

ASSEMBLY BILL NO. 376—ASSEMBLYMEMBERS O’NEILL,
GRAY, DICKMAN, DELONG; AND GALLANT

MARCH 10, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to insurance.
(BDR 57-1009)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to insurance; requiring the Commissioner of Insurance to establish and administer the Regulatory Experimentation Program for Insurance Product Innovation; setting forth requirements for the operation of the Program; authorizing an insurer to implement a proposed increase in a rate for certain kinds and lines of insurance while the proposal is pending approval or disapproval by the Commissioner; setting forth certain requirements applicable in the event that such a proposal is ultimately disapproved; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires the Commissioner of Insurance to regulate insurance in
2 this State and enforce the provisions of the Nevada Insurance Code. (NRS
3 679B.120) **Section 9** of this bill requires the Commissioner to establish and
4 administer the Regulatory Experimentation Program for Insurance Product
5 Innovation, which is a 4-year program to enable an authorized insurer who offers at
6 least one insurance product in this State outside of the Program to test a qualified
7 insurance product in this State without obtaining any authorization or complying
8 with any of the provisions of the Nevada Insurance Code or the regulations adopted
9 pursuant thereto that would otherwise be required outside of the Program. **Section 7**
10 of this bill defines “qualified insurance product” to mean an insurance product that
11 provides coverage for real property located in this State that is valued at \$250,000
12 or more.
13 **Section 12** of this bill sets forth the process by which an authorized insurer may
14 apply to participate in the Program. **Section 13** of this bill requires the
15 Commissioner to approve or deny an application within 90 days after the completed
16 application is received. **Section 14** of this bill requires the Commissioner to provide



17 written notice of the approval or denial of an application and authorizes an
18 applicant to appeal a denial of an application to the Director of the Department of
19 Business and Industry. Under **section 15** of this bill, if an application is approved,
20 the qualified insurance product offered or provided through the Program, with
21 certain exceptions, is exempt from the provisions of the Nevada Insurance Code
22 and any regulations adopted pursuant thereto.

23 **Section 10** of this bill requires the Commissioner to adopt regulations
24 establishing protections for consumers of qualified insurance products provided
25 through the Program and authorizes the Commissioner to adopt any other
26 regulations to carry out the Program.

27 **Section 11** of this bill requires certain disclosures to be provided before
28 providing a consumer a qualified insurance product through the Program.

29 **Section 16** of this bill sets forth certain requirements relating to the retention of
30 records and reporting by a participant in the Program. **Sections 17 and 26** of this
31 bill set forth certain requirements concerning the confidentiality and disclosure of
32 records relating to the Program.

33 **Section 18** of this bill requires the Commissioner to submit a report to the
34 Legislature concerning the Program on or before January 1, 2029.

35 **Sections 19 and 20** of this bill authorize the Commissioner to take certain
36 actions against a participant in the Program who commits certain violations or
37 engages in any act or omission that the Commissioner determines is inconsistent
38 with the health, safety or welfare of consumers or the public generally.

39 **Sections 3-8** of this bill define certain words and terms relating to the Program.

40 Under existing law, with certain exceptions, insurers and certain rate service
41 organizations are required to file with the Commissioner all rates and proposed
42 increases thereto, as well as the forms of policies to which the rates apply,
43 supplementary rate information and any changes or amendments to the rates.
44 Existing law requires that such a filing be filed not less than 30 days before the
45 proposed effective date of the filing, with certain exceptions. (NRS 686B.070)
46 Existing law sets forth procedures by which the Commissioner is required to
47 approve or disapprove a proposed increase or decrease in a rate for any kind or line
48 of insurance, other than certain health plans. (NRS 686B.110) **Sections 21-25** of
49 this bill revise those provisions to allow an insurer to implement a proposed
50 increase or decrease in certain rates while the process for the approval or
51 disapproval proceeds.

52 **Section 21** requires a filing for a proposed increase or decrease in a rate for any
53 kind or line of insurance for which the filing of rates is required, other than certain
54 health plans, to be filed on or before the proposed effective date included in the
55 filing. **Section 21** authorizes an insurer to implement such a proposed increase or
56 decrease while the proposal is pending approval or disapproval by the
57 Commissioner.

58 **Section 23** provides that if the Commissioner disapproves such a proposed
59 increase or decrease and the insurer has implemented the proposed increase or
60 decrease, the Commissioner is required to issue a written order that includes,
61 among other things, the date on which the disapproved increased or decreased rate
62 must no longer be used for the issuance of new policies or contracts or the renewal
63 of existing policies or contracts. Under **section 23**, the order does not affect any
64 policy or contract made before the effective date of the order, except that the
65 Commissioner is authorized to require that the premiums be adjusted after the
66 effective date of the order for those policies or contracts in effect on the effective
67 date of the order.

68 Under existing law, if a filing for a proposed increase in a rate is not
69 accompanied by certain information, the Commissioner is authorized to inform the
70 insurer and the filing is deemed to be made when the information is furnished.
71 (NRS 686B.100) **Section 22** deems a filing for a proposed increase in a rate for any



72 kind or line of insurance, other than certain health plans, for the purpose of
73 implementing the proposed increase pending the approval or disapproval of the
74 Commissioner to be filed on the date on which it is filed with the Commissioner,
75 regardless of whether the filing is accompanied by such information. Similarly,
76 existing law provides that if the Commissioner determines that a proposal to
77 increase or decrease a rate is incomplete, the Commissioner must notify the insurer
78 or rate service organization of that determination and, if the insurer does not
79 provide the necessary documents or other information within 30 days after the
80 receipt of that notice, the Commissioner is authorized to disapprove the proposal.
81 (NRS 686B.110) **Section 23** provides that a determination that a proposal to
82 increase or decrease a rate for any kind or line of insurance, other than certain
83 health plans, is incomplete does not prohibit an insurer from implementing the
84 proposed increase or decrease pending approval or disapproval.
85 **Sections 24 and 25** make conforming changes to refer to provisions that have
86 been renumbered by **section 21**.

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

- 1 **Section 1.** Chapter 679B of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 20, inclusive, of this
3 act.
- 4 **Sec. 2.** *As used in sections 2 to 20, inclusive, of this act,*
5 *unless the context otherwise requires, the words and terms defined*
6 *in sections 3 to 8, inclusive, of this act have the meanings ascribed*
7 *to them in those sections.*
- 8 **Sec. 3.** *“Consumer” means any person who purchases a*
9 *qualified insurance product.*
- 10 **Sec. 4.** *“Director” means the Director of the Department of*
11 *Business and Industry.*
- 12 **Sec. 5.** *“Participant” means an authorized insurer whose*
13 *application to participate in the Program has been approved by the*
14 *Commissioner pursuant to section 14 of this act.*
- 15 **Sec. 6.** *“Program” means the Regulatory Experimentation*
16 *Program for Insurance Product Innovation established and*
17 *administered by the Commissioner pursuant to sections 2 to 20,*
18 *inclusive, of this act.*
- 19 **Sec. 7.** *“Qualified insurance product” means an insurance*
20 *product that provides coverage for real property located in this*
21 *State, including, without limitation, any residential or commercial*
22 *property, that is valued at \$250,000 or more.*
- 23 **Sec. 8.** *“Test” means to offer or provide a qualified*
24 *insurance product through the Program.*
- 25 **Sec. 9.** *The Commissioner shall establish and administer the*
26 *Regulatory Experimentation Program for Insurance Product*
27 *Innovation to enable an authorized insurer who offers at least one*



1 *insurance product in this State outside of the Program to test a*
2 *qualified insurance product in this State without:*

3 *1. Obtaining authorization otherwise required by this title or*
4 *any regulations adopted pursuant thereto to provide the qualified*
5 *insurance product in this State; or*

6 *2. Otherwise complying with any provision of this title or any*
7 *regulation adopted pursuant thereto, except as otherwise required*
8 *by the Commissioner pursuant to section 15 or 20 of this act.*

9 **Sec. 10.** *1. The Commissioner shall adopt regulations that*
10 *establish protections for consumers of qualified insurance*
11 *products provided through the Program.*

12 *2. The Commissioner may adopt such other regulations as he*
13 *or she deems necessary to carry out the provisions of sections 2 to*
14 *20, inclusive, of this act.*

15 **Sec. 11.** *1. Before providing any qualified insurance*
16 *product to a consumer, a participant or a producer of insurance*
17 *providing the qualified insurance product shall disclose to the*
18 *consumer:*

19 *(a) The name and contact information of the participant;*

20 *(b) The registration number applicable to the qualified*
21 *insurance product, as issued by the Commissioner pursuant to*
22 *section 15 of this act;*

23 *(c) The fact that the qualified insurance product is generally*
24 *exempt from any provision of this title and any regulation adopted*
25 *pursuant thereto, except as otherwise required by the*
26 *Commissioner pursuant to section 15 or 20 of this act;*

27 *(d) The fact that the participant has been approved to provide*
28 *the qualified insurance product pursuant to sections 2 to 20,*
29 *inclusive, of this act but that the qualified insurance product is not*
30 *endorsed or recommended by the Commissioner or any*
31 *governmental agency; and*

32 *(e) The fact that the qualified insurance product is provided as*
33 *part of a test and may be discontinued at or before the end of the*
34 *test, with the date on which the test is expected to end.*

35 *2. The Commissioner may condition approval of an*
36 *application to participate in the Program on, or require at any*
37 *time thereafter, the disclosure by a participant of information*
38 *relating to a qualified insurance product in addition to the*
39 *disclosures required by subsection 1. The Commissioner shall give*
40 *written notice to the participant of any additional disclosures*
41 *required pursuant to this subsection.*

42 *3. The disclosures required by subsections 1 and 2, as*
43 *applicable, must be clear and conspicuous and must be provided*
44 *in English and Spanish. If the qualified insurance product is*
45 *provided through an Internet website or mobile application, the*



1 consumer must acknowledge receipt of the disclosures before the
2 completion of any transaction.

3 **Sec. 12. 1.** An authorized insurer who desires to participate
4 in the Program to test a qualified insurance product must submit a
5 written application in accordance with this section, in the form
6 prescribed by the Commissioner. A separate application must be
7 filed for each qualified insurance product proposed for testing.

8 2. The application must show that the applicant offers at least
9 one insurance product in this State outside of the Program and
10 will at all times during the test continue to offer at least one
11 insurance product in this State outside of the Program.

12 3. The application must include:

13 (a) A description of the qualified insurance product proposed
14 for testing and an explanation of:

15 (1) The regulatory scheme otherwise applicable to the
16 qualified insurance product outside of the Program;

17 (2) Any benefit of the qualified insurance product;

18 (3) Any risk of harm to consumers associated with the
19 qualified insurance product; and

20 (4) The manner in which participation in the Program will
21 facilitate a successful test of the qualified insurance product.

22 (b) A statement of the proposed plan for testing the qualified
23 insurance product. The plan:

24 (1) Must include, without limitation:

25 (I) An estimate of the dates or periods anticipated for the
26 test;

27 (II) Measures to protect consumers from harm caused
28 by a failure of the test; and

29 (III) The plan to wind up and terminate the test; and

30 (2) May provide for the provision of the qualified insurance
31 product through producers of insurance acting as agents and
32 brokers.

33 (c) A description of each insurance product the applicant
34 offers in this State outside of the Program.

35 (d) Any other information deemed necessary by the
36 Commissioner.

37 **Sec. 13. 1.** The Commissioner may refuse to consider any
38 application submitted pursuant to section 12 of this act if the
39 application does not include the information required by section
40 12 of this act or any other information deemed necessary by the
41 Commissioner. The applicant shall provide, within the period
42 directed by the Commissioner, any additional information
43 required in connection with the application. If the required
44 information is not provided, the application may be denied by the
45 Commissioner as incomplete.



1 2. *Unless the Commissioner and the applicant mutually agree*
2 *to extend this period, the Commissioner shall approve or deny an*
3 *application within 90 days after the completed application is*
4 *received.*

5 **Sec. 14.** 1. *Except as otherwise provided in this section, the*
6 *Commissioner may approve or deny any application submitted*
7 *pursuant to section 12 of this act.*

8 2. *The Commissioner shall give the applicant written notice*
9 *of the approval or denial of the application within 5 business days*
10 *after the date of approval or denial.*

11 3. *If the Commissioner denies an application, the applicant*
12 *may appeal to the Director. The Director may approve or deny the*
13 *application upon appeal. The decision of the Director is final and*
14 *not subject to administrative or judicial review.*

15 **Sec. 15.** 1. *If an application to participate in the Program is*
16 *approved pursuant to section 14 of this act:*

17 (a) *The applicant shall be deemed to be a participant.*

18 (b) *The Commissioner shall issue a registration number*
19 *unique to the approval.*

20 (c) *Except as otherwise required by the Commissioner*
21 *pursuant to subsection 2 or section 20 of this act, a qualified*
22 *insurance product offered or provided within the scope of the*
23 *Program is exempt from any provision of this title or any*
24 *regulation adopted pursuant thereto. The qualified insurance*
25 *product may be offered or provided by producers of insurance*
26 *acting as agents and brokers, in accordance with the proposed*
27 *plan for testing the qualified insurance product provided pursuant*
28 *to paragraph (b) of subsection 3 of section 12 of this act.*

29 2. *The Commissioner may condition approval of an*
30 *application upon compliance by the participant with one or more*
31 *provisions of this title or any regulation adopted pursuant thereto.*

32 3. *A notice of approval of an application given pursuant to*
33 *section 14 of this act must be accompanied by a copy of the*
34 *provisions of sections 2 to 20, inclusive, of this act, and any*
35 *applicable regulations of the Commissioner governing the*
36 *Program then in effect, and set forth:*

37 (a) *The registration number applicable to the approval;*

38 (b) *Any conditions imposed pursuant to subsection 2 or section*
39 *20 of this act; and*

40 (c) *Any additional information required by the Director to be*
41 *disclosed to consumers pursuant to subsection 2 of section 11 of*
42 *this act.*

43 **Sec. 16.** 1. *The Commissioner may establish by regulation*
44 *periodic reporting requirements for participants in the Program.*



1 2. *On request by the Commissioner, a participant shall make*
2 *any requested record, information or data available for inspection*
3 *and copying by the Commissioner.*

4 3. *Each participant shall retain, for such time as the*
5 *Commissioner requires by order or regulation, all records and*
6 *data produced in the ordinary course of business relating to a*
7 *qualified insurance product tested in the Program.*

8 4. *In addition to providing any other disclosure or notice of*
9 *the unauthorized acquisition of computerized data required by any*
10 *applicable statute or regulation, a participant shall promptly notify*
11 *the Director of any unauthorized acquisition of computerized data*
12 *constituting a breach of the security of the system data, as that*
13 *term is defined in NRS 603A.020.*

14 **Sec. 17.** 1. *Any record or information in a record submitted*
15 *to or obtained by the Commissioner pursuant to sections 2 to 20,*
16 *inclusive, of this act:*

17 (a) *Except as otherwise provided in this section, is confidential*
18 *and not a public book or record within the meaning of*
19 *NRS 239.010.*

20 (b) *May be disclosed by the Commissioner to:*

21 (1) *Any governmental agency or official; or*

22 (2) *A federal, state or county grand jury in response to a*
23 *lawful subpoena.*

24 2. *Any disclosure pursuant to subsection 1 of a complaint*
25 *relating to a qualified insurance product or the results of an*
26 *examination, inquiry or investigation relating to a participant or*
27 *qualified insurance product does not make the relevant record or*
28 *information in a record a public record within the meaning of*
29 *NRS 239.010 and a participant shall not disclose any such record*
30 *or information to the general public except in connection with any*
31 *disclosure required by law. A participant shall not disclose, use or*
32 *refer to any comments, conclusions or results of an examination,*
33 *inquiry or investigation in any communication to a consumer or*
34 *potential consumer.*

35 3. *The Commissioner is immune from civil liability for any*
36 *damages sustained because of a disclosure of any record or*
37 *information in a record that is received or obtained pursuant to*
38 *sections 2 to 20, inclusive, of this act.*

39 4. *Nothing contained in this section shall be deemed to*
40 *preclude the disclosure of any record or information in a record*
41 *that is admissible in evidence in any civil or criminal proceeding*
42 *brought by a state or federal law enforcement agency to enforce or*
43 *prosecute a civil or criminal violation of any law.*

44 **Sec. 18.** 1. *The Commissioner shall, on or before*
45 *January 1, 2029, submit to the Director of the Legislative Counsel*



1 *Bureau, for transmittal to the Legislature, a report on the*
2 *operation and results of the Program.*

3 2. *The report must include:*

4 (a) *The number of applications submitted to participate in the*
5 *Program, and the number of applications that were approved or*
6 *denied;*

7 (b) *With respect to the applications that were denied, a*
8 *description of the reasons for the denial;*

9 (c) *With respect to the applications that were approved:*

10 (1) *A description of each qualified insurance product*
11 *provided by each participant in the Program;*

12 (2) *A statement of the number of participants providing*
13 *each qualified insurance product; and*

14 (3) *The number of consumers provided a qualified*
15 *insurance product; and*

16 (d) *An analysis of the effect of the Program on insurance rates*
17 *and the insurance market in this State.*

18 3. *The report may include any recommendations for*
19 *legislation relating to the Program and any other information that*
20 *the Commissioner deems relevant.*

21 **Sec. 19.** 1. *If the Commissioner has reasonable cause to*
22 *believe that a participant has engaged in, is engaging in or*
23 *threatens to engage in any act or omission in violation of any*
24 *provision of sections 2 to 20, inclusive, of this act or any other*
25 *applicable statute or regulation for which a civil or criminal*
26 *penalty is prescribed, the Commissioner may remove the*
27 *participant from the Program or order the participant to exit the*
28 *Program.*

29 2. *If the Commissioner removes a participant from the*
30 *Program or orders the participant to exit the Program, the*
31 *participant may appeal to the Director. The Director may affirm or*
32 *reverse the action of the Commissioner upon appeal. The decision*
33 *of the Director is final and not subject to administrative or judicial*
34 *review.*

35 **Sec. 20.** 1. *If the Commissioner has reasonable cause to*
36 *believe that a participant has engaged in, is engaging in or*
37 *threatens to engage in any act or omission that the Commissioner*
38 *determines is inconsistent with the health, safety or welfare of*
39 *consumers or the public generally, the Commissioner may:*

40 (a) *Proceed to adopt a regulation to address the issue pursuant*
41 *to section 10 of this act;*

42 (b) *Require the participant to comply with one or more*
43 *provisions of this title or any regulation adopted pursuant thereto;*

44 (c) *Remove the participant from the Program or order the*
45 *participant to exit the Program; or*



1 (d) *Take any combination of those actions.*

2 2. *If the Commissioner takes any action pursuant subsection*
3 *1, the participant may appeal to the Director. The Director may*
4 *affirm or reverse the action of the Commissioner upon appeal.*
5 *The decision of the Director is final and not subject to*
6 *administrative or judicial review.*

7 **Sec. 21.** NRS 686B.070 is hereby amended to read as follows:

8 686B.070 1. Every authorized insurer and every rate service
9 organization licensed under NRS 686B.140 which has been
10 designated by any insurer for the filing of rates under subsection 2
11 of NRS 686B.090 shall file with the Commissioner all:

- 12 (a) Rates and proposed increases thereto;
- 13 (b) Forms of policies to which the rates apply;
- 14 (c) Supplementary rate information; and
- 15 (d) Changes and amendments thereof,

16 ↪ made by it for use in this state.

17 2. ~~[A]~~ *Except as otherwise provided in subsection 3, a filing*
18 *made pursuant to this section must include a proposed effective date*
19 *and must be filed not less than 30 days before that proposed*
20 *effective date, except that a filing for a proposed increase or*
21 *decrease in a rate for a health plan described in NRS 686B.112*
22 *may include a request that the Commissioner authorize an effective*
23 *date that is earlier than the proposed effective date.*

24 3. *A filing made pursuant to this section for a proposed*
25 *increase or decrease in a rate for any kind or line of insurance or*
26 *subdivision thereof, other than a health plan described in NRS*
27 *686B.112, must be filed on or before the proposed effective date*
28 *included in the filing. An insurer may implement the proposed*
29 *increase or decrease on the proposed effective date included in the*
30 *filing while the proposed increase or decrease is pending approval*
31 *or disapproval by the Commissioner pursuant to NRS 686B.110.*

32 4. If an insurer makes a filing for a proposed increase in a rate
33 for insurance covering the liability of a practitioner licensed
34 pursuant to chapter 630, 631, 632 or 633 of NRS for a breach of the
35 practitioner's professional duty toward a patient, the insurer shall
36 not include in the filing any component that is directly or indirectly
37 related to the following:

38 (a) Capital losses, diminished cash flow from any dividends,
39 interest or other investment returns, or any other financial loss that
40 is materially outside of the claims experience of the professional
41 liability insurance industry, as determined by the Commissioner.

42 (b) Losses that are the result of any criminal or fraudulent
43 activities of a director, officer or employee of the insurer.

44 ↪ If the Commissioner determines that a filing includes any such
45 component, the Commissioner shall, pursuant to NRS 686B.110,



1 disapprove the proposed increase, in whole or in part, to the extent
2 that the proposed increase relies upon such a component.

3 ~~[4.]~~ 5. If an insurer makes a filing for a proposed increase in a
4 rate for a health benefit plan, as that term is defined in NRS
5 687B.470, the filing must include a unified rate review template, a
6 written description justifying the rate increase and any rate filing
7 documentation.

8 ~~[5.]~~ 6. As used in this section, “rate filing documentation,”
9 “unified rate review template” and “written description justifying
10 the rate increase” have the meanings ascribed in 45 C.F.R.
11 § 154.215.

12 **Sec. 22.** NRS 686B.100 is hereby amended to read as follows:

13 686B.100 1. By rule, the Commissioner may require the
14 filing of supporting data as to any or all kinds or lines of insurance
15 or subdivisions thereof or classes of risks or combinations thereof as
16 the Commissioner deems necessary for the proper functioning of the
17 process for monitoring and regulating rates. The supporting data
18 must include:

19 (a) The experience and judgment of the filer, and, to the extent it
20 wishes or the Commissioner requires, of other insurers or rate
21 service organizations;

22 (b) Its interpretation of any statistical data relied upon;

23 (c) Descriptions of the actuarial and statistical methods
24 employed in setting the rates; and

25 (d) Any other relevant matters required by the Commissioner.

26 2. ~~[Whenever]~~ *Except as otherwise provided in this*
27 *subsection, whenever* a filing of a proposed increase in a rate is not
28 accompanied by such information as the Commissioner has required
29 under subsection 1, the Commissioner may so inform the insurer
30 and the filing shall be deemed to be made when the information is
31 furnished. *For the purposes of implementing a proposed increase*
32 *in a rate for any kind or line of insurance or subdivision thereof,*
33 *other than a health plan described in NRS 686B.112, pursuant to*
34 *subsection 3 of NRS 686B.070, the filing of such a proposed*
35 *increase shall be deemed to be made on the date on which it is*
36 *filed with the Commissioner, regardless of whether the filing is*
37 *accompanied by any information required by the Commissioner*
38 *pursuant to subsection 1.*

39 **Sec. 23.** NRS 686B.110 is hereby amended to read as follows:

40 686B.110 1. Except as otherwise provided in NRS 686B.112,
41 the Commissioner shall consider each proposed increase or decrease
42 in the rate of any kind or line of insurance or subdivision thereof
43 filed with the Commissioner pursuant to subsection 1 of NRS
44 686B.070. If the Commissioner finds that a proposed increase will
45 result in a rate which is not in compliance with NRS 686B.050 or



1 subsection ~~3~~ 4 of NRS 686B.070, the Commissioner shall
2 disapprove the proposal. The Commissioner shall approve or
3 disapprove each proposal no later than 30 days after it is determined
4 by the Commissioner to be complete pursuant to subsection 6. If the
5 Commissioner fails to approve or disapprove the proposal within
6 that period, the proposal shall be deemed approved.

7 2. If the Commissioner disapproves a proposed increase or
8 decrease in any rate pursuant to subsection 1, the Commissioner
9 shall send a written notice of disapproval to the insurer or the rate
10 service organization that filed the proposal. The notice must set
11 forth the reasons the proposal is not in compliance with NRS
12 686B.050 or subsection ~~3~~ 4 of NRS 686B.070 and must be sent to
13 the insurer or the rate service organization not more than 30 days
14 after the Commissioner determines that the proposal is complete
15 pursuant to subsection 6.

16 3. Upon receipt of a written notice of disapproval from the
17 Commissioner pursuant to subsection 2 or 6, the insurer or rate
18 service organization may request that the Commissioner reconsider
19 the proposed increase or decrease. The request for reconsideration
20 must be received by the Commissioner not more than 30 days after
21 the insurer or rate service organization receives the written notice of
22 disapproval from the Commissioner, except that if the insurer or rate
23 service organization requests, in writing, an extension of 30
24 additional days in which to request a reconsideration, the
25 Commissioner shall grant the extension. A request for
26 reconsideration submitted pursuant to this subsection may include,
27 without limitation, any documents or other information for review
28 by the Commissioner in reconsidering the proposal. The
29 Commissioner shall approve or disapprove the proposal upon
30 reconsideration not later than 30 days after receipt of the request for
31 reconsideration and shall notify the insurer or rate service
32 organization of his or her approval or disapproval.

33 4. Whenever an insurer has no legally effective rates as a result
34 of the Commissioner's disapproval of rates or other act, the
35 Commissioner shall on request specify interim rates for the insurer
36 that are high enough to protect the interests of all parties and may
37 order that a specified portion of the premiums be placed in an
38 escrow account approved by the Commissioner. When new rates
39 become legally effective, the Commissioner shall order the
40 escrowed funds or any overcharge in the interim rates to be
41 distributed appropriately, except that refunds to policyholders that
42 are de minimis must not be required.

43 5. If the Commissioner disapproves a proposed rate pursuant to
44 subsection 1 or subsection 6 or upon reconsideration pursuant to
45 subsection 3 and an insurer requests a hearing to determine the



1 validity of the action of the Commissioner, the insurer has the
2 burden of showing compliance with the applicable standards for
3 rates established in NRS 686B.010 to 686B.1799, inclusive. Any
4 such hearing must be held:

5 (a) Within 30 days after the request for a hearing has been
6 submitted to the Commissioner; or

7 (b) Within a period agreed upon by the insurer and the
8 Commissioner.

9 ➔ If the hearing is not held within the period specified in paragraph
10 (a) or (b), or if the Commissioner fails to issue an order concerning
11 the proposed rate for which the hearing is held within 45 days after
12 the hearing, the proposed rate shall be deemed approved.

13 6. The Commissioner shall by regulation specify the
14 documents or any other information which must be included in a
15 proposal to increase or decrease a rate submitted to the
16 Commissioner pursuant to subsection 1. Each such proposal shall be
17 deemed complete upon its filing with the Commissioner, unless the
18 Commissioner, within 15 business days after the proposal is filed
19 with the Commissioner, determines that the proposal is incomplete
20 because the proposal does not comply with the regulations adopted
21 by the Commissioner pursuant to this subsection. *The*
22 *determination of the Commissioner that a proposal is incomplete*
23 *does not prohibit an insurer from implementing a proposed*
24 *increase or decrease in a rate pursuant to subsection 3 of NRS*
25 *686B.070. The Commissioner shall notify the insurer or rate service*
26 *organization if the Commissioner determines that the proposal is*
27 *incomplete. The notice must be sent within 15 business days after*
28 *the proposal is filed with the Commissioner and must set forth the*
29 *documents or other information that is required to complete the*
30 *proposal. The Commissioner may disapprove the proposal if*
31 *the insurer or rate service organization fails to provide the*
32 *documents or other information to the Commissioner within 30 days*
33 *after the insurer or rate service organization receives the notice that*
34 *the proposal is incomplete. If the Commissioner disapproves the*
35 *proposal pursuant to this subsection, the Commissioner shall notify*
36 *the insurer or rate service organization of that fact in writing.*

37 7. *If the Commissioner disapproves a proposed increase or*
38 *decrease in a rate pursuant to subsection 1 or 6, upon*
39 *reconsideration pursuant to subsection 3 or after a hearing*
40 *conducted pursuant to subsection 5 and the insurer has*
41 *implemented the proposed increase or decrease pending approval*
42 *or disapproval by the Commissioner pursuant to subsection 3 of*
43 *NRS 686B.070, the Commissioner shall issue a written order that*
44 *includes, without limitation, the specific reasons for the*
45 *disapproval, with citations to relevant statutes, and the date on*



1 *which the disapproved increased or decreased rate must no longer*
2 *be used for the issuance of new policies or contracts or the*
3 *renewal of existing policies or contracts. The date established by*
4 *the Commissioner must be not less than 90 days after the written*
5 *order is issued. Except as otherwise provided in this subsection,*
6 *the order does not affect any policy or contract made before the*
7 *effective date of the order. The Commissioner may require that the*
8 *premiums be adjusted after the effective date of the order for those*
9 *policies or contracts in effect on the effective date of the order.*

10 **Sec. 24.** NRS 686B.112 is hereby amended to read as follows:

11 686B.112 1. The Commissioner shall perform an actuarial
12 review of and consider each rate filing of a health plan issued
13 pursuant to the provisions of chapter 689A, 689B, 689C, 695B,
14 695C, 695D or 695F of NRS, including, without limitation, long-
15 term care and Medicare supplement plans, filed with the
16 Commissioner pursuant to subsection 1 of NRS 686B.070. If the
17 Commissioner finds that a proposed rate which is contained in a rate
18 filing will result in a rate which is not in compliance with NRS
19 686B.050 or subsection ~~3~~ 4 of NRS 686B.070, the Commissioner
20 shall disapprove the rate filing. The Commissioner shall approve or
21 disapprove each rate filing not later than 60 days after the rate filing
22 is determined by the Commissioner to be complete pursuant to
23 subsection 4. If the Commissioner fails to approve or disapprove the
24 rate filing within that period, the rate filing shall be deemed
25 approved.

26 2. Whenever an insurer has no legally effective rates as a result
27 of the Commissioner's disapproval of rates or other act, the
28 Commissioner shall on request specify interim rates for the insurer
29 that are high enough to protect the interests of all parties and may
30 order that a specified portion of the premiums be placed in an
31 escrow account approved by the Commissioner. When new rates
32 become legally effective, the Commissioner shall order the
33 escrowed funds or any overcharge in the interim rates to be
34 distributed appropriately, except that refunds to policyholders that
35 are de minimis must not be required.

36 3. If the Commissioner disapproves a rate filing pursuant to
37 subsection 1, and an insurer requests a hearing to determine the
38 validity of the action of the Commissioner, the insurer has the
39 burden of showing compliance with the applicable standards for
40 rates established in NRS 686B.010 to 686B.1799, inclusive. Any
41 such hearing must be held:

42 (a) Within 30 days after the request for a hearing has been
43 submitted to the Commissioner; or

44 (b) Within a period agreed upon by the insurer and the
45 Commissioner.



1 ↪ If the hearing is not held within the period specified in paragraph
2 (a) or (b), or if the Commissioner fails to issue an order concerning
3 the rate filing for which the hearing is held within 45 days after the
4 hearing, the rate filing shall be deemed approved.

5 4. The Commissioner shall by regulation specify the
6 documents or any other information which must be included in a
7 rate filing submitted to the Commissioner pursuant to subsection 1.
8 Each such rate filing shall be deemed complete upon its filing with
9 the Commissioner, unless the Commissioner, within 15 business
10 days after the rate filing is filed with the Commissioner, determines
11 that the rate filing is incomplete because the rate filing does not
12 comply with the regulations adopted by the Commissioner pursuant
13 to this subsection.

14 5. The Commissioner may assess against an insurer the actual
15 cost for the external actuarial review of a rate filing submitted
16 pursuant to subsection 1.

17 **Sec. 25.** NRS 686B.117 is hereby amended to read as follows:

18 686B.117 If a filing made with the Commissioner pursuant to
19 paragraph (a) of subsection 1 of NRS 686B.070 pertains to
20 insurance covering the liability of a practitioner licensed pursuant
21 to chapter 630, 631, 632 or 633 of NRS for a breach of the
22 practitioner's professional duty toward a patient, any interested
23 person, and any association of persons or organization whose
24 members may be affected, may intervene as a matter of right in any
25 hearing or other proceeding conducted to determine whether the
26 applicable rate or proposed increase thereto:

27 1. Complies with the standards set forth in NRS 686B.050 and
28 subsection ~~3~~ 4 of NRS 686B.070.

29 2. Should be approved or disapproved.

30 **Sec. 26.** NRS 239.010 is hereby amended to read as follows:

31 239.010 1. Except as otherwise provided in this section and
32 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095,
33 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030,
34 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152,
35 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,
36 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,
37 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,
38 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,
39 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640,
40 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730,
41 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312,
42 130.712, 136.050, 159.044, 159A.044, 164.041, 172.075, 172.245,
43 176.01334, 176.01385, 176.015, 176.0625, 176.09129, 176.156,
44 176A.630, 178.39801, 178.4715, 178.5691, 178.5717, 179.495,
45 179A.070, 179A.165, 179D.160, 180.600, 200.3771, 200.3772,



1 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923,
2 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040,
3 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350,
4 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 218G.615,
5 224.240, 226.462, 226.796, 228.270, 228.450, 228.495, 228.570,
6 231.069, 231.1285, 231.1473, 232.1369, 233.190, 237.300,
7 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040,
8 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270,
9 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264,
10 244.335, 247.540, 247.545, 247.550, 247.560, 250.087, 250.130,
11 250.140, 250.145, 250.150, 268.095, 268.0978, 268.490, 268.910,
12 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680,
13 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086,
14 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830,
15 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870,
16 293.906, 293.908, 293.909, 293.910, 293B.135, 293D.510, 331.110,
17 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593,
18 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205,
19 353A.049, 353A.085, 353A.100, 353C.240, 353D.250, 360.240,
20 360.247, 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138,
21 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300,
22 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626,
23 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750,
24 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120,
25 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317,
26 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975,
27 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143,
28 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685,
29 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
30 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
31 425.400, 427A.1236, 427A.872, 427A.940, 432.028, 432.205,
32 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430,
33 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360,
34 439.4941, 439.4988, 439.5282, 439.840, 439.914, 439A.116,
35 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170,
36 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,
37 442.774, 445A.665, 445B.570, 445B.7773, 449.209, 449.245,
38 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164,
39 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056,
40 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407,
41 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063,
42 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363,
43 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833,
44 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285,
45 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110,



1 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710,
2 604D.500, 604D.600, 612.265, 616B.012, 616B.015, 616B.315,
3 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137,
4 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,
5 628B.760, 629.043, 629.047, 629.069, 630.133, 630.2671,
6 630.2672, 630.2673, 630.2687, 630.30665, 630.336, 630A.327,
7 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415,
8 632.3423, 632.405, 633.283, 633.301, 633.427, 633.4715, 633.4716,
9 633.4717, 633.524, 634.055, 634.1303, 634.214, 634A.169,
10 634A.185, 634B.730, 635.111, 635.158, 636.262, 636.342, 637.085,
11 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183,
12 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220,
13 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
14 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090,
15 641.221, 641.2215, 641A.191, 641A.217, 641A.262, 641B.170,
16 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320,
17 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050,
18 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130,
19 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947,
20 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900,
21 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275,
22 669.285, 669A.310, 670B.680, 671.365, 671.415, 673.450, 673.480,
23 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710,
24 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190,
25 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,
26 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306,
27 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,
28 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536,
29 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550,
30 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159,
31 711.600, *and section 17 of this act*, sections 35, 38 and 41 of
32 chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391,
33 Statutes of Nevada 2013 and unless otherwise declared by law to be
34 confidential, all public books and public records of a governmental
35 entity must be open at all times during office hours to inspection by
36 any person, and may be fully copied or an abstract or memorandum
37 may be prepared from those public books and public records. Any
38 such copies, abstracts or memoranda may be used to supply the
39 general public with copies, abstracts or memoranda of the records or
40 may be used in any other way to the advantage of the governmental
41 entity or of the general public. This section does not supersede or in
42 any manner affect the federal laws governing copyrights or enlarge,
43 diminish or affect in any other manner the rights of a person in any
44 written book or record which is copyrighted pursuant to federal law.



1 2. A governmental entity may not reject a book or record
2 which is copyrighted solely because it is copyrighted.

3 3. A governmental entity that has legal custody or control of a
4 public book or record shall not deny a request made pursuant to
5 subsection 1 to inspect or copy or receive a copy of a public book or
6 record on the basis that the requested public book or record contains
7 information that is confidential if the governmental entity can
8 redact, delete, conceal or separate, including, without limitation,
9 electronically, the confidential information from the information
10 included in the public book or record that is not otherwise
11 confidential.

12 4. If requested, a governmental entity shall provide a copy of a
13 public record in an electronic format by means of an electronic
14 medium. Nothing in this subsection requires a governmental entity
15 to provide a copy of a public record in an electronic format or by
16 means of an electronic medium if:

17 (a) The public record:

18 (1) Was not created or prepared in an electronic format; and

19 (2) Is not available in an electronic format; or

20 (b) Providing the public record in an electronic format or by
21 means of an electronic medium would:

22 (1) Give access to proprietary software; or

23 (2) Require the production of information that is confidential
24 and that cannot be redacted, deleted, concealed or separated from
25 information that is not otherwise confidential.

26 5. An officer, employee or agent of a governmental entity who
27 has legal custody or control of a public record:

28 (a) Shall not refuse to provide a copy of that public record in the
29 medium that is requested because the officer, employee or agent has
30 already prepared or would prefer to provide the copy in a different
31 medium.

32 (b) Except as otherwise provided in NRS 239.030, shall, upon
33 request, prepare the copy of the public record and shall not require
34 the person who has requested the copy to prepare the copy himself
35 or herself.

36 **Sec. 27.** 1. This section becomes effective upon passage and
37 approval.

38 2. Sections 1 to 26, inclusive, of this act become effective:

39 (a) Upon passage and approval for the purpose of adopting any
40 regulations and performing any other preparatory administrative
41 tasks that are necessary to carry out the provisions of this act; and

42 (b) On January 1, 2026, for all other purposes.



1 3. Sections 2 to 20, inclusive, and section 26 of this act expire
2 by limitation on January 1, 2030.

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