SENATE BILL NO. 97—COMMITTEE ON COMMERCE AND LABOR

(On Behalf of the Joint Interim Standing Committee on Health and Human Services)

Prefiled January 14, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Makes revisions to the Silver State Health Insurance Exchange. (BDR 57-346)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Contains Appropriation not included in Executive Budget.

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

AN ACT relating to health insurance; requiring the Executive Director of the Silver State Health Insurance Exchange to apply for a federal waiver to allow certain persons to access health plans offered on the Exchange; expanding the number of voting members of the Board of Directors of the Exchange; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes the Silver State Health Insurance Exchange to facilitate the purchase of subsidized health plans by certain small employers and natural persons who are citizens of the United States or otherwise lawfully present in the United States. (Chapter 695I of NRS) Section 1 of this bill requires the Executive Director of the Exchange, in collaboration with the Director of the Department of Health and Human Services, the Director of the Department of Business and Industry and the Commissioner of Insurance, to: (1) apply for a federal waiver to authorize any natural person to purchase a qualified health plan on the Exchange, regardless of his or her immigration status, if the natural person otherwise qualifies to purchase such a plan on the Exchange; and (2) conduct, or contract with an independent actuary to conduct, an actuarial analysis before applying for the waiver to ensure that such waiver will comply with certain federal requirements. (42 U.S.C. § 18052(b)) Section 2 of this bill makes a conforming change to indicate that the waiver, if approved, would authorize natural persons who are not lawfully present in the United States to purchase qualified health plans. Section 4 of this bill makes an appropriation of \$1,000,000 to the Exchange for the costs of the actuarial



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analysis and other administrative tasks related to applying for and implementing the waiver.

Existing law creates the Board of Directors of the Exchange which consists of: (1) five voting members appointed by the Governor; (2) one voting member appointed by the Majority Leader of the Senate; (3) one voting member appointed by the Speaker of the Assembly; and (4) three ex officio, nonvoting members. (NRS 695I.300) Section 3 of this bill: (1) requires the Majority Leader of the Senate and the Speaker of the Assembly to each appoint one additional voting member to the Board; and (2) makes a conforming change to the number of members of the Board who must have certain expertise or experience to reflect the increased number of members of the Board. Section 5 of this bill prescribes the length of the initial terms of the new members added to the Board by section 3 to ensure that the terms of the voting members of the Board are staggered.

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

- **Section 1.** Chapter 695I of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. The Legislature hereby finds and declares that it is the public policy of this State that each natural person who otherwise qualifies to purchase a qualified health plan on the Exchange, regardless of his or her immigration or citizenship status, is eligible to receive the benefits of purchasing a qualified health plan on the Exchange.
- 2. The Executive Director, in collaboration with the Director of the Department of Health and Human Services, the Director of the Department of Business and Industry and the Commissioner, shall:
- (a) Conduct, or enter into a contract with an independent actuary to conduct, an actuarial analysis to determine whether a waiver described in paragraph (b) will meet the requirements of 42 U.S.C. § 18052(b); and
- (b) If the actuarial analysis conducted pursuant to paragraph (a) determines that the waiver will meet the requirements of 42 U.S.C. § 18052(b), apply to the Secretary of Health and Human Services for a waiver pursuant to 42 U.S.C. § 18052 to authorize any natural person to purchase a qualified health plan on the Exchange, regardless of his or her immigration status, if the natural person would otherwise be a qualified individual.
 - **Sec. 2.** NRS 695I.210 is hereby amended to read as follows:

695I.210 1. The Exchange shall:

- (a) Create and administer a health insurance exchange;
- (b) Facilitate the purchase and sale of qualified health plans consistent with established patterns of care within the State;
- (c) Provide for the establishment of a program to assist qualified small employers in Nevada in facilitating the enrollment of their





employees in qualified health plans offered in the small group market;

- (d) Except as otherwise authorized by a waiver obtained pursuant to NRS 695I.505 [,] or section 1 of this act, make only qualified health plans available to qualified individuals and qualified small employers; and
- (e) Unless the Federal Act is repealed or is held to be unconstitutional or otherwise invalid or unlawful, perform all duties that are required of the Exchange to implement the requirements of the Federal Act.
 - 2. The Exchange may:

- (a) Enter into contracts with any person, including, without limitation, a local government, a political subdivision of a local government and a governmental agency, to assist in carrying out the duties and powers of the Exchange or the Board; and
- (b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the duties and powers of the Exchange or the Board.
- 3. The Exchange is subject to the provisions of chapter 333 of NRS.
 - **Sec. 3.** NRS 695I.300 is hereby amended to read as follows:
- 695I.300 1. The governing authority of the Exchange is the Board, consisting of [seven] *nine* voting members and three ex officio nonvoting members.
 - 2. Subject to the provisions of subsections 3 to 6, inclusive:
- (a) The Governor shall appoint five voting members of the Board;
- (b) The Senate Majority Leader shall appoint [one] two voting [member] members of the Board; and
- (c) The Speaker of the Assembly shall appoint [one] two voting [member] members of the Board.
 - 3. Each voting member of the Board must have:
- (a) Expertise in the sale or marketing of individual or small employer health insurance;
- (b) Expertise in health care administration, health care financing, health information technology or health insurance;
- (c) Expertise in the administration of health care delivery systems;
- (d) Experience as a consumer who would benefit from services provided by the Exchange; or
- (e) Experience as a consumer advocate, including, without limitation, experience in consumer outreach and education for those who would benefit from services provided by the Exchange.
- 4. When making an appointment pursuant to subsection 2, the Governor, the Majority Leader and the Speaker of the Assembly





shall consider the collective expertise and experience of the voting members of the Board and shall attempt to make each appointment so that:

- (a) The areas of expertise and experience described in subsection 3 are collectively represented by the voting members of the Board; and
- (b) The voting members of the Board represent a range and diversity of skills, knowledge, experience and geographic and stakeholder perspectives.
- 5. When making an appointment pursuant to subsection 2, the Governor, the Majority Leader and the Speaker of the Assembly shall, as vacancies on the Board occur, ensure that not more than **[two]** three voting members of the Board represent any particular area of expertise or experience described in paragraph (a), (b), (c), (d) or (e) of subsection 3.
- 6. A voting member of the Board may not be a Legislator or hold any elective office in State Government.
- 7. The following are ex officio nonvoting members of the Board who shall assist the voting members of the Board by providing advice and expertise:
- (a) The Director of the Department of Health and Human Services, or his or her designee;
- (b) The Director of the Department of Business and Industry, or his or her designee; and
 - (c) The Director of the Office of Finance, or his or her designee.
- **Sec. 4.** 1. There is hereby appropriated from the State General Fund to the Silver State Health Insurance Exchange the sum of \$1,000,000 to pay the costs of:
- (a) The actuarial analysis required by paragraph (a) of subsection 2 of section 1 of this act; and
- (b) Any other administrative activities related to the application for and implementation of the waiver described in paragraph (b) of subsection 2 of section 1 of this act.
- 2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after June 30, 2027, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 17, 2027, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 17, 2027.
- Sec. 5. 1. The Speaker of the Assembly shall appoint the additional voting member of the Board of Directors of the Silver





State Health Insurance Exchange pursuant to paragraph (c) of subsection 2 of NRS 695I.300, as amended by section 3 of this act, to an initial term commencing on July 1, 2025, and expiring on June 30, 2027.

- 2. The Senate Majority Leader shall appoint the additional voting member of the Board of Directors of the Silver State Health Insurance Exchange pursuant to paragraph (b) of subsection 2 of NRS 695I.300, as amended by section 3 of this act, to an initial term commencing on July 1, 2025, and expiring on June 30, 2028.
- **Sec. 6.** 1. This section and sections 4 and 5 of this act become effective upon passage and approval.
 - 2. Section 3 of this act becomes effective on July 1, 2025.
 - 3. Sections 1 and 2 of this act become effective:
- (a) Upon passage and approval for the purpose of conducting the actuarial analysis required by paragraph (a) of subsection 2 of section 1 of this act, preparing and submitting the application for the federal waiver described in paragraph (b) of subsection 2 of section 1 of this act 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.





