ASSEMBLY BILL NO. 44–ASSEMBLYMEMBER GONZÁLEZ

PREFILED NOVEMBER 9, 2026

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to health insurance. (BDR 57-196)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: May have Fiscal Impact.
Effect on the State Highway Fund: No.

CONTAINS UNFUNDED MANDATE (§ 14)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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 certain health insurers to provide coverage for doula services with certain exceptions; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Director of the Nevada Health Authority to include under Medicaid coverage for doula services provided by a doula enrolled with the Medicaid Division of the Authority. (NRS 422.27177) **Sections 1, 4, 6-11 and 13-15** of this bill require certain public and private health insurers, including local governments and the Public Employees' Benefits Program, that provide coverage for maternity care to cover doula services and include doulas in their networks of providers. **Sections 2 and 5** of this bill provide that **sections 1 and 4** must not be construed to require a policy of individual or group health insurance that provides certain limited benefits to provide the coverage required by **sections 1 and 4**. **Section 3** of this bill authorizes the Commissioner of Insurance to require certain policies of health insurance issued by a domestic insurer to a person who resides in another state to include the coverage required by **section 1**. **Section 12** of this bill authorizes the Commissioner to suspend or revoke the certificate of a health maintenance organization that fails to provide the coverage required by **section 10**. The Commissioner is also authorized to take such action against other health insurers who fail to provide the coverage required by **sections 1, 4, 6-9 and 13**. (NRS 680A.200)

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

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

1. Except as otherwise provided in subsection 4, an insurer that issues a policy of health insurance that includes coverage for maternity care shall include in the policy coverage for doula services.

2. An insurer shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the insurer.

3. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.

4. An insurer that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance that is subject to the requirements of subsection 1 and before the renewal of such a policy, provide to the insured or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

Sec. 2. NRS 689A.04032 is hereby amended to read as follows:

689A.04032 1. The provisions of NRS 689A.04033 to 689A.0465, inclusive, ***and section 1 of this act*** must not be construed to require a policy that provides coverage only for a

specified disease or illness or other limited benefit to provide the coverage set forth in those sections.

2. The Division shall not interpret the term "policy of health insurance," for the purposes of NRS 689A.04033 to 689A.0465, inclusive, in a manner contrary to the provisions of subsection 1.

Sec. 3. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~[.]~~ ***, and section 1 of this act.***

Sec. 4. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, an insurer that issues a policy of group health insurance that includes coverage for maternity care shall include in the policy coverage for doula services.

2. An insurer shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the insurer.

3. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.

4. An insurer that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance that is subject to the requirements of subsection 1 and before the renewal of such a policy, provide to the insured or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a policy of group health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

Sec. 5. NRS 689B.0301 is hereby amended to read as follows:

689B.0301 1. The provisions of NRS 689B.0303 to 689B.0379, inclusive, ***and section 4 of this act*** must not be construed to require a policy that provides coverage only for a specified disease or illness or other limited benefit to provide the coverage set forth in those sections.

2. The Division shall not interpret the term "policy of group health insurance," for the purposes of NRS 689B.0303 to 689B.0379, inclusive, in a manner contrary to the provisions of subsection 1.

Sec. 6. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, a carrier that issues a health benefit plan that includes coverage for maternity care shall include in the plan coverage for doula services.

2. A carrier shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the carrier.

3. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

4. A carrier that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the carrier objects on religious grounds. Such a carrier shall, before the issuance of a health benefit plan that is subject to the requirements of subsection 1 and before the renewal of such a plan, provide to the insured or prospective insured, as applicable, written notice of the coverage that the carrier refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a health benefit plan offered by a carrier under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the carrier. The term does not include an arrangement for the financing of premiums.

Sec. 7. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, ***and section 6 of this act*** to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

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

1. Except as otherwise provided in subsection 4, a society that issues a benefit contract that includes coverage for maternity care shall include in the contract coverage for doula services.

2. A society shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the society.

3. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the contract that conflicts with the provisions of this section is void.

4. A society that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the society objects on religious grounds. Such a society shall, before the issuance of a benefit contract that is subject to the requirements of subsection 1 and before the renewal of such a contract, provide to the insured or prospective insured, as applicable, written notice of the coverage that the society refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a benefit contract offered by a society under which the financing and delivery of medical care, including items and services paid for as medical care, are

provided, in whole or in part, through a defined set of providers under contract with the society. The term does not include an arrangement for the financing of premiums.

Sec. 9. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, a hospital or medical services corporation that issues a policy of health insurance that includes coverage for maternity care shall include in the policy coverage for doula services.

2. A hospital or medical services corporation shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the hospital or medical services corporation.

3. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the policy that conflicts with the provisions of this section is void.

4. A hospital or medical services corporation that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the hospital or medical services corporation objects on religious grounds. Such a hospital or medical services corporation shall, before the issuance of a policy of health insurance that is subject to the requirements of subsection 1 and before the renewal of such a policy, provide to the insured or prospective insured, as applicable, written notice of the coverage that the hospital or medical services corporation refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a policy of health insurance offered by a hospital or medical services corporation under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the hospital or medical services corporation. The term does not include an arrangement for the financing of premiums.

Sec. 10. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, a health maintenance organization that issues a health care plan that includes coverage for maternity care shall include in the plan coverage for doula services.

2. A health maintenance organization shall ensure that the benefits required by subsection 1 are made available to an enrollee through a doula who participates in the network plan of the health maintenance organization.

3. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the health care plan that conflicts with the provisions of this section is void.

4. A health maintenance organization that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the health maintenance organization objects on religious grounds. Such a health maintenance organization shall, before the issuance of a health care plan that is subject to the requirements of subsection 1 and before the renewal of such a plan, provide to the enrollee or prospective enrollee, as applicable, written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

Sec. 11. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not

apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

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

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

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.1712, inclusive, 695C.1717, 695C.172, 695C.1723 to 695C.17305, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.17343, 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Medicaid Division of the Nevada Health Authority. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.16932 to 695C.1699, inclusive, 695C.1701, 695C.1708, 695C.1713, 695C.1715, 695C.1721, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347, 695C.1736 to 695C.1745, inclusive, ***and section 10 of this act,*** 695C.1753, 695C.1757 and 695C.204 apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

6. The provisions of NRS 695C.17095, 695C.1715, 695C.17343 and 695C.187 do not apply to a health maintenance organization that provides health care services to members of the Public Employees' Benefits Program. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

7. The provisions of NRS 695C.17343 and 695C.1735 do not apply to a health maintenance organization that provides health care services to:

(a) The officers and employees, and the dependents of officers and employees, of the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this State; or

(b) Members of the Public Employees' Benefits Program.

➥ This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

Sec. 12. NRS 695C.330 is hereby amended to read as follows:

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

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

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, ***and section 10 of this act,*** 695C.204 or 695C.207;

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

(d) The Commissioner certifies that the health maintenance organization:

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

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

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

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

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

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

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

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

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees or creditors or to the general public;

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

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

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

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

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

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

1. Except as otherwise provided in subsection 4, a managed care organization that issues a health care plan that includes coverage for maternity care shall include in the plan coverage for doula services.

2. A managed care organization shall ensure that the benefits required by subsection 1 are made available to an insured through a doula who participates in the network plan of the managed care organization.

3. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2028, has the legal effect of including the coverage required by subsection 1, and any provision of the plan that conflicts with the provisions of this section is void.

4. A managed care organization that is affiliated with a religious organization is not required to provide coverage for doula services relating to abortion if the managed care organization objects on religious grounds. Such a managed care organization shall, before the issuance of a health care plan that is

subject to the requirements of subsection 1 and before the renewal of such a plan, provide to the insured or prospective insured, as applicable, written notice of the coverage that the managed care organization refuses to provide pursuant to this subsection.

5. As used in this section:

(a) "Doula services" means services to provide education and support relating to:

(1) Childbirth, including, without limitation, emotional and physical support provided during pregnancy, labor, birth and the postpartum period;

(2) Abortion; and

(3) Miscarriage.

(b) "Network plan" means a health care plan offered by a managed care organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the managed care organization. The term does not include an arrangement for the financing of premiums.

Sec. 14. 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 439.581 to 439.597, inclusive, 686A.297 to 686A.2983, inclusive, 687B.351, 687B.352, 687B.408, 687B.692, 687B.723, 687B.725, 687B.805, 689B.030 to 689B.031, inclusive, 689B.0313 to 689B.0317, inclusive, ***and section 4 of this act,*** paragraphs (b) and (c) of subsection 1 of NRS 689B.0319, subsections 2, 4, 6 and 7 of NRS 689B.0319, 689B.033 to 689B.0369, inclusive, 689B.0375 to 689B.050, inclusive, 689B.0675, 689B.265, 689B.287 and 689B.500 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

(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.

Sec. 15. 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 439.581 to 439.597, inclusive, 686A.297 to 686A.2983, inclusive, 687B.351, 687B.352, 687B.409, 687B.692, 687B.723, 687B.725, 687B.805, 689B.0353, 695C.1723, 695G.150 to 695G.162, inclusive, 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.1675, 695G.170 to 695G.1712, inclusive, 695G.1714 to 695G.174, inclusive, ***and section 13 of this act,*** 695G.176, 695G.1765, 695G.177, 695G.200, 695G.210, 695G.220, 695G.241 to 695G.310, inclusive, 695G.405 and 695G.415, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 16. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 17. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 16, inclusive, of this act become effective:

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

(b) On January 1, 2028, for all other purposes.

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