

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R010-02

February 11, 2002

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-5, 7 and 8, NRS 679B.130; §6, NRS 679B.130 and 679B.133.

Section 1. Chapter 679B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Health care plan” has the meaning ascribed to it in NRS 679B.520.*

Sec. 4. *“Insured” has the meaning ascribed to it in NRS 679B.530.*

Sec. 5. *“Insurer” has the meaning ascribed to it in NRS 679B.540.*

Sec. 6. *A health care plan that provides coverage for prescription drugs or devices shall not issue to an insured or use a single identification card that contains information solely needed to process a claim for a prescription drug or device unless the identification card has been filed with and is approved by the commissioner. The commissioner will not approve an identification card if the card does not conform to the standards prescribed by NRS 679B.133.*

Sec. 7. *An insurer that issues a health care plan shall not:*

1. Delay or deny the payment of any claim for pharmacy benefits solely on the basis that the person who wrote the prescription does not have a valid registration number issued by the Drug Enforcement Administration; or

2. Use a false registration number to process such a claim.

Sec. 8. 1. This section and sections 1 to 5, inclusive, and 7 of this regulation become effective upon filing with the secretary of state.

2. Section 6 of this regulation becomes effective on January 1, 2003.