

Amendment No. 374

Assembly Amendment to Assembly Bill No. 436	(BDR 57-808)
<b>Proposed by:</b> Assembly Committee on Commerce and Labor	
<b>Amends:</b> Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION	Initial and Date		SENATE ACTION	Initial and Date
Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>	_____	Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>
Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>	_____	Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>
Receded <input type="checkbox"/>	Not <input type="checkbox"/>	_____	Receded <input type="checkbox"/>	Not <input type="checkbox"/>

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.





ASSEMBLY BILL NO. 436—COMMITTEE  
ON COMMERCE AND LABOR

MARCH 26, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to vision insurance. (BDR 57-808)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
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 health care; prohibiting an insurer from entering into a contract with a provider of vision care that contains certain provisions; requiring an insurer to provide certain information to a provider of vision care before entering into a contract to include the provider in the network of the insurer; prescribing certain requirements concerning the advertising and marketing of vision coverage; authorizing the imposition of an administrative penalty; ~~limiting the rates that a provider of vision care may charge to patients for vision care provided out of network;~~ and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law prohibits certain unfair trade practices in the business of insurance. (NRS  
2 686A.010-686A.280) **Section 1** of this bill prohibits an insurer from entering into a contract  
3 with a provider of vision care that ~~places certain requirements on the provider of vision care;~~  
4 places certain limitations on coverage. ~~for provides for unreasonably low or nominal rates of~~  
5 ~~reimbursement.~~ **Section 1** also requires an insurer to provide to a provider of vision care a list  
6 of the rates of reimbursement that the insurer provides for covered vision care before entering  
7 into a contract to include the provider of vision care in the network of the insurer. **Section 1**  
8 additionally: (1) requires an insurer to disclose in any policy of vision insurance or related  
9 materials any ownership or other pecuniary interest of the insurer in a manufacturer of goods  
10 covered by the policy or in a provider of vision care; and (2) imposes certain restrictions on  
11 the manner in which an insurer may advertise a policy of insurance that covers vision care.  
12 **Sections 2 and 3** of this bill authorize the Commissioner of Insurance to enforce the  
13 requirements of **section 1** in the same manner as other provisions governing the trade  
14 practices of insurers. Specifically, **section 2** authorizes the Commissioner to hold a hearing if  
15 he or she has cause to believe that a violation of **section 1** has occurred. If the Commissioner  
16 finds after that hearing that a violation has occurred and the insurer in violation knew or  
17 should have known of the violation, **section 3** authorizes the Commissioner to impose an  
18 administrative penalty or take action against the license of the insurer. **Sections 4-9** of this bill  
19 provide that certain entities that provide vision coverage, including local governments and the  
20 Public Employees’ Benefits Program, are subject to the provisions of **section 1**.  
21 ~~Sections 10-12 of this bill prohibit a physician, osteopathic physician or optometrist from~~  
22 ~~charging a patient who is covered by a policy of vision insurance for which the physician,~~  
23 ~~osteopathic physician or optometrist is out of network for vision care an amount that exceeds~~  
24 ~~the usual and customary rate that the physician, osteopathic physician or optometrist charges~~

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uninsured patients for that vision care. A physician, osteopathic physician or optometrist who willfully charges a patient a prohibited rate would be subject to professional discipline. (NRS 630.3065, 633.131, 636.295)

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

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**Section 1.** Chapter 686A of NRS is hereby amended by adding thereto a new section to read as follows:

*1. An insurer shall not enter into a contract with a provider of vision care that*

~~(a) Authorizes the insurer to set or limit the amount that the provider of vision care may charge for vision care that is not reimbursed under the contract;~~

~~(b) Requires the provider of vision care to participate in the network of providers of vision care of the insurer or any other insurer as a condition of including that provider of vision care in the network of providers of medical services of the insurer;~~

~~(c) Requires the provider of vision care to use a specific laboratory as the manufacturer of ophthalmic devices or materials provided to covered persons;~~

~~(d) Conditions~~ conditions ~~any rate of reimbursement for vision care on the provider of vision care prescribing ophthalmic devices or materials in which the insurer has an ownership or other pecuniary interest or increases the rate of reimbursement if the provider of vision care prescribes such ophthalmic devices or materials.~~ or

~~(e) Provides for unreasonably low or nominal rates of reimbursement for vision care.~~

*2. Before entering into a contract with a provider of vision care to include the provider of vision care in the network of an insurer, the insurer must provide to the provider of vision care a list of the rates of reimbursement for each service covered by the contract.*

*3. An insurer shall disclose in any policy of insurance that covers vision care or any description of benefits covered by such a policy, whether written or electronic, any ownership or other pecuniary interest of the insurer in a supplier of ophthalmic devices or materials or a provider of vision care. The disclosure must appear in a conspicuous and clear manner.*

*4. An insurer that does not provide reimbursement for specific vision care shall not claim in any advertisement or other material that the insurer covers that vision care ~~including, without limitation, by claiming that the insurer covers the~~ or that such vision care is available at a discount or with a copayment or coinsurance in an amount that is in addition to the copayment or coinsurance that a covered person is typically required to pay for covered services.*

~~5. An insurer shall not, in any advertisement or similar communication, place providers of vision care in tiers or similar designations designed to influence the choice of a covered person concerning a provider of vision care unless those designations are based on criteria related to quality of care that are expressly prescribed in the contract.~~

~~6.~~ *As used in this section:*

*(a) "Provider of vision care" means a physician who provides vision care or an optometrist.*

*(b) "Vision care" means:*

1 ~~(1) [Services for the diagnosis, prevention, treatment, care or relief of a~~  
2 ~~health condition, illness, injury or disease related to the eye.] Routine~~  
3 ~~ophthalmological evaluation of the eye, including refraction.~~

4 ~~(2) Ophthalmic devices or materials, including, without limitation,~~  
5 ~~lenses, frames, mountings or other specially fabricated ophthalmic devices.~~  
6 ~~↪ The term “vision care” does not include the initiation of treatment or~~  
7 ~~diagnosis pursuant to a program of medical care.~~

8 **Sec. 2.** NRS 686A.160 is hereby amended to read as follows:

9 686A.160 If the Commissioner has cause to believe that any person has been  
10 engaged or is engaging, in this state, in any unfair method of competition or any  
11 unfair or deceptive act or practice prohibited by NRS 686A.010 to 686A.310,  
12 inclusive, **and section 1 of this act** and that a proceeding by the Commissioner in  
13 respect thereto would be in the interest of the public, the Commissioner may issue  
14 and serve upon such person a statement of the charges and a notice of the hearing to  
15 be held thereon. The statement of charges and notice of hearing shall comply with  
16 the requirements of NRS 679B.320 and shall be served upon such person directly or  
17 by certified or registered mail, return receipt requested.

18 **Sec. 3.** NRS 686A.183 is hereby amended to read as follows:

19 686A.183 1. After the hearing provided for in NRS 686A.160, the  
20 Commissioner shall issue an order on hearing pursuant to NRS 679B.360. If the  
21 Commissioner determines that the person charged has engaged in an unfair method  
22 of competition or an unfair or deceptive act or practice in violation of NRS  
23 686A.010 to 686A.310, inclusive, **and section 1 of this act**, the Commissioner shall  
24 order the person to cease and desist from engaging in that method of competition,  
25 act or practice, and may order one or both of the following:

26 (a) If the person knew or reasonably should have known that he or she was in  
27 violation of NRS 686A.010 to 686A.310, inclusive, **and section 1 of this act**,  
28 payment of an administrative fine of not more than \$5,000 for each act or violation,  
29 except that as to licensed agents, brokers, solicitors and adjusters, the administrative  
30 fine must not exceed \$500 for each act or violation.

31 (b) Suspension or revocation of the person's license if the person knew or  
32 reasonably should have known that he or she was in violation of NRS 686A.010 to  
33 686A.310, inclusive **↪, and section 1 of this act.**

34 2. Until the expiration of the time allowed for taking an appeal, pursuant to  
35 NRS 679B.370, if no petition for review has been filed within that time, or, if a  
36 petition for review has been filed within that time, until the official record in the  
37 proceeding has been filed with the court, the Commissioner may, at any time, upon  
38 such notice and in such manner as the Commissioner deems proper, modify or set  
39 aside, in whole or in part, any order issued by him or her under this section.

40 3. After the expiration of the time allowed for taking an appeal, if no petition  
41 for review has been filed, the Commissioner may at any time, after notice and  
42 opportunity for hearing, reopen and alter, modify or set aside, in whole or in part,  
43 any order issued by him or her under this section whenever in the opinion of the  
44 Commissioner conditions of fact or of law have so changed as to require such  
45 action or if the public interest so requires.

46 **Sec. 4.** NRS 686A.520 is hereby amended to read as follows:

47 686A.520 1. The provisions of NRS 683A.341, 683A.451, 683A.461 and  
48 686A.010 to 686A.310, inclusive, **and section 1 of this act** apply to companies.

49 2. For the purposes of subsection 1, unless the context requires that a section  
50 apply only to insurers, any reference in those sections to “insurer” must be replaced  
51 by a reference to “company.”

1       **Sec. 5.** NRS 695B.320 is hereby amended to read as follows:

2       695B.320 1. Nonprofit hospital and medical or dental service corporations  
3 are subject to the provisions of this chapter, and to the provisions of chapters 679A  
4 and 679B of NRS, NRS 686A.010 to 686A.315, inclusive, *and section 1 of this act*,  
5 687B.010 to 687B.040, inclusive, 687B.070 to 687B.140, inclusive, 687B.150,  
6 687B.160, 687B.180, 687B.200 to 687B.255, inclusive, 687B.270, 687B.310 to  
7 687B.380, inclusive, 687B.410, 687B.420, 687B.430, 687B.500 and chapters 692B,  
8 692C, 693A and 696B of NRS, to the extent applicable and not in conflict with the  
9 express provisions of this chapter.

10       2. For the purposes of this section and the provisions set forth in subsection 1,  
11 a nonprofit hospital and medical or dental service corporation is included in the  
12 meaning of the term “insurer.”

13       **Sec. 6.** NRS 695C.300 is hereby amended to read as follows:

14       695C.300 1. No health maintenance organization or representative thereof  
15 may cause or knowingly permit the use of advertising which is untrue or  
16 misleading, solicitation which is untrue or misleading or any form of evidence of  
17 coverage which is deceptive. For purposes of this chapter:

18       (a) A statement or item of information shall be deemed to be untrue if it does  
19 not conform to fact in any respect which is or may be significant to an enrollee of,  
20 or person considering enrollment in, a health care plan.

21       (b) A statement or item of information shall be deemed to be misleading,  
22 whether or not it may be literally untrue if, in the total context in which such  
23 statement is made or such item of information is communicated, such statement or  
24 item of information may be reasonably understood by a reasonable person not  
25 possessing special knowledge regarding health care coverage, as indicating any  
26 benefit or advantage or the absence of any exclusion, limitation or disadvantage of  
27 possible significance to an enrollee of, or person considering enrollment in, a health  
28 care plan if such benefit or advantage or absence of limitation, exclusion or  
29 disadvantage does not in fact exist.

30       (c) An evidence of coverage shall be deemed to be deceptive if the evidence of  
31 coverage taken as a whole, and with consideration given to typography and format  
32 as well as language, shall be such as to cause a reasonable person not possessing  
33 special knowledge regarding health care plans and evidences of coverage therefor  
34 to expect benefits, services, charges or other advantages which the evidence of  
35 coverage does not provide or which the health care plan issuing such evidence of  
36 coverage does not regularly make available for enrollees covered under such  
37 evidence of coverage.

38       2. NRS 686A.010 to 686A.310, inclusive, *and section 1 of this act* shall be  
39 construed to apply to health maintenance organizations, health care plans and  
40 evidences of coverage except to the extent that the nature of health maintenance  
41 organizations, health care plans and evidences of coverage render the sections  
42 therein clearly inappropriate.

43       3. An enrollee may not be cancelled or not renewed except for the failure to  
44 pay the charge for such coverage or for cause as determined in the master contract.

45       4. No health maintenance organization, unless licensed as an insurer, may use  
46 in its name, contracts, or literature any of the words “insurance,” “casualty,”  
47 “surety,” “mutual” or any other words descriptive of the insurance, casualty or  
48 surety business or deceptively similar to the name or description of any insurance  
49 or surety corporation doing business in this State.

50       5. No person not certificated under this chapter shall use in its name, contracts  
51 or literature the phrase “health maintenance organization” or the initials “HMO.”

1       **Sec. 7.** NRS 695F.090 is hereby amended to read as follows:

2       695F.090 1. Prepaid limited health service organizations are subject to the  
3 provisions of this chapter and to the following provisions, to the extent reasonably  
4 applicable:

5       (a) NRS 687B.310 to 687B.420, inclusive, concerning cancellation and  
6 nonrenewal of policies.

7       (b) NRS 687B.122 to 687B.128, inclusive, concerning readability of policies.

8       (c) The requirements of NRS 679B.152.

9       (d) The fees imposed pursuant to NRS 449.465.

10       (e) NRS 686A.010 to 686A.310, inclusive, *and section 1 of this act*  
11 concerning trade practices and frauds.

12       (f) The assessment imposed pursuant to NRS 679B.700.

13       (g) Chapter 683A of NRS.

14       (h) To the extent applicable, the provisions of NRS 689B.340 to 689B.580,  
15 inclusive, and chapter 689C of NRS relating to the portability and availability of  
16 health insurance.

17       (i) NRS 689A.035, 689A.0463, 689A.410, 689A.413 and 689A.415.

18       (j) NRS 680B.025 to 680B.039, inclusive, concerning premium tax, premium  
19 tax rate, annual report and estimated quarterly tax payments. For the purposes of  
20 this subsection, unless the context otherwise requires that a section apply only to  
21 insurers, any reference in those sections to “insurer” must be replaced by a  
22 reference to “prepaid limited health service organization.”

23       (k) Chapter 692C of NRS, concerning holding companies.

24       (l) NRS 689A.637, concerning health centers.

25       2. For the purposes of this section and the provisions set forth in subsection 1,  
26 a prepaid limited health service organization is included in the meaning of the term  
27 “insurer.”

28       **Sec. 8.** NRS 287.010 is hereby amended to read as follows:

29       287.010 1. The governing body of any county, school district, municipal  
30 corporation, political subdivision, public corporation or other local governmental  
31 agency of the State of Nevada may:

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

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

44       (c) Provide group life, accident or health coverage through a self-insurance  
45 reserve fund and, where necessary, deduct contributions to the maintenance of the  
46 fund from the compensation of officers and employees and pay the deductions into  
47 the fund. The money accumulated for this purpose through deductions from the  
48 compensation of officers and employees and contributions of the governing body  
49 must be maintained as an internal service fund as defined by NRS 354.543. The  
50 money must be deposited in a state or national bank or credit union authorized to  
51 transact business in the State of Nevada. Any independent administrator of a fund  
52 created under this section is subject to the licensing requirements of chapter 683A  
53 of NRS, and must be a resident of this State. Any contract with an independent

1 administrator must be approved by the Commissioner of Insurance as to the  
2 reasonableness of administrative charges in relation to contributions collected and  
3 benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050,  
4 inclusive, 689B.287 and 689B.500 *and section 1 of this act* apply to coverage  
5 provided pursuant to this paragraph, except that the provisions of NRS 689B.0378,  
6 689B.03785 and 689B.500 only apply to coverage for active officers and  
7 employees of the governing body, or the dependents of such officers and  
8 employees.

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

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

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

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

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

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

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

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

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

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

44 6. As used in this section, "legal services organization" means an organization  
45 that operates a program for legal aid and receives money pursuant to NRS 19.031.

46 **Sec. 9.** NRS 287.04335 is hereby amended to read as follows:

47 287.04335 If the Board provides health insurance through a plan of self-  
48 insurance, it shall comply with the provisions of NRS 687B.409, 689B.255,  
49 695G.150, 695G.155, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665,  
50 695G.167, 695G.170 to 695G.174, inclusive, 695G.177, 695G.200 to 695G.230,  
51 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and section 1 of this*  
52 *act*, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is  
53 required to comply with those provisions.



1       **Sec. 10.** ~~[Chapter 630 of NRS is hereby amended by adding thereto a new~~  
2 ~~section to read as follows:~~

3       ~~1. A physician shall not charge a patient who is covered by a policy of~~  
4 ~~vision insurance for vision care that is not included in the policy an amount~~  
5 ~~which exceeds the usual and customary rate that the physician charges~~  
6 ~~uninsured patients for the same care.~~

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

8       ~~(a) "Policy of vision insurance" means a policy of insurance or other~~  
9 ~~arrangement whereby a third party agrees to reimburse the costs of vision care~~  
10 ~~provided to a patient.~~

11       ~~(b) "Third party" means:~~

12       ~~(1) An insurer, as that term is defined in NRS 679B.540;~~

13       ~~(2) A health benefit plan, as that term is defined in NRS 687B.470, for~~  
14 ~~employees which provides coverage for vision care;~~

15       ~~(3) A participating public agency, as that term is defined in NRS~~  
16 ~~287.04052, and any other local governmental agency of the State of Nevada~~  
17 ~~which provides a system of health insurance that covers vision care for the~~  
18 ~~benefit of its officers and employees, and the dependents of officers and~~  
19 ~~employees, pursuant to chapter 287 of NRS; or~~

20       ~~(4) Any other insurer or organization providing coverage of vision care~~  
21 ~~in accordance with state or federal law.~~

22       ~~(c) "Vision care" means:~~

23       ~~(1) Services for the diagnosis, prevention, treatment, care or relief of a~~  
24 ~~health condition, illness, injury or disease related to the eye.~~

25       ~~(2) Ophthalmic devices or materials, including, without limitation,~~  
26 ~~lenses, frames, mountings or other specially fabricated ophthalmic devices.]~~

27 **(Deleted by amendment.)**

28       **Sec. 11.** ~~[Chapter 633 of NRS is hereby amended by adding thereto a new~~  
29 ~~section to read as follows:~~

30       ~~1. An osteopathic physician shall not charge a patient who is covered by a~~  
31 ~~policy of vision insurance for vision care that is not included in the policy an~~  
32 ~~amount which exceeds the usual and customary rate that the osteopathic~~  
33 ~~physician charges uninsured patients for the same care.~~

34       ~~2. As used in this section:~~

35       ~~(a) "Policy of vision insurance" means a policy of insurance or other~~  
36 ~~arrangement whereby a third party agrees to reimburse the costs of vision care~~  
37 ~~provided to a patient.~~

38       ~~(b) "Third party" means:~~

39       ~~(1) An insurer, as that term is defined in NRS 679B.540;~~

40       ~~(2) A health benefit plan, as that term is defined in NRS 687B.470, for~~  
41 ~~employees which provides coverage for vision care;~~

42       ~~(3) A participating public agency, as that term is defined in NRS~~  
43 ~~287.04052, and any other local governmental agency of the State of Nevada~~  
44 ~~which provides a system of health insurance that covers vision care for the~~  
45 ~~benefit of its officers and employees, and the dependents of officers and~~  
46 ~~employees, pursuant to chapter 287 of NRS; or~~

47       ~~(4) Any other insurer or organization providing coverage of vision care~~  
48 ~~in accordance with state or federal law.~~

49       ~~(c) "Vision care" means:~~

50       ~~(1) Services for the diagnosis, prevention, treatment, care or relief of a~~  
51 ~~health condition, illness, injury or disease related to the eye.~~

~~(2) Ophthalmic devices or materials, including, without limitation, lenses, frames, mountings or other specially fabricated ophthalmic devices. ]~~  
(Deleted by amendment.)

**Sec. 12.** ~~[Chapter 636 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~1. An optometrist shall not charge a patient who is covered by a policy of vision insurance for vision care that is not included in the policy an amount which exceeds the usual and customary rate that the optometrist charges uninsured patients for the same care.~~

~~2. As used in this section:~~

~~(a) "Policy of vision insurance" means a policy of insurance or other arrangement whereby a third party agrees to reimburse the costs of vision care provided to a patient.~~

~~(b) "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 687B.470, for employees which provides coverage for vision care;~~

~~(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 that covers vision care 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 providing coverage of vision care in accordance with state or federal law.~~

~~(c) "Vision care" means:~~

~~(1) Services for the diagnosis, prevention, treatment, care or relief of a health condition, illness, injury or disease related to the eye.~~

~~(2) Ophthalmic devices or materials, including, without limitation, lenses, frames, mountings or other specially fabricated ophthalmic devices. ]~~  
(Deleted by amendment.)

**Sec. 13.** The provisions of section 1 of this act do not apply to any contract existing on October 1, 2021, between an insurer and a provider of vision care until the contract is renewed.

**Sec. 14.** Notwithstanding the provisions of NRS 218D.430 and 218D.435, a committee, other than the Assembly Standing Committee on Ways and Means and the Senate Standing Committee on Finance, may vote on this act before the expiration of the period prescribed for the return of a fiscal note in NRS 218D.475. This section applies retroactively from and after March 22, 2021.