofit organizations are to provide to the Department the information described in section 9 of this act ~~if~~ , if required; and*

8. Standards and criteria pursuant to which the Department may remove from its Internet website information regarding a pharmacy or an Internet link to the Internet website maintained by a pharmacy, or both, if the Department determines that the pharmacy has:

(a) Ceased to be licensed and in good standing pursuant to chapter 639 of NRS; or

(b) Engaged in a pattern of providing to consumers information that is false or would be misleading to reasonably informed persons.

Sec. 15. NRS 439.935 is hereby amended to read as follows:

439.935 1. On or before July 1 of each odd-numbered year, the Department shall make a determination of whether sufficient money is available and authorized for expenditure to fund one or more components of the programs and other duties of the Department relating to NRS 439.900 to 439.940, inclusive ~~if~~ , *and sections 2 to 9, inclusive, of this act.*

2. The Department shall temporarily suspend any components of the program or duties of the Department for which it determines pursuant to subsection 1 that sufficient money is not available.

3. The Department may apply for and accept any available grants and may accept any bequests, devises, donations or gifts from any public or private source to carry out the provisions of NRS 439.900 to 439.940, inclusive ~~if~~ , *and sections 2 to 9, inclusive, of this act.*

Sec. 16. NRS 439.940 is hereby amended to read as follows:

439.940 1. If a pharmacy that is licensed under the provisions of chapter 639 of NRS and is located within the State of Nevada fails to provide to the Department the information required to be provided pursuant to NRS 439.910 or fails to provide such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other

extenuating circumstances, the Department may impose against the pharmacy an administrative penalty of not more than \$500 for each day of such failure.

2. *If a manufacturer fails to provide to the Department the information required by section ~~6 or~~ 7 or 8 of this act, a nonprofit organization fails to post or provide to the Department, as applicable, the information required by section 9 of this act or a manufacturer or nonprofit organization fails to post or provide, as applicable, such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the Department may impose against the manufacturer or nonprofit organization, as applicable, an administrative penalty of not more than \$5,000 for each day of such failure.*

~~3. If a manufacturer fails to comply with any other requirement of section 6 of this act, the Department may impose against the manufacturer an administrative penalty prescribed by regulation of the Department.~~

Sec. 17. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 18 to 24, inclusive, of this act.

Sec. 18. As used in sections 18 to 24, inclusive, of this act, unless the context otherwise requires, "pharmaceutical sales representative" means a person who markets prescription drugs to providers of health care in this State.

Sec. 19. 1. A person shall not practice as a pharmaceutical sales representative in this State for more than 15 days in any calendar year unless the person holds a valid license as a pharmaceutical sales representative issued by the Division. Such a license expires 1 year after the date on which the license is issued. A person who violates the requirements of this subsection is guilty of a misdemeanor.

2. The Board shall adopt regulations to carry out the provisions of sections 18 to 24, inclusive, of this act. Those regulations must establish, without limitation:

(a) The qualifications for obtaining or renewing a license as a pharmaceutical sales representative, which must include a requirement that a pharmaceutical sales representative obtain ~~at least 5 hours of~~ continuing education each year concerning ethics, pharmacology or the laws and regulations concerning the marketing of prescription drugs.

(b) The requirements to apply for or renew a license as a pharmaceutical sales representative. No fee may be charged to apply for, reinstate or renew such a license.

(c) Standards of practice for pharmaceutical sales representatives.

(d) Disciplinary action that may be imposed for violating the standards of practice established pursuant to paragraph (c), which may include, without limitation, the suspension or revocation of a license and the imposition of an administrative penalty of not more than \$3,000 for each day on which a violation occurs.

(e) Procedures for imposing disciplinary action.

~~3. A pharmaceutical sales representative shall not:~~

~~(a) Engage in deceptive or misleading marketing;~~
~~(b) Falsely represent that he or she is licensed or certified as a provider of health care; or~~
~~(c) Attend an examination of a patient by a provider of health care without the consent of the patient.]~~

Sec. 20. An application for the issuance of a license as a pharmaceutical sales representative pursuant to section 19 of this act must include the social security number of the applicant.

Sec. 21. 1. An applicant for the issuance or renewal of a license as a pharmaceutical sales representative must submit to the Division of Public and Behavioral Health the statement prescribed by the Division of Welfare and Supportive Services of the Department pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Division of Public and Behavioral Health shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the certificate; or
(b) A separate form prescribed by the Division.

3. A license as a pharmaceutical sales representative may not be issued or renewed by the Division if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or
(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 22. 1. If the Division receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license as a pharmaceutical sales representative, the Division shall deem the certificate issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the Division receives a letter issued to the holder of the certificate by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the certificate has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The Division shall reinstate a license as a pharmaceutical sales representative that has been suspended by a district court pursuant to

NRS 425.540 if the Division receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose certificate was suspended stating that the person whose certificate was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

Sec. 23. ~~HH~~ When a pharmaceutical sales representative submits an application to renew his or her license, he or she shall also submit to the Division a report, which must include, for the immediately preceding year:

~~HH~~ 1. A list of providers of health care whom the pharmaceutical sales representative contacted ~~and the number of times that the pharmaceutical sales representative contacted each provider;~~

~~HH~~ (b) The name, manufacturer and wholesale acquisition cost of each prescription drug marketed by the pharmaceutical sales representative;

~~HH~~ (c) :

2. The name and manufacturer of each prescription drug for which the pharmaceutical sales representative provided a free sample ~~HH~~ and the name of each provider of health care to whom a free sample was provided; ~~and the number of free samples provided to each such provider;~~ and

~~HH~~ 3. The name of each provider of health care to whom the pharmaceutical sales representative provided compensation, including, without limitation, gifts, food or free supplies, and the value of such compensation.

~~HH~~ 2. As used in this section, "wholesale acquisition cost" has the meaning ascribed to it in section 5 of this act.

Sec. 24. 1. In addition to any other requirements set forth in sections 18 to 24, inclusive, of this act, an applicant for the renewal of a license as a pharmaceutical sales representative must indicate in the application submitted to the Division whether the applicant has a state business ~~registration~~ license. If the applicant has a state business ~~registration~~ license, the applicant must include in the application the business identification number assigned by the Secretary of State upon compliance with the provisions of chapter 76 of NRS.

2. The license of a pharmaceutical sales representative may not be renewed if:

(a) The applicant fails to submit the information required by subsection 1; or

(b) The State Controller has informed the Division pursuant to subsection 5 of NRS 353C.1965 that the applicant owes a debt to an agency that has been assigned to the State Controller for collection and the applicant has not:

(1) Satisfied the debt;

(2) Entered into an agreement for the payment of the debt pursuant to NRS 353C.130; or

(3) Demonstrated that the debt is not valid.

3. As used in this section:

(a) "Agency" has the meaning ascribed to it in NRS 353C.020.

(b) "Debt" has the meaning ascribed to it in NRS 353C.040.

Sec. 25. ~~[NRS 287.010 is hereby amended to read as follows:~~

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

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

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

~~—(c) Provide group life, accident or health coverage through a self insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.0283, 689B.030 to 689B.050, inclusive, and 689B.287 apply to coverage provided pursuant to this paragraph.~~

~~—(d) Defray part or all of the cost of maintenance of a self insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.~~

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

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

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

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

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

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

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

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

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

~~6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031. (Deleted by amendment.)~~

Sec. 26. ~~[NRS 287.04335 is hereby amended to read as follows:~~

~~287.04335 If the Board provides health insurance through a plan of self insurance, it shall comply with the provisions of NRS 689B.255, 695G.150 [, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665,] to 695G.167, inclusive, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.] (Deleted by amendment.)~~

Sec. 27. Chapter 394 of NRS is hereby amended by adding thereto a new section to read as follows:

1. *The parent or legal guardian of a pupil who has asthma, anaphylaxis or diabetes may submit a written request to the principal or, if applicable, the school nurse of the private school in which the pupil is enrolled to allow the pupil to self-administer medication for the treatment of the pupil's asthma, anaphylaxis or diabetes while the pupil is on the grounds of the private school, participating in an activity sponsored by the private school or on a school bus.*

2. A private school shall establish protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste and provide a copy of these protocols and procedures to the parent or guardian of a pupil who requests permission for the pupil to self-administer medication pursuant to subsection 1.

3. A written request made pursuant to subsection 1 must include:

(a) A signed statement of a physician indicating that the pupil has asthma, anaphylaxis or diabetes and is capable of self-administration of the medication while the pupil is on the grounds of the private school, participating in an activity sponsored by the private school or on a school bus;

(b) A written treatment plan prepared by the physician pursuant to which the pupil will manage his or her asthma, anaphylaxis or diabetes if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode while on the grounds of the private school, participating in an activity sponsored by the private school or on a school bus; and

(c) A signed statement of the parent or legal guardian:

(1) Indicating that the parent or legal guardian grants permission for the pupil to self-administer the medication while the pupil is on the grounds of the private school, participating in an activity sponsored by the private school or on a school bus;

(2) Acknowledging that the parent or legal guardian is aware of and understands the provisions of subsections 4 and 5;

(3) Acknowledging the receipt of the protocols provided pursuant to subsection 2;

(4) Acknowledging that the protocols established pursuant to subsection 2 have been explained to the pupil who will self-administer the medication and that he or she has agreed to comply with the protocols; and

(5) Acknowledging that authorization to self-administer medication pursuant to this section may be revoked if the pupil fails to comply with the protocols established pursuant to subsection 2.

4. The provisions of this section do not create a duty for the private school in which the pupil is enrolled, or an employee or agent thereof, that is in addition to those duties otherwise required in the course of service or employment.

5. If a pupil is granted authorization pursuant to this section to self-administer medication, the governing body of the private school in which the pupil is enrolled, the private school and any employee or agent thereof, are immune from liability for the injury to or death of:

(a) The pupil as a result of self-administration of a medication pursuant to this section or the failure of the pupil to self-administer such a medication; and

(b) Any other person as a result of exposure to or injury caused by needles, medical devices or other medical waste from the self-administration of medication by a pupil pursuant to this section.

6. Upon receipt of a request that complies with subsection 3, the principal or, if applicable, the school nurse of the private school in which the pupil is enrolled shall provide written authorization for the pupil to carry and self-administer medication to treat his or her asthma, anaphylaxis or diabetes while the pupil is on the grounds of the private school, participating in an activity sponsored by the private school or on a school bus. The written authorization must be filed with the principal or, if applicable, the school nurse of the private school in which the pupil is enrolled and must include:

(a) The name and purpose of the medication which the pupil is authorized to self-administer;

(b) The prescribed dosage and the duration of the prescription;

(c) The times or circumstances, or both, during which the medication is required or recommended for self-administration;

(d) The side effects that may occur from an administration of the medication;

(e) The name and telephone number of the pupil's physician and the name and telephone number of the person to contact in the case of a medical emergency concerning the pupil; and

(f) The procedures for the handling and disposal of needles, medical devices and other medical waste.

7. The written authorization provided pursuant to subsection 6 is valid for 1 school year. If a parent or legal guardian submits a written request that complies with subsection 3, the principal or, if applicable, the school nurse of the private school in which the pupil is enrolled shall renew and, if necessary, revise the written authorization.

8. If a parent or legal guardian of a pupil who is authorized pursuant to this section to carry medication on his or her person provides to the principal or, if applicable, the school nurse of the private school in which the pupil is enrolled doses of the medication in addition to the dosage that the pupil carries on his or her person, the principal or, if applicable, the school nurse shall ensure that the additional medication is:

(a) Stored on the premises of the private school in a location that is secure; and

(b) Readily available if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode during school hours.

9. An employee of a private school who willfully violates any provision of this section is guilty of a misdemeanor.

10. As used in this section:

(a) "Medication" has the meaning ascribed to it in NRS 392.425.

(b) "Physician" has the meaning ascribed to it in NRS 392.425.

(c) "Self-administer" has the meaning ascribed to it in NRS 392.425.

Sec. 27.5. NRS 600A.030 is hereby amended to read as follows:

600A.030 As used in this chapter, unless the context otherwise requires:

1. "Improper means" includes, without limitation:

(a) Theft;

(b) Bribery;
(c) Misrepresentation;
(d) Willful breach or willful inducement of a breach of a duty to maintain secrecy;

(e) Willful breach or willful inducement of a breach of a duty imposed by common law, statute, contract, license, protective order or other court or administrative order; and

(f) Espionage through electronic or other means.

2. "Misappropriation" means:

(a) Acquisition of the trade secret of another by a person by improper means;

(b) Acquisition of a trade secret of another by a person who knows or has reason to know that the trade secret was acquired by improper means; or

(c) Disclosure or use of a trade secret of another without express or implied consent by a person who:

(1) Used improper means to acquire knowledge of the trade secret;

(2) At the time of disclosure or use, knew or had reason to know that his or her knowledge of the trade secret was:

(I) Derived from or through a person who had used improper means to acquire it;

(II) Acquired under circumstances giving rise to a duty to maintain its secrecy or limit its use; or

(III) Derived from or through a person who owed a duty to the person seeking relief to maintain its secrecy or limit its use; or

(3) Before a material change of his or her position, knew or had reason to know that it was a trade secret and that knowledge of it had been acquired by accident or mistake.

3. "Owner" means the person who holds legal or equitable title to a trade secret.

4. "Person" means a natural person, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

5. "Trade secret" means information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that:

(a) Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other persons who can obtain commercial or economic value from its disclosure or use; and

(b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

↪ The term does not include any information that a manufacturer is required to report pursuant to section 7 of this act, to the extent that such information is required to be disclosed by that section.

Sec. 28. ~~[Chapter 613 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~1. An employee who has asthma, anaphylaxis or diabetes may submit a written request to his or her employer to allow the employee to self-administer medication for the treatment of the employee's asthma, anaphylaxis or diabetes while the employee is at his or her place of employment or engaged in activities required by his or her employment.~~

~~2. A written request made pursuant to subsection 1 must include a signed statement of a physician indicating that the employee has asthma, anaphylaxis or diabetes and is capable of self-administration of the medication while the employee is at his or her place of employment or engaged in activities required by his or her employment.~~

~~3. The provisions of this section do not create a duty for the employer that is in addition to those duties otherwise required of the employer.~~

~~4. If an employee is granted authorization pursuant to this section to self-administer medication, the employer is immune from liability for the injury to or death of:~~

~~(a) The employee as a result of self-administration of a medication pursuant to this section or the failure of the employee to self-administer such a medication; and~~

~~(b) Any other person as a result of exposure to or injury caused by needles, medical devices or other medical waste from the self-administration of medication by an employee pursuant to this section.~~

~~5. Upon receipt of a request that complies with subsection 1, the employer shall provide written authorization for the employee to carry and self-administer medication to treat his or her asthma, anaphylaxis or diabetes while the employee is at his or her place of employment or engaged in activities required by his or her employment. The written authorization must be maintained in the records of the employer and must include:~~

~~(a) The name and purpose of the medication which the employee is authorized to self-administer;~~

~~(b) The prescribed dosage and the duration of the prescription;~~

~~(c) The times or circumstances, or both, during which the medication is required or recommended for self-administration;~~

~~(d) The side effects that may occur from an administration of the medication; and~~

~~(e) The name and telephone number of the employee's physician and the name and telephone number of the person to contact in the case of a medical emergency concerning the employee.~~

~~6. An employer who willfully violates any provision of this section is guilty of a misdemeanor.~~

~~7. As used in this section:~~

~~(a) "Medication" has the meaning ascribed to it in NRS 392.425.~~

~~(b) "Physician" has the meaning ascribed to it in NRS 392.425.~~

~~(e) "Self-administer" has the meaning ascribed to it in NRS 392.425.]~~
 (Deleted by amendment.)

Sec. 29. ~~[NRS 689A.04045 is hereby amended to read as follows:~~

~~689A.04045 1. Except as otherwise provided in this section, a policy of health insurance which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~(a) Had previously been approved for coverage by the insurer for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~(b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~2. The provisions of subsection 1 do not:~~

~~(a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~(b) Prohibit:~~

~~(1) The insurer from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~(2) A provider of health care from prescribing another drug covered by the policy that is medically appropriate for the insured; or~~

~~(3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~(c) Require any coverage for a drug after the term of the policy.~~

~~3. Except as otherwise provided in this subsection, an insurer that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. An insurer is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the insurer submitted its claim for reimbursement.~~

~~4. Any provision of a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~(a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~(b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 30. NRS 689A.405 is hereby amended to read as follows:

689A.405 1. An insurer that offers or issues a policy of health insurance which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured,

notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the insurer pursuant to subsection 2. The notice required by this subsection must:

- (a) Be in a language that is easily understood and in a format that is easy to understand;
- (b) Include an explanation of what a formulary is; and
- (c) If a formulary is used, include:
 - (1) An explanation of:
 - (I) How often the contents of the formulary are reviewed; and
 - (II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and
 - (2) The telephone number of the insurer for making a request for information regarding the formulary pursuant to subsection 2.

2. If an insurer offers or issues a policy of health insurance which provides coverage for prescription drugs and a formulary is used, the insurer shall:

(a) Provide to any insured or participating provider of health care, upon request:

(1) Information regarding whether a specific drug is included in the formulary.

(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the insurer shall notify the requester that a choice of formulary lists is available.

(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.

(c) ~~At least 30 days before~~ During each period for open enrollment, publish on an Internet website that is operated by the insurer and accessible to the public or include in any enrollment materials distributed by the insurer a notice of all prescription drugs that:

(1) *Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and*

(2) *Have been removed or will be removed from the formulary during the current plan year or the next plan year.*

(d) *Update the notice required by paragraph (c) throughout the period for open enrollment.*

Sec. 31. ~~NRS 689B.0283 is hereby amended to read as follows:~~

~~689B.0283 1. An insurer that offers or issues a policy of group health insurance which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the insurer pursuant to subsection 2. The notice required by this subsection must:~~

~~— (a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~— (b) Include an explanation of what a formulary is; and~~

~~— (c) If a formulary is used, include:~~

~~— (1) An explanation of:~~

~~— (I) How often the contents of the formulary are reviewed; and~~

~~— (II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~— (2) The telephone number of the insurer for making a request for information regarding the formulary pursuant to subsection 2.~~

~~— 2. If an insurer offers or issues a policy of group health insurance which provides coverage for prescription drugs and a formulary is used, the insurer shall:~~

~~— (a) Provide to any insured or participating provider of health care, upon request:~~

~~— (1) Information regarding whether a specific drug is included in the formulary.~~

~~— (2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the insurer shall notify the requester that a choice of formulary lists is available.~~

~~— (b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~— (c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the insurer and accessible to the public a notice of all prescription drugs that:~~

~~— (1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~— (2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~— (d) Update the notice required by paragraph (c) throughout the period for open enrollment.† (Deleted by amendment.)~~

Sec. 32. ~~[NRS 689B.0368 is hereby amended to read as follows:~~

~~— 689B.0368 1. Except as otherwise provided in this section, a policy of group health insurance which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~— (a) Had previously been approved for coverage by the insurer for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~—(b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~—2. The provisions of subsection 1 do not:~~

~~—(a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~—(b) Prohibit:~~

~~—(1) The insurer from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~—(2) A provider of health care from prescribing another drug covered by the policy that is medically appropriate for the insured; or~~

~~—(3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~—(c) Require any coverage for a drug after the term of the policy.~~

~~—3. Except as otherwise provided in this subsection, an insurer that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. An insurer is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the insurer submitted its claim for reimbursement.~~

~~—4. Any provision of a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~—(a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~—(b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 33. ~~[NRS 689C.168 is hereby amended to read as follows:~~

~~—689C.168 1. Except as otherwise provided in this section, a health benefit plan which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~—(a) Had previously been approved for coverage by the carrier for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~—(b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~—2. The provisions of subsection 1 do not:~~

~~—(a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~—(b) Prohibit:~~

~~—(1) The carrier from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~—(2) A provider of health care from prescribing another drug covered by the plan that is medically appropriate for the insured; or~~

~~—(3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~—(e) Require any coverage for a drug after the term of the plan.~~

~~3. Except as otherwise provided in this subsection, a carrier that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. A carrier is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the insurer submitted its claim for reimbursement.~~

~~4. Any provision of a health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~—(a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~—(b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 34. ~~[NRS 689C.281 is hereby amended to read as follows:~~

~~689C.281 1. A carrier that offers or issues a health benefit plan which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the carrier pursuant to subsection 2. The notice required by this subsection must:~~

~~—(a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~—(b) Include an explanation of what a formulary is; and~~

~~—(c) If a formulary is used, include:~~

~~—(1) An explanation of:~~

~~—(I) How often the contents of the formulary are reviewed; and~~

~~—(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~—(2) The telephone number of the carrier for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If a carrier offers or issues a health benefit plan which provides coverage for prescription drugs and a formulary is used, the carrier shall:~~

~~—(a) Provide to any insured or participating provider of health care, upon request;~~

~~—(1) Information regarding whether a specific drug is included in the formulary.~~

~~—(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the carrier shall notify the requester that a choice of formulary lists is available.~~

~~—(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~—(c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the carrier and accessible to the public a notice of all prescription drugs that:~~

~~—(1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~—(2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~—(d) Update the notice required by paragraph (c) throughout the period for open enrollment.~~ (Deleted by amendment.)

Sec. 35. ~~[NRS 695A.184 is hereby amended to read as follows:~~

~~695A.184 1. Except as otherwise provided in this section, a benefit contract which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~—(a) Had previously been approved for coverage by the society for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~—(b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~2. The provisions of subsection 1 do not:~~

~~—(a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~—(b) Prohibit:~~

~~—(1) The society from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~—(2) A provider of health care from prescribing another drug covered by the benefit contract that is medically appropriate for the insured; or~~

~~—(3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~—(c) Require any coverage for a drug after the term of the benefit contract.~~

~~3. Except as otherwise provided in this subsection, a society that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. A society is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the insurer submitted its claim for reimbursement.~~

~~4. Any provision of a benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after :~~

~~(a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~(b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 36. ~~[NRS 695A.255 is hereby amended to read as follows:~~

~~695A.255 1. A society that offers or issues a benefit contract which provides coverage for prescription drugs shall include with any certificate for such a contract provided to a benefit member, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the society pursuant to subsection 2. The notice required by this subsection must:~~

~~(a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~(b) Include an explanation of what a formulary is; and~~

~~(c) If a formulary is used, include:~~

~~(1) An explanation of:~~

~~(I) How often the contents of the formulary are reviewed; and~~

~~(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~(2) The telephone number of the society for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If a society offers or issues a benefit contract which provides coverage for prescription drugs and a formulary is used, the society shall:~~

~~(a) Provide to any insured or participating provider of health care, upon request:~~

~~(1) Information regarding whether a specific drug is included in the formulary.~~

~~(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the society shall notify the requester that a choice of formulary lists is available.~~

~~(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~—(c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the society and accessible to the public a notice of all prescription drugs that:~~

~~—(1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~—(2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~—(d) Update the notice required by paragraph (c) throughout the period for open enrollment.~~ (Deleted by amendment.)

Sec. 37. [NRS 695B.176 is hereby amended to read as follows:

~~695B.176 1. An insurer that offers or issues a contract for hospital or medical services which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the insurer pursuant to subsection 2. The notice required by this subsection must:~~

~~—(a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~—(b) Include an explanation of what a formulary is; and~~

~~—(c) If a formulary is used, include:~~

~~—(1) An explanation of:~~

~~—(I) How often the contents of the formulary are reviewed; and~~

~~—(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~—(2) The telephone number of the insurer for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If an insurer offers or issues a contract for hospital or medical services which provides coverage for prescription drugs and a formulary is used, the insurer shall:~~

~~—(a) Provide to any insured or participating provider of health care, upon request:~~

~~—(1) Information regarding whether a specific drug is included in the formulary.~~

~~—(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the insurer shall notify the requester that a choice of formulary lists is available.~~

~~—(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~—(c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the insurer and accessible to the public a notice of all prescription drugs that:~~

~~— (1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~— (2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~— (d) Update the notice required by paragraph (c) throughout the period for open enrollment.~~ (Deleted by amendment.)

Sec. 38. ~~[NRS 695B.1905 is hereby amended to read as follows:~~

~~695B.1905 1. Except as otherwise provided in this section, a contract for hospital or medical services which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~— (a) Had previously been approved for coverage by the insurer for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~— (b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~2. The provisions of subsection 1 do not:~~

~~— (a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~— (b) Prohibit:~~

~~— (1) The insurer from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~— (2) A provider of health care from prescribing another drug covered by the contract that is medically appropriate for the insured; or~~

~~— (3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~— (c) Require any coverage for a drug after the term of the contract.~~

~~3. Except as otherwise provided in this subsection, an insurer that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. An insurer is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the insurer submitted its claim for reimbursement.~~

~~4. Any provision of a contract for hospital or medical services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~— (a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~(b) January 1, 2018, which is in conflict with subsection 3 is void.† (Deleted by amendment.)~~

Sec. 39. ~~[NRS 695C.1703 is hereby amended to read as follows:~~

~~695C.1703 1. A health maintenance organization or insurer that offers or issues evidence of coverage which provides coverage for prescription drugs shall include with any evidence of that coverage provided to an enrollee, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the organization or insurer pursuant to subsection 2. The notice required by this subsection must:~~

~~(a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~(b) Include an explanation of what a formulary is; and~~

~~(c) If a formulary is used, include:~~

~~(1) An explanation of:~~

~~(I) How often the contents of the formulary are reviewed; and~~

~~(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~(2) The telephone number of the organization or insurer for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If a health maintenance organization or insurer offers or issues evidence of coverage which provides coverage for prescription drugs and a formulary is used, the organization or insurer shall:~~

~~(a) Provide to any enrollee or participating provider of health care upon request:~~

~~(1) Information regarding whether a specific drug is included in the formulary.~~

~~(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the organization or insurer shall notify the requester that a choice of formulary lists is available.~~

~~(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~(c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the health maintenance organization or insurer and accessible to the public a notice of all prescription drugs that:~~

~~(1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~(2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~(d) Update the notice required by paragraph (c) throughout the period for open enrollment.† (Deleted by amendment.)~~

Sec. 40. ~~[NRS 695C.1734 is hereby amended to read as follows:~~

~~695C.1734 1. Except as otherwise provided in this section, evidence of coverage which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~— (a) Had previously been approved for coverage by the health maintenance organization or insurer for a medical condition of an enrollee and the enrollee's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the enrollee; and~~

~~— (b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the enrollee.~~

~~2. The provisions of subsection 1 do not:~~

~~— (a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~— (b) Prohibit:~~

~~— (1) The health maintenance organization or insurer from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the enrollee or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~— (2) A provider of health care from prescribing another drug covered by the evidence of coverage that is medically appropriate for the enrollee; or~~

~~— (3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~— (c) Require any coverage for a drug after the term of the evidence of coverage.~~

~~3. Except as otherwise provided in this subsection, a health maintenance organization or insurer that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an enrollee for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible whichever is less. A health maintenance organization or insurer is not required to reimburse an enrollee for any amount for which the enrollee submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the health maintenance organization or insurer submitted its claim for reimbursement.~~

~~4. Any provision of an evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~— (a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~— (b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 41. ~~[NRS 695F.153 is hereby amended to read as follows:~~

~~695F.153 1. A prepaid limited health service organization that offers or issues evidence of coverage which provides coverage for prescription drugs shall include with any evidence of that coverage provided to a subscriber, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the organization pursuant to subsection 2. The notice required by this subsection must:~~

~~(a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~(b) Include an explanation of what a formulary is; and~~

~~(c) If a formulary is used, include:~~

~~(1) An explanation of:~~

~~(I) How often the contents of the formulary are reviewed; and~~

~~(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~(2) The telephone number of the organization for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If a prepaid limited health service organization offers or issues evidence of coverage which provides coverage for prescription drugs and a formulary is used, the organization shall:~~

~~(a) Provide to any enrollee or participating provider of health care, upon request:~~

~~(1) Information regarding whether a specific drug is included in the formulary;~~

~~(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the organization shall notify the requester that a choice of formulary lists is available.~~

~~(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.~~

~~(c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the prepaid limited health service organization and accessible to the public a notice of all prescription drugs that:~~

~~(1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~(2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~(d) Update the notice required by paragraph (c) throughout the period for open enrollment.} (Deleted by amendment.)~~

Sec. 42. [NRS 695F.156 is hereby amended to read as follows:

~~695F.156 1. Except as otherwise provided in this section, evidence of coverage which provides coverage for prescription drugs must not limit or~~

~~exclude coverage for a drug if the drug:~~

~~— (a) Had previously been approved for coverage by the prepaid limited health service organization for a medical condition of an enrollee and the enrollee's provider of health care determines, after conducting a reasonable investigation, that none of the drugs which are otherwise currently approved for coverage are medically appropriate for the enrollee; and~~

~~— (b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the enrollee.~~

~~— 2. The provisions of subsection 1 do not:~~

~~— (a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~— (b) Prohibit:~~

~~— (1) The organization from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the enrollee or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~— (2) A provider of health care from prescribing another drug covered by the evidence of coverage that is medically appropriate for the enrollee; or~~

~~— (3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~— (e) Require any coverage for a drug after the term of the evidence of coverage.~~

~~— 3. Except as otherwise provided in this subsection, a prepaid limited health service organization that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an enrollee for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. A prepaid limited health service organization is not required to reimburse an enrollee for any amount for which the enrollee submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the prepaid limited health service organization submitted its claim for reimbursement.~~

~~— 4. Any provision of an evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~— (a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~— (b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 43. ~~[NRS 695G.163 is hereby amended to read as follows:~~

~~— 695G.163 — 1. A managed care organization that offers or issues a health care plan which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured, notice of whether a formulary is used and, if so, of the opportunity to secure~~

~~information regarding the formulary from the organization pursuant to subsection 2. The notice required by this subsection must:~~

~~— (a) Be in a language that is easily understood and in a format that is easy to understand;~~

~~— (b) Include an explanation of what a formulary is; and~~

~~— (c) If a formulary is used, include:~~

~~— (1) An explanation of:~~

~~— (I) How often the contents of the formulary are reviewed; and~~

~~— (II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and~~

~~— (2) The telephone number of the organization for making a request for information regarding the formulary pursuant to subsection 2.~~

~~2. If a managed care organization offers or issues a health care plan which provides coverage for prescription drugs and a formulary is used, the organization shall:~~

~~— (a) Provide to any insured or participating provider of health care, upon request:~~

~~— (1) Information regarding whether a specific drug is included in the formulary;~~

~~— (2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed drugs. If more than one formulary is maintained, the organization shall notify the requester that a choice of formulary lists is available;~~

~~— (b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition;~~

~~— (c) At least 30 days before each period for open enrollment, publish on an Internet website that is operated by the managed care organization and accessible to the public a notice of all prescription drugs that:~~

~~— (1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the Department of Health and Human Services pursuant to section 6 of this act; and~~

~~— (2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.~~

~~— (d) Update the notice required by paragraph (c) throughout the period for open enrollment. (Deleted by amendment.)~~

Sec. 44. ~~[NRS 695G.166 is hereby amended to read as follows:~~

~~695G.166 1. Except as otherwise provided in this section, a health care plan which provides coverage for prescription drugs must not limit or exclude coverage for a drug if the drug:~~

~~— (a) Had previously been approved for coverage by the managed care organization for a medical condition of an insured and the insured's provider of health care determines, after conducting a reasonable investigation, that~~

~~none of the drugs which are otherwise currently approved for coverage are medically appropriate for the insured; and~~

~~— (b) Is appropriately prescribed and considered safe and effective for treating the medical condition of the insured.~~

~~— 2. The provisions of subsection 1 do not:~~

~~— (a) Apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Food and Drug Administration;~~

~~— (b) Prohibit:~~

~~— (1) The organization from charging a deductible, copayment or coinsurance for the provision of benefits for prescription drugs to the insured or from establishing, by contract, limitations on the maximum coverage for prescription drugs [;] that comply with the provisions of subsection 3;~~

~~— (2) A provider of health care from prescribing another drug covered by the plan that is medically appropriate for the insured; or~~

~~— (3) The substitution of another drug pursuant to NRS 639.23286 or 639.2583 to 639.2597, inclusive; or~~

~~— (c) Require any coverage for a drug after the term of the plan.~~

~~— 3. Except as otherwise provided in this subsection, a managed care organization that receives a reimbursement from the manufacturer of a prescription drug pursuant to section 6 of this act shall refund any deductible paid by an insured for the prescription drug in an amount equal to the amount of the reimbursement or the amount of the deductible, whichever is less. A managed care organization is not required to reimburse an insured for any amount for which the insured submitted a claim for reimbursement pursuant to subsection 4 of section 6 of this act before the managed care organization submitted its claim for reimbursement.~~

~~— 4. Any provision of a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after:~~

~~— (a) October 1, 2001, which is in conflict with [this section] subsection 1 is void.~~

~~— (b) January 1, 2018, which is in conflict with subsection 3 is void.] (Deleted by amendment.)~~

Sec. 44.5. 1. Notwithstanding any other provision of this act to the contrary:

(a) On or before November 1, 2017, the Department of Health and Human Services shall place on the Internet website maintained by the Department the information prescribed by section 6 of this act.

(b) On or before July 1, 2018, the manufacturer of a drug included on the list described in section 6 of this act shall submit to the Department a report which includes the information prescribed by subsection 1 of section 7 of this act.

(c) On or before September 1, 2018, the Department shall analyze the reports submitted pursuant to paragraph (b) and compile and post on the

Internet website maintained by the Department the initial report required by subsection 2 of section 7 of this act.

2. As used in this section, "manufacturer" has the meaning ascribed to it in section 2 of this act.

Sec. 45. 1. This section ~~(becomes)~~ and section 44.5 of this act become effective upon passage and approval.

2. Sections 27 and 28 of this act become effective on July 1, 2017.

3. Sections 1 to ~~(26)~~ 9, inclusive, 11, 12, 13, 15, 16, 25, 26 and 27.5 of this act become effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on October 1, 2017, for all other purposes.

4. Sections 10, 17 to 24, inclusive, and 29 to 44, inclusive, of this act become effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2018, for all other purposes.

~~(4.)~~ 5. Section 14 of this act becomes effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on May 1, 2018, for all other purposes.

6. Sections 20, 21 and 22 of this act expire by limitation on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,
 ➔ are repealed by the Congress of the United States.

Senator Cancela moved the adoption of the amendment.

Remarks by Senator Cancela.

Amendment No. 637 makes various changes to Senate Bill No. 265. Specifically, it requires the Department of Health and Human Services (DHHS) to include in its list of essential prescription drugs for treating diabetes the wholesale acquisition cost of each drug on the list. It eliminates provisions requiring the manufacturer of certain essential diabetes drugs to reimburse a purchaser for a portion of the price of the drug in certain circumstances and eliminates sections requiring an insurer that receives a reimbursement to refund any deductible paid by an insured for the drug.

It also revises the information that a manufacturer must submit to DHHS each year and excludes such information from the definition of "trade secret," it requires the Department to compile, analyze and post on its website a report on the price of essential diabetes drugs, and the effect those prices have on overall spending on prescription drugs in the State. It requires the manufacturer of an essential diabetes drug to notify the Department at least 90 days before any increase in the wholesale acquisition cost of the drug and revises the information of a nonprofit organization that advocates on behalf of patients or which funds medical research must report.

Certain information must post to the organization's public website or, if the organization does not have a website, be submitted to the Department and posted online.

Additionally, the amendment eliminates sections requiring insurers that use a formulary, except individual health-insurance issuers that use a formulary, to publish certain formulary information before each open enrollment period. It eliminates provisions related to allowing employees who have asthma, anaphylaxis or diabetes to self-administer certain medication at their place of employment, and revises the effective dates of various provisions of the bill.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 12.

Bill read second time and ordered to third reading.

Assembly Bill No. 247.

Bill read second time and ordered to third reading.

Assembly Bill No. 279.

Bill read second time and ordered to third reading.

MOTIONS, RESOLUTIONS AND NOTICES

Senator Woodhouse moved that Senate Bill No. 265 be taken from the General File and re-referred to the Committee on Finance, upon return from reprint.

Motion carried.

GENERAL FILE AND THIRD READING

Senate Bill No. 3.

Bill read third time.

Remarks by Senator Woodhouse.

Senate Bill No. 3 would require the Department of Agriculture to notify a school participating in the Breakfast After the Bell Program if the school has not maintained or increased breakfast-participation rates for pupils who are eligible for free or reduced-price lunches under the National School Lunch Act. It removes the existing statutory requirement for the Department to notify schools if participation rates do not increase at least 10 percent annually.

Senate Bill No. 3 would also require schools that receive such a notification to submit a statement to the department identifying why participation in the program decreased and a corrective-action plan that addresses the reasons identified in the statement.

Roll call on Senate Bill No. 3:

YEAS—19.

NAYS—Gustavson.

Excused—Goicoechea.

Senate Bill No. 3 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Senate Bill No. 212.

Bill read third time.

Remarks by Senator Gansert.

Senate Bill No. 212 expands the scope of reporting for the Department of Education's Safe-to-Tell Program to include certain activities that are conducted or threatened by a student who is enrolled at a public school whether or not the conduct or threat occurs on school property

or at a school-sponsored activity. The bill also establishes a three-member team for each public school to receive reports submitted to the program and requires the Director of the Department of Education's Office for a Safe and Respectful Learning Environment to provide necessary training to the teams. The bill provides civil immunity to the team and each of its members for any act or omission relating to their duties.

Senate Bill No. 212 expands the means by which reports can be received by the program, including a hotline, Internet website, mobile telephone application and support center. The bill also requires the Director to provide training to teachers, students and family members concerning the procedure for submitting a report and collaborating to prevent dangerous or violent activity.

Senate Bill No. 212 requires a crisis or emergency response plan for a school district, charter school or private school, as well as the model plan available from the Department of Education, to include counseling and other services available for students after a crisis, emergency or suicide.

The bill also allows an agency that provides mental-health services to offer counseling and other services to students and staff affected by a crisis, emergency or suicide.

Roll call on Senate Bill No. 212:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Senate Bill No. 212 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 510.

Bill read third time.

Remarks by Senator Denis.

Senate Bill No. 510 revises the existing statutory provisions for the Kinship Guardianship Assistance Program, eliminating the requirement that a child must be eligible to receive federal Title IV-E maintenance as a condition of receiving assistance from the Program. Additionally, the bill clarifies that the relative with whom the child resides must be a licensed provider of foster care. Finally, Senate Bill No. 510 implements the Rural Child Welfare budget as included in The Executive Budget.

Roll call on Senate Bill No. 510:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Senate Bill No. 510 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 4.

Bill read third time.

Remarks by Senator Harris.

Assembly Bill No. 4 repeals provisions governing the declaration of a foreign country or political subdivision as a state for the purposes of enforcing certain support orders.

The Uniform Interstate Family Support Act establishes the procedures and jurisdictional requirements regarding the issuance, enforcement and modification of interstate child-support and spousal-support orders. The Uniform Interstate Family Support Act requires such countries to be treated as foreign countries and not as states.

Roll call on Assembly Bill No. 4:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 4 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 6.

Bill read third time.

Remarks by Senator Gustavson.

Assembly Bill No. 6 requires a business whose primary purpose is to create or produce motion pictures to obtain a State business registration with the Secretary of State.

Roll call on Assembly Bill No. 6:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 6 having received a two-thirds majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 11.

Bill read third time.

Remarks by Senator Hammond.

Assembly Bill No. 11 expands the current prohibition concerning the operation of an unmanned aerial vehicle within certain distances of a transmission line to include any transmission line that is owned, operated, inspected, maintained or repaired, in whole or in part, by the Colorado River Commission of Nevada.

Under existing law, the prohibition concerning the operation of an unmanned aerial vehicle near a transmission line applies only to a transmission line that is owned, in whole or in part, by an electric utility.

Roll call on Assembly Bill No. 11:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 11 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 14.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 14 provides that a person with a criminal record who applies for a name change must submit with his or her petition a complete set of fingerprints. In addition, the measure requires a complete set of a person's fingerprints to be transmitted to the Central Repository for Nevada Records of Criminal History for inclusion in that person's record of criminal history when a court order grants a change of name to a person who has a criminal record, or rescinds its order granting a change of name of a person who falsely denied having been convicted.

Lastly, the measure requires that a complete set of the person's fingerprints be sent to the Central Repository when a peace officer detains and cites a person for a violation of an ordinance or State law that is punishable as a misdemeanor and constitutes domestic violence.

Roll call on Assembly Bill No. 14:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 14 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 17.

Bill read third time.

Remarks by Senator Manendo.

Assembly Bill No. 17 requires the driver of a vehicle who approaches an authorized vehicle of the Department of Transportation that is stopped and is displaying a flashing amber light or a blue light that is located at the rear of the vehicle to take the same precautions that currently apply when approaching an emergency vehicle or a tow truck that is stopped and is displaying flashing lights.

Existing law requires a driver who is approaching an emergency vehicle or a tow truck that is stopped and is displaying flashing lights to decrease his or her speed; proceed with caution; be prepared to stop, and if possible, drive in a lane that is not adjacent to the lane in which the emergency vehicle or tow car is stopped. Existing law also provides that a violation of these requirements is a misdemeanor.

Roll call on Assembly Bill No. 17:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 17 having received a constitutional majority, Mr. President declared it passed.

Senator Ford moved that all necessary rules be suspended, and that the bill be immediately transmitted to the Assembly.

Motion carried.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 27.

Bill read third time.

Remarks by Senator Denis.

Assembly Bill No. 27 transfers from the Executive Secretary of the State Board of Parole Commissioners to the Department of Corrections the responsibility of preparing a list of offenders eligible for parole. The Department of Corrections must provide the list to the Executive Secretary at least 40 days before any scheduled action by the Board.

Roll call on Assembly Bill No. 27:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 27 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 28.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 28 authorizes the Commission on Judicial Discipline to discipline a justice of the peace or municipal judge by ordering the justice of the peace or municipal judge to forfeit his or her office if he or she fails to attend the required instruction, unless the Commission finds that there was a reasonable excuse. This measure requires the Commission to give a justice of the peace or a municipal judge 30 days' notice and an opportunity to respond and to hold a public hearing before the Commission orders the justice of the peace or municipal judge to forfeit his or her office.

Existing law requires a newly elected or appointed justice of the peace or municipal judge to forfeit his or her office if he or she fails to attend the required instruction or fails to secure and properly file a written order excusing his or her attendance.

Roll call on Assembly Bill No. 28:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 28 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 32.

Bill read third time.

Remarks by Senator Settlemeyer.

Assembly Bill No. 32 authorizes the State Department of Agriculture to issue a certificate to a governmental entity and a license to a "government applicator" to engage in pest control using general- and restricted-use pesticides. The measure revises the procedures applicable to background checks and gives the Department authority to adopt regulations relating to background checks. Further, the bill revises what prior convictions are disqualifying for purposes of licensure. With respect to pest-control licensure, the bill clarifies exemptions for certain persons including, but not limited to, consultants, farmers, landscapers, residential gardeners, researchers, certain government employees and persons involved in termite control. Finally, the bill clarifies the licensing structure for pest-control businesses and their principals.

Roll call on Assembly Bill No. 32:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 32 having received a two-thirds majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 37.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 37 establishes a procedure for arranging the transfer of a case to another justice of the peace or municipal judge, as appropriate, if an affidavit alleging bias or prejudice is filed against the presiding justice or judge. Similarly, the bill establishes a procedure for appointing a justice of the peace or municipal judge, as appropriate, to hear and make a determination concerning the justice or judge against whom an affidavit alleging bias or prejudice has been filed.

This measure also requires the selection of a chief justice of the peace in townships with more than one justice of the peace, and a chief municipal judge in cities with more than one municipal judge, who will serve as the presiding justice or judge, respectively, and have duties similar to a chief judge of a judicial district.

Roll call on Assembly Bill No. 37:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 37 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 38.

Bill read third time.

Remarks by Senator Gustavson.

Assembly Bill No. 38 revises provisions related to bail. With certain exceptions, every bail agent and insurer authorized to write surety in this State and every subsidiary corporation of any such insurer must have the ability to send and receive electronic transmissions. The measure authorizes the electronic transmission of the notice of transfer of a bond or undertaking to another trial court to the surety on the bond and to the bail agent who executed the bond. Similarly, the bill authorizes the electronic transmission of a notice of a defendant's failure to make a required appearance in court and provides that a request for a delivery receipt is required under certain circumstances.

The measure provides that before April 1, 2018, a bail agent or insurer may elect to continue to receive notices by mail; however, on and after April 1, 2018, the agent or insurer may only receive notices by mail if good cause is shown to the court. Finally, the bill reduces from 45 days to 14 judicial days the period of time after which a court is required to issue a warrant for the arrest of a defendant who has failed to make a required appearance in court.

Roll call on Assembly Bill No. 38:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 38 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 50.

Bill read third time.

Remarks by Senators Cancela and Settelmeyer.**SENATOR CANCELA:**

Assembly Bill No. 50 increases the amount of fines and civil penalties that may be imposed for violations related to community and public water systems. The cap on civil penalties that may be recovered on behalf of Nevada's Division of Environmental Protection (NDEP) is raised from

\$5,000 to \$25,000 per day. The cap on administrative fines imposed by NDEP is increased from \$2,500 to \$5,000 per day. The State Environmental Commission is also authorized to establish regulations for fees necessary to carry out the State's oversight of public water systems for review of tentative and final subdivision maps by NDEP.

The State Environmental Commission is also authorized to establish regulations for fees necessary to carry out the State's oversight of public water systems and for review of tentative and final subdivision maps by NDEP.

SENATOR SETTELMEYER:

We heard this bill in the Senate Committee on Natural Resources, and there were some concerns that came up afterwards. Unfortunately, that day we were also dealing with a bill regarding predators so we were busy in that Committee. I am still supportive of this bill, but I would like to share these concerns. Some individuals have indicated that the water and sewer reviews are currently done in Clark County by the Health District and the Las Vegas Water Authority. Therefore, we are increasing NDEP's ability to charge fees for work they do not do, for work that is being done and reviewed elsewhere. The hope is that NDEP will have the opportunity to meet with the stakeholders, such as the homebuilders, and review the processes that are going on now to make sure they are responsive, necessary and not duplicative of work being done by other agencies that we are paying NDEP for. The bill is a result of previous legislation where we transferred authority from the Health District to a different department and we never brought forth the fee structure. In the Legislative Commission, there is the possibility to review these fees to make sure they are not onerous.

Roll call on Assembly Bill No. 50:

YEAS—19.

NAYS—Gustavson.

EXCUSED—Goicoechea.

Assembly Bill No. 50 having received a two-thirds majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 63.

Bill read third time.

Remarks by Senator Denis.

Assembly Bill No. 63 requires an applicant for a certificate as a court interpreter or appointment as an alternate court interpreter to submit to the Court Administrator with his or her application a complete set of his or her fingerprints and written permission authorizing the Court Administrator to forward the fingerprints to the Central Repository for Nevada Records of Criminal History.

Roll call on Assembly Bill No. 63:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 63 having received a constitutional majority, Mr. President declared it passed.

Bill ordered to the Assembly.

Assembly Bill No. 64.

Bill read third time.

Remarks by Senator Harris.

Assembly Bill No. 64 provides that a student with a disability who does not satisfy certain State Board of Education requirements for a standard high school diploma may receive a standard diploma by demonstrating proficiency through a portfolio of work or may receive an adjusted

diploma by satisfying the requirements of his or her individualized education program. A student with a significant cognitive disability may receive an alternative diploma if he or she passes an alternate assessment prescribed by the State Board.

The bill provides that a student with a disability who is less than 22 years old and has not been issued a standard high school diploma on or before July 1, 2017, is entitled to a standard diploma if he or she satisfies the relevant criteria in the bill.

Roll call on Assembly Bill No. 64:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 64 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 74.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 74 authorizes the Medical Director within the Department of Corrections to determine if a supplemental test is appropriate when an offender has tested positive for human immunodeficiency virus (HIV). The bill also authorizes, rather than requires, the disclosure of the name of the offender to certain persons within the Department when the results of a supplemental HIV test are positive.

Roll call on Assembly Bill No. 74:

YEAS—19.

NAYS—Gustavson.

EXCUSED—Goicoechea.

Assembly Bill No. 74 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 75.

Bill read third time.

Remarks by Senator Harris.

Assembly Bill No. 75 makes various changes related to the regulation of gaming. First, the bill revises the definition of the term "manufacture" to include assuming responsibility for certain actions concerning the design, development, manufacture and assembly of gaming devices, equipment or systems either through acquisition or acceptance of legal responsibility for the performance of another manufacturer or independent contractor. That is a lot, just to say, there is accountability, and we are going to get games to the floor faster.

Second, the measure exempts persons who are already licensed as a manufacturer or distributor of gaming devices or systems from certain licensing requirements.

Third, the Nevada Gaming Commission is allowed to reject a gaming application in certain circumstances and provides that such a rejection does not constitute a finding of suitability or a denial of the application.

Fourth, the measure authorizes the Commission to exempt a trustee of an employee stock ownership plan from certain requirements for gaming licensing and regulation.

Fifth, the bill allows for the expenditures from the Nevada Gaming Control Board Revolving Account to exceed the authorized amount only if the Account is used to pass through expenses incurred by the Nevada Gaming Control Board for confidential investigations, and the money for payment of the expenses is derived from State or federal forfeiture funds.

Lastly, the bill transfers certain duties from the Commission to the Board.

Roll call on Assembly Bill No. 75:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 75 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 102.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 102 authorizes a court that has continuing jurisdiction to remove certain civil proceedings, such as divorce, annulment, separate maintenance or parentage or child custody to a court in another county after a final order, judgment or decree has been issued. The bill also allows the respondent to request in writing before the filing time expires that the petition or motion be heard in the county where either party resides or where the child named in the proceeding resides.

Roll call on Assembly Bill No. 102:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 102 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 107.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 107 provides that the eviction-case court file in any action for summary eviction is automatically sealed if summary eviction is denied or dismissed or the landlord fails to file an affidavit of complaint as required. The measure authorizes the court to order the sealing of an eviction-case court file under certain circumstances.

Roll call on Assembly Bill No. 107:

YEAS—11.

NAYS—Farley, Gansert, Gustavson, Hammond, Hardy, Harris, Kieckhefer, Roberson, Settelmeyer—9.

EXCUSED—Goicoechea.

Assembly Bill No. 107 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 118.

Bill read third time.

Remarks by Senator Gustavson.

Assembly Bill No. 118 authorizes a person between the ages of 18 and 21 who is a member of the Armed Forces of the United States, a reserve component thereof the National Guard or was discharged or released from service in the Armed Forces, a reserve component thereof, or the

National Guard under honorable conditions to carry a concealed weapon. A sheriff must deny an application for a permit or revoke an existing permit if the sheriff determines that the applicant or permittee, has been discharged or released from service under other than honorable conditions and is less than 21 years of age.

Roll call on Assembly Bill No. 118:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 118 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 132.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 132 revises the definition of "officer" to include certain civilian employees and volunteers of law enforcement agencies, fire-fighting agencies and political subdivisions of this State for the purpose of enhancing the penalties for the crimes of assault and battery against such a person.

Roll call on Assembly Bill No. 132:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 132 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 133.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 133 provides that a request for emergency assistance by a tenant does not constitute a nuisance. A landlord is prohibited from taking adverse action against a tenant who has called for emergency assistance, including evicting, imposing a fine or taking any other punitive action. In addition, a local government or other political subdivision of this State is prohibited from taking adverse action against a landlord based solely on the request of a tenant or other person for emergency assistance. However, the provisions of the bill do not prohibit a landlord from taking any actions necessary to cure a breach of a rental agreement or a provision of law by a tenant. Furthermore, a local government or other political subdivision of this State is not prohibited from taking any action against a landlord or a tenant to abate a nuisance or a violation of any local law, ordinance, or regulation.

Roll call on Assembly Bill No. 133:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 133 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 135.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 135 removes the use of a person's urine to test for specified amounts of marijuana and marijuana metabolite when a person is suspected of driving or being in actual physical control of a vehicle on a highway or public premises. The measure provides that the amount of marijuana and marijuana metabolite in a person's system must be measured through a blood test. Similarly, the bill makes changes to provisions of existing law relating to the operation of a commercial motor vehicle and to the operation of a vessel under power or sail on the waters of this State.

It requires a blood test only, and the testimony was that the urine test really is meaningless. The standards are still the same as far as what they have to look for, but now they have to use blood.

Roll call on Assembly Bill No. 135:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 135 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 147.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 147 creates procedures governing the disposal of property in the custody of a law enforcement agency. A metropolitan police department is required to perform an annual audit of the disposition of property and present a report of that audit to the metropolitan police committee on fiscal affairs. The measure clarifies that the term "property" includes any property that is owned by another person or that another person is entitled to possess that is in the custody of a law enforcement agency; has been stolen, embezzled, lost, found, abandoned or unclaimed; and is otherwise unrelated to an active criminal case. In addition, the bill authorizes a board of county commissioners or its authorized representative to donate any property previously in the custody of a law enforcement agency to certain organizations.

Roll call on Assembly Bill No. 147:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 147 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 184.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 184 provides that a motion to withdraw a plea of guilty, guilty but mentally ill or *nolo contendere* that is made after sentence is imposed or imposition of sentence is suspended is a remedy that is incident to the proceedings in the trial court. The bill applies to such pleas pending on or after June 12, 2014.

Roll call on Assembly Bill No. 184:

YEAS—12.

NAYS—Gansert, Gustavson, Hammond, Hardy, Harris, Kieckhefer, Roberson, Settlemeyer — 8.

EXCUSED—Goicoechea.

Assembly Bill No. 184 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 191.

Bill read third time.

Remarks by Senator Harris.

Assembly Bill No. 191 requires the State Board of Health to develop and distribute to hospitals and obstetric centers a declaration for the voluntary acknowledgment of parentage. This declaration is deemed to have the same effect as a judgment or order of a court determining the existence of the relationship of parent and child if the declaration is signed in this or any other state by the parents of the child. A signed declaration is required to show consent by a person who intends to be a parent of a child born by assisted reproduction. The intended parent, or parents, the prospective gestational carrier, or the gestational carrier of a child who is the result of a gestational-carrier arrangement may commence a proceeding in any district court to obtain an order designating the contents of the birth certificate of the child if certain requirements are met. The measure prohibits the adoption of certain children of whom Nevada is or was the home State except upon an order of a district court. The bill removes the requirement that a petitioner must have resided in Nevada for a period of six months before the granting of the petition for adoption of a child.

Roll call on Assembly Bill No. 191:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 191 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 203.

Bill read third time.

Remarks by Senator Gustavson.

Assembly Bill No. 203 clarifies that a cemetery authority is not permitted to order the disinterment and removal of human remains from certain burial plots. The bill removes a cemetery authority's ability to determine unilaterally that the further maintenance of all or any part of the cemetery as a burial place is not in accordance with the health, safety, comfort or welfare of the public.

Before the cemetery authority may order the disinterment and removal of human remains, the governmental authority is required to make certain determinations related to the possible restoration or future maintenance of the cemetery. The measure clarifies certain provisions related to the time in which a cemetery authority may proceed to remove the remains and reinter them. Remains must be reinterred within one year after the date on which they are disinterred.

The bill authorizes the district attorney of the county in which a cemetery that is not owned by a city or county is located or a relative of any person interred in such a cemetery to maintain an action in court to enforce the requirement that the cemetery be kept in an orderly condition. The court is authorized, upon finding that the owner of a cemetery has not complied with that requirement, to: order the owner to take any action necessary to bring the cemetery into an orderly

condition or under certain circumstances. Transfer the title to the cemetery, the city or county in which the cemetery is located, if the city or county accepts such a transfer. A city or county to which title to a cemetery is transferred is required to operate or provide for the operation of the cemetery.

Roll call on Assembly Bill No. 203:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 203 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 221.

Bill read third time.

Remarks by Senator Hammond.

Assembly Bill No. 221 requires that the model plan developed by Nevada's Department of Education for the management of a school emergency, must include a procedure for evacuating the students and employees of a charter school to an identified district middle, junior high or high school with a designated space that is sufficiently large and is separate from the general school population. The bill also requires school districts to ensure that each identified school in the district is prepared to accommodate such evacuations.

The bill provides that a charter school will hold harmless, indemnify and defend the school district to which it evacuates during a crisis or emergency against any claim or liability arising from an act or omission by the school district or an employee or officer of the school district.

Roll call on Assembly Bill No. 221:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 221 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 227.

Bill read third time.

Remarks by Senator Segerblom.

Assembly Bill No. 227 removes the requirement for a legal union that is validly formed in another jurisdiction and is substantially equivalent to a domestic partnership to be registered with the Office of the Secretary of State, requires that it be recognized in this State and makes various conforming changes. Anyway, we do not have to experience those any more.

Roll call on Assembly Bill No. 227:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 227 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 239.

Bill read third time.

Remarks by Senator Harris.

Assembly Bill No. 239 enacts the Revised Fiduciary Access to Digital Assets Act to establish provisions to give certain fiduciaries and other designated persons the legal authority to manage the digital assets and electronic communications of deceased or incapacitated persons. The measure also gives custodians of digital assets and electronic communications the legal authority to deal with a fiduciary or designated recipient of a person holding an account with the custodian.

The Revised Fiduciary Access to Digital Assets Act was promulgated by the National Conference of Commissioners on Uniform State Laws, more commonly known as the Uniform Law Commission, in 2015. The purpose of the Uniform Law Commission is to research, draft and promote enactment of uniform state laws where uniformity is desirable and practical.

Roll call on Assembly Bill No. 239:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 239 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 252.

Bill read third time.

Remarks by Senator Hammond.

Assembly Bill No. 252 authorizes a peace officer or a retired peace officer to request the display of an alternate address on his or her driver's license, identification card, commercial driver's license or commercial learner's permit instead of displaying his or her principal residence address. A peace officer must use as an alternate address his or her employer's address. A retired peace officer must provide to the Department of Motor Vehicles (DMV) an alternate address at the time he or she submits the request. Lastly, the bill requires a peace officer or a retired peace officer to provide the DMV an address of principal residence or mailing address for the purpose of recordkeeping and mailing.

Roll call on Assembly Bill No. 252:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 252 having received a constitutional majority,
Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 282.

Bill read third time.

Remarks by Senator Spearman.

Assembly Bill No. 282 allows a service member and the spouse of a service member to terminate or suspend contracts for certain services if he or she receives military orders for a change of station or to deploy for more than 30 days under certain circumstances. The bill prohibits the service provider from charging penalties or other charges and provides for the reinstatement of these contracts under certain circumstances.

Finally, Assembly Bill No. 282 authorizes a right of action by the service member or the office of the Attorney General for violations of the provisions of the bill.

Roll call on Assembly Bill No. 282:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 282 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 297.

Bill read third time.

Remarks by Senator Manendo.

Assembly Bill No. 297 requires each board of county commissioners to designate at least one sheriff's office, and each city and town to designate at least one police station as a site at which two or more persons may meet to complete the sale of personal property that was initiated on the Internet. The bill bars any action against a county, a city, a law enforcement agency or any employee of those entities based on any incident that occurs when two or more persons meet at a designated location to complete such a sale.

Roll call on Assembly Bill No. 297:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 297 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 391.

Bill read third time.

Remarks by Senator Cannizzaro.

Assembly Bill No. 391 creates the crime of bestiality punishable as a gross misdemeanor or a category D felony, depending upon the circumstances. The bill defines the elements of the crime, requires relinquishment of the animal and prohibits a person convicted of bestiality from owning, residing or working in a location where animals are present. The court may also require persons convicted of the crime to undergo psychiatric counseling at their expense and payment of any costs associated with care or maintenance of an animal involved in the crime. Finally, the bill defines "sexual conduct" and excludes veterinary-medical procedures, animal-husbandry practices or similar activities from the definition.

Roll call on Assembly Bill No. 391:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 391 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 452.

Bill read third time.

Remarks by Senators Atkinson, Kieckhefer, Settelmeyer and Spearman.

SENATOR ATKINSON:

Assembly Bill No. 452 requires the Legislative Committee on Energy to conduct a study during the 2017–2018 Interim concerning energy choice. The study must include: consideration of any issue, policy or requirement identified in Ballot Question No. 3, the Energy Choice Initiative, approved by the voters at the 2016 General Election; and a review of the work of the Governor's Committee on Energy Choice established by the Governor after the voters' approval of the Energy Choice Initiative.

SENATOR KIECKHEFER:

I rise in opposition to Assembly Bill No. 452 not because the issue is not significant, obviously, the Governor has appointed a committee to review Energy Choice. We are, going to have another ballot question in 2018 to review the subject. But, based on this bill, we are, ultimately, converting one of our standing interim committees into an interim study. Traditionally, the Chair of our Committee on Commerce, Labor and Energy would chair this committee in the upcoming biennium. That colleague of mine just stood up and supported the bill so I feel somewhat awkward standing up for his right to determine what is going to be on the agenda in his committee if he is the chair at this interim. Ultimately, that is discretion that is usually left up to the chair of those committees during the interim, and I think it is appropriate to retain that discretion on a going-forward basis. Converting this into an interim study would eat up a majority of time on that committee and probably the majority of its resources. And if there are other issues that would arise that need to be dealt with during the interim, this would certainly impede the ability to do that, while there is an ongoing study over the same issue happening concurrently. I just think it is inappropriate. There is nothing that would impede the chair from doing this on his or her own volition, so I think mandating it is something we should not be doing.

SENATOR SETTELMAYER:

I agree with the previous speaker from Senator District 17. I feel it should be the discretion of the chair of that interim committee. It may end up being the Senator from District 4, and I would support his decision to look at anything necessary within that interim committee. Again, I have never seen legislation dictating that an interim study be done by an interim committee. That is usually just one of our standard interim studies if it were to go that route. I also object to the concept of waiting to see what the Governor comes up with through his committee. I believe we should operate independently and come to our opinions and decisions of what would be the best to do. Otherwise, I could see where the Governor's committee would sit back and say, wait, let us figure out what that committee is going to do. I just think it is inappropriate.

SENATOR SPEARMAN:

I rise in total support of Assembly Bill No. 452, and I believe there is precedence because this Body voted on a similar bill, Senate Bill 360, in the last Session that required an interim study on green banks as part of the bill.

Senator Atkinson moved that the bill be taken from the General File and placed on the Secretary's desk.

Motion carried.

Assembly Bill No. 482.

Bill read third time.

Remarks by Senator Spearman.

Assembly Bill No. 482 makes changes related to programs of Career and Technical Education (CTE). The bill provides that not more than 5 percent of State money appropriated for CTE programs may be distributed to student organizations for CTE; removes a requirement for the State Board for CTE to request that each industry-sector council name one representative to make recommendations to the Board's Executive Officer regarding the awarding of grants for CTE programs and instead requires the Board to request that the councils' representatives provide such recommendations; allows grants to be awarded for improving existing CTE programs in addition to expanding existing programs or developing new programs; removes requirements that grant

awards must be based on certain criteria and instead requires the grants to be awarded based on criteria established by regulation of the State Board of Education; revises provisions relating to the proportion of the total amount of certain State money that a school district or charter school may receive for CTE programs, and requires the Executive Officer, rather than the State Board for CTE, to designate a program professional to perform certain tasks related to CTE programs that have received grants.

Roll call on Assembly Bill No. 482:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 482 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Senate Bill No. 246.

Bill read third time.

The following amendment was proposed by Senator Manendo:

Amendment No. 645.

SUMMARY—Revises provisions relating to public works. (BDR 28-667)

AN ACT relating to public works; revising provisions governing a contract for a public work involving a construction manager at risk; revising provisions relating to the authority of public bodies to enter into a contract with a design-build team for the construction of a public work; extending the prospective expiration of provisions relating to construction managers at risk; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, public bodies are authorized to construct public works under certain circumstances through a method by which a construction manager at risk provides preconstruction services on the public work and, in some cases, construction services on the public work within a guaranteed maximum price, a fixed price or a fixed price plus reimbursement for certain costs. (NRS 338.1685-338.16995) Existing law declares the legislative intent for authorizing this method of construction, including to benefit the public by promoting the philosophy of obtaining the best possible value as compared to low-bid contracting. (NRS 338.1685) Section 1 of this bill declares that this method of construction is not intended to be used by the State or a political subdivision to limit competition, discourage competitive bidding or engage in or allow bid-shopping.

Existing law requires a public body that wishes to use the construction manager at risk method to construct a public work to advertise for proposals for a construction manager at risk by publication in a qualified newspaper. Similarly, any construction manager at risk selected by a public body is required to advertise for applications from subcontractors to provide labor, materials or equipment on the public work by publication in a qualified newspaper. (NRS 338.1692, 338.16995) Sections 1.3 and 2 of this bill make the procedure with which a public body and a construction manager at risk are

required to comply for advertising for proposals or applications, as applicable, under the project delivery method of construction manager at risk the same as the procedure with which a public body is required to comply to advertise for bids on a public work for which the estimated cost exceeds \$100,000 under the project delivery method of "design-bid-build." Additionally, section 1.3 prohibits an applicant for selection as a construction manager at risk from substituting another employee for an employee whose resume was included in the applicant's proposal to the public body, unless the original employee is unavailable for certain specified reasons or the public body fails to ~~(select)~~ enter into a contract for preconstruction services with a construction manager at risk within a certain period.

Existing law authorizes a public body, in selecting a construction manager at risk, to require applicants who are invited for an interview to submit a preliminary proposed amount of compensation for managing the preconstruction and construction of the public work, but limits consideration of that amount of compensation to not more than 20 percent of the scoring for the selection of the most qualified applicant. (NRS 338.1693) Section 1.7 of this bill requires that the preliminary proposed amount of compensation include general overhead and profit and requires that consideration of that proposed amount constitute at least 5 percent of the scoring of an applicant.

Existing law prescribes the procedure for the award by a construction manager at risk to qualified subcontractors of subcontracts for which the estimated value is at least 1 percent of the total cost of the public work or \$50,000, whichever is greater. The procedure includes the provision to qualified subcontractors of written notice regarding the specifics of the subcontract and the requirements for submitting a responsive proposal. (NRS 338.16991, 338.16995) Section 3 of this bill requires a construction manager at risk to provide each qualified subcontractor with a form that has been prepared by the construction manager at risk and approved by the public body on which any proposal in response to a request for proposals for the public work is required to be submitted.

Existing law eliminates the authority for public bodies to enter into contracts with construction managers at risk effective July 1, 2017. (Section 15 of chapter 487, Statutes of Nevada 2013, p. 2986, and section 9 of chapter 123, Statutes of Nevada 2015, p. 457) Sections 5 and 6 of this bill postpone the prospective expiration of this authority until June 30, 2021.

Existing law authorizes a public body to contract with a design-build team for the design and construction of a public work if the estimated cost of the public work exceeds \$5,000,000. (NRS 338.1711) Section 4 of this bill authorizes a public body, within a 12-month period, to contract with a design-build team for the design and construction of not more than two discrete public works projects, each of which have an estimated cost of \$5,000,000 or less.

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

Section 1. NRS 338.1685 is hereby amended to read as follows:

338.1685 The Legislature hereby declares that the provisions of NRS 338.1685 to 338.16995, inclusive, relating to contracts involving construction managers at risk ~~{-are-}~~:

1. *Are intended:*

~~{1-}~~ (a) To promote public confidence and trust in the contracting and bidding procedures for public works established therein;

~~{2-}~~ (b) For the benefit of the public, to promote the philosophy of obtaining the best possible value as compared to low-bid contracting; and

~~{3-}~~ (c) To better equip public bodies to address public works that present unique and complex construction challenges.

2. *Are not intended to be used by the State or a political subdivision of this State to:*

(a) *Limit competition;*

(b) *Discourage competitive bidding; or*

(c) *Engage in or allow bid-shopping.*

Sec. 1.3. NRS 338.1692 is hereby amended to read as follows:

338.1692 1. A public body or its authorized representative shall advertise for proposals for a construction manager at risk in ~~{a newspaper qualified pursuant to chapter 238 of NRS that is published in the county where the public work will be performed. If no qualified newspaper is published in the county where the public work will be performed, the required advertisement must be published in some qualified newspaper that is printed in the State of Nevada and has a general circulation in the county.}~~ the manner set forth in paragraph (a) of subsection 1 of NRS 338.1385.

2. A request for proposals published pursuant to subsection 1 must include, without limitation:

(a) A description of the public work;

(b) An estimate of the cost of construction;

(c) A description of the work that the public body expects a construction manager at risk to perform;

(d) The dates on which it is anticipated that the separate phases of the preconstruction and construction of the public work will begin and end;

(e) The date by which proposals must be submitted to the public body;

(f) If the project is a public work of the State, a statement setting forth that the construction manager at risk must be qualified to bid on a public work of the State pursuant to NRS 338.1379 before submitting a proposal;

(g) The name, title, address and telephone number of a person employed by the public body that an applicant may contact for further information regarding the public work;

(h) A list of the selection criteria and relative weight of the selection criteria that will be used to rank proposals pursuant to subsection 2 of NRS 338.1693;

(i) A list of the selection criteria and relative weight of the selection criteria that will be used to rank applicants pursuant to subsection 7 of NRS 338.1693; and

(j) A notice that the proposed form of the contract to assist in the preconstruction of the public work or to construct the public work, including, without limitation, the terms and general conditions of the contract, is available from the public body.

3. A proposal must include, without limitation:

(a) An explanation of the experience that the applicant has with projects of similar size and scope in both the public and private sectors by any delivery method, whether or not that method was the use of a construction manager at risk, and including, without limitation, design-build, design-assist, negotiated work or value-engineered work, and an explanation of the experience that the applicant has in such projects in Nevada;

(b) The contact information for references who have knowledge of the background, character and technical competence of the applicant;

(c) Evidence of the ability of the applicant to obtain the necessary bonding for the work to be required by the public body;

(d) Evidence that the applicant has obtained or has the ability to obtain such insurance as may be required by law;

(e) A statement of whether the applicant has been:

(1) Found liable for breach of contract with respect to a previous project, other than a breach for legitimate cause, during the 5 years immediately preceding the date of the advertisement for proposals; and

(2) Disqualified from being awarded a contract pursuant to NRS 338.017, 338.13895, 338.1475 or 408.333;

(f) The professional qualifications and experience of the applicant, including, without limitation, the resume of any employee of the applicant who will be managing the preconstruction and construction of the public work;

(g) The safety programs established and the safety records accumulated by the applicant;

(h) Evidence that the applicant is licensed as a contractor pursuant to chapter 624 of NRS;

(i) The proposed plan of the applicant to manage the preconstruction and construction of the public work which sets forth in detail the ability of the applicant to provide preconstruction services and to construct the public work and which includes, if the public work involves predominantly horizontal construction, a statement that the applicant will perform construction work equal in value to at least 25 percent of the estimated cost of construction; and

(j) If the project is for the design of a public work of the State, evidence that the applicant is qualified to bid on a public work of the State pursuant to NRS 338.1379.

4. The public body or its authorized representative shall make available to the public the name of each applicant who submits a proposal pursuant to this section.

5. An applicant shall not substitute a different employee for an employee whose resume was submitted pursuant to paragraph (f) of subsection 3, unless:

(a) The employee whose resume was submitted is no longer employed by the applicant or is unavailable for medical reasons; or

(b) The public body ~~selects a construction manager at risk~~ enters into a contract with the applicant for preconstruction services pursuant to NRS 338.1693 more than ~~130~~ 90 days after the date ~~by~~ on which ~~proposals were required to be submitted to the public body~~ the final ranking of applicants was made pursuant to subsection 7 of NRS 338.1693.

Sec. 1.7. NRS 338.1693 is hereby amended to read as follows:

338.1693 1. The public body or its authorized representative shall appoint a panel consisting of at least three but not more than seven members, a majority of whom must have experience in the construction industry, to rank the proposals submitted to the public body by evaluating the proposals as required pursuant to subsections 2 and 3.

2. The panel appointed pursuant to subsection 1 shall rank the proposals by:

(a) Verifying that each applicant satisfies the requirements of NRS 338.1691; and

(b) Evaluating and assigning a score to each of the proposals received by the public body based on the factors and relative weight assigned to each factor that the public body specified in the request for proposals.

3. When ranking the proposals, the panel appointed pursuant to subsection 1 shall assign a relative weight of 5 percent to the applicant's possession of a certificate of eligibility to receive a preference in bidding on public works if the applicant submits a signed affidavit that meets the requirements of subsection 1 of NRS 338.0117. If any federal statute or regulation precludes the granting of federal assistance or reduces the amount of that assistance for a particular public work because of the provisions of this subsection, those provisions of this subsection do not apply insofar as their application would preclude or reduce federal assistance for that work.

4. After the panel appointed pursuant to subsection 1 ranks the proposals, the public body or its authorized representative shall, except as otherwise provided in subsection 8, select at least the two but not more than the five applicants whose proposals received the highest scores for interviews.

5. The public body or its authorized representative may appoint a separate panel to interview and rank the applicants selected pursuant to subsection 4. If a separate panel is appointed pursuant to this subsection, the panel must consist of at least three but not more than seven members, a majority of whom must have experience in the construction industry.

6. During the interview process, the panel conducting the interview may require the applicants to submit a preliminary proposed amount of compensation for managing the preconstruction and construction of the public work, *including, without limitation, the cost of general overhead and profit*, but in no event shall the proposed amount of compensation ~~exceed~~ be less

than 5 percent or more than 20 percent of the scoring for the selection of the most qualified applicant. All presentations made at any interview conducted pursuant to this subsection or subsection 5 may be made only by key personnel employed by the applicant, as determined by the applicant, and the employees of the applicant who will be directly responsible for managing the preconstruction and construction of the public work.

7. After conducting such interviews, the panel that conducted the interviews shall rank the applicants by using a ranking process that is separate from the process used to rank the applicants pursuant to subsection 2 and is based only on information submitted during the interview process. The score to be given for the proposed amount of compensation, if any, must be calculated by dividing the lowest of all the proposed amounts of compensation by the applicant's proposed amount of compensation multiplied by the total possible points available to each applicant. When ranking the applicants, the panel that conducted the interviews shall assign a relative weight of 5 percent to the applicant's possession of a certificate of eligibility to receive a preference in bidding on public works if the applicant submits a signed affidavit that meets the requirements of subsection 1 of NRS 338.0117. If any federal statute or regulation precludes the granting of federal assistance or reduces the amount of that assistance for a particular public work because of the provisions of this subsection, those provisions of this subsection do not apply insofar as their application would preclude or reduce federal assistance for that work.

8. If the public body did not receive at least two proposals, the public body may not contract with a construction manager at risk.

9. Upon receipt of the final rankings of the applicants from the panel that conducted the interviews, the public body or its authorized representative shall enter into negotiations with the most qualified applicant determined pursuant to the provisions of this section for a contract for preconstruction services, unless the public body required the submission of a proposed amount of compensation, in which case the proposed amount of compensation submitted by the applicant must be the amount offered for the contract. If the public body or its authorized representative is unable to negotiate a contract with the most qualified applicant for an amount of compensation that the public body or its authorized representative and the most qualified applicant determine to be fair and reasonable, the public body or its authorized representative shall terminate negotiations with that applicant. The public body or its authorized representative may then undertake negotiations with the next most qualified applicant in sequence until an agreement is reached and, if the negotiation is undertaken by an authorized representative of the public body, approved by the public body or until a determination is made by the public body to reject all applicants.

10. The public body or its authorized representative shall:

(a) Make available to all applicants and the public the following information, as determined by the panel appointed pursuant to subsection 1 and the panel that conducted the interviews, as applicable:

- (1) The final rankings of the applicants;
 - (2) The score assigned to each proposal received by the public body; and
 - (3) For each proposal received by the public body, the score assigned to each factor that the public body specified in the request for proposals; and
- (b) Provide, upon request, an explanation to any unsuccessful applicant of the reasons why the applicant was unsuccessful.

Sec. 2. NRS 338.16991 is hereby amended to read as follows:

338.16991 1. To be eligible to provide labor, materials or equipment on a public work, the contract for which a public body has entered into with a construction manager at risk pursuant to NRS 338.1696, a subcontractor must be:

- (a) Licensed pursuant to chapter 624 of NRS; and
- (b) Qualified pursuant to the provisions of this section to submit a proposal for the provision of labor, materials or equipment on a public work.

2. Subject to the provisions of subsections 3, 4 and 5, the construction manager at risk shall determine whether an applicant is qualified to submit a proposal for the provision of labor, materials or equipment on the public work for the purposes of paragraph (b) of subsection 1.

3. Not earlier than 30 days after a construction manager at risk has been selected pursuant to NRS 338.1693 and not later than 10 working days before the date by which an application must be submitted, the construction manager at risk shall advertise for applications from subcontractors in ~~{a newspaper qualified pursuant to chapter 238 of NRS that is published in the county where the public work will be performed. If no qualified newspaper is published in the county where the public work will be performed, the advertisement must be published in some qualified newspaper that is printed in the State of Nevada and has a general circulation in the county.}~~ *the manner set forth in paragraph (a) of subsection 1 of NRS 338.1385.* The construction manager at risk may accept an application from a subcontractor before advertising for applications pursuant to this subsection.

4. The criteria to be used by the construction manager at risk when determining whether an applicant is qualified to submit a proposal for the provision of labor, materials or equipment must include, and must be limited to:

- (a) The monetary limit placed on the license of the applicant by the State Contractors' Board pursuant to NRS 624.220;
- (b) The financial ability of the applicant to provide the labor, materials or equipment required on the public work;
- (c) Whether the applicant has the ability to obtain the necessary bonding for the work required by the public body;
- (d) The safety programs established and the safety records accumulated by the applicant;
- (e) Whether the applicant has breached any contracts with a public body or person in this State or any other state during the 5 years immediately preceding the application;

(f) Whether the applicant has been disciplined or fined by the State Contractors' Board or another state or federal agency for conduct that relates to the ability of the applicant to perform the public work;

(g) The performance history of the applicant concerning other recent, similar public or private contracts, if any, completed by the applicant in Nevada;

(h) The principal personnel of the applicant;

(i) Whether the applicant has been disqualified from the award of any contract pursuant to NRS 338.017 or 338.13895; and

(j) The truthfulness and completeness of the application.

5. The public body or its authorized representative shall ensure that each determination made pursuant to subsection 2 is made subject to the provisions of subsection 4.

6. The construction manager at risk shall notify each applicant and the public body in writing of a determination made pursuant to subsection 2.

7. A determination made pursuant to subsection 2 that an applicant is not qualified may be appealed pursuant to NRS 338.1381 to the public body with whom the construction manager at risk has entered into a contract for the construction of the public work.

Sec. 3. NRS 338.16995 is hereby amended to read as follows:

338.16995 1. If a public body enters into a contract with a construction manager at risk for the construction of a public work pursuant to NRS 338.1696, the construction manager at risk may enter into a subcontract for the provision of labor, materials and equipment necessary for the construction of the public work only as provided in this section.

2. The provisions of this section apply only to a subcontract for which the estimated value is at least 1 percent of the total cost of the public work or \$50,000, whichever is greater.

3. After the design and schedule for the construction of the public work is sufficiently detailed and complete to allow a subcontractor to submit a meaningful and responsive proposal, and not later than 21 days before the date by which a proposal for the provision of labor, materials or equipment by a subcontractor must be submitted, the construction manager at risk shall notify in writing each subcontractor who was determined pursuant to NRS 338.16991 to be qualified to submit such a proposal of a request for such proposals ~~and~~ *shall provide to each such subcontractor a form prepared by the construction manager at risk and approved by the public body on which any proposal in response to the request for proposals must be submitted.* A copy of the notice required pursuant to this subsection must be provided to the public body.

4. The notice required pursuant to subsection 3 must include, without limitation:

(a) A description of the design for the public work and a statement indicating where a copy of the documents relating to that design may be obtained;

(b) A description of the type and scope of labor, equipment and materials for which subcontractor proposals are being sought;

(c) The dates on which it is anticipated that construction of the public work will begin and end;

(d) If a preproposal meeting regarding the scope of the work to be performed by the subcontractor is to be held, the date, time and place at which the preproposal meeting will be held;

(e) The date and time by which proposals must be received, and to whom they must be submitted;

(f) The date, time and place at which proposals will be opened for evaluation;

(g) A description of the bonding and insurance requirements for subcontractors;

(h) Any other information reasonably necessary for a subcontractor to submit a responsive proposal; and

(i) A statement in substantially the following form:

Notice: For a proposal for a subcontract on the public work to be considered:

1. The subcontractor must be licensed pursuant to chapter 624 of NRS;

2. The proposal must be *submitted on the form provided by the construction manager at risk and be* timely received;

3. If a preproposal meeting regarding the scope of the work to be performed by the subcontractor is held, the subcontractor must attend the preproposal meeting; and

4. The subcontractor may not modify the proposal after the date and time the proposal is received.

5. A subcontractor may not modify a proposal after the date and time the proposal is received.

6. To be considered responsive, a proposal must:

(a) Be *submitted on the form provided by the construction manager at risk pursuant to subsection 3;*

(b) Be timely received by the construction manager at risk; and

~~{{(b)}}~~ (c) Substantially and materially conform to the details and requirements included in the proposal instructions and for the finalized bid package for the public work, including, without limitation, details and requirements affecting price and performance.

7. The opening of the proposals must be attended by an authorized representative of the public body. The public body may require the architect or engineer responsible for the design of the public work to attend the opening of the proposals. The opening of the proposals is not otherwise open to the public.

8. At the time the proposals are opened, the construction manager at risk shall compile and provide to the public body or its authorized representative a

list that includes, without limitation, the name and contact information of each subcontractor who submits a timely proposal.

9. Not more than 10 working days after opening the proposals and before the construction manager at risk submits a guaranteed maximum price, a fixed price or a fixed price plus reimbursement pursuant to NRS 338.1696, the construction manager at risk shall:

(a) Evaluate the proposals and determine which proposals are responsive.

(b) Select the subcontractor who submits the proposal that the construction manager at risk determines is the best proposal. Subject to the provisions of subparagraphs (1), (2) and (3), if only one subcontractor submits a proposal, the construction manager at risk may select that subcontractor. The subcontractor must be selected from among those:

(1) Who attended the preproposal meeting regarding the scope of the work to be performed by the subcontractor, if such a preproposal meeting was held;

(2) Who submitted a responsive proposal; and

(3) Whose names are included on the list compiled and provided to the public body or its authorized representative pursuant to subsection 8.

(c) Inform the public body or its authorized representative which subcontractor has been selected.

10. The public body or its authorized representative shall ensure that the evaluation of proposals and selection of subcontractors are done pursuant to the provisions of this section and regulations adopted by the State Public Works Board.

11. A subcontractor selected pursuant to subsection 9 need not be selected by the construction manager at risk solely on the basis of lowest price.

12. Except as otherwise provided in subsections 13 and 15, the construction manager at risk shall enter into a subcontract with a subcontractor selected pursuant to subsection 9 to provide the labor, materials or equipment described in the request for proposals.

13. A construction manager at risk shall not substitute a subcontractor for any subcontractor selected pursuant to subsection 9 unless:

(a) The public body or its authorized representative objects to the subcontractor, requests in writing a change in the subcontractor and pays any increase in costs resulting from the change; or

(b) The substitution is approved by the public body after the selected subcontractor:

(1) Files for bankruptcy or becomes insolvent;

(2) After having a reasonable opportunity, fails or refuses to execute a written contract with the construction manager at risk which was offered to the selected subcontractor with the same general terms that all other subcontractors on the project were offered;

(3) Fails or refuses to perform the subcontract within a reasonable time;

(4) Is unable to furnish a performance bond and payment bond pursuant to NRS 339.025, if required for the public work; or

(5) Is not properly licensed to provide that labor or portion of the work.

14. If a construction manager at risk substitutes a subcontractor for any subcontractor selected pursuant to subsection 9 without complying with the provisions of subsection 13, the construction manager at risk shall forfeit, as a penalty to the public body, an amount equal to 1 percent of the total amount of the contract.

15. If a construction manager at risk does not select a subcontractor pursuant to subsection 9 to perform a portion of work on a public work, the construction manager at risk shall notify the public body that the construction manager at risk intends to perform that portion of work. If, after providing such notification, the construction manager at risk substitutes a subcontractor to perform the work, the construction manager at risk shall forfeit, as a penalty to the public body, the lesser of, and excluding any amount of the contract that is attributable to change orders:

(a) An amount equal to 2.5 percent of the total amount of the contract; or

(b) An amount equal to 35 percent of the estimate by the engineer of the cost of the work the construction manager at risk selected himself or herself to perform on the public work.

16. The construction manager at risk shall make available to the public the name of each subcontractor who submits a proposal.

17. If a public work is being constructed in phases, and a construction manager at risk selects a subcontractor pursuant to subsection 9 for the provision of labor, materials or equipment for any phase of that construction, the construction manager at risk may select that subcontractor for the provision of labor, materials or equipment for any other phase of the construction without following the requirements of subsections 3 to 11, inclusive.

18. As used in this section, "general terms" has the meaning ascribed to it in NRS 338.141.

Sec. 4. NRS 338.1711 is hereby amended to read as follows:

338.1711 1. Except as otherwise provided in this section and NRS 338.161 to 338.16995, inclusive, a public body shall contract with a prime contractor for the construction of a public work for which the estimated cost exceeds \$100,000.

2. A public body may contract with a design-build team for the design and construction of a public work that is a discrete project if the public body has approved the use of a design-build team for the design and construction of the public work and the public work has an estimated cost which exceeds \$5,000,000.

3. *Within any 12-month period, a public body may contract with a design-build team for the design and construction of not more than two discrete public works projects, each of which have an estimated cost of \$5,000,000 or less if the public body has approved the use of a design-build team.*

Sec. 5. Section 15 of chapter 487, Statutes of Nevada 2013, at page 2986, is hereby amended to read as follows:

Sec. 15. 1. This section and sections 1, 2, 3, 4, 5, 6, 7.5 to 13, inclusive, 14, 14.3 and 14.5 of this act become effective on July 1, 2013.

2. Section 1 of this act expires by limitation on June 30, ~~{2017.}~~ 2021.

3. Sections 2.3, 2.5, 3.5, 4.5, 5.3, 5.5, 5.7, 6.5, 13.5, 14.1 and 14.7 of this act become effective on July 1, ~~{2017.}~~ 2021.

Sec. 6. Section 9 of chapter 123, Statutes of Nevada 2015, at page 457, is hereby amended to read as follows:

Sec. 9. 1. This act becomes effective upon passage and approval.

2. Sections 6 and 7.5 of this act expire by limitation on June 30, ~~{2017.}~~ 2021.

Sec. 7. 1. This section and sections 5 and 6 of this act become effective upon passage and approval.

2. Sections 1 to 4, inclusive, of this act become effective on July 1, 2017.

3. Sections 1 to 3, inclusive, of this act expire by limitation on June 30, 2021.

Senator Manendo moved the adoption of the amendment.

Remarks by Senator Manendo.

Amendment No. 645 to Senate Bill No. 246 extends the number of days to 90 and changes the date by which a 90-day period begins to the date on which public body finalizes the ranking of applicants.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Assembly Bill No. 33.

Bill read third time.

Remarks by Senator Settelmeyer.

Assembly Bill No. 33 abolishes the State Dairy Commission, the Alfalfa Seed Advisory Board, the Garlic and Onion Growers' Advisory Board and the Advisory Council for Organic Agricultural Products and transfers any related or necessary authorities to the State Department of Agriculture.

According to testimony, the bill was requested by the Governor to eliminate these agricultural advisory councils due to costs of administration and because there are other ways for these interest groups to make recommendations to the State Board of Agriculture. Senate Bill 469 of the 2013 Session transferred the State Dairy Commission to the Department of Agriculture. This bill makes logical sense. I would like to thank the Chair of the Senate Parliamentary Rules and Procedures Committee for leaving this bill in its current form.

Roll call on Assembly Bill No. 33:

YEAS—20.

NAYS—None.

EXCUSED—Goicoechea.

Assembly Bill No. 33 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

UNFINISHED BUSINESS
SIGNING OF BILLS AND RESOLUTIONS

There being no objections, the President and Secretary signed Senate Bill No. 201; Senate Concurrent Resolution No. 7.

GUESTS EXTENDED PRIVILEGE OF SENATE FLOOR

On request of Senator Segerblom, the privilege of the floor of the Senate Chamber for this day was extended to, Carolyn Ferraro, Greg Ferraro, Joe Ferraro, Tommy Ferraro, Allison Matteoni, Anthony Matteoni, Christi Matteoni, Dominic Matteoni and Eric Osgood.

Senator Ford moved that the Senate adjourn in memory of former Boulder City Mayor Robert Stanley Ferraro until Monday, May 15, 2017, at 11:00 a.m.

Motion carried.

Senate adjourned at 12:59 p.m.

Approved:

MARK A. HUTCHISON
President of the Senate

Attest: CLAIRE J. CLIFT

Secretary of the Senate