



STAFF REPORT

Report To: Board of Health

Meeting Date: April 1, 2021

Staff Contact: Nicki Aaker; naaker@carson.org

Agenda Title: For Possible Action: Discussion and possible action regarding a proposed acceptance of the report of the Carson City Health and Human Services Department ("CCHHS") Director, Nicki Aaker. (Nicki Aaker, naaker@carson.org)

Staff Summary: The CCHHS Director's report will provide: (1) a welcome to the new Carson City Health Officer, Dr. Colleen Lyons; (2) a public health legislative update; (3) an update on re-accreditation efforts; (4) an update on COVID-19 matters; and (5) a calendar of events that may be of interest to the Board of Health and members of the public.

Agenda Action: Formal Action / Motion

Time Requested: 20 minutes

Proposed Motion

I move to accept the Director's report (with the feedback and direction given by the Board as stated on the record, if any).

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

Updates have been provided on an ongoing basis as follows: to the Board of Health and the Board of Supervisors, updates regarding COVID-19 activities; to the Board of Health, updates regarding re-accreditation efforts, a calendar of events and, during the legislative session, ongoing public health legislative updates.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

Alternatives

Modify the report.

Attachments:

[Carson City Board of Health Meeting - Director's Report .pptx](#)

[Legislative Bills 2021-R.pdf](#)

[Directors Report - Calendar of Events_Final.docx](#)

Board Action Taken:

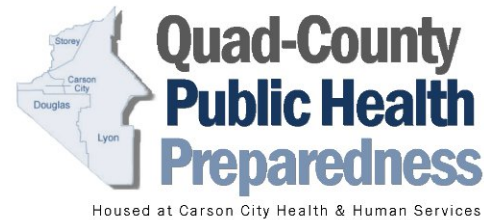
Motion: _____ 1) _____
2) _____

Aye/Nay

(Vote Recorded By)

Carson City Board of Health

Nicki Aaker, Director
Carson City Health and Human Services
April 1, 2021



Welcome to Dr. Colleen Lyons, Carson City's
new County Health Officer



Public Health Legislative Update

- ▶ AB59 – Revises various provisions relating to tobacco.
- ▶ SB44 – Revises provisions governing behavioral health professionals.
- ▶ SB56 – Revises provisions governing insurance coverage of behavioral health services.
- ▶ SB69 – Revises provisions relating to behavioral health.

Public Health Legislative Update

- ▶ SB70 – Revises provisions governing mental health.
- ▶ SB97 – Provides that certain restrictions relating to public gatherings do not apply to certain events at which a vaccine for COVID-19 is administered.
- ▶ SCR 5 – Urges certain actions to address the public health crisis in Nevada
- ▶ SCR 6 – Expresses support for expanding the testing capacity for COVID-19 in Nevada through the use of pooled saliva testing.

Re-accreditation Efforts Update

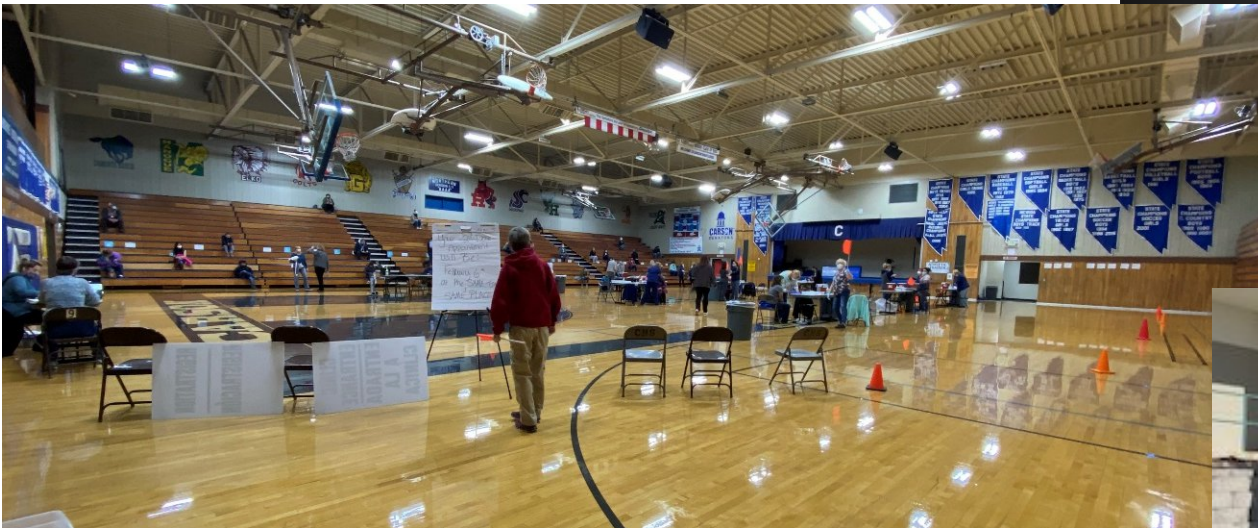
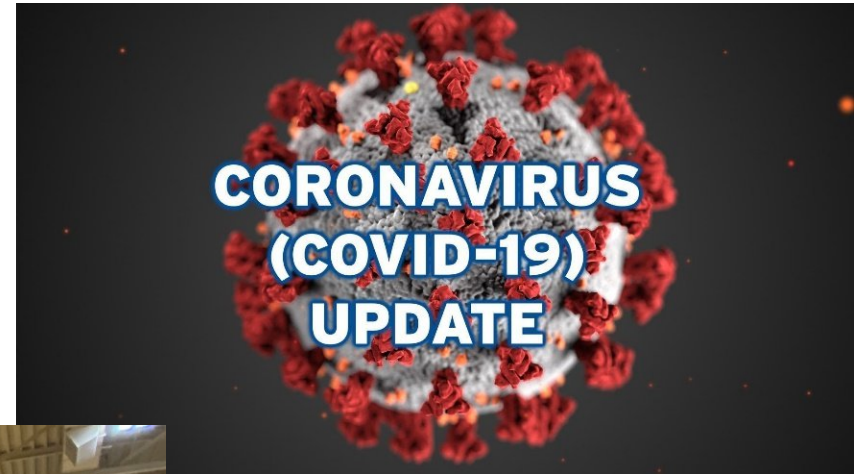
MEASURE PROGRESS...



Information as of March 19, 2021

COVID-19 Update

- ▶ Positivity Rate
- ▶ Surveillance Summary
- ▶ Vaccination Efforts



Calendar of Events

- ▶ National Public Health Week – April 5-11
- ▶ Affordable Housing/Transitional Housing
- ▶ Carson City Behavioral Health Task Force
- ▶ Carson City Board of Health – 2021
- ▶ Board of Health Resource Stewardship Advisory Group: TBD
- ▶ State of Nevada Board of Health
- ▶ Northern Nevada Behavioral Health Policy Board
- ▶ National Association of Local Boards of Health (NALBOH) Spring Summit – Virtual
- ▶ NALBOH 2021 Annual Conference
- ▶ NALBOH Annual Conference Webinar Series Available

Questions



ASSEMBLY BILL NO. 59—COMMITTEE ON JUDICIARY

(ON BEHALF OF THE ATTORNEY GENERAL)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Judiciary

SUMMARY—Revises various provisions relating to tobacco.
(BDR 15-420)

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

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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 tobacco; increasing the minimum age to purchase tobacco products; revising the punishment for certain prohibited acts relating to the sale of tobacco products; revising certain definitions relating to tobacco products for the purposes of the regulation and taxation of tobacco products; eliminating certain duplicative requirements concerning the sale of cigarettes; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits a person from selling, distributing or offering to sell cigarettes, cigarette paper or other tobacco products to a child under the age of 18 years. (NRS 202.24935, 370.521) **Sections 1, 2 and 8** of this bill prohibit a person from selling, distributing or offering to sell cigarettes, cigarette paper or other tobacco products to a person under 21 years of age. **Section 3** of this bill revises the provisions governing the random, unannounced inspection of locations that sell tobacco products to make conforming changes which are necessary because of the increase in the minimum age to purchase tobacco products.

Section 2 removes the existing penalty for a person who knowingly distributes cigarettes, cigarette paper or other tobacco products to a person under 21 years of age through a telephonic, computer or electronic network, and **sections 2 and 6** of this bill instead make distributing cigarettes, cigarette paper or other tobacco products to a person under 21 years of age through a telephonic, computer or electronic network punishable by certain administrative, civil or criminal penalties.

Existing law generally defines tobacco products to include cigarettes, cigarette paper, tobacco of any description, products made or derived from tobacco, vapor products and alternative nicotine products. (NRS 370.007-370.055) **Sections 4 and**



5 of this bill revise certain definitions relating to the regulation and taxation of tobacco products to standardize the terminology found throughout NRS.

Section 9 of this bill eliminates a requirement of existing law relating to the mailing or shipment of cigarettes that conflict with requirements regarding the sale of cigarettes through a computer, telephonic or electronic network. **Section 7** of this bill makes conforming changes to remove a reference to the requirements eliminated by **section 9**.

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

Section 1. NRS 202.2493 is hereby amended to read as follows:

202.2493 1. A person shall not sell, distribute or offer to sell cigarettes, any smokeless product made or derived from tobacco or any alternative nicotine product in any form other than in an unopened package which originated with the manufacturer and bears any health warning required by federal law. A person who violates this subsection shall be punished ~~by a fine of \$100 and a civil penalty of \$100.~~ *as provided in chapter 370 of NRS.* As used in this subsection, "smokeless product made or derived from tobacco" means any product that consists of cut, ground, powdered or leaf tobacco and is intended to be placed in the oral or nasal cavity.

2. The owner of a retail establishment shall, whenever any product made or derived from tobacco, vapor product or alternative nicotine product is being sold or offered for sale at the establishment, display prominently at the point of sale:

(a) A notice indicating that:

(1) The sale of cigarettes, other tobacco products, vapor products and alternative nicotine products to ~~minors~~ *persons under 21 years of age* is prohibited by law; and

(2) The retailer may ask for proof of age to comply with this prohibition; and

(b) At least one sign that complies with the requirements of NRS 442.340.

↪ A person who violates this subsection shall be punished by a fine of not more than \$100.

3. It is unlawful for any retailer to sell cigarettes through the use of any type of display:

(a) Which contains cigarettes and is located in any area to which customers are allowed access; and

(b) From which cigarettes are readily accessible to a customer without the assistance of the retailer,



1 ↪ except a vending machine used in compliance with NRS
2 202.2494. A person who violates this subsection shall be punished
3 by a fine of not more than \$500.

4 **Sec. 2.** NRS 202.24935 is hereby amended to read as follows:

5 202.24935 1. It is unlawful for a person to knowingly sell or
6 distribute cigarettes, cigarette paper, tobacco of any description,
7 products made or derived from tobacco, vapor products or
8 alternative nicotine products to a ~~child~~ **person** under the age of
9 ~~18~~ **21** years through the use of a computer network, telephonic
10 network or other electronic network.

11 2. ~~{A person who violates the provisions of subsection 1 shall~~
12 ~~be punished by a fine of not more than \$500 and a civil penalty of~~
13 ~~not more than \$500. Any money recovered pursuant to this section~~
14 ~~as a civil penalty must be deposited in the same manner as money is~~
15 ~~deposited pursuant to subsection 9 of NRS 370.521.~~

16 ~~—3.~~ Every person who sells or distributes cigarettes, cigarette
17 paper, tobacco of any description, products made or derived from
18 tobacco, vapor products or alternative nicotine products through the
19 use of a computer network, telephonic network or electronic
20 network shall:

21 (a) Ensure that the packaging or wrapping of the items when
22 they are shipped is clearly marked with the word “cigarettes” or, if
23 the items being shipped are not cigarettes, the words “tobacco
24 products.”

25 (b) Perform an age verification through an independent, third-
26 party age verification service that compares information available
27 from public records to the personal information entered by the
28 person during the ordering process that establishes that the person is
29 over the age of ~~18~~ **21** years and use a method of mail, shipping or
30 delivery that requires the signature of a person over the age of ~~18~~
31 **21** years before the items are released to the purchaser, unless the
32 person:

33 (1) Requires the customer to:

34 (I) Create an online profile or account with personal
35 information, including, without limitation, a name, address, social
36 security number and a valid phone number, that is verified through
37 publicly available records; or

38 (II) Upload a copy of a government-issued identification
39 card that includes a photograph of the customer; and

40 (2) Sends the package containing the items to the name and
41 address of the customer who ordered the items.

42 **3. A person who violates this section shall be punished as**
43 **provided in chapter 370 of NRS.**



Sec. 3. NRS 202.2496 is hereby amended to read as follows:

202.2496 1. As necessary to comply with any applicable federal law, the Attorney General shall conduct random, unannounced inspections at locations where tobacco, products made or derived from tobacco, vapor products and alternative nicotine products are sold, distributed or offered for sale to inspect for and enforce compliance with NRS 202.2493, 202.2494 and 370.521, as applicable. For assistance in conducting any such inspection, the Attorney General may contract with:

- (a) Any sheriff's department;
- (b) Any police department; or
- (c) Any other person who will, in the opinion of the Attorney General, perform the inspection in a fair and impartial manner.

2. If the inspector desires to enlist the assistance of a child under the age of 18 for such an inspection, the inspector shall obtain the written consent of the child's parent for such assistance.

3. A ~~child~~ *person* assisting in an inspection pursuant to this section shall, if questioned about his or her age, state his or her true age. ~~and that he or she is under 18 years of age.~~

4. If a ~~child~~ *person under 21 years of age* is assisting in an inspection pursuant to this section, the person supervising the inspection shall:

- (a) Refrain from altering or attempting to alter the ~~child's~~ *appearance of the person* to make the ~~child~~ *person* appear to be ~~18~~ *21* years of age or older.

- (b) Photograph the ~~child~~ *person attempting to purchase tobacco, products made or derived from tobacco, vapor products or alternative nicotine products* immediately before the inspection is to occur and retain any photographs taken of the ~~child~~ *person* pursuant to this paragraph.

5. The person supervising an inspection using the assistance of a ~~child~~ *person under 21 years of age* shall, within a reasonable time after the inspection is completed:

- (a) Inform a representative of the business establishment from which the ~~child~~ *person* attempted to purchase tobacco, products made or derived from tobacco, vapor products or alternative nicotine products that an inspection has been performed and the results of that inspection.

- (b) Prepare a report regarding the inspection. The report must include the following information:

- (1) The name of the person who supervised the inspection and that person's position;

- (2) The age and date of birth of the ~~child~~ *person* who assisted in the inspection;



(3) The name and position of the person from whom the ~~child~~ *person who assisted in the inspection* attempted to purchase tobacco, products made or derived from tobacco, vapor products or alternative nicotine products;

(4) The name and address of the establishment at which the ~~child~~ *person* attempted to purchase tobacco, products made or derived from tobacco, vapor products or alternative nicotine products;

(5) The date and time of the inspection; and

(6) The result of the inspection, including whether the inspection resulted in the sale, distribution or offering for sale of tobacco, products made or derived from tobacco, vapor products or alternative nicotine products to the ~~child~~ *person under 21 years of age*.

6. No administrative, civil or criminal action based upon an alleged violation of NRS 202.2493, 202.2494 or 370.521 may be brought as a result of an inspection for compliance in which the assistance of a ~~child~~ *person under 21 years of age* has been enlisted *to attempt to purchase tobacco, products made or derived from tobacco, vapor products or alternative nicotine products* unless the inspection has been conducted in accordance with the provisions of this section.

Sec. 4. NRS 370.0285 is hereby amended to read as follows:

370.0285 1. “Delivery sale” means any sale of cigarettes, *cigarette paper or other tobacco products*, whether the seller is located within or outside of the borders of this State, to a consumer in this State for which:

(a) The purchaser submits the order for the sale by means of a telephonic or other method of voice transmission, the mail or any other delivery service, or the Internet or any other on-line service; or

(b) The cigarettes, *cigarette paper or other tobacco products* are delivered by mail or the use of another delivery service.

2. For the purpose of this section, any sale of cigarettes, *cigarette paper or other tobacco products* to a natural person in this State who does not hold a current license as a wholesale or retail dealer constitutes a sale to a consumer.

Sec. 5. NRS 370.0318 is hereby amended to read as follows:

370.0318 “Other tobacco product” means any tobacco of any description, any vapor product, any alternative nicotine product or any product made *or derived* from tobacco, other than cigarettes.

Sec. 6. NRS 370.321 is hereby amended to read as follows:

370.321 1. ~~⌈A person shall not accept an order for a delivery sale unless the person first obtains a license as a retail dealer.~~

~~—2.⌋~~ A person who accepts an order for a delivery sale shall comply with all of the requirements of this chapter and chapters



202, 370A, 372 and 374 of NRS, and all other laws of this State generally applicable to sales of cigarettes, *cigarette paper or other tobacco products* that occur entirely within this State.

2. *In addition to any other penalty authorized by law, the Attorney General may seek civil penalties against any person engaging in delivery sales in violation of this chapter or chapter 202 of NRS. Each violation is subject to a civil penalty in an amount not to exceed \$1,000. Any civil penalty recovered pursuant to this section for a violation of NRS 202.24935 must be deposited into a separate account in the State General Fund to be used for the enforcement of this section and NRS 202.2493 and 202.2494.*

Sec. 7. NRS 370.395 is hereby amended to read as follows:

370.395 A person who ~~+~~

~~—1. Knowingly~~ *knowingly* violates any of the provisions of NRS 370.321 ~~+, 370.323+~~ or 370.327 ~~+~~; or

~~—2. Knowingly and falsely submits a certification pursuant to paragraph (a) of subsection 1 of NRS 370.323 in the name of another person;~~

~~+~~ is guilty of a category C felony and shall be punished as provided in NRS 193.130.

Sec. 8. NRS 370.521 is hereby amended to read as follows:

370.521 1. Except as otherwise provided in subsections 2 and 3, a person shall not sell, distribute or offer to sell cigarettes, cigarette paper or other tobacco products to any ~~child~~ *person* under the age of ~~18~~ *21* years.

2. A person shall be deemed to be in compliance with the provisions of subsection 1 if, before the person sells, distributes or offers to sell to another, cigarettes, cigarette paper or other tobacco products, the person:

(a) Demands that the other person present a valid driver's license, permanent resident card, tribal identification card or other written or documentary evidence which shows that the other person is ~~18~~ *21* years of age or older;

(b) Is presented a valid driver's license, permanent resident card, tribal identification card or other written or documentary evidence which shows that the other person is ~~18~~ *21* years of age or older; and

(c) Reasonably relies upon the driver's license, permanent resident card, tribal identification card or other written or documentary evidence presented by the other person.

3. The employer of a ~~child~~ *person* who is under ~~18~~ *21* years of age may, for the purpose of allowing the ~~child~~ *person* to handle or transport cigarettes, cigarette paper or other tobacco products, in the course of the ~~child's~~ *person's* lawful employment, provide



cigarettes, cigarette paper or other tobacco products to the ~~child~~
person under 21 years of age.

4. A person who violates this section is liable for a civil penalty of:

(a) For the first violation within a 24-month period, \$100.

(b) For the second violation within a 24-month period, \$250.

(c) For the third and any subsequent violation within a 24-month period, \$500.

5. If an employee or agent of a licensee has violated this section:

(a) For the first and second violation within a 24-month period at the same premises, the licensee must be issued a warning.

(b) For the third violation within a 24-month period at the same premises, the licensee is liable for a civil penalty of \$500.

(c) For the fourth violation within a 24-month period at the same premises, the licensee is liable for a civil penalty of \$1,250.

(d) For the fifth and any subsequent violation within a 24-month period at the same premises, the licensee is liable for a civil penalty of \$2,500.

6. A peace officer or any person performing an inspection pursuant to NRS 202.2496 may issue a notice of infraction for a violation of this section. A notice of infraction must be issued on a form prescribed by the Department and must contain:

(a) The location at which the violation occurred;

(b) The date and time of the violation;

(c) The name of the establishment at which the violation occurred;

(d) The signature of the person who issued the notice of infraction;

(e) A copy of the section which allegedly is being violated;

(f) Information advising the person to whom the notice of infraction is issued of the manner in which, and the time within which, the person must submit an answer to the notice of infraction; and

(g) Such other pertinent information as the peace officer or person performing the inspection pursuant to NRS 202.2496 determines is necessary.

7. A notice of infraction issued pursuant to subsection 6 or a facsimile thereof must be filed with the Department and retained by the Department and is deemed to be a public record of matters which are observed pursuant to a duty imposed by law and is prima facie evidence of the facts alleged in the notice.

8. A person to whom a notice of infraction is issued pursuant to subsection 6 shall respond to the notice by:



(a) Admitting the violation stated in the notice and paying to the ~~Department~~ *State of Nevada* the applicable civil penalty set forth in subsection 4 or 5.

(b) Denying liability for the infraction by notifying the Department and requesting a hearing in the manner indicated on the notice of infraction. Upon receipt of a request for a hearing pursuant to this paragraph, the Department shall provide the person submitting the request an opportunity for a hearing pursuant to chapter 233B of NRS.

9. Any money collected by the ~~Department~~ *State of Nevada* from a civil penalty pursuant to this section must be deposited in a separate account in the State General Fund to be used for the enforcement of this section and NRS 202.2493 and 202.2494.

10. As used in this section, "licensee" means a person who holds a license issued by the Department pursuant to this chapter.

Sec. 9. NRS 370.323 is hereby repealed.

Sec. 10. 1. This section and sections 1, 2, 3 and 6 to 9, inclusive, of this act become effective upon passage and approval.

2. Sections 4 and 5 of this act become effective on July 1, 2021.

TEXT OF REPEALED SECTION

370.323 Prerequisites to mailing or shipment of cigarettes; requests for electronic mail addresses of prospective purchasers.

1. A person shall not cause the mailing or shipment of cigarettes in connection with an order for a delivery sale unless the person accepting the order first:

(a) Obtains from the prospective purchaser a certification which includes:

(1) Reliable confirmation that the purchaser is at least 18 years of age; and

(2) A statement signed by the prospective purchaser in writing and under penalty of perjury which:

(I) Certifies the prospective purchaser's address and date of birth;

(II) Confirms that the prospective purchaser understands that signing another person's name to such certification is illegal and that sales of cigarettes to children under 18 years of age are illegal under the laws of this State; and

(III) Confirms that the prospective purchaser desires to receive mailings from a tobacco company.



(b) Makes a good faith effort to verify the information contained in the certification provided by the prospective purchaser pursuant to paragraph (a) against any federal or commercially available database established for that purpose.

(c) Sends to the prospective purchaser, by electronic mail or other means, a notice which meets the requirements of subsection 2 and requests confirmation that the order for the delivery sale was placed by the prospective purchaser.

(d) Receives from the prospective purchaser confirmation, pursuant to the request described in paragraph (c), that such person placed the order for the delivery sale.

(e) Receives payment for the delivery sale from the prospective purchaser by a credit or debit card that has been issued in that purchaser's name.

2. The notice required by paragraph (c) of subsection 1 must include:

(a) A prominent and clearly legible statement that the sale of cigarettes to children under 18 years of age is illegal;

(b) A prominent and clearly legible statement that the sale of cigarettes is restricted to persons who provide verifiable proof of age in accordance with this section; and

(c) A prominent and clearly legible statement that sales of cigarettes are taxable under this chapter, and an explanation of how the tax has been or is to be paid with respect to the delivery sale.

3. Persons accepting orders for delivery sales may request that prospective purchasers provide their electronic mail addresses.



SENATE BILL NO. 44—COMMITTEE ON COMMERCE AND LABOR

(ON BEHALF OF THE RURAL REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing behavioral health professionals. (BDR 54-428)

FISCAL NOTE: Effect on Local Government: Increases or Newly
Provides for Term of Imprisonment in County or City
Jail or Detention Facility.
Effect on the State: Yes.

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

AN ACT relating to behavioral health; authorizing the issuance of a provisional license or certificate to engage in various professions relating to behavioral health to an applicant who meets certain requirements; requiring licensing boards that regulate such professions to report certain information; providing for the issuance of a license as a master social worker to an applicant who meets certain qualifications; authorizing a master social worker or independent social worker to engage in certain activities; prescribing required documentation for an applicant for a license to engage in social work who is the graduate of a foreign college or university; authorizing the Board of Examiners for Social Workers to place a license to engage in social work on inactive status and refuse to issue a license under certain circumstances; requiring an employee of the Board to submit a complaint against a licensee to the Board under certain circumstances; prohibiting a person from engaging in the unlicensed practice of social work; providing for a study of certain licensing and certification procedures; providing a penalty; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

Existing law authorizes the issuance of a provisional license as a psychologist, clinical professional counselor, social worker, clinical social worker, independent social worker, clinical alcohol and drug counselor, or alcohol and drug counselor, or a provisional certificate as an alcohol and drug counselor or problem gambling counselor under certain circumstances. (NRS 641.196, 641A.242, 641B.272, 641B.275, 641C.320, 641C.3306, 641C.356, 641C.396, 641C.433) **Sections 2, 5, 18 and 25** of this bill additionally provide for the issuance of a nonrenewable provisional license or certificate, as applicable, in those professions to a person who has: (1) met all of the requirements for licensure or certification except for the submission of an official transcript; and (2) submitted an unofficial transcript. **Sections 4, 7 and 19** of this bill make conforming changes to clarify that such a provisional license is nonrenewable.

Existing law requires the issuance of a license by endorsement as a psychologist, marriage and family therapist, clinical professional counselor, social worker, clinical social worker, independent social worker, clinical alcohol and drug counselor, or alcohol and drug counselor, or a certificate by endorsement as an alcohol and drug counselor or problem gambling counselor to a person who is licensed or certified, as applicable, in another jurisdiction of the United States and meets certain other requirements. (NRS 641.195, 641.196, 641A.241, 641A.242, 641B.271, 641B.272, 641C.3305, 641C.3306, 641C.355, 641C.356, 641C.395, 641C.396, 641C.432, 641C.433) Existing law requires the Board of Psychological Examiners, the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors, the Board of Examiners for Social Workers and the Board of Examiners for Alcohol, Drug and Gambling Counselors to report certain information concerning investigations of misconduct and applications for licensure or certification to the Legislative Committee on Health Care. (NRS 641.145, 641A.183, 641B.165, 641C.230) **Sections 3, 6, 12 and 24** require those licensing boards to: (1) submit those reports to each regional behavioral health policy board; and (2) include in those reports certain information concerning applications for licensure or certification by endorsement. **Section 32** of this bill requires the Legislative Committee on Health Care to study the processes for licensure or certification in professions regulated by those licensing boards and identify barriers to licensure or certification. **Section 32** also requires those licensing boards to implement strategies to eliminate each barrier to licensure or certification identified by the Legislative Committee on Health Care unless the licensing board to which the barrier applies concludes that the barrier is necessary to maintain the quality of services provided by the holders of licenses or certificates, as applicable.

Existing law authorizes the Board of Examiners for Social Workers to issue a license as: (1) a social worker to an applicant who possesses a baccalaureate degree or master's degree in social work and passes an examination; (2) an independent social worker to an applicant who possesses a master's or doctoral degree in social work, completes at least 3,000 hours of supervised, postgraduate social work and passes an examination; and (3) a clinical social worker to an applicant who possesses a master's or doctoral degree in social work, completes at least 3,000 hours of supervised, postgraduate clinical social work and passes an examination. (NRS 641B.220, 641B.230, 641B.240) **Section 9** of this bill additionally authorizes the Board to issue a license as a master social worker to an applicant who possesses a master's or doctoral degree in social work and passes an examination. **Sections 9 and 22** of this bill authorize a master social worker to engage in independent social work or clinical social work as part of an approved internship program to complete the requirements for licensure as an independent or clinical social worker, as applicable. **Section 9** additionally authorizes a master social worker to supervise other persons engaging in the practice of social work. **Section 20** of this bill



establishes the maximum fees that the Board is authorized to charge and collect for the issuance and renewal of a license as a master social worker. **Sections 1, 13, 26 and 28-31** of this bill make conforming changes to ensure that a master social worker is treated similarly to other types of social worker in various circumstances.

Sections 9, 10, 14-16 and 18 of this bill authorize the Board of Examiners for Social Workers to issue a license as a social worker, master social worker, independent social worker, or clinical social worker, or a provisional license as a social worker to an applicant who has graduated from a foreign college or university if the applicant submits certain documentation concerning his or her degree and meets the other requirements for licensure. **Section 11** of this bill authorizes the Board to put a license on inactive status for not more than 5 years upon the application of a licensee who is in good standing. **Sections 11 and 19** of this bill exempt a licensee who holds an inactive license from the requirement to complete continuing education, and **sections 11 and 22** of this bill prohibit an inactive licensee from engaging in the practice of social work. **Section 17** of this bill revises the conditions under which the Board is authorized to refuse to issue a license. **Section 21** of this bill requires an employee of the Board who is aware that grounds for disciplinary action may exist against a person practicing social work to submit a complaint to the Board.

Existing law makes it a misdemeanor for a person to engage in: (1) the independent practice of social work unless he or she is licensed as an independent social worker or a clinical social worker; or (2) the clinical practice of social work unless he or she is licensed as a clinical social worker. (NRS 641B.505) **Section 22** of this bill additionally makes it a misdemeanor to engage in the practice of social work unless a person is licensed as an associate in social work, social worker, master social worker, independent social worker or clinical social worker. **Sections 15 and 22** of this bill authorize an independent social worker to engage in clinical social work as part of an approved internship program to complete the requirements for licensure as a clinical social worker.

Existing law authorizes a clinical social worker to engage in the practice of counseling persons with alcohol or other substance use disorders and counseling persons with an addictive disorder related to gambling with the authorization of the Board of Examiners for Social Workers. (NRS 458A.057, 458A.200, 458A.220, 458A.230, 458A.240, 641C.130) **Sections 23 and 27** of this bill additionally authorize a person who is licensed as a master social worker or independent social worker and engaging in clinical social work as part of an approved internship program to engage in such counseling with the authorization of the Board.

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

Section 1. NRS 629.031 is hereby amended to read as follows:
629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means:

(a) A physician licensed pursuant to chapter 630, 630A or 633
of NRS;

(b) A physician assistant;

(c) A dentist;

(d) A licensed nurse;



(e) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;

(f) A dispensing optician;

(g) An optometrist;

(h) A speech-language pathologist;

(i) An audiologist;

(j) A practitioner of respiratory care;

(k) A licensed physical therapist;

(l) An occupational therapist;

(m) A podiatric physician;

(n) A licensed psychologist;

(o) A licensed marriage and family therapist;

(p) A licensed clinical professional counselor;

(q) A music therapist;

(r) A chiropractor;

(s) An athletic trainer;

(t) A perfusionist;

(u) A doctor of Oriental medicine in any form;

(v) A medical laboratory director or technician;

(w) A pharmacist;

(x) A licensed dietitian;

(y) An associate in social work, a social worker, *a master social worker*, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

(z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

(aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS; or

(bb) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:

(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and

(b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

Sec. 2. Chapter 641 of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Board requires an applicant for a license as a psychologist to submit official transcripts as proof of his or her educational qualifications, the Board may issue a provisional license as a psychologist to an applicant who has:



(a) Met all requirements for licensure except for the submission of official transcripts; and

(b) Submitted a copy of his or her unofficial transcripts to the Board.

2. A provisional license issued pursuant to this section expires 6 months after the date of issuance and may not be renewed.

Sec. 3. NRS 641.145 is hereby amended to read as follows:

641.145 On or before February 1 of each year, the Board shall submit to the Legislative Committee on Health Care *and to each regional behavioral health policy board created by NRS 433.429* a report which must include:

1. The number of complaints received, investigations completed, cases dismissed, cases settled and cases for which hearings were held within the immediately preceding calendar year; ~~and~~

2. The number of applications for the issuance or renewal of a license or registration received by the Board during the immediately preceding calendar year and the number of those applications for which the Board conducted additional review beyond the standard review regularly conducted by the Board ~~and~~; and

3. *The number of applications for the issuance of a license by endorsement received by the Board pursuant to NRS 641.195 and 641.196 during the immediately preceding calendar year, the number of those applications that were denied and the reasons for denial.*

Sec. 4. NRS 641.220 is hereby amended to read as follows:

641.220 1. To renew a license issued pursuant to this chapter, *except a provisional license issued pursuant to section 2 of this act*, each person must, on or before the first day of January of each odd-numbered year:

(a) Apply to the Board for renewal;

(b) Pay the biennial fee for the renewal of a license;

(c) Submit evidence to the Board of completion of the requirements for continuing education as set forth in regulations adopted by the Board; and

(d) Submit all information required to complete the renewal.

2. Upon renewing his or her license, a psychologist shall declare his or her areas of competence, as determined in accordance with NRS 641.112.

3. The Board shall, as a prerequisite for the renewal of a license, require each holder to comply with the requirements for continuing education adopted by the Board.

4. The requirements for continuing education adopted by the Board pursuant to subsection 3 must include, without limitation, a



1 requirement that the holder of a license receive at least 2 hours of
2 instruction on evidence-based suicide prevention and awareness or
3 another course of instruction on suicide prevention and awareness
4 that is approved by the Board which the Board has determined to be
5 effective and appropriate. The hours of instruction required by this
6 subsection must be completed within 2 years after initial licensure
7 and at least every 4 years thereafter.

8 **Sec. 5.** Chapter 641A of NRS is hereby amended by adding
9 thereto a new section to read as follows:

10 *1. If the Board requires an applicant for a license to practice*
11 *as a marriage and family therapist or clinical professional*
12 *counselor to submit official transcripts as proof of his or her*
13 *educational qualifications, the Board may issue a provisional*
14 *license as a marriage and family therapist or clinical professional*
15 *counselor, as applicable, to an applicant who has:*

16 *(a) Met all requirements for licensure except for the*
17 *submission of official transcripts; and*

18 *(b) Submitted a copy of his or her unofficial transcripts to the*
19 *Board.*

20 *2. A provisional license issued pursuant to this section*
21 *expires 6 months after the date of issuance and may not be*
22 *renewed.*

23 **Sec. 6.** NRS 641A.183 is hereby amended to read as follows:

24 641A.183 On or before February 1 of each year, the Board
25 shall submit to the Legislative Committee on Health Care *and to*
26 *each regional behavioral health policy board created by NRS*
27 *433.429* a report which must include:

28 1. The number of complaints received, investigations
29 completed, cases dismissed, cases settled and cases for which
30 hearings were held within the immediately preceding calendar year;
31 ~~and~~

32 2. The number of applications for the issuance or renewal of a
33 license received by the Board during the immediately preceding
34 calendar year and the number of those applications for which the
35 Board conducted additional review beyond the standard review
36 regularly conducted by the Board ~~and~~; *and*

37 *3. The number of applications for the issuance of a license by*
38 *endorsement received by the Board pursuant to NRS 641A.241*
39 *and 641A.242 during the immediately preceding calendar year, the*
40 *number of those applications that were denied and the reasons for*
41 *denial.*

42 **Sec. 7.** NRS 641A.260 is hereby amended to read as follows:

43 641A.260 1. To renew a license to practice as a marriage and
44 family therapist or clinical professional counselor issued pursuant to
45 this chapter, *except for a provisional license issued pursuant to*



section 5 of this act, each person must, on or before 10 business days after the date of expiration of his or her current license:

(a) Apply to the Board for renewal;

(b) Pay the fee for the biennial renewal of a license set by the Board;

(c) Submit evidence to the Board of completion of the requirements for continuing education as set forth in regulations adopted by the Board, unless the Board has granted a waiver pursuant to NRS 641A.265; and

(d) Submit all information required to complete the renewal.

2. Except as otherwise provided in NRS 641A.265, the Board shall, as a prerequisite for the renewal of a license to practice as a marriage and family therapist or clinical professional counselor, require each holder to comply with the requirements for continuing education adopted by the Board, which must include, without limitation, a requirement that the holder receive at least 2 hours of instruction on evidence-based suicide prevention and awareness or another course of instruction on suicide prevention and awareness that is approved by the Board which the Board has determined to be effective and appropriate.

Sec. 8. Chapter 641B of NRS is hereby amended by adding thereto the provisions set forth as sections 9, 10 and 11 of this act.

Sec. 9. 1. *The Board shall grant a license to engage in social work as a master social worker to any applicant who possesses the preliminary qualifications set forth in NRS 641B.200 and who:*

(a) Possesses a master's or doctoral degree in social work from:

(1) A college or university accredited by the Council on Social Work Education, or its successor organization, or which is a candidate for such accreditation; or

(2) A college or university located in a foreign country, or the equivalent of a master's or doctoral degree in social work from such a college or university, if the applicant includes in his or her application the documentation required by section 10 of this act; and

(b) Passes an examination prescribed by the Board.

2. A person licensed as a master social worker may:

(a) Engage in social work independently as part of an internship program approved by the Board to complete the supervised social work required for licensure as an independent social worker pursuant to NRS 641B.230;

(b) Engage in clinical social work as part of an internship program approved by the Board to complete the supervised,



1 *postgraduate, clinical social work required for licensure as a*
2 *clinical social worker pursuant to NRS 641B.240; and*

3 *(c) Supervise other persons engaging in the practice of social*
4 *work.*

5 **Sec. 10. 1.** *If an applicant for a license to engage in social*
6 *work is a graduate of a college or university located in a foreign*
7 *country or currently enrolled in program of study leading to a*
8 *degree in social work at such a college or university, the*
9 *application must include:*

10 *(a) Proof that the applicant possesses the degree required by*
11 *NRS 641B.220, 641B.230, 641B.240 or 641B.275 or section 9 of*
12 *this act, as applicable, or is enrolled in a program of study that*
13 *meets the requirements of NRS 641B.275, as applicable; and*

14 *(b) If applicable, a written statement or other proof from the*
15 *Council on Social Work Education or its successor organization*
16 *that the degree is equivalent to a degree issued by a college or*
17 *university accredited by the Council on Social Work Education or*
18 *its successor organization.*

19 **2.** *Except as otherwise provided in this subsection, the proof*
20 *required by paragraph (a) of subsection 1 must be provided to the*
21 *Board directly by the college or university that granted the degree.*
22 *If the college or university is unable to provide such proof, the*
23 *Board may accept proof from another source specified by the*
24 *Board.*

25 **Sec. 11. 1.** *An associate in social work, social worker,*
26 *master social worker, independent social worker or clinical social*
27 *worker may apply to the Board to have his or her license placed on*
28 *inactive status. The Board may grant the application if the license*
29 *is in good standing and the licensee has met all requirements for*
30 *the issuance or renewal of a license as of the date of the*
31 *application.*

32 **2.** *If the application is granted:*

33 *(a) The licensee must not engage in social work in this State*
34 *unless the license is returned to active status; and*

35 *(b) The licensee is not required to complete continuing*
36 *education unless his or her license is returned to active status.*

37 **3.** *The inactive status of a license is valid for 5 years after the*
38 *date that the inactive status is granted.*

39 **4.** *If a license is placed on inactive status, the Board must not*
40 *refund any portion of the renewal fee that was paid before the*
41 *license was placed on inactive status.*

42 **5.** *The Board shall adopt regulations prescribing the:*

43 *(a) Procedures for making an application pursuant to this*
44 *section;*



(b) *Procedures and terms upon which a person whose license has been placed on inactive status may have his or her license returned to active status; and*

(c) *Fees for the renewal of the inactive status of a license.*

Sec. 12. NRS 641B.165 is hereby amended to read as follows:

641B.165 On or before February 1 of each year, the Board shall submit to the Legislative Committee on Health Care *and to each regional behavioral health policy board created by NRS 433.429* a report which must include:

1. The number of complaints received, investigations completed, cases dismissed, cases settled and cases for which hearings were held within the immediately preceding calendar year;

~~and~~

2. The number of applications for the issuance or renewal of a license received by the Board during the immediately preceding calendar year and the number of those applications for which the Board conducted additional review beyond the standard review regularly conducted by the Board ~~and~~; *and*

3. *The number of applications for the issuance of a license by endorsement received by the Board pursuant to NRS 641B.271 and 641B.272 during the immediately preceding calendar year, the number of those applications that were denied and the reasons for denial.*

Sec. 13. NRS 641B.206 is hereby amended to read as follows:

641B.206 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license to engage in social work as an associate in social work, a social worker, *a master social worker*, an independent social worker or a clinical social worker shall include the social security number of the applicant in the application submitted to the Board.

(b) An applicant for the renewal of a license to engage in social work as an associate in social work or the issuance or renewal of a license to engage in social work as a social worker, *a master social worker*, an independent social worker or a clinical social worker shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.



3. A license to engage in social work as an associate in social work, a social worker, *a master social worker*, an independent social worker or a clinical social worker may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 14. NRS 641B.220 is hereby amended to read as follows:

641B.220 1. The Board shall grant a license to engage in social work as a social worker to any applicant who possesses the preliminary qualifications set forth in NRS 641B.200 and who:

(a) Possesses a baccalaureate degree or master's degree in social work from ~~the~~:

(1) *A college or university accredited by the Council on Social Work Education, or its successor organization*, or which is a candidate for such accreditation ~~the~~; or

(2) *A college or university located in a foreign country, or the equivalent of a baccalaureate degree or master's degree in social work from such a college or university, if the applicant includes in his or her application the documentation required by section 10 of this act; and*

(b) Passes an examination prescribed by the Board.

2. The Board shall grant a license to engage in social work as a social worker to an applicant licensed as an associate in social work who:

(a) Possesses the preliminary qualifications set forth in NRS 641B.200;

(b) Possesses a baccalaureate degree or master's degree in a related field, or has completed equivalent course work in a related field;

(c) Completes 3,000 hours of employment in Nevada as an associate in social work; and

(d) Passes an examination prescribed by the Board.



3. A person who is granted a license to engage in social work as a social worker pursuant to subsection 1 or 2 may supervise another person engaged in the practice of social work.

Sec. 15. NRS 641B.230 is hereby amended to read as follows:

641B.230 1. The Board shall grant a license to engage in social work as an independent social worker to any applicant who possesses the preliminary qualifications set forth in NRS 641B.200 and who:

(a) Possesses a master's or doctoral degree in social work from ~~{a}~~:

(1) A college or university accredited by the Council on Social Work Education, *or its successor organization*, or which is a candidate for such accreditation ~~{}~~; or

(2) *A college or university located in a foreign country, or the equivalent of a master's or doctoral degree in social work from such a college or university, if the applicant includes in his or her application the documentation required by section 10 of this act.*

(b) Completes 3,000 hours of supervised, postgraduate social work approved by the Board.

(c) Passes an examination prescribed by the Board.

2. A person licensed as an independent social worker may:

(a) Engage in social work independently or within an agency; ~~{and}~~

(b) *Engage in clinical social work as part of an internship program approved by the Board to complete the supervised clinical social work required for licensure as a clinical social worker pursuant to NRS 641B.240; and*

(c) Supervise other persons engaging in the practice of social work.

Sec. 16. NRS 641B.240 is hereby amended to read as follows:

641B.240 1. The Board shall grant a license to engage in social work as a clinical social worker to any applicant who possesses the preliminary qualifications set forth in NRS 641B.200 and who:

(a) Possesses a master's or doctoral degree in social work from ~~{a}~~:

(1) A college or university accredited by the Council on Social Work Education, *or its successor organization*, or which is a candidate for such accreditation ~~{}~~; or

(2) *A college or university located in a foreign country, or the equivalent of a master's or doctoral degree in social work from such a college or university, if the applicant includes in his or her application the documentation required by section 10 of this act.*

(b) Completes 3,000 hours of supervised, postgraduate, clinical social work approved by the Board.



- (c) Passes an examination prescribed by the Board.
2. A person licensed as a clinical social worker may:
(a) Engage in social work independently or within an agency;

~~and~~

(b) *Engage in clinical social work; and*

(c) Supervise other persons engaging in the practice of social work.

Sec. 17. NRS 641B.260 is hereby amended to read as follows:

641B.260 1. The Board may hold hearings and conduct investigations into any matter related to an application for licensure. The Board may require the presentation of evidence.

2. The Board may refuse to issue a license to an applicant if the applicant:

(a) Is not of good moral character as it relates to the practice of social work;

(b) Has submitted any false credential to the Board;

(c) Has been disciplined in another state in connection with the practice of social work *or a related profession* or has committed any act in another state which is a violation of this chapter; ~~for~~

(d) *Has committed an act that constitutes grounds for initiating disciplinary action pursuant to NRS 641B.400;*

(e) *Has entered a plea of guilty, guilty but mentally ill or nolo contendere to, been found guilty or guilty but mentally ill of, or been convicted, in this State or any other jurisdiction, of a crime arising out of, in connection with or related to the activities of such a person in such a manner as to demonstrate his or her unfitness to engage in social work, and the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal; or*

(f) Fails to comply with any other requirements for licensure.

Sec. 18. NRS 641B.275 is hereby amended to read as follows:

641B.275 1. The Board shall grant a provisional license to engage in social work as a social worker to a person:

(a) Who applies to take the next available examination and who is otherwise eligible to be a social worker pursuant to subsection 1 of NRS 641B.220; or

(b) Who:

(1) Possesses a baccalaureate degree or a master's degree in a related field of study from ~~an~~ :

(I) *An* accredited college or university recognized by the Board; *or*

(II) *A college or university located in a foreign country, or the equivalent of a baccalaureate degree or a master's degree in a related field from such a college or university, if the applicant*



1 *includes in his or her application the documentation required by*
2 *section 10 of this act; and*

3 (2) Presents evidence of enrollment in a program of study
4 leading to a degree in social work at ~~{a}~~ :

5 *(I) A college or university accredited by the Council on*
6 *Social Work Education or which is a candidate for such*
7 *accreditation and which is approved by the Board ~~{f}~~; or*

8 *(II) A college or university located in a foreign country,*
9 *or a program of study leading to the equivalent of a degree in*
10 *social work from such a college or university, if the applicant*
11 *includes in his or her application the documentation required by*
12 *section 10 of this act.*

13 2. The Board shall grant a provisional license to engage in
14 social work as an independent social worker to a person who applies
15 to take the next available examination and who is otherwise eligible
16 to be an independent social worker pursuant to subsection 1 of
17 NRS 641B.230.

18 3. The Board shall grant a provisional license to engage in
19 social work as a clinical social worker to a person who applies to
20 take the next available examination and who is otherwise eligible to
21 be a clinical social worker pursuant to subsection 1 of
22 NRS 641B.240.

23 4. *If the Board requires an applicant for a license as a social*
24 *worker, master social worker, independent social worker or*
25 *clinical social worker to submit official transcripts as proof of his*
26 *or her educational qualifications, the Board may grant a*
27 *provisional license to an applicant who has:*

28 *(a) Met all requirements for licensure except for the*
29 *submission of official transcripts; and*

30 *(b) Submitted a copy of his or her unofficial transcripts to the*
31 *Board.*

32 5. The Board shall establish by regulation the period during
33 which a provisional license issued pursuant to ~~{this section}~~
34 *subsection 1, 2 or 3* will be valid. The period must be:

35 (a) No longer than 9 months for a person who is granted a
36 provisional license to engage in social work pursuant to paragraph
37 (a) of subsection 1 or subsection 2 or 3; and

38 (b) No longer than 3 years for a person who is granted a
39 provisional license to engage in social work pursuant to paragraph
40 (b) of subsection 1.

41 6. *A provisional license issued pursuant to subsection 4*
42 *expires 6 months after the date of issuance and may not be*
43 *renewed.*



Sec. 19. NRS 641B.280 is hereby amended to read as follows:

641B.280 1. ~~Every~~ *Except as otherwise provided in NRS 641B.275, every* holder of a license issued pursuant to this chapter may renew his or her license annually by:

(a) Applying to the Board for renewal;

(b) Paying the annual renewal fee set by the Board;

(c) Submitting evidence to the Board of completion of the required continuing education as set forth in regulations adopted by the Board; and

(d) Submitting all information required to complete the renewal.

2. ~~The~~ *Except as otherwise provided in section 11 of this act, the* Board shall, as a prerequisite for the renewal of a license, require the holder to comply with the requirements for continuing education adopted by the Board, which must include, without limitation, a requirement that every 2 years the holder receive at least 2 hours of instruction on evidence-based suicide prevention and awareness or another course of instruction on suicide prevention and awareness that is approved by the Board which the Board has determined to be effective and appropriate.

Sec. 20. NRS 641B.300 is hereby amended to read as follows:

641B.300 1. The Board shall charge and collect fees not to exceed the following amounts for:

Initial application.....	\$200
Provisional license.....	150
Initial issuance of a license as a social worker <i>or master social worker</i>	250
Initial issuance of a license as a clinical social worker or an independent social worker.....	350
Initial issuance of a license by endorsement	200
Annual renewal of a license as a social worker , <i>master social worker</i> or an associate in social work	175
Annual renewal of a license as a clinical social worker or an independent social worker	225
Restoration of a suspended license or reinstatement of a revoked license.....	150
Restoration of an expired license	200
Renewal of a delinquent license	100

2. If an applicant submits an application for a license by endorsement pursuant to NRS 641B.272, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.



Sec. 21. NRS 641B.410 is hereby amended to read as follows:

641B.410 1. The Board, any ~~{of its members}~~ *member or employee of the Board* or any member of a review panel of social workers who becomes aware that any one or combination of the grounds for initiating disciplinary action may exist as to a person practicing social work in this State shall, and any other person who is so aware may, file a written complaint specifying the relevant facts with the Board. The complaint must specifically charge one or more of the grounds for initiating disciplinary action.

2. The Board shall retain all complaints filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

Sec. 22. NRS 641B.505 is hereby amended to read as follows:

641B.505 1. Except as otherwise provided in this chapter, it is unlawful for a person to engage in:

(a) The independent practice of social work unless he or she ~~is licensed~~ :

(1) Holds an active license as a clinical social worker or an independent social worker pursuant to this chapter H ; or

(2) Holds an active license as a master social worker pursuant to this chapter and is engaging in the independent practice of social work under the conditions prescribed in section 9 of this act.

(b) The clinical practice of social work unless he or she ~~is licensed~~ :

(1) Holds an active license as a clinical social worker issued pursuant to this chapter H ; or

(2) Holds an active license as an independent social worker or master social worker issued pursuant to this chapter and is engaging in clinical social work under the conditions prescribed in NRS 641B.230 or section 9 of this act, as applicable.

(c) The practice of social work unless he or she holds an active license as an associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker issued pursuant to this chapter.

2. As used in this section, "independent practice of social work" means the unsupervised practice of social work, other than for a public employer, for compensation.

Sec. 23. NRS 641C.130 is hereby amended to read as follows:

641C.130 The provisions of this chapter do not apply to:

1. A physician who is licensed pursuant to the provisions of chapter 630 or 633 of NRS;

2. A nurse who is licensed pursuant to the provisions of chapter 632 of NRS and is authorized by the State Board of Nursing to engage in the practice of counseling persons with alcohol and other



1 substance use disorders or the practice of counseling persons with
2 an addictive disorder related to gambling;

3 3. A psychologist who is licensed pursuant to the provisions of
4 chapter 641 of NRS or authorized to practice psychology in this
5 State pursuant to the Psychology Interjurisdictional Compact
6 enacted in NRS 641.227;

7 4. A clinical professional counselor or clinical professional
8 counselor intern who is licensed pursuant to chapter 641A of NRS;

9 5. A marriage and family therapist or marriage and family
10 therapist intern who is licensed pursuant to the provisions of chapter
11 641A of NRS and is authorized by the Board of Examiners for
12 Marriage and Family Therapists and Clinical Professional
13 Counselors to engage in the practice of counseling persons with
14 alcohol and other substance use disorders or the practice of
15 counseling persons with an addictive disorder related to gambling;
16 or

17 6. A person who is ~~licensed as a~~ :

18 (a) *Licensed as:*

19 (1) *A clinical social worker pursuant to the provisions of*
20 *chapter 641B of NRS ; or*

21 (2) *A master social worker or independent social worker*
22 *pursuant to the provisions of chapter 641B of NRS and is*
23 *engaging in clinical social work as part of an internship program*
24 *approved by the Board of Examiners for Social Workers; and* ~~is~~
25 ~~authorized~~

26 (b) *Authorized* by the Board of Examiners for Social Workers to
27 engage in the practice of counseling persons with alcohol and other
28 substance use disorders or the practice of counseling persons with
29 an addictive disorder related to gambling.

30 **Sec. 24.** NRS 641C.230 is hereby amended to read as follows:

31 641C.230 On or before February 1 of each year, the Board
32 shall submit to the Legislative Committee on Health Care *and each*
33 *regional behavioral health policy board created by NRS 433.429* a
34 report which must include:

35 1. The number of complaints received, investigations
36 completed, cases dismissed, cases settled and cases for which
37 hearings were held within the immediately preceding calendar year;
38 ~~and~~

39 2. The number of applications for the issuance or renewal of a
40 license or certificate received by the Board during the immediately
41 preceding calendar year and the number of those applications for
42 which the Board conducted additional review beyond the standard
43 review regularly conducted by the Board ~~+~~ ; and

44 3. *The number of applications for the issuance of a license or*
45 *certificate by endorsement received by the Board pursuant to*



NRS 641C.3305, 641C.3306, 641C.355, 641C.356, 641C.395, 641C.396, 641C.432 and 641C.433 during the immediately preceding calendar year, the number of those applications that were denied and the reasons for denial.

Sec. 25. NRS 641C.320 is hereby amended to read as follows:
641C.320 1. The Board may issue:

(a) A provisional license as a clinical alcohol and drug counselor to a person who has applied to the Board to take the examination for a license as a clinical alcohol and drug counselor and is otherwise eligible for that license pursuant to NRS 641C.330; or

(b) A provisional license or certificate as an alcohol and drug counselor to a person who has applied to the Board to take the examination for a license or certificate as an alcohol and drug counselor and is otherwise eligible for that license or certificate pursuant to NRS 641C.350 or 641C.390.

2. *If the Board requires an applicant for a license or certificate pursuant to this chapter to submit official transcripts as proof of his or her educational qualifications, the Board may issue a provisional license or certificate to an applicant who has:*

(a) Met all requirements for licensure except for the submission of official transcripts; and

(b) Submitted a copy of his or her unofficial transcripts to the Board.

3. A provisional license or certificate is valid for not more than 6 months and may not be renewed.

Sec. 26. NRS 62A.270 is hereby amended to read as follows:
62A.270 "Qualified professional" means:

1. A psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology, Inc.;

2. A psychologist licensed to practice in this State;

3. A social worker holding a master's degree in social work and licensed in this State as a *master social worker* or clinical social worker;

4. A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State;

5. A marriage and family therapist licensed in this State pursuant to chapter 641A of NRS; or

6. A clinical professional counselor licensed in this State pursuant to chapter 641A of NRS.

Sec. 27. NRS 458A.057 is hereby amended to read as follows:

458A.057 1. "Qualified mental health professional" means any of the following persons:

(a) A person who is certified as a problem gambling counselor pursuant to the provisions of chapter 641C of NRS.



(b) A person who is certified as a problem gambling counselor intern pursuant to the provisions of chapter 641C of NRS.

(c) A physician who is licensed pursuant to the provisions of chapter 630 or 633 of NRS.

(d) A nurse who is licensed pursuant to the provisions of chapter 632 of NRS and is authorized by the State Board of Nursing to engage in the practice of counseling problem gamblers.

(e) A psychologist who is licensed pursuant to the provisions of chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227, or a psychological assistant who is registered with the Board of Psychological Examiners pursuant to the provisions of chapter 641 of NRS and the regulations adopted pursuant thereto.

(f) A clinical professional counselor or clinical professional counselor intern who is licensed pursuant to chapter 641A of NRS.

(g) A marriage and family therapist or marriage and family therapist intern who is licensed pursuant to the provisions of chapter 641A of NRS and is authorized by the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors to engage in the practice of counseling persons with an addictive disorder related to gambling.

(h) A person who is ~~licensed as a~~ :

(1) *Licensed as:*

(I) *A clinical social worker pursuant to the provisions of chapter 641B of NRS ; or*

(II) *A master social worker or independent social worker pursuant to the provisions of chapter 641B of NRS and is engaging in clinical social work as part of an internship program approved by the Board of Examiners for Social Workers; and ~~is authorized~~*

(2) *Authorized* by the Board of Examiners for Social Workers to engage in the practice of counseling persons with an addictive disorder related to gambling.

2. As used in this section, "practice of counseling persons with an addictive disorder related to gambling" has the meaning ascribed to it in NRS 641C.105.

Sec. 28. NRS 689A.0485 is hereby amended to read as follows:

689A.0485 If any policy of health insurance provides coverage for treatment of an illness which is within the authorized scope of the practice of a licensed associate in social work, social worker, *master social worker*, independent social worker or clinical social worker, the insured is entitled to reimbursement for treatment by an associate in social work, social worker, *master social worker*,



independent social worker or clinical social worker who is licensed pursuant to chapter 641B of NRS.

Sec. 29. NRS 689B.0385 is hereby amended to read as follows:

689B.0385 If any policy of group health insurance provides coverage for treatment of an illness which is within the authorized scope of the practice of a licensed associate in social work, social worker, *master social worker*, independent social worker or clinical social worker, the insured is entitled to reimbursement for treatment by an associate in social work, social worker, *master social worker*, independent social worker or clinical social worker who is licensed pursuant to chapter 641B of NRS.

Sec. 30. NRS 695B.1975 is hereby amended to read as follows:

695B.1975 If any contract for hospital or medical service provides coverage for treatment of an illness which is within the authorized scope of the practice of a licensed associate in social work, social worker, *master social worker*, independent social worker or clinical social worker, the insured is entitled to reimbursement for treatment by an associate in social work, social worker, *master social worker*, independent social worker or clinical social worker who is licensed pursuant to chapter 641B of NRS.

Sec. 31. NRS 695C.1775 is hereby amended to read as follows:

695C.1775 If any evidence of coverage provides coverage for treatment of an illness which is within the authorized scope of the practice of a licensed associate in social work, social worker, *master social worker*, independent social worker or clinical social worker, the insured is entitled to reimbursement for treatment by an associate in social work, social worker, *master social worker*, independent social worker or clinical social worker who is licensed pursuant to chapter 641B of NRS.

Sec. 32. 1. The Legislative Committee on Health Care shall conduct a study during the 2021-2022 interim concerning the processes for licensure and certification, including, without limitation, licensure and certification by endorsement, pursuant to chapters 641 to 641C, inclusive, of NRS. In conducting the study, the Legislative Committee on Health Care shall:

(a) Separately evaluate the processes for standard licensure or certification and licensure or certification by endorsement pursuant to those chapters; and

(b) Identify specific barriers to:

(1) Licensure or licensure by endorsement as a psychologist, marriage and family therapist, clinical professional counselor, social worker, master social worker, independent social worker, clinical



1 social worker, clinical alcohol and drug counselor, or alcohol and
2 drug counselor;

3 (2) Certification or certification by endorsement as an
4 alcohol and drug counselor or problem gambling counselor; and

5 (3) Certification as a clinical alcohol and drug counselor
6 intern, alcohol and drug counselor intern or problem gambling
7 counselor intern.

8 2. Not later than September 1, 2022, the Legislative Committee
9 on Health Care shall submit a report of the results of the study
10 conducted pursuant to this section and any recommendations to:

11 (a) The Board of Psychological Examiners, the Board of
12 Examiners for Marriage and Family Therapists and Clinical
13 Professional Counselors, the Board of Examiners for Social
14 Workers and the Board of Examiners for Alcohol, Drug and
15 Gambling Counselors;

16 (b) Each regional behavioral health policy board created by
17 NRS 433.429;

18 (c) The Commission on Behavioral Health created by
19 NRS 232.361; and

20 (d) The Director of the Legislative Counsel Bureau for
21 transmittal to:

22 (1) The Sunset Subcommittee of the Legislative
23 Commission; and

24 (2) The next regular session of the Legislature.

25 3. The Board of Psychological Examiners, the Board of
26 Examiners for Marriage and Family Therapists and Clinical
27 Professional Counselors, the Board of Examiners for Social
28 Workers and the Board of Examiners for Alcohol, Drug and
29 Gambling Counselors shall implement specific strategies to
30 eliminate each barrier to licensure or certification identified in the
31 report submitted pursuant to subsection 3 unless the licensing board
32 to which the barrier applies concludes that the barrier is necessary to
33 maintain the quality of services provided by the holders of licenses
34 or certificates, as applicable.

35 4. In addition to the requirements of NRS 641.145, as amended
36 by section 3 of this act, NRS 641A.183, as amended by section 6 of
37 this act, NRS 641B.165, as amended by section 12 of this act, and
38 NRS 641C.230, as amended by section 24 of this act, the reports
39 submitted by the Board of Psychological Examiners, the Board of
40 Examiners for Marriage and Family Therapists and Clinical
41 Professional Counselors, the Board of Examiners for Social
42 Workers and the Board of Examiners for Alcohol, Drug and
43 Gambling Counselors pursuant to those sections after September 1,
44 2022, and on or before February 1, 2025, must include, without
45 limitation:



1 (a) Specific strategies that the licensing board is implementing
2 pursuant to subsection 4 and a summary of the progress of the
3 licensing board toward eliminating the barriers to licensure or
4 certification identified in the report submitted pursuant to subsection
5 3; or

6 (b) If the licensing board is not implementing strategies to
7 eliminate a barrier to licensure or certification identified in the
8 report submitted pursuant to subsection 3, the specific reasons that
9 the licensing board concluded that the barrier is necessary to
10 maintain the quality of services provided by the holders of licenses
11 or certificates, as applicable, and evidence to support that reasoning.

12 **Sec. 33.** Notwithstanding the amendatory provisions of section
13 22 of this act, the holder of a license to engage in the practice of
14 social work as a social worker issued pursuant to NRS 641B.220
15 who:

16 1. Possesses a master's or doctoral degree in social work from
17 a college or university which is accredited by the Council on Social
18 Work Education, or its successor organization, or which is a
19 candidate for such accreditation; and

20 2. Is engaging in the independent practice of social work or the
21 practice of clinical social work as part of an internship program
22 described in subsection 2 of section 9 of this act on July 1, 2021,
23 ➤ may continue to do so for the current term of his or her license.

24 **Sec. 34.** This act becomes effective:

25 1. Upon passage and approval for the purposes of adopting
26 regulations and performing any preparatory administrative tasks that
27 are necessary to carry out the provisions of this act; and

28 2. On July 1, 2021, for all other purposes.



SENATE BILL NO. 56—COMMITTEE ON COMMERCE AND LABOR

(ON BEHALF OF THE CLARK REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing insurance coverage of behavioral health services. (BDR 57-124)

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

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

AN ACT relating to insurance; imposing certain requirements governing coverage of behavioral health services; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law defines the term "telehealth" to mean the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. (NRS 629.515) Existing law imposes certain requirements concerning coverage of telehealth services by insurers and certain other third-party payers. Those requirements: (1) include a requirement that an insurer or other third-party payer must cover services provided through telehealth to the same extent as if provided in person or by other means; and (2) apply to health coverage, including Medicaid and health plans for state and local government employees, and workers' compensation coverage. (NRS 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695F.090, 695G.162) This bill: (1) extends those requirements to also apply to behavioral health services provided by standard telephone; and (2) requires coverage of behavioral health services provided by telehealth in the same amount as if those services were provided in person or by other means. Additionally, this bill prohibits a third party from issuing coverage of behavioral health services provided in a person's home that depends on the location of the home.



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

Section 1. NRS 689A.0463 is hereby amended to read as follows:

689A.0463 1. A policy of health insurance must include coverage for :

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. An insurer shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an insured through telehealth or by standard telephone or other* services to an insured through telehealth *as a condition to providing the coverage described in subsection 1;* or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of ~~{the}~~ :

(1) *The* distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth ; or ~~{the}~~

(2) *The* originating site at which an insured receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.

3. A policy of health insurance must not require an insured to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* service provided through telehealth that is not required for the



service when provided in person. A policy of health insurance may require prior authorization for a *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a policy of health insurance includes coverage for behavioral health services provided in the home of an insured, such coverage must not depend on the geographic location at which the home is located.*

5. The provisions of this section do not require an insurer to:

(a) Ensure that covered services are available to an insured through telehealth *or by standard telephone* at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

~~5.7~~ 6. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, ~~2015.7~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

~~6.7~~ 7. As used in this section:

(a) *"Behavioral health services" has the meaning ascribed to it in NRS 422.2721.*

(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~(b)~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~(e)~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~(d)~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 2. NRS 689B.0369 is hereby amended to read as follows:

689B.0369 1. A policy of group or blanket health insurance must include coverage for :

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. An insurer shall not:



(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an insured through telehealth or by standard telephone or other* services to an insured through telehealth *as a condition to providing the coverage described in subsection 1*; or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of ~~{the}~~ :

(1) *The* distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth ; or ~~{the}~~

(2) *The* originating site at which an insured receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.

3. A policy of group or blanket health insurance must not require an insured to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* service provided through telehealth that is not required for that service when provided in person. A policy of group or blanket health insurance may require prior authorization for a *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a policy of group or blanket health insurance includes coverage for behavioral health services provided in the home of an insured, such coverage must not depend on the geographic location at which the home is located.*

5. The provisions of this section do not require an insurer to:

(a) Ensure that covered services are available to an insured through telehealth *or by standard telephone* at a particular originating site;



(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

~~§ 6.~~ 6. A policy of group or blanket health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

~~§ 7.~~ 7. As used in this section:

(a) *"Behavioral health services" has the meaning ascribed to it in NRS 422.2721.*

(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~(b)~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~(c)~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~(d)~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 3. NRS 689C.195 is hereby amended to read as follows:

689C.195 1. A health benefit plan must include coverage for :

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. A carrier shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an insured through telehealth or by standard telephone or other* services to an insured through telehealth *as a condition to providing the coverage described in subsection 1;* or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by*



1 *standard telephone or other* services through telehealth as a
2 condition to providing the coverage described in subsection 1;

3 (c) Refuse to provide the coverage described in subsection 1
4 because of ~~the~~ :

5 (1) *The* distant site from which a provider of health care
6 provides *behavioral health services through telehealth or by*
7 *standard telephone or other* services through telehealth ; or ~~the~~

8 (2) *The* originating site at which an insured receives
9 *behavioral health services through telehealth or by standard*
10 *telephone or other* services through telehealth; or

11 (d) Require *covered behavioral health services to be provided*
12 *through telehealth or by standard telephone or require other*
13 covered services to be provided through telehealth as a condition to
14 providing coverage for such services.

15 3. A health benefit plan must not require an insured to obtain
16 prior authorization for any *behavioral health service provided*
17 *through telehealth or by standard telephone or any other* service
18 provided through telehealth that is not required for the service when
19 provided in person. A health benefit plan may require prior
20 authorization for a *behavioral health service provided through*
21 *telehealth or by standard telephone or another* service provided
22 through telehealth if such prior authorization would be required if
23 the service were provided in person or by other means.

24 4. *If a health benefit plan includes coverage for behavioral*
25 *health services provided in the home of an insured, such coverage*
26 *must not depend on the geographic location at which the home is*
27 *located.*

28 5. The provisions of this section do not require a carrier to:

29 (a) Ensure that covered services are available to an insured
30 through telehealth *or by standard telephone* at a particular
31 originating site;

32 (b) Provide coverage for a service that is not a covered service
33 or that is not provided by a covered provider of health care; or

34 (c) Enter into a contract with any provider of health care or
35 cover any service if the carrier is not otherwise required by law to
36 do so.

37 ~~§~~ 6. A plan subject to the provisions of this chapter that is
38 delivered, issued for delivery or renewed on or after July 1, ~~2015,~~
39 **2021**, has the legal effect of including the coverage required by this
40 section, and any provision of the plan or the renewal which is in
41 conflict with this section is void.

42 ~~§~~ 7. As used in this section:

43 (a) *“Behavioral health services” has the meaning ascribed to it*
44 *in NRS 422.2721.*



(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~((b))~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~((e))~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~((d))~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 4. NRS 695A.265 is hereby amended to read as follows:
695A.265 1. A benefit contract must include coverage for :

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. A society shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an insured through telehealth or by standard telephone or other* services to an insured through telehealth *as a condition to providing the coverage described in subsection 1;* or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of ~~{the}~~ :

(1) *The* distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth ; or ~~{the}~~

(2) *The* originating site at which an insured receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.



3. A benefit contract must not require an insured to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* service provided through telehealth that is not required for the service when provided in person. A benefit contract may require prior authorization for a *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a benefit contract includes coverage for behavioral health services provided in the home of an insured, such coverage must not depend on the geographic location at which the home is located.*

5. The provisions of this section do not require a society to:

(a) Ensure that covered services are available to an insured through telehealth *or by standard telephone* at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the society is not otherwise required by law to do so.

~~5.6.~~ 6. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, ~~2015.~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

~~6.7.~~ 7. As used in this section:

(a) *"Behavioral health services" has the meaning ascribed to it in NRS 422.2721.*

(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~6.7.~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~6.7.~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~6.7.~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 5. NRS 695B.1904 is hereby amended to read as follows:

695B.1904 1. A contract for hospital, medical or dental services subject to the provisions of this chapter must include *coverage for:*

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the*



1 *same amount as though provided in person or by other means;*
2 *and*

3 (b) *Other* services provided to an insured through telehealth to
4 the same extent as though provided in person or by other means.

5 2. A medical services corporation that issues contracts for
6 hospital, medical or dental services shall not:

7 (a) Require an insured to establish a relationship in person with
8 a provider of health care or provide any additional consent to or
9 reason for obtaining *behavioral health services through telehealth*
10 *or by standard telephone or other* services through telehealth as a
11 condition to providing the coverage described in subsection 1;

12 (b) Require a provider of health care to ~~{demonstrate}~~ :

13 (1) *Demonstrate* that it is necessary to provide *behavioral*
14 *health services to an insured through telehealth or by standard*
15 *telephone or other* services to an insured through telehealth *as a*
16 *condition to providing the coverage described in subsection 1;* or
17 ~~{receive}~~

18 (2) *Receive* any additional type of certification or license to
19 provide *behavioral health services through telehealth or by*
20 *standard telephone or other* services through telehealth as a
21 condition to providing the coverage described in subsection 1;

22 (c) Refuse to provide the coverage described in subsection 1
23 because of ~~{the}~~ :

24 (1) *The* distant site from which a provider of health care
25 provides *behavioral health services through telehealth or by*
26 *standard telephone or other* services through telehealth ; or ~~{the}~~

27 (2) *The* originating site at which an insured receives
28 *behavioral health services through telehealth or by standard*
29 *telephone or other* services through telehealth; or

30 (d) Require *covered behavioral health services to be provided*
31 *through telehealth or by standard telephone or require other*
32 covered services to be provided through telehealth as a condition to
33 providing coverage for such services.

34 3. A contract for hospital, medical or dental services must not
35 require an insured to obtain prior authorization for any *behavioral*
36 *health service provided through telehealth or by standard*
37 *telephone or any other* service provided through telehealth that is
38 not required for the service when provided in person. A contract for
39 hospital, medical or dental services may require prior authorization
40 for a *behavioral health service provided through telehealth or by*
41 *standard telephone or another* service provided through telehealth
42 if such prior authorization would be required if the service were
43 provided in person or by other means.

44 4. *If a contract for hospital, medical or dental services*
45 *includes coverage for behavioral health services provided in the*



home of an insured, such coverage must not depend on the geographic location at which the home is located.

5. The provisions of this section do not require a medical services corporation that issues contracts for hospital, medical or dental services to:

(a) Ensure that covered services are available to an insured through telehealth *or by standard telephone* at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the medical services corporation is not otherwise required by law to do so.

~~6.5~~ 6. A contract for hospital, medical or dental services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, ~~2015~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

~~6.6~~ 7. As used in this section:

(a) *"Behavioral health services" has the meaning ascribed to it in NRS 422.2721.*

(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~6.7~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~6.8~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~6.9~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 6. NRS 695C.1708 is hereby amended to read as follows:

695C.1708 1. A health care plan of a health maintenance organization must include coverage for :

(a) *Behavioral health services provided to an enrollee through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an enrollee through telehealth to the same extent as though provided in person or by other means.

2. A health maintenance organization shall not:

(a) Require an enrollee to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;



(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an enrollee through telehealth or by standard telephone or other* services to an enrollee through telehealth *as a condition to providing the coverage described in subsection 1;* or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of ~~{the}~~ :

(1) *The* distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth ; or ~~{the}~~

(2) *The* originating site at which an enrollee receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.

3. A health care plan of a health maintenance organization must not require an enrollee to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* service provided through telehealth that is not required for the service when provided in person. Such a health care plan may require prior authorization for a *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a health care plan of a health maintenance organization includes coverage for behavioral health services provided in the home of an enrollee, such coverage must not depend on the geographic location at which the home is located.*

5. The provisions of this section do not require a health maintenance organization to:

(a) Ensure that covered services are available to an enrollee through telehealth *or by standard telephone* at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or



(c) Enter into a contract with any provider of health care or cover any service if the health maintenance organization is not otherwise required by law to do so.

~~{5-}~~ 6. Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, ~~{2015-}~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

~~{6-}~~ 7. As used in this section:

(a) *"Behavioral health services" has the meaning ascribed to it in NRS 422.2721.*

(b) "Distant site" has the meaning ascribed to it in NRS 629.515.

~~{b-}~~ (c) "Originating site" has the meaning ascribed to it in NRS 629.515.

~~{c-}~~ (d) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

~~{d-}~~ (e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 7. NRS 695G.162 is hereby amended to read as follows:

695G.162 1. A health care plan issued by a managed care organization for group coverage must include coverage for :

(a) *Behavioral health services provided to an insured through telehealth or by standard telephone to the same extent and in the same amount as though provided in person or by other means; and*

(b) *Other* services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. A managed care organization shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to ~~{demonstrate}~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an insured through telehealth or by standard telephone or other* services to an insured through telehealth *as a condition to providing the coverage described in subsection 1;* or ~~{receive}~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;



(c) Refuse to provide the coverage described in subsection 1 because of ~~the~~ :

(1) *The* distant site from which a provider of health care provides services through telehealth ; or ~~the~~

(2) *The* originating site at which an insured receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.

3. A health care plan of a managed care organization must not require an insured to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* service provided through telehealth that is not required for the service when provided in person. Such a health care plan may require prior authorization for a *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a health care plan of a managed care organization includes coverage for behavioral health services provided in the home of an insured, such coverage must not depend on the geographic location at which the home is located.*

5. The provisions of this section do not require a managed care organization to:

(a) Ensure that covered services are available to an insured through telehealth *or by standard telephone* at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the managed care organization is not otherwise required by law to do so.

~~5.1~~ 6. Evidence of coverage that is delivered, issued for delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

~~6.1~~ 7. As used in this section:

(a) *“Behavioral health services” has the meaning ascribed to it in NRS 422.2721.*

(b) *“Distant site” has the meaning ascribed to it in NRS 629.515.*



1 ~~((b))~~ (c) "Originating site" has the meaning ascribed to it in
2 NRS 629.515.

3 ~~((c))~~ (d) "Provider of health care" has the meaning ascribed to it
4 in NRS 439.820.

5 ~~((d))~~ (e) "Telehealth" has the meaning ascribed to it in
6 NRS 629.515.

7 **Sec. 8.** NRS 422.2721 is hereby amended to read as follows:

8 422.2721 1. The Director shall include in the State Plan for
9 Medicaid:

10 (a) A requirement that the State, and, to the extent applicable,
11 any of its political subdivisions, shall pay for the nonfederal share of
12 expenses for ~~{services}~~ :

13 (1) *Behavioral health services provided to a person through*
14 *telehealth or by standard telephone to the same extent and in the*
15 *same amount as though provided in person or by other means;*
16 *and*

17 (2) *Other services* provided to a person through telehealth to
18 the same extent as though provided in person or by other means; and

19 (b) A provision prohibiting the State from:

20 (1) Requiring a person to obtain prior authorization that
21 would not be required if a service were provided in person or
22 through other means, establish a relationship with a provider of
23 health care or provide any additional consent to or reason for
24 obtaining *behavioral health services through telehealth or by*
25 *standard telephone or other* services through telehealth as a
26 condition to paying for services as described in paragraph (a). The
27 State Plan for Medicaid may require prior authorization for a
28 *behavioral health service provided through telehealth or by*
29 *standard telephone or another* service provided through telehealth
30 if such prior authorization would be required if the service were
31 provided in person or through other means.

32 (2) Requiring a provider of health care to ~~{demonstrate}~~ :

33 (I) *Demonstrate* that it is necessary to provide *behavioral*
34 *health services to a person through telehealth or by standard*
35 *telephone or other* services to a person through telehealth *as a*
36 *condition to paying for services as described in paragraph (a);* or
37 ~~{receive}~~

38 (II) *Receive* any additional type of certification or license
39 to provide *behavioral health services through telehealth or by*
40 *standard telephone or other* services through telehealth as a
41 condition to paying for services as described in paragraph (a).

42 (3) Refusing to pay for services as described in paragraph (a)
43 because of ~~{the}~~ :



(I) The distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth ; or ~~the~~

(II) The originating site at which a person who is covered by the State Plan for Medicaid receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth.

(4) Requiring *behavioral health services to be provided through telehealth or by standard telephone or requiring other* services to be provided through telehealth as a condition to paying for such services.

2. *If the State Plan for Medicaid includes a requirement that the State, and, to the extent applicable, any of its political subdivisions, must pay for the nonfederal share of expenses for behavioral health services provided in the home of a person, such payment must not depend on the geographic location at which the home is located.*

3. The provisions of this section do not:

(a) Require the Director to include in the State Plan for Medicaid coverage of any service that the Director is not otherwise required by law to include; or

(b) Require the State or any political subdivision thereof to:

(1) Ensure that covered services are available to a recipient of Medicaid through telehealth *or by standard telephone* at a particular originating site; or

(2) Provide coverage for a service that is not included in the State Plan for Medicaid or provided by a provider of health care that does not participate in Medicaid.

~~3-~~ 4. As used in this section:

(a) *“Behavioral health services” means services for the evaluation, management or treatment of a mental health condition or an alcohol or other substance use disorder.*

(b) “Distant site” has the meaning ascribed to it in NRS 629.515.

~~(b)~~ (c) “Originating site” has the meaning ascribed to it in NRS 629.515.

~~(e)~~ (d) “Provider of health care” has the meaning ascribed to it in NRS 439.820.

~~(d)~~ (e) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 9. NRS 616C.730 is hereby amended to read as follows:

616C.730 1. Every policy of insurance issued pursuant to chapters 616A to 617, inclusive, of NRS must include coverage for :

(a) *Behavioral health services provided to an employee through telehealth or by standard telephone to the same extent*



1 *and in the same amount as though provided in person or by other*
2 *means; and*

3 (b) *Other* services provided to an employee through telehealth
4 to the same extent as though provided in person or by other means.

5 2. An insurer shall not:

6 (a) Require an employee to establish a relationship in person
7 with a provider of health care or provide any additional consent to
8 or reason for obtaining *behavioral health services through*
9 *telehealth or by standard telephone or other* services through
10 telehealth as a condition to providing the coverage described in
11 subsection 1;

12 (b) Require a provider of health care to ~~{demonstrate}~~ :

13 (1) *Demonstrate* that it is necessary to provide *behavioral*
14 *health services to an employee through telehealth or by standard*
15 *telephone or other* services to an employee through telehealth *as a*
16 *condition to providing the coverage described in subsection 1;* or
17 ~~{receive}~~

18 (2) *Receive* any additional type of certification or license to
19 provide *behavioral health services through telehealth or by*
20 *standard telephone or other* services through telehealth as a
21 condition to providing the coverage described in subsection 1;

22 (c) Refuse to provide the coverage described in subsection 1
23 because of ~~{the}~~ :

24 (1) *The* distant site from which a provider of health care
25 provides *behavioral health services through telehealth or by*
26 *standard telephone or other* services through telehealth ; or ~~{the}~~

27 (2) *The* originating site at which an employee receives
28 *behavioral health services through telehealth or by standard*
29 *telephone or other* services through telehealth; or

30 (d) Require *covered behavioral health services to be provided*
31 *through telehealth or by standard telephone or require other*
32 covered services to be provided through telehealth as a condition to
33 providing coverage for such services.

34 3. A policy of insurance issued pursuant to chapters 616A to
35 617, inclusive, of NRS must not require an employee to obtain prior
36 authorization for any *behavioral health service provided through*
37 *telehealth or by standard telephone or any other* service provided
38 through telehealth that is not required for the service when provided
39 in person. Such a policy of insurance may require prior
40 authorization for a *behavioral health service provided through*
41 *telehealth or by standard telephone or another* service provided
42 through telehealth if such prior authorization would be required if
43 the service were provided in person or by other means.

44 4. *If a policy of insurance issued pursuant to chapters 616A*
45 *to 617, inclusive, of NRS includes coverage for behavioral health*



1 *services provided in the home of an employee, such coverage must*
2 *not depend on the geographic location at which the home is*
3 *located.*

4 5. The provisions of this section do not require an insurer to:

5 (a) Ensure that covered services are available to an employee
6 through telehealth *or by standard telephone* at a particular
7 originating site;

8 (b) Provide coverage for a service that is not a covered service
9 or that is not provided by a covered provider of health care; or

10 (c) Enter into a contract with any provider of health care or
11 cover any service if the insurer is not otherwise required by law to
12 do so.

13 ~~5.4~~ 6. A policy of insurance subject to the provisions of
14 chapters 616A to 617, inclusive, of NRS that is delivered, issued for
15 delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal
16 effect of including the coverage required by this section, and any
17 provision of the policy or the renewal which is in conflict with this
18 section is void.

19 ~~6.1~~ 7. As used in this section:

20 (a) *“Behavioral health services” has the meaning ascribed to it*
21 *in NRS 422.2721.*

22 (b) “Distant site” has the meaning ascribed to it in
23 NRS 629.515.

24 ~~6.2~~ (c) “Originating site” has the meaning ascribed to it in
25 NRS 629.515.

26 ~~6.3~~ (d) “Provider of health care” has the meaning ascribed to it
27 in NRS 439.820.

28 ~~6.4~~ (e) “Telehealth” has the meaning ascribed to it in
29 NRS 629.515.

30 Sec. 10. This act becomes effective on July 1, 2021.



SENATE BILL NO. 69—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE WASHOE REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to behavioral health.
(BDR 39-431)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§ 20)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to behavioral health; providing for the certification of peer recovery support specialists and peer recovery support specialist supervisors; requiring a peer recovery support specialist or peer recovery support specialist supervisor to report certain information; requiring any instruction, curriculum or program concerning substance misuse or substance use disorder in a public school to be evidence-based; requiring the participation of public schools in a system to collect data concerning youth risk behavior of pupils enrolled in certain grades in a public school; providing for the certification of substance use disorder prevention coalitions and prescribing the duties of such a coalition; requiring certain reporting concerning curricula and programs on substance misuse and substance use disorders in public schools; providing a penalty; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

Existing law: (1) defines the term "peer support recovery organization" to mean a person or agency which, for compensation, provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder; and (2) requires a peer support recovery organization to be licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services as a facility for the dependent. (NRS 449.0045, 449.01563, 449.030)

Section 5 of this bill defines the term "peer recovery support services" to mean nonclinical supportive services that use lived experience in recovery from a substance use disorder or other behavioral health disorder to promote recovery in another person with a substance use disorder or other behavioral health disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems. **Section 8** of this bill: (1) requires a person to be certified by the Division as a peer recovery support specialist or peer recovery support specialist supervisor before providing or supervising, as applicable, peer recovery support services; and (2) makes it a misdemeanor to provide or supervise peer recovery support services without being certified. **Section 9** of this bill requires the State Board of Health to adopt regulations governing peer recovery support services. **Section 9** also authorizes the Board to establish by regulation exemptions from the requirements of **section 8**. **Section 22** of this bill requires the Legislative Committee on Health Care to review any regulation that relates to standards for the issuance or renewal of a certificate as a peer recovery support specialist or peer recovery support specialist supervisor.

Existing federal law requires each state to adopt procedures to ensure that applicants for certain licenses and certificates comply with child support obligations. (42 U.S.C. § 666) **Sections 10 and 11** of this bill enact such procedures as applicable to an applicant for a certificate as a peer recovery support specialist or peer recovery support specialist supervisor in order to comply with federal law.

Sections 12 and 13 of this bill provide for the issuance of a certificate as a peer recovery support specialist or peer recovery support specialist supervisor by endorsement to certain applicants who are licensed, certified or hold another credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, issued by another jurisdiction.

Section 14 of this bill: (1) requires an applicant for renewal of a certificate who has a state business license to provide his or her business identification number in the application; and (2) prohibits the renewal of a certificate if the applicant fails to provide such information or is delinquent on a debt to a state agency.

Section 15 of this bill authorizes the Division to bring an action to enjoin any person from providing or supervising peer recovery support services without a valid certificate.

Section 16 of this bill provides that peer recovery support specialists and peer recovery support specialist supervisors are providers of health care for the purposes of provisions imposing enhanced criminal penalties for assaulting a provider of health care under certain circumstances.

Sections 17, 21 and 28 of this bill require a peer recovery support specialist or peer recovery support specialist supervisor to report: (1) the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person; (2) the abuse or neglect of a child; and (3) violations of statutes or regulations governing nursing. If a peer recovery support specialist or peer recovery support specialist supervisor is reported to have abused, neglected, exploited, isolated or abandoned an older person or vulnerable person, **section 18** of this bill requires the submission of the information in the report to the Division. **Sections 17, 23-25, 28 and 34** of this bill revise certain terminology to conform to terminology related to peer recovery support, as used in **sections 2-15** of this bill. **Sections 29-31** of this



bill exempt peer recovery support specialists and peer recovery support specialist supervisors from provisions governing certain other professions related to behavioral health. **Section 37** of this bill makes conforming changes to remove obsolete definitions.

Existing law requires the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for certain subjects, including health and science. (NRS 389.520) If the standards of content and performance for any subject include information concerning substance misuse or substance use disorders, **section 19** of this bill requires any instruction, curriculum or program concerning substance misuse and substance use disorders to be evidence-based. **Section 19** also requires the Department of Education to develop, maintain and publish a list of evidence-based curricula and programs concerning substance misuse and substance use disorders. **Section 32** of this bill requires the board of trustees of each school district and the governing body of each charter school to submit to the Legislative Committee on Education a report that describes any curriculum or program concerning substance misuse or substance use disorders used or offered in the school district or charter school, as applicable, during the 2021-2022 school year.

Section 20 of this bill requires the board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school to ensure that the school district or charter school participates in the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, which is a system pursuant to which a survey is administered every other year to a sampling of pupils in grades 6 to 12, inclusive, to collect data concerning health-risk behaviors by such pupils. **Section 20** also authorize: (1) the parent or guardian of a pupil who is an unemancipated minor to refuse consent to the administration of the survey to the pupil; and (2) a pupil to refuse to participate in the survey.

Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to: (1) formulate and operate a comprehensive state plan for programs for alcohol or other substance use disorders; and (2) coordinate the efforts to carry out the state plan and coordinate all state and federal financial support of programs for alcohol or other substance use disorders in this State. (NRS 458.025) **Section 26** of this bill requires the State Board of Health to adopt regulations providing for the certification of substance use disorder prevention coalitions, which are coalitions of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in regions of this State. **Section 26** also prescribes the duties of a certified substance use disorder prevention coalition, and **section 27** of this bill makes a conforming change to indicate the placement of **section 26** within the Nevada Revised Statutes.

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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 15, inclusive, of this act.

Sec. 2. *As used in sections 2 to 15, inclusive, of this act, unless the context otherwise requires, the words and terms defined*



1 in sections 3 to 7, inclusive, of this act have the meanings ascribed
2 to them in those sections.

3 Sec. 3. "Board" means the State Board of Health.

4 Sec. 4. "Certificate" means a certificate issued by the
5 Division that authorizes the holder to provide or supervise the
6 provision of peer recovery support services, as applicable.

7 Sec. 5. "Peer recovery support services" means nonclinical
8 supportive services that use lived experience in recovery from a
9 substance use disorder or other behavioral health disorder to
10 promote recovery in another person with a substance use disorder
11 or other behavioral health disorder by advocating, mentoring,
12 educating, offering hope and providing assistance in navigating
13 systems.

14 Sec. 6. "Peer recovery support specialist" means a person
15 who provides peer recovery support services.

16 Sec. 7. "Peer recovery support specialist supervisor" means a
17 person who supervises the provision of peer recovery support
18 services by a peer recovery support specialist.

19 Sec. 8. 1. Except where authorized by the regulations
20 adopted pursuant to section 9 of this act, a person shall not:

21 (a) Provide peer recovery support services, use the title of
22 "peer recovery support specialist" or otherwise hold himself or
23 herself out as authorized to provide peer recovery support services
24 unless he or she holds a valid certificate as a peer recovery support
25 specialist issued by the Division.

26 (b) Supervise the provision of peer recovery support services,
27 use the title of "peer recovery support specialist supervisor" or
28 otherwise hold himself or herself out as authorized to supervise
29 the provision of peer recovery support services unless he or she
30 holds a valid certificate as a peer recovery support specialist
31 supervisor issued by the Division.

32 2. Any violation of this section is a misdemeanor.

33 Sec. 9. 1. The Board shall adopt regulations governing the
34 provision of peer recovery support services. The regulations must
35 prescribe:

36 (a) The requirements for the issuance and renewal of a
37 certificate as a peer recovery support specialist or peer recovery
38 support specialist supervisor, which must include, without
39 limitation:

40 (1) A requirement that the person be appropriately certified
41 by the Nevada Certification Board or its successor organization;
42 and

43 (2) Required training and experience for peer recovery
44 support specialists and peer recovery support specialist
45 supervisors.



(b) Requirements governing the supervision of peer recovery support specialists by peer recovery support specialist supervisors.

(c) Procedures for the Division to investigate misconduct by a peer recovery support specialist or peer recovery support specialist supervisor and to impose disciplinary action for such misconduct.

(d) The forms of disciplinary action that the Division may impose against a peer recovery support specialist or peer recovery support specialist supervisor.

2. The Board may, by regulation, prescribe a fee for:

(a) The issuance of a certificate; and

(b) The renewal of a certificate.

3. Any fee prescribed pursuant to subsection 2 must be calculated to produce the revenue estimated to cover the costs related to the issuance and renewal of certificates, but in no case may the fee for the issuance or renewal of a certificate exceed the actual cost to the Division of issuing or renewing the certificate, as applicable.

4. The regulations adopted pursuant to this section may establish exemptions from the provisions of section 8 of this act.

Sec. 10. 1. A person who applies for the issuance or renewal of a certificate must:

(a) Include the social security number of the applicant in the application submitted to the Division.

(b) Submit to the Division the statement prescribed by the Division of Welfare and Supportive Services of the Department pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Division shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the certificate; or

(b) A separate form prescribed by the Division.

3. A certificate may not be issued or renewed by the Division if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the



order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 11. 1. If the Division receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a natural person who is the holder of a certificate, the Division shall deem the certificate issued to that person to be suspended at the end of the 30th day after the date the court order was issued unless the Division receives a letter issued to the holder of the certificate by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the certificate has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The Division shall reinstate a certificate that has been suspended by a district court pursuant to NRS 425.540 if the Division receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose certificate was suspended stating that the person whose certificate was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

Sec. 12. 1. The Division may issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor to an applicant who meets the requirements set forth in this section. An applicant may submit to the Division an application for such a certificate if the applicant holds a corresponding valid and unrestricted license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in the District of Columbia or any state or territory of the United States.

2. An applicant for a certificate by endorsement pursuant to this section must submit to the Division with his or her application:

(a) Proof satisfactory to the Division that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable; and



(3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and correct;

(c) The fee prescribed by the Board in the regulations adopted pursuant to section 9 of this act; and

(d) Any other information required by the Division.

3. Not later than 15 business days after the Division receives an application for a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to this section, the Division shall provide written notice to the applicant of any additional information required by the Division to consider the application. Unless the Division denies the application for good cause, the Division shall approve the application and issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, to the applicant not later than 45 days after receiving the application.

Sec. 13. 1. The Division may issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor to an applicant who meets the requirements set forth in this section. An applicant may submit to the Division an application for such a certificate if the applicant:

(a) Holds a corresponding valid and unrestricted license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in the District of Columbia or any state or territory of the United States; and

(b) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the spouse, widow or widower of a veteran.

2. An applicant for a certificate by endorsement pursuant to this section must submit to the Division with his or her application:

(a) Proof satisfactory to the Division that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable; and



(3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and correct;

(c) The fee prescribed by the Board in the regulations adopted pursuant to section 9 of this act; and

(d) Any other information required by the Division.

3. Not later than 15 business days after the Division receives an application for a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to this section, the Division shall provide written notice to the applicant of any additional information required by the Division to consider the application. Unless the Division denies the application for good cause, the Division shall approve the application and issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, to the applicant not later than 45 days after receiving all the additional information required by the Division to complete the application.

4. At any time before making a final decision on an application for a certificate by endorsement pursuant to this section, the Division may grant a provisional certificate authorizing an applicant to practice as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in accordance with regulations adopted by the Board.

5. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.

Sec. 14. 1. In addition to any other requirements set forth in sections 2 to 15, inclusive, of this act, an applicant for the renewal of a certificate as a recovery support specialist or recovery support specialist supervisor must indicate in the application submitted to the Division whether the applicant has a state business license. If the applicant has a state business license, the applicant must include in the application the business identification number assigned by the Secretary of State upon compliance with the provisions of chapter 76 of NRS.

2. A certificate may not be renewed if:

(a) The applicant fails to submit the information required by subsection 1; or

(b) The State Controller has informed the Division pursuant to subsection 5 of NRS 353C.1965 that the applicant owes a debt to an agency that has been assigned to the State Controller for collection and the applicant has not:

(1) Satisfied the debt;



(2) Entered into an agreement for the payment of the debt pursuant to NRS 353C.130; or

(3) Demonstrated that the debt is not valid.

3. As used in this section:

(a) "Agency" has the meaning ascribed to it in NRS 353C.020.

(b) "Debt" has the meaning ascribed to it in NRS 353C.040.

Sec. 15. 1. The Division may bring an action in the name of the State of Nevada to enjoin any person from providing or supervising the provision of peer recovery support services:

(a) Without first obtaining a certificate from the Division; or

(b) After the certificate of the person has been revoked or suspended by the Division.

2. It is sufficient in such an action to allege that the defendant did, on a certain date and in a certain place, provide or supervise the provision of peer recovery support services without a valid certificate.

Sec. 16. NRS 200.471 is hereby amended to read as follows:
200.471 1. As used in this section:

(a) "Assault" means:

(1) Unlawfully attempting to use physical force against another person; or

(2) Intentionally placing another person in reasonable apprehension of immediate bodily harm.

(b) "Fire-fighting agency" has the meaning ascribed to it in NRS 239B.020.

(c) "Officer" means:

(1) A person who possesses some or all of the powers of a peace officer;

(2) A person employed in a full-time salaried occupation of fire fighting for the benefit or safety of the public;

(3) A member of a volunteer fire department;

(4) A jailer, guard or other correctional officer of a city or county jail;

(5) A prosecuting attorney of an agency or political subdivision of the United States or of this State;

(6) A justice of the Supreme Court, judge of the Court of Appeals, district judge, justice of the peace, municipal judge, magistrate, court commissioner, master or referee, including a person acting pro tempore in a capacity listed in this subparagraph;

(7) An employee of this State or a political subdivision of this State whose official duties require the employee to make home visits;

(8) A civilian employee or a volunteer of a law enforcement agency whose official duties require the employee or volunteer to:

(I) Interact with the public;



1 (II) Perform tasks related to law enforcement; and
2 (III) Wear identification, clothing or a uniform that
3 identifies the employee or volunteer as working or volunteering for
4 the law enforcement agency;

5 (9) A civilian employee or a volunteer of a fire-fighting
6 agency whose official duties require the employee or volunteer to:

7 (I) Interact with the public;

8 (II) Perform tasks related to fire fighting or fire
9 prevention; and

10 (III) Wear identification, clothing or a uniform that
11 identifies the employee or volunteer as working or volunteering for
12 the fire-fighting agency; or

13 (10) A civilian employee or volunteer of this State or a
14 political subdivision of this State whose official duties require the
15 employee or volunteer to:

16 (I) Interact with the public;

17 (II) Perform tasks related to code enforcement; and

18 (III) Wear identification, clothing or a uniform that
19 identifies the employee or volunteer as working or volunteering for
20 this State or a political subdivision of this State.

21 (d) "Provider of health care" means a physician, a medical
22 student, a perfusionist or a physician assistant licensed pursuant to
23 chapter 630 of NRS, a practitioner of respiratory care, a
24 homeopathic physician, an advanced practitioner of homeopathy, a
25 homeopathic assistant, an osteopathic physician, a physician
26 assistant licensed pursuant to chapter 633 of NRS, a podiatric
27 physician, a podiatry hygienist, a physical therapist, a medical
28 laboratory technician, an optometrist, a chiropractor, a
29 chiropractor's assistant, a doctor of Oriental medicine, a nurse, a
30 student nurse, a certified nursing assistant, a nursing assistant
31 trainee, a medication aide - certified, a dentist, a dental student, a
32 dental hygienist, a dental hygienist student, a pharmacist, a
33 pharmacy student, an intern pharmacist, an attendant on an
34 ambulance or air ambulance, a psychologist, a social worker, a
35 marriage and family therapist, a marriage and family therapist
36 intern, a clinical professional counselor, a clinical professional
37 counselor intern, a licensed dietitian, the holder of a license or a
38 limited license issued under the provisions of chapter 653 of NRS, *a*
39 *peer recovery support specialist certified pursuant to sections 2 to*
40 *15, inclusive, of this act, a peer recovery support specialist*
41 *supervisor certified pursuant to sections 2 to 15, inclusive, of this*
42 *act*, an emergency medical technician, an advanced emergency
43 medical technician and a paramedic.



(e) "School employee" means a licensed or unlicensed person employed by a board of trustees of a school district pursuant to NRS 391.100 or 391.281.

(f) "Sporting event" has the meaning ascribed to it in NRS 41.630.

(g) "Sports official" has the meaning ascribed to it in NRS 41.630.

(h) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

(i) "Taxicab driver" means a person who operates a taxicab.

(j) "Transit operator" means a person who operates a bus or other vehicle as part of a public mass transportation system.

2. A person convicted of an assault shall be punished:

(a) If paragraph (c) or (d) does not apply to the circumstances of the crime and the assault is not made with the use of a deadly weapon or the present ability to use a deadly weapon, for a misdemeanor.

(b) If the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

(c) If paragraph (d) does not apply to the circumstances of the crime and if the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event and the person charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a gross misdemeanor, unless the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

(d) If the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event by a probationer, a prisoner who is in lawful custody or confinement or a parolee, and the probationer, prisoner or parolee charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a category D felony as provided in NRS 193.130, unless the assault is made with the use of a deadly weapon



1 or the present ability to use a deadly weapon, then for a category B
2 felony by imprisonment in the state prison for a minimum term of
3 not less than 1 year and a maximum term of not more than 6 years,
4 or by a fine of not more than \$5,000, or by both fine and
5 imprisonment.

6 **Sec. 17.** NRS 200.5093 is hereby amended to read as follows:

7 200.5093 1. Any person who is described in subsection 4 and
8 who, in a professional or occupational capacity, knows or has
9 reasonable cause to believe that an older person or vulnerable
10 person has been abused, neglected, exploited, isolated or abandoned
11 shall:

12 (a) Except as otherwise provided in subsection 2, report the
13 abuse, neglect, exploitation, isolation or abandonment of the older
14 person or vulnerable person to:

15 (1) The local office of the Aging and Disability Services
16 Division of the Department of Health and Human Services;

17 (2) A police department or sheriff's office; or

18 (3) A toll-free telephone service designated by the Aging and
19 Disability Services Division of the Department of Health and
20 Human Services; and

21 (b) Make such a report as soon as reasonably practicable but not
22 later than 24 hours after the person knows or has reasonable cause to
23 believe that the older person or vulnerable person has been abused,
24 neglected, exploited, isolated or abandoned.

25 2. If a person who is required to make a report pursuant to
26 subsection 1 knows or has reasonable cause to believe that the
27 abuse, neglect, exploitation, isolation or abandonment of the older
28 person or vulnerable person involves an act or omission of the
29 Aging and Disability Services Division, another division of the
30 Department of Health and Human Services or a law enforcement
31 agency, the person shall make the report to an agency other than the
32 one alleged to have committed the act or omission.

33 3. Each agency, after reducing a report to writing, shall forward
34 a copy of the report to the Aging and Disability Services Division of
35 the Department of Health and Human Services and the Unit for the
36 Investigation and Prosecution of Crimes.

37 4. A report must be made pursuant to subsection 1 by the
38 following persons:

39 (a) Every physician, dentist, dental hygienist, chiropractor,
40 optometrist, podiatric physician, medical examiner, resident, intern,
41 professional or practical nurse, physician assistant licensed pursuant
42 to chapter 630 or 633 of NRS, perfusionist, psychiatrist,
43 psychologist, marriage and family therapist, clinical professional
44 counselor, clinical alcohol and drug counselor, alcohol and drug
45 counselor, music therapist, athletic trainer, driver of an ambulance,



1 paramedic, licensed dietitian, holder of a license or a limited license
2 issued under the provisions of chapter 653 of NRS , *peer recovery*
3 *support specialist certified pursuant to sections 2 to 15, inclusive,*
4 *of this act, peer recovery support specialist supervisor certified*
5 *pursuant to sections 2 to 15, inclusive, of this act* or other person
6 providing medical services licensed or certified to practice in this
7 State, who examines, attends or treats an older person or vulnerable
8 person who appears to have been abused, neglected, exploited,
9 isolated or abandoned.

10 (b) Any personnel of a hospital or similar institution engaged in
11 the admission, examination, care or treatment of persons or an
12 administrator, manager or other person in charge of a hospital or
13 similar institution upon notification of the suspected abuse, neglect,
14 exploitation, isolation or abandonment of an older person or
15 vulnerable person by a member of the staff of the hospital.

16 (c) A coroner.

17 (d) Every person who maintains or is employed by an agency to
18 provide personal care services in the home.

19 (e) Every person who maintains or is employed by an agency to
20 provide nursing in the home.

21 (f) Every person who operates, who is employed by or who
22 contracts to provide services for an intermediary service
23 organization as defined in NRS 449.4304.

24 (g) Any employee of the Department of Health and Human
25 Services, except the State Long-Term Care Ombudsman appointed
26 pursuant to NRS 427A.125 and any of his or her advocates or
27 volunteers where prohibited from making such a report pursuant to
28 45 C.F.R. § 1321.11.

29 (h) Any employee of a law enforcement agency or a county's
30 office for protective services or an adult or juvenile probation
31 officer.

32 (i) Any person who maintains or is employed by a facility or
33 establishment that provides care for older persons or vulnerable
34 persons.

35 (j) Any person who maintains, is employed by or serves as a
36 volunteer for an agency or service which advises persons regarding
37 the abuse, neglect, exploitation, isolation or abandonment of an
38 older person or vulnerable person and refers them to persons and
39 agencies where their requests and needs can be met.

40 (k) Every social worker.

41 (l) Any person who owns or is employed by a funeral home or
42 mortuary.

43 (m) Every person who operates or is employed by a peer
44 ~~{support}~~ recovery *support* organization, as defined in
45 NRS 449.01563.



(n) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect, isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; and

(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.



1 **Sec. 18.** NRS 200.5095 is hereby amended to read as follows:
2 200.5095 1. Reports made pursuant to NRS 200.5093 and
3 200.5094, and records and investigations relating to those reports,
4 are confidential.

5 2. A person, law enforcement agency or public or private
6 agency, institution or facility who willfully releases data or
7 information concerning the reports and investigation of the abuse,
8 neglect, exploitation, isolation or abandonment of older persons or
9 vulnerable persons, except:

10 (a) Pursuant to a criminal prosecution;

11 (b) Pursuant to NRS 200.50982; or

12 (c) To persons or agencies enumerated in subsection 3,

13 ↳ is guilty of a misdemeanor.

14 3. Except as otherwise provided in subsection 2 and NRS
15 200.50982, data or information concerning the reports and
16 investigations of the abuse, neglect, exploitation, isolation or
17 abandonment of an older person or a vulnerable person is available
18 only to:

19 (a) A physician who is providing care to an older person or a
20 vulnerable person who may have been abused, neglected, exploited,
21 isolated or abandoned;

22 (b) An agency responsible for or authorized to undertake the
23 care, treatment and supervision of the older person or vulnerable
24 person;

25 (c) A district attorney or other law enforcement official who
26 requires the information in connection with an investigation of the
27 abuse, neglect, exploitation, isolation or abandonment of the older
28 person or vulnerable person;

29 (d) A court which has determined, in camera, that public
30 disclosure of such information is necessary for the determination of
31 an issue before it;

32 (e) A person engaged in bona fide research, but the identity of
33 the subjects of the report must remain confidential;

34 (f) A grand jury upon its determination that access to such
35 records is necessary in the conduct of its official business;

36 (g) Any comparable authorized person or agency in another
37 jurisdiction;

38 (h) A legal guardian of the older person or vulnerable person, if
39 the identity of the person who was responsible for reporting the
40 alleged abuse, neglect, exploitation, isolation or abandonment of the
41 older person or vulnerable person to the public agency is protected,
42 and the legal guardian of the older person or vulnerable person is
43 not the person suspected of such abuse, neglect, exploitation,
44 isolation or abandonment;



(i) If the older person or vulnerable person is deceased, the executor or administrator of his or her estate, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected, and the executor or administrator is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment;

(j) The older person or vulnerable person named in the report as allegedly being abused, neglected, exploited, isolated or abandoned, if that person is not legally incapacitated;

(k) An attorney appointed by a court to represent a protected person in a guardianship proceeding pursuant to NRS 159.0485, if:

(1) The protected person is an older person or vulnerable person;

(2) The identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected; and

(3) The attorney of the protected person is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment; or

(l) The State Guardianship Compliance Office created by NRS 159.341,

4. If the person who is reported to have abused, neglected, exploited, isolated or abandoned an older person or a vulnerable person is the holder of a license or certificate issued pursuant to chapters 449, 630 to 641B, inclusive, 653 or 654 of NRS ~~§~~ *or sections 2 to 15, inclusive, of this act*, the information contained in the report must be submitted to the board *or agency* that issued the license ~~§~~ *or certificate*.

5. If data or information concerning the reports and investigations of the abuse, neglect, exploitation, isolation or abandonment of an older person or a vulnerable person is made available pursuant to paragraph (b) or (j) of subsection 3 or subsection 4, the name and any other identifying information of the person who made the report must be redacted before the data or information is made available.

Sec. 19. NRS 389.520 is hereby amended to read as follows:

389.520 1. The Council shall:

(a) Establish standards of content and performance, including, without limitation, a prescription of the resulting level of achievement, for the grade levels set forth in subsection ~~5-6~~ *6*, based upon the content of each course, that is expected of pupils for the following courses of study:

(1) English language arts;



- 1 (2) Mathematics;
- 2 (3) Science;
- 3 (4) Social studies, which includes only the subjects of
- 4 history, geography, economics and government;
- 5 (5) The arts;
- 6 (6) Computer education and technology, which includes
- 7 computer science and computational thinking;
- 8 (7) Health;
- 9 (8) Physical education; and
- 10 (9) A foreign or world language.

11 (b) Establish a schedule for the periodic review and, if
12 necessary, revision of the standards of content and performance. The
13 review must include, without limitation, the review required
14 pursuant to NRS 390.115 of the results of pupils on the
15 examinations administered pursuant to NRS 390.105.

16 (c) Assign priorities to the standards of content and performance
17 relative to importance and degree of emphasis and revise the
18 standards, if necessary, based upon the priorities.

19 2. The standards for computer education and technology must
20 include a policy for the ethical, safe and secure use of computers
21 and other electronic devices. The policy must include, without
22 limitation:

23 (a) The ethical use of computers and other electronic devices,
24 including, without limitation:

25 (1) Rules of conduct for the acceptable use of the Internet
26 and other electronic devices; and

27 (2) Methods to ensure the prevention of:

28 (I) Cyber-bullying;

29 (II) Plagiarism; and

30 (III) The theft of information or data in an electronic
31 form;

32 (b) The safe use of computers and other electronic devices,
33 including, without limitation, methods to:

34 (1) Avoid cyber-bullying and other unwanted electronic
35 communication, including, without limitation, communication with
36 on-line predators;

37 (2) Recognize when an on-line electronic communication is
38 dangerous or potentially dangerous; and

39 (3) Report a dangerous or potentially dangerous on-line
40 electronic communication to the appropriate school personnel;

41 (c) The secure use of computers and other electronic devices,
42 including, without limitation:

43 (1) Methods to maintain the security of personal identifying
44 information and financial information, including, without limitation,
45 identifying unsolicited electronic communication which is sent for



the purpose of obtaining such personal and financial information for an unlawful purpose;

(2) The necessity for secure passwords or other unique identifiers;

(3) The effects of a computer contaminant;

(4) Methods to identify unsolicited commercial material; and

(5) The dangers associated with social networking Internet sites; and

(d) A designation of the level of detail of instruction as appropriate for the grade level of pupils who receive the instruction.

3. The standards for social studies must include multicultural education, including, without limitation, information relating to contributions made by men and women from various racial and ethnic backgrounds. The Council shall consult with members of the community who represent the racial and ethnic diversity of this State in developing such standards.

4. The standards for health must include mental health and the relationship between mental health and physical health.

5. Any standards that include information relating to substance misuse and substance use disorders must require any instruction, curriculum or program concerning substance misuse and substance use disorders to be evidence-based. The Department shall develop, maintain and publish on an Internet website maintained by the Department a list of evidence-based curricula and programs concerning substance misuse and substance use disorders.

6. The Council shall establish standards of content and performance for each grade level in kindergarten and grades 1 to 8, inclusive, for English language arts and mathematics. The Council shall establish standards of content and performance for the grade levels selected by the Council for the other courses of study prescribed in subsection 1.

~~16-1~~ 7. The Council shall forward to the State Board the standards of content and performance established by the Council for each course of study. The State Board shall:

(a) Adopt the standards for each course of study, as submitted by the Council; or

(b) If the State Board objects to the standards for a course of study or a particular grade level for a course of study, return those standards to the Council with a written explanation setting forth the reason for the objection.

~~17-1~~ 8. If the State Board returns to the Council the standards of content and performance for a course of study or a grade level, the Council shall:



(a) Consider the objection provided by the State Board and determine whether to revise the standards based upon the objection; and

(b) Return the standards or the revised standards, as applicable, to the State Board.

☛ The State Board shall adopt the standards of content and performance or the revised standards, as applicable.

~~18-1~~ 9. The Council shall work in cooperation with the State Board to prescribe the examinations required by NRS 390.105.

~~19-1~~ 10. As used in this section:

(a) "Computer contaminant" has the meaning ascribed to it in NRS 205.4737.

(b) "Cyber-bullying" has the meaning ascribed to it in NRS 388.123.

(c) "Electronic communication" has the meaning ascribed to it in NRS 388.124.

Sec. 20. Chapter 392 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in this subsection and subsection 2, the board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school shall ensure that the school district or charter school, as applicable, participates in the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. If the Youth Risk Behavior Surveillance System ceases to exist:

(a) The State Board of Health must prescribe by regulation a successor system that is designed to collect similar information concerning risky behavior by youth; and

(b) The board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school must participate in the system prescribed by the State Board of Health.

2. A public school shall not administer any survey pursuant to a system described in subsection 1 to a pupil if:

(a) The pupil is an unemancipated minor and the parent or guardian of the pupil has refused to consent to the administration of the survey pursuant to subsection 5; or

(b) The pupil has refused to participate in the survey pursuant to subsection 5.

3. If a public school is selected for the administration of a survey to its pupils pursuant to a system described in subsection 1, the board of trustees of the school district in which the public school is located of, if the public school is a charter school, the



governing body of the charter school must ensure that a form is provided to the parent or guardian of each pupil to whom the survey will be administered that allows the parent or guardian to refuse consent to the administration of the survey to the pupil.

4. Before the administration of a survey pursuant to a system described in subsection 1 to a pupil, the board of trustees of a school district or the governing body of a charter school shall provide the parent or guardian of the pupil or, if the pupil is an emancipated minor or is at least 18 years of age, the pupil, with an opportunity to review the survey and written notice of:

(a) The manner in which the survey will be administered;

(b) The manner in which the results of the survey will be used; and

(c) The persons who will have access to the results of the survey.

5. At any time:

(a) The parent or guardian of a pupil who is an unemancipated minor may refuse to provide consent to the administration of a survey pursuant to a system described in subsection 1 by completing and submitting the form described in subsection 3, or any other written refusal of consent, to the principal or other person in charge of the public school in which the pupil is enrolled.

(b) A pupil may refuse to participate in the survey.

Sec. 21. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency



other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) A person providing services licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C or 653 of NRS.

(b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of such a medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility.

(c) A coroner.

(d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A person employed by a public school or private school and any person who serves as a volunteer at such a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed pursuant to chapter 424 of NRS to conduct a foster home.



(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.

(i) Except as otherwise provided in NRS 432B.225, an attorney.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.

(k) Any person who is employed by or serves as a volunteer for a youth shelter. As used in this paragraph, "youth shelter" has the meaning ascribed to it in NRS 244.427.

(l) *A peer recovery support specialist or peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act.*

(m) Any adult person who is employed by an entity that provides organized activities for children, including, without limitation, a person who is employed by a school district or public school.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State shall, at the time of initial licensure, certification or endorsement:



1 (a) Inform the person, in writing or by electronic
2 communication, of his or her duty as a mandatory reporter pursuant
3 to this section;

4 (b) Obtain a written acknowledgment or electronic record from
5 the person that he or she has been informed of his or her duty
6 pursuant to this section; and

7 (c) Maintain a copy of the written acknowledgment or electronic
8 record for as long as the person is licensed, certified or endorsed in
9 this State.

10 8. The employer of a person who is described in subsection 4
11 and who is not required in his or her professional or occupational
12 capacity to be licensed, certified or endorsed in this State must, upon
13 initial employment of the person:

14 (a) Inform the person, in writing or by electronic
15 communication, of his or her duty as a mandatory reporter pursuant
16 to this section;

17 (b) Obtain a written acknowledgment or electronic record from
18 the person that he or she has been informed of his or her duty
19 pursuant to this section; and

20 (c) Maintain a copy of the written acknowledgment or electronic
21 record for as long as the person is employed by the employer.

22 9. Before a person may serve as a volunteer at a public school
23 or private school, the school must:

24 (a) Inform the person, in writing or by electronic
25 communication, of his or her duty as a mandatory reporter pursuant
26 to this section and NRS 392.303;

27 (b) Obtain a written acknowledgment or electronic record from
28 the person that he or she has been informed of his or her duty
29 pursuant to this section and NRS 392.303; and

30 (c) Maintain a copy of the written acknowledgment or electronic
31 record for as long as the person serves as a volunteer at the school.

32 10. As used in this section:

33 (a) "Private school" has the meaning ascribed to it in
34 NRS 394.103.

35 (b) "Public school" has the meaning ascribed to it in
36 NRS 385.007.

37 **Sec. 22.** NRS 439B.225 is hereby amended to read as follows:

38 439B.225 1. As used in this section, "licensing board" means
39 any division or board empowered to adopt standards for the issuance
40 or renewal of licenses, permits or certificates of registration
41 pursuant to NRS 435.3305 to 435.339, inclusive, chapter 449, 625A,
42 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639,
43 640, 640A, 640D, 641, 641A, 641B, 641C, 652, 653 or 654 of NRS

44 ***and sections 2 to 15, inclusive, of this act.***



2. The Committee shall review each regulation that a licensing board proposes or adopts that relates to standards for the issuance or renewal of licenses, permits or certificates of registration issued to a person or facility regulated by the board, giving consideration to:

(a) Any oral or written comment made or submitted to it by members of the public or by persons or facilities affected by the regulation;

(b) The effect of the regulation on the cost of health care in this State;

(c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and

(d) Any other related factor the Committee deems appropriate.

3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.

4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.

Sec. 23. NRS 449.01563 is hereby amended to read as follows:

449.01563 "Peer ~~{support}~~ recovery *support* organization" means a person or agency which, for compensation, provides peer *recovery* support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder.

Sec. 24. NRS 449.01566 is hereby amended to read as follows:

449.01566 "Peer *recovery* support services" ~~[means supportive services relating to mental health, an addictive disorder or a substance use disorder which:~~

~~— 1. Do not require the person offering the supportive services to be licensed.~~

~~— 2. Are offered to a person in need of such services.~~

~~— 3. May include, without limitation:~~

~~— (a) Helping to stabilize such a person;~~

~~— (b) Helping such a person with recovery;~~

~~— (c) Helping such a person to access community-based behavioral health care;~~

~~— (d) Assisting such a person during a crisis situation or an intervention;~~

~~— (e) Providing assistance with preventive care;~~

~~— (f) Providing strategies and education relating to the whole health needs of such a person; and~~



~~(g) Providing encouragement, peer mentoring and training in self-advocacy and self-direction to such a person.~~ *has the meaning ascribed to it in section 5 of this act.*

Sec. 25. NRS 449.0915 is hereby amended to read as follows:

449.0915 1. The Division may issue an endorsement as a crisis stabilization center to the holder of a license to operate a psychiatric hospital that meets the requirements of this section.

2. A psychiatric hospital that wishes to obtain an endorsement as a crisis stabilization center must submit an application in the form prescribed by the Division which must include, without limitation, proof that the applicant meets the requirements of subsection 3.

3. An endorsement as a crisis stabilization center may only be issued if the psychiatric hospital to which the endorsement will apply:

(a) Does not exceed a capacity of 16 beds or constitute an institution for mental diseases, as defined in 42 U.S.C. § 1396d;

(b) Operates in accordance with established administrative protocols, evidence-based protocols for providing treatment and evidence-based standards for documenting information concerning services rendered and recipients of such services in accordance with best practices for providing crisis stabilization services;

(c) Delivers crisis stabilization services:

(1) To patients for not less than 24 hours in an area devoted to crisis stabilization or detoxification before releasing the patient into the community, referring the patient to another facility or transferring the patient to a bed within the hospital for short-term treatment, if the psychiatric hospital has such beds;

(2) In accordance with best practices for the delivery of crisis stabilization services; and

(3) In a manner that promotes concepts that are integral to recovery for persons with mental illness, including, without limitation, hope, personal empowerment, respect, social connections, self-responsibility and self-determination;

(d) Employs ~~{qualified persons}~~ *peer recovery support specialists certified pursuant to sections 2 to 15, inclusive, of this act* to provide peer *recovery* support services ~~{as defined in NRS 449.01566.}~~ when appropriate;

(e) Uses a data management tool to collect and maintain data relating to admissions, discharges, diagnoses and long-term outcomes for recipients of crisis stabilization services;

(f) Accepts all patients, without regard to:

(1) The race, ethnicity, gender, socioeconomic status, sexual orientation or place of residence of the patient;

(2) Any social conditions that affect the patient;

(3) The ability of the patient to pay; or



(4) Whether the patient is admitted voluntarily to the psychiatric hospital pursuant to NRS 433A.140 or admitted to the psychiatric hospital under an emergency admission pursuant to NRS 433A.150;

(g) Performs an initial assessment on any patient who presents at the psychiatric hospital, regardless of the severity of the behavioral health issues that the patient is experiencing;

(h) Has the equipment and personnel necessary to conduct a medical examination of a patient pursuant to NRS 433A.165; and

(i) Considers whether each patient would be better served by another facility and transfer a patient to another facility when appropriate.

4. Crisis stabilization services that may be provided pursuant to paragraph (c) of subsection 3 may include, without limitation:

(a) Case management services, including, without limitation, such services to assist patients to obtain housing, food, primary health care and other basic needs;

(b) Services to intervene effectively when a behavioral health crisis occurs and address underlying issues that lead to repeated behavioral health crises;

(c) Treatment specific to the diagnosis of a patient; and

(d) Coordination of aftercare for patients, including, without limitation, at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.

5. An endorsement as a crisis stabilization center must be renewed at the same time as the license to which the endorsement applies. An application to renew an endorsement as a crisis stabilization center must include, without limitation:

(a) The information described in subsection 3; and

(b) Proof that the psychiatric hospital is accredited by the Commission on Accreditation of Rehabilitation Facilities, or its successor organization, or the Joint Commission, or its successor organization.

6. As used in this section, "crisis stabilization services" means behavioral health services designed to:

(a) De-escalate or stabilize a behavioral crisis, including, without limitation, a behavioral health crisis experienced by a person with a co-occurring substance use disorder; and

(b) When appropriate, avoid admission of a patient to another inpatient mental health facility or hospital and connect the patient with providers of ongoing care as appropriate for the unique needs of the patient.

Sec. 26. Chapter 458 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The State Board of Health shall adopt regulations:



(a) Providing for the certification of substance use disorder prevention coalitions; and

(b) Establishing requirements governing the membership of and geographic region served by substance use disorder prevention coalitions. The regulations adopted pursuant to this paragraph must align with nationally recognized standards for substance use disorder prevention coalitions and must provide that a geographic region may be served by more than one substance abuse disorder prevention coalition.

2. A certified substance use disorder prevention coalition shall:

(a) Advise the Department of Health and Human Services and the Division concerning:

(1) The needs of adults and children in the geographic region served by the coalition concerning the prevention of substance misuse and substance use disorders in the geographic region;

(2) Any progress, problems or plans relating to the provision of services for the prevention of substance misuse and substance use disorders and methods for improving the provision of such services in the geographic region served by the coalition;

(3) Identified gaps in services for the prevention of substance misuse and substance use disorders and recommendations for addressing those gaps; and

(4) Priorities for allocating resources to support and develop services for the prevention of substance misuse and substance use disorders in the geographic region served by the coalition.

(b) Convene interested persons and entities to promote the use of evidence-based strategies to address needs concerning services for the prevention of substance misuse and substance use disorders and improve such services in the geographic region served by the coalition.

(c) Coordinate and share information with other certified substance use disorder prevention coalitions to provide recommendations to the Department of Health and Human Services and the Division concerning services for the prevention of substance misuse and substance use disorders.

(d) Implement, in coordination with the Department of Health and Human Services, the Division, other certified substance use disorder prevention coalitions and other interested persons and entities, statewide efforts for the prevention of substance misuse and substance use disorders.

(e) Coordinate with persons and entities in this State who provide services related to the prevention of substance misuse and



substance use disorders to increase the awareness of such services and reduce duplication of efforts.

(f) In consultation with other persons and entities in this State who provide services related to the prevention of substance use disorders, submit an annual report to the regional behavioral health policy board for the geographic region served by the substance use disorder prevention coalition. The report must include, without limitation:

(1) Identification of the specific needs of the geographic region served by the coalition concerning the prevention of substance misuse and substance use disorders;

(2) A description of methods that the coalition uses to collect and analyze data concerning:

(I) Substance misuse and substance use disorders in the geographic region served by the coalition; and

(II) Gaps in services related to the prevention of substance misuse and substance use disorders and the need for additional services in that region;

(3) The strategies used by the coalition and the results of those strategies;

(4) The goals of the coalition for the immediately preceding year and the degree to which the coalition achieved those goals; and

(5) The goals of the coalition for the immediately following year and the long-term goals of the coalition.

3. The Division shall collaborate with and utilize certified substance abuse disorder prevention coalitions as the primary local and regional entities to coordinate programs and strategies for the prevention of substance use disorders in this State.

4. As used in this section:

(a) "Behavioral health region" has the meaning ascribed to it in NRS 433.426.

(b) "Substance use disorder prevention coalition" means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in a region of this State.

Sec. 27. NRS 458.110 is hereby amended to read as follows:

458.110 In addition to the activities set forth in NRS 458.025 to 458.115, inclusive, *and section 26 of this act*, the Division may engage in any activity necessary to effectuate the purposes of this chapter.

Sec. 28. NRS 632.472 is hereby amended to read as follows:

632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or



holder of a certificate which constitutes a violation of the provisions of this chapter:

(a) Any physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, medication aide - certified, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug counselor, *peer recovery support specialist certified pursuant to sections 2 to 15, inclusive, of this act, peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act*, music therapist, holder of a license or limited license issued pursuant to chapter 653 of NRS, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

(d) Any person who maintains or is employed by an agency to provide personal care services in the home.

(e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(f) Any person who maintains or is employed by an agency to provide nursing in the home.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Any social worker.

(l) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.



(m) Any person who operates or is employed by a peer ~~support~~ recovery ~~support~~ organization.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant or medication aide - certified has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.

4. Any person who in good faith reports any violation of the provisions of this chapter to the Executive Director of the Board pursuant to this section is immune from civil liability for reporting the violation.

5. As used in this section:

(a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

(b) "Community health worker pool" has the meaning ascribed to it in NRS 449.0028.

(c) "Peer ~~support~~ recovery ~~support~~ organization" has the meaning ascribed to it in NRS 449.01563.

(d) "Peer recovery support specialist" has the meaning ascribed to it in section 6 of this act.

(e) "Peer recovery support specialist supervisor" has the meaning ascribed to it in section 7 of this act.

Sec. 29. NRS 641.029 is hereby amended to read as follows:

641.029 The provisions of this chapter do not apply to:

1. A physician who is licensed to practice in this State;

2. A person who is licensed to practice dentistry in this State;

3. A person who is licensed as a marriage and family therapist or marriage and family therapist intern pursuant to chapter 641A of NRS;

4. A person who is licensed as a clinical professional counselor or clinical professional counselor intern pursuant to chapter 641A of NRS;

5. A person who is licensed to engage in social work pursuant to chapter 641B of NRS;

6. A person who is licensed as an occupational therapist or occupational therapy assistant pursuant to NRS 640A.010 to 640A.230, inclusive;

7. A person who is licensed as a clinical alcohol and drug counselor, licensed or certified as an alcohol and drug counselor or certified as an alcohol and drug counselor intern, a clinical alcohol and drug counselor intern, a problem gambling counselor or a



1 problem gambling counselor intern, pursuant to chapter 641C of
2 NRS;

3 8. *A person who is certified as a peer recovery support*
4 *specialist or peer recovery support specialist supervisor pursuant*
5 *to sections 2 to 15, inclusive, of this act, while engaged in activity*
6 *authorized under his or her certificate;*

7 9. A person who is licensed as a behavior analyst or an
8 assistant behavior analyst or registered as a registered behavior
9 technician pursuant to chapter 437 of NRS, while engaged in the
10 practice of applied behavior analysis as defined in NRS 437.040; or

11 ~~9.1~~ 10. Any member of the clergy,
12 if such a person does not commit an act described in NRS
13 641.440 or represent himself or herself as a psychologist.

14 **Sec. 30.** NRS 641B.040 is hereby amended to read as follows:
15 641B.040 The provisions of this chapter do not apply to:

16 1. A physician who is licensed to practice in this State;
17 2. A nurse who is licensed to practice in this State;
18 3. A person who is licensed as a psychologist pursuant to
19 chapter 641 of NRS or authorized to practice psychology in this
20 State pursuant to the Psychology Interjurisdictional Compact
21 enacted in NRS 641.227;

22 4. A person who is licensed as a marriage and family therapist
23 or marriage and family therapist intern pursuant to chapter 641A of
24 NRS;

25 5. A person who is licensed as a clinical professional counselor
26 or clinical professional counselor intern pursuant to chapter 641A of
27 NRS;

28 6. A person who is licensed as an occupational therapist or
29 occupational therapy assistant pursuant to NRS 640A.010 to
30 640A.230, inclusive;

31 7. A person who is licensed as a clinical alcohol and drug
32 counselor, licensed or certified as an alcohol and drug counselor or
33 certified as a clinical alcohol and drug counselor intern, an alcohol
34 and drug counselor intern, a problem gambling counselor or a
35 problem gambling counselor intern, pursuant to chapter 641C of
36 NRS;

37 8. *A person who is certified as a peer recovery support*
38 *specialist or peer recovery support specialist supervisor pursuant*
39 *to sections 2 to 15, inclusive, of this act, while engaged in activity*
40 *authorized under his or her certificate;*

41 9. Any member of the clergy;

42 ~~9.1~~ 10. A county welfare director;

43 ~~10.1~~ 11. Any person who may engage in social work or
44 clinical social work in his or her regular governmental employment



1 but does not hold himself or herself out to the public as a social
2 worker; or

3 ~~11.1~~ 12. A student of social work and any other person
4 preparing for the profession of social work under the supervision of
5 a qualified social worker in a training institution or facility
6 recognized by the Board, unless the student or other person has been
7 issued a provisional license pursuant to paragraph (b) of subsection
8 1 of NRS 641B.275. Such a student must be designated by the title
9 "student of social work" or "trainee in social work," or any other
10 title which clearly indicates the student's training status.

11 **Sec. 31.** NRS 641C.130 is hereby amended to read as follows:

12 641C.130 The provisions of this chapter do not apply to:

13 1. A physician who is licensed pursuant to the provisions of
14 chapter 630 or 633 of NRS;

15 2. A nurse who is licensed pursuant to the provisions of chapter
16 632 of NRS and is authorized by the State Board of Nursing to
17 engage in the practice of counseling persons with alcohol and other
18 substance use disorders or the practice of counseling persons with
19 an addictive disorder related to gambling;

20 3. A psychologist who is licensed pursuant to the provisions of
21 chapter 641 of NRS or authorized to practice psychology in this
22 State pursuant to the Psychology Interjurisdictional Compact
23 enacted in NRS 641.227;

24 4. A clinical professional counselor or clinical professional
25 counselor intern who is licensed pursuant to chapter 641A of NRS;

26 5. A marriage and family therapist or marriage and family
27 therapist intern who is licensed pursuant to the provisions of chapter
28 641A of NRS and is authorized by the Board of Examiners for
29 Marriage and Family Therapists and Clinical Professional
30 Counselors to engage in the practice of counseling persons with
31 alcohol and other substance use disorders or the practice of
32 counseling persons with an addictive disorder related to gambling;

33 ~~for~~

34 6. A person who is licensed as a clinical social worker pursuant
35 to the provisions of chapter 641B of NRS and is authorized by the
36 Board of Examiners for Social Workers to engage in the practice of
37 counseling persons with alcohol and other substance use disorders
38 or the practice of counseling persons with an addictive disorder
39 related to gambling ~~11.1~~; or

40 7. *A person who is certified as a peer recovery support*
41 *specialist or peer recovery support specialist supervisor pursuant*
42 *to sections 2 to 15, inclusive, of this act, while engaged in activity*
43 *authorized under his or her certificate.*

44 **Sec. 32.** On or before July 1, 2022, the board of trustees of
45 each school district and the governing body of each charter school



1 shall submit to the Director of the Legislative Counsel Bureau for
2 transmittal to Legislative Committee on Education created by NRS
3 218E.605 a report that describes any curriculum or program
4 concerning substance misuse and substance use disorders used or
5 offered in the school district or charter school, as applicable, during
6 the immediately preceding school year.

7 **Sec. 33.** 1. Notwithstanding any provision of this act to the
8 contrary, any person who provides or supervises the provision of
9 peer recovery support services on or before January 1, 2022, may
10 provide or supervise such services without satisfying the
11 requirements for certification and or obtaining a certificate as
12 required by section 8 of this act until July 31, 2023. To provide or
13 supervise peer recovery support services on or after August 1, 2023,
14 such a person must meet the requirements for certification and
15 obtain a certificate as required by section 8 of this act.

16 2. As used in this section, "peer recovery support services" has
17 the meaning ascribed to it in section 5 of this act.

18 **Sec. 34.** 1. When the next reprint of the Nevada Revised
19 Statutes is prepared by the Legislative Counsel, the Legislative
20 Counsel shall replace:

21 (a) The term "peer support services" as it appears in the Nevada
22 Revised Statutes with the term "peer recovery support services" in
23 the manner provided in this act.

24 (b) The term "peer support recovery organization" as it appears
25 in the Nevada Revised Statutes with the term "peer recovery support
26 organization" in the manner provided in this act.

27 2. The Legislative Counsel shall, in preparing supplements to
28 the Nevada Administrative Code, make such changes as necessary
29 so that:

30 (a) The term "peer support services" is replaced with the term
31 "peer recovery support services" as provided for in this act.

32 (b) The term "peer support recovery organization" is replaced
33 with the term "peer recovery support organization" as provided for
34 in this act.

35 **Sec. 35.** The provisions of NRS 354.599 do not apply to any
36 additional expenses of a local government that are related to the
37 provisions of this act.

38 **Sec. 36.** NRS 449A.060 and 449A.062 are hereby repealed.

39 **Sec. 37.** 1. This section becomes effective upon passage and
40 approval.

41 2. Sections 19, 20 and 32 to 35, inclusive, of this act become
42 effective on July 1, 2021.

43 3. Sections 1 to 18, inclusive, 21 to 31, inclusive, and 37 of this
44 act become effective:



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

(b) On January 1, 2022, for all other purposes.

4. Sections 10 and 11 of this act expire by limitation on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with the subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

are repealed by the Congress of the United States.

TEXT OF REPEALED SECTIONS

449A.060 “Peer support recovery organization” defined. “Peer support recovery organization” means a person or agency which, for compensation, provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder.

449A.062 “Peer support services” defined. “Peer support services” means supportive services relating to mental health, an addictive disorder or substance use disorders which:

1. Do not require the person offering the supportive services to be licensed.

2. Are offered to a person in need of such services.

3. May include, without limitation:

(a) Helping to stabilize such a person;

(b) Helping such a person with recovery;

(c) Helping such a person to access community-based behavioral health care;

(d) Assisting such a person during a crisis situation or an intervention;

(e) Providing assistance with preventive care;

(f) Providing strategies and education relating to the whole health needs of such a person; and



(g) Providing encouragement, peer mentoring and training in self-advocacy and self-direction to such a person.

③0



SENATE BILL NO. 70—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE NORTHERN REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing mental health.
(BDR 39-418)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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

AN ACT relating to mental health; revising provisions governing the use of chemical restraints on persons with disabilities; establishing procedures for placing a person on and releasing a person from a mental health crisis hold; revising provisions governing the emergency admission of a person to a mental health facility or hospital; revising provisions governing involuntary court-ordered admission to a mental health facility and involuntary assisted outpatient treatment; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law defines the term "chemical restraint" to mean the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. (NRS 388.476, 394.355, 433.5456, 449A.206) Existing law prescribes the conditions under which a medical facility, facility for the dependent, psychiatric hospital or psychiatric unit of a hospital or public or private school may use a chemical restraint on a person with a disability and prohibits the use of a chemical restraint on such a person under certain circumstances. (NRS 388.473, 388.497, 394.354, 394.366, 433.5486, 433.549, 433.5503, 449A.236, 449A.245, 449A.248) **Sections 2, 65, 66 and 68** of this bill redefine the term "chemical restraint" for those purposes.

Existing law authorizes an officer authorized to make arrests in this State, certain providers of health care, or the spouse, parent, adult child or legal guardian



of a person alleged to be a person in a mental health crisis to apply for the emergency admission of a person alleged to be a person in a mental health crisis to a mental health facility or hospital. (NRS 433A.160) Existing law requires the release of a person admitted under an emergency admission within 72 hours after the submission of the application for emergency admission unless: (1) a petition is filed for the involuntary court-ordered admission of the person; or (2) the admission is changed to a voluntary admission. (NRS 433A.145, 433A.150, 433A.200)

Section 6 of this bill defines the term "mental health crisis hold" to mean the detention of a person alleged to be a person in a mental health crisis at a public or private mental health facility or hospital for assessment, evaluation, intervention and treatment. **Section 4** of this bill defines the term "emergency admission" to mean the involuntary admission of a person who has been placed on a mental health crisis hold to a public or private mental health facility or a hospital. **Sections 9, 10 and 28-35** of this bill prescribe separate processes for the detention of a person on a mental health crisis hold and emergency admission. Specifically, **section 30** of this bill authorizes an officer authorized to make arrests in this State or certain providers of health care to place a person alleged to be a person who is in a mental health crisis on a mental health crisis hold. **Section 9** of this bill authorizes such an officer or provider of health care, certain family members or any other person with a legitimate interest in a person alleged to be a person in a mental health crisis to petition for a court order to place a person alleged to be a person with a mental illness on a mental health crisis hold. **Section 29** of this bill prescribes the conditions under which a person may be detained if the person is placed on a mental health crisis hold. **Section 35** of this bill prescribes the requirements for releasing a person from a mental health crisis hold. **Sections 10, 28, 31 and 32** of this bill prescribe the procedure for admitting a person to a mental health facility or hospital under an emergency admission. **Sections 10, 28 and 29** require the release of a person placed on a mental health crisis hold within 72 hours after the initiation of the hold, regardless of whether the person is admitted under an emergency admission, unless: (1) a petition is filed for the involuntary court-ordered admission of the person; or (2) the admission is changed to a voluntary admission. **Sections 1, 23, 37, 40, 55, 64, 67 and 70-72** of this bill make conforming changes.

Existing law establishes a procedure for the involuntary court-ordered admission of a person to a mental health facility or a program of community-based or outpatient services. (NRS 433A.200-433A.330) **Section 24** of this bill replaces the term "program of community-based or outpatient services" with the term "assisted outpatient treatment," which is defined to mean outpatient services provided to a person with a mental illness for the purpose of treating the mental illness, assisting the person to live and function in the community or prevent a relapse or deterioration. **Sections 11-21** of this bill prescribe a separate process for requiring a person to receive involuntary assisted outpatient treatment. Specifically, **section 11** of this bill authorizes: (1) the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services, certain providers of health care and certain persons who have an interest in a person to petition the district court to commence a proceeding for involuntary assisted outpatient treatment of the person; and (2) a criminal defendant or the district attorney to make a motion to the district court to commence a proceeding for involuntary assisted outpatient treatment of the defendant or the district court to commence such a proceeding on its own motion. **Section 11** prescribes the criteria for determining whether a person may be ordered to receive involuntary assisted outpatient treatment. **Section 13** of this bill requires certain persons who have evaluated a person who is the subject of a petition or motion for involuntary assisted outpatient treatment to submit to the court a recommended treatment plan for the person. **Section 14** of this bill requires a person who is the subject of a



petition or motion for involuntary assisted outpatient treatment to be represented by counsel at all stages of the proceedings. **Section 18** of this bill authorizes a court to order involuntary assisted outpatient treatment if, at the conclusion of the proceedings, there is clear and convincing evidence that the person to be treated meets the applicable criteria for the initiation or renewal of such treatment. **Section 43** of this bill additionally authorizes a court to order involuntary assisted outpatient treatment if, at the conclusion of proceedings for involuntary court-ordered admission to a mental health facility, the court determines that the subject of the hearing meets those criteria. If a person who has been ordered to receive involuntary assisted outpatient treatment fails to comply with the order, **section 20** of this bill authorizes certain persons to submit a petition for a court to order that the person be taken into custody to determine whether he or she is a person in a mental health crisis. **Section 21** of this bill prescribes a procedure for renewing an order for involuntary assisted outpatient treatment. **Sections 1, 27, 36, 38, 41-46, 48-54, 56-63, 69 and 72-75** of this bill make conforming changes.

Section 25 of this bill provides that a person who is at risk of suffering severe abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or the capacity to recognize reality presents a substantial likelihood of serious harm to himself or herself or others for the purpose of determining whether to: (1) place the person on a mental health crisis hold; (2) order the involuntary admission of the person to a mental health facility; or (3) order the person to receive involuntary assisted outpatient treatment. **Section 26** of this bill requires the Division and the Attorney General to approve all forms for the detention, evaluation, treatment and conditional release of any person under chapter 433A of NRS and furnish the forms to the clerks of district courts in each county. **Section 36** of this bill revises requirements governing a petition for involuntary court-ordered admission.

Section 47 of this bill: (1) requires a court hearing before a person who has been involuntarily admitted to a mental health facility is conditionally released; and (2) revises the criteria for determining whether such a person may be conditionally released. **Sections 22, 39 and 47** of this bill revise the procedure for admitting a person who has been conditionally released to a mental health facility or hospital when conditional release is no longer appropriate. **Section 48** of this bill: (1) abolishes a requirement that an evaluation team evaluate a person who is involuntarily admitted by court order to a mental health facility or required to receive involuntary assisted outpatient treatment before the person may be unconditionally released before the expiration of the order; and (2) makes certain other minor revisions concerning unconditional release.

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

Section 1. NRS 433.4295 is hereby amended to read as follows:

433.4295 1. Each policy board shall:

(a) Advise the Department, Division and Commission regarding:

(1) The behavioral health needs of adults and children in the behavioral health region;

(2) Any progress, problems or proposed plans relating to the provision of behavioral health services and methods to improve the



1 provision of behavioral health services in the behavioral health
2 region;

3 (3) Identified gaps in the behavioral health services which
4 are available in the behavioral health region and any
5 recommendations or service enhancements to address those gaps;

6 (4) Any federal, state or local law or regulation that relates to
7 behavioral health which it determines is redundant, conflicts with
8 other laws or is obsolete and any recommendation to address any
9 such redundant, conflicting or obsolete law or regulation; and

10 (5) Priorities for allocating money to support and develop
11 behavioral health services in the behavioral health region.

12 (b) Promote improvements in the delivery of behavioral health
13 services in the behavioral health region.

14 (c) Coordinate and exchange information with the other policy
15 boards to provide unified and coordinated recommendations to the
16 Department, Division and Commission regarding behavioral health
17 services in the behavioral health region.

18 (d) Review the collection and reporting standards of behavioral
19 health data to determine standards for such data collection and
20 reporting processes.

21 (e) To the extent feasible, establish an organized, sustainable
22 and accurate electronic repository of data and information
23 concerning behavioral health and behavioral health services in the
24 behavioral health region that is accessible to members of the public
25 on an Internet website maintained by the policy board. A policy
26 board may collaborate with an existing community-based
27 organization to establish the repository.

28 (f) To the extent feasible, track and compile data concerning
29 *persons placed on a mental health crisis hold pursuant to NRS*
30 *433A.160, persons admitted to mental health facilities and hospitals*
31 *under an emergency admission pursuant to NRS 433A.145 ~~to~~*
32 *~~433A.197, inclusive, and~~ or section 10 of this act, persons*
33 *admitted to mental health facilities ~~and programs of community-~~*
34 *~~based or outpatient services~~ under an involuntary court-ordered*
35 *admission pursuant to NRS 433A.200 to 433A.330, inclusive, and*
36 *persons ordered to receive involuntary assisted outpatient*
37 *treatment pursuant to sections 11 to 21, inclusive, of this act* in the
38 behavioral health region, including, without limitation:

39 (1) The outcomes of treatment provided to such persons; and

40 (2) Measures taken upon and after the release of such
41 persons to address behavioral health issues and prevent future
42 *mental health crisis holds and admissions.*

43 (g) Identify and coordinate with other entities in the behavioral
44 health region and this State that address issues relating to behavioral



1 health to increase awareness of such issues and avoid duplication of
2 efforts.

3 (h) In coordination with existing entities in this State that
4 address issues relating to behavioral health services, submit an
5 annual report to the Commission which includes, without limitation:

6 (1) The specific behavioral health needs of the behavioral
7 health region;

8 (2) A description of the methods used by the policy board to
9 collect and analyze data concerning the behavioral health needs and
10 problems of the behavioral health region and gaps in behavioral
11 health services which are available in the behavioral health region,
12 including, without limitation, a list of all sources of such data used
13 by the policy board;

14 (3) A description of the manner in which the policy board
15 has carried out the requirements of paragraphs (c) and (g) of
16 subsection 1 and the results of those activities; and

17 (4) The data compiled pursuant to paragraph (f) and any
18 conclusions that the policy board has derived from such data.

19 2. A report described in paragraph (h) of subsection 1 may be
20 submitted more often than annually if the policy board determines
21 that a specific behavioral health issue requires an additional report
22 to the Commission.

23 **Sec. 2.** NRS 433.5456 is hereby amended to read as follows:

24 433.5456 "Chemical restraint" means the administration of
25 drugs *to a person* for the specific and exclusive purpose of
26 controlling an acute or episodic ~~aggressive~~ behavior *that places*
27 *the person or others at a risk of harm* when alternative intervention
28 techniques have failed to limit or control the behavior. The term
29 does not include the administration of drugs ~~on a regular basis, as~~
30 prescribed by a physician, ~~to treat the symptoms of~~ *physician*
31 *assistant or advanced practice registered nurse as standard*
32 *treatment for the mental* ~~or physical~~ ~~emotional or behavioral~~
33 ~~disorders and for assisting a person in gaining self-control over his~~
34 ~~or her impulses.~~ *condition of the person.*

35 **Sec. 3.** Chapter 433A of NRS is hereby amended by adding
36 thereto the provisions set forth as sections 4 to 22, inclusive, of this
37 act.

38 **Sec. 4.** *"Emergency admission" means the involuntary*
39 *admission of a person who has been placed on a mental health*
40 *crisis hold to a public or private mental health facility or a hospital*
41 *pursuant to NRS 433A.145 or section 10 of this act.*

42 **Sec. 5.** *"Involuntary court-ordered admission" means the*
43 *admission of a person in a mental health crisis to a public or*
44 *private mental health facility ordered by a court pursuant to NRS*
45 *433A.200 to 433A.330, inclusive.*



1 **Sec. 6.** *“Mental health crisis hold” means the detention of a*
2 *person alleged to be a person in a mental health crisis at a public*
3 *or private mental health facility or hospital for assessment,*
4 *evaluation, intervention and treatment pursuant to NRS 433A.160.*

5 **Sec. 7.** *“Supporter” has the meaning ascribed to it in*
6 *NRS 162C.090.*

7 **Sec. 8.** *“Voluntary admission” means the admission of a*
8 *person to a public or private mental health facility or a division*
9 *facility pursuant to NRS 433A.140 as a voluntary consumer for*
10 *the purposes of observation, diagnosis, care and treatment.*

11 **Sec. 9. 1.** *A person listed in subsection 2 may petition a*
12 *district court for an order requiring any peace officer to take the*
13 *actions described in subsection 1 of NRS 433A.160 to place a*
14 *person alleged to be in a mental health crisis on a mental health*
15 *crisis hold.*

16 **2.** *A petition pursuant to subsection 1 may be made by:*

17 **(a)** *An officer authorized to make arrests in the State of*
18 *Nevada;*

19 **(b)** *A physician, physician assistant, psychologist, marriage*
20 *and family therapist, clinical professional counselor, social worker*
21 *or registered nurse;*

22 **(c)** *The spouse, parent, adult child or legal guardian of a*
23 *person alleged to be a person in a mental health crisis; or*

24 **(d)** *Any other person who has a legitimate interest in a person*
25 *alleged to be a person in a mental health crisis.*

26 **3.** *The district court may issue an order to place a person*
27 *alleged to be in a mental health crisis on a mental health crisis*
28 *hold only if it is satisfied that there is probable cause to believe*
29 *that the person who is the subject of the petition is a person in a*
30 *mental health crisis. If the district court issues such an order, the*
31 *court shall ensure the delivery of the order to the sheriff of the*
32 *county. The sheriff shall:*

33 **(a)** *Provide the order to the public or private mental health*
34 *facility or hospital to which the person placed on a mental health*
35 *crisis hold is transported; or*

36 **(b)** *Arrange for the person who transports the person placed*
37 *on a mental health crisis hold to a public or private mental health*
38 *facility or hospital to provide the order to the facility or hospital.*

39 **Sec. 10. 1.** *A public or private mental health facility or*
40 *hospital may admit a person who has been placed on a mental*
41 *health crisis hold under an emergency admission if:*

42 **(a)** *After conducting an examination pursuant to NRS*
43 *433A.165, a physician, physician assistant or advanced practice*
44 *registered nurse determines that the person does not have a*



1 *medical condition, other than a psychiatric condition, which*
2 *requires immediate treatment;*

3 *(b) A licensed psychologist, a physician, a physician assistant*
4 *under the supervision of a psychiatrist, a clinical social worker*
5 *who has the psychiatric training and experience prescribed by the*
6 *Board of Examiners for Social Workers pursuant to NRS*
7 *641B.160 or an advanced practice registered nurse who has the*
8 *psychiatric training and experience prescribed by the State Board*
9 *of Nursing pursuant to NRS 632.120, who is employed by the*
10 *public or private mental health facility or hospital completes a*
11 *certificate pursuant to NRS 433A.170;*

12 *(c) A psychiatrist or a psychologist or, if a psychiatrist or a*
13 *psychologist is not available, a physician or an advanced practice*
14 *registered nurse who has the training and experience prescribed*
15 *by the State Board of Nursing pursuant to NRS 632.120, evaluates*
16 *the person at the time of admission and determines that the person*
17 *is a person in a mental health crisis; and*

18 *(d) A psychiatrist approves the admission.*

19 *2. The provisions of subsections 2 and 3 of NRS 433A.150*
20 *continue to apply to a person who is admitted to a public or private*
21 *mental health facility or a hospital under an emergency admission*
22 *pursuant to this section.*

23 **Sec. 11. 1. A proceeding for an order requiring any person**
24 **in the State of Nevada to receive involuntary assisted outpatient**
25 **treatment may be commenced by the filing of a petition for such**
26 **an order with the clerk of the district court of the county where the**
27 **person who is to be treated is present. The petition may be filed by:**

28 *(a) Any person who is at least 18 years of age and resides with*
29 *the person to be treated;*

30 *(b) The spouse, parent, adult sibling, adult child or legal*
31 *guardian of the person to be treated;*

32 *(c) A physician, physician assistant, psychologist, social*
33 *worker or registered nurse who is providing care to the person to*
34 *be treated;*

35 *(d) The Administrator or his or her designee; or*

36 *(e) The medical director of a division facility in which the*
37 *person is receiving treatment or the designee of the medical*
38 *director of such a division facility.*

39 *2. A petition filed pursuant to subsection 1 must be*
40 *accompanied by:*

41 *(a) A sworn statement or a declaration that complies with the*
42 *provisions of NRS 53.045 by a physician, a licensed psychologist,*
43 *a physician assistant under the supervision of a psychiatrist, a*
44 *clinical social worker who has the psychiatric training and*
45 *experience prescribed by the Board of Examiners for Social*



Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, stating that he or she:

(1) Assessed the person who is the subject of the petition not earlier than 10 days before the filing of the petition;

(2) Recommends that the person be ordered to receive involuntary assisted outpatient treatment; and

(3) Is willing and able to testify at a hearing on the petition; and

(b) A sworn statement or a declaration that complies with the provisions of NRS 53.045 from a professional responsible for providing or coordinating involuntary assisted outpatient treatment stating that he or she is willing to provide or coordinate involuntary assisted outpatient treatment for the person.

3. A proceeding to require a person who is the defendant in a criminal proceeding in the district court to receive involuntary assisted outpatient treatment may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:

(a) The defendant has been examined in accordance with NRS 178.415;

(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and

(c) The Division makes a clinical determination that involuntary assisted outpatient treatment is appropriate.

4. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 3 must allege the following concerning the person to be treated:

(a) The person is at least 18 years of age.

(b) The person has a mental illness.

(c) The person has a history of poor compliance with treatment for his or her mental illness that has resulted in at least one of the following circumstances:

(1) At least twice during the immediately preceding 48 months, poor compliance with treatment has been a significant factor in the person being hospitalized or receiving services in the behavioral health unit of a federal or state prison or a county or city jail or detention center. The 48-month period described in this paragraph must be extended by the amount of time that the person has been hospitalized, incarcerated or detained if poor compliance with treatment for his or her mental illness was a significant factor in the person being hospitalized, incarcerated or detained.

(2) Poor compliance with treatment has resulted in at least one act of serious violence toward himself or herself or others or



1 *threat or attempt to cause serious physical harm to himself or*
2 *herself or others during the immediately preceding 48 months in*
3 *which the person has not been hospitalized, incarcerated or*
4 *detained. The 48-month period described in this paragraph must*
5 *be extended by the amount of time that the person has been*
6 *hospitalized, incarcerated or detained if poor compliance with*
7 *treatment for his or her mental illness was a significant factor in*
8 *the person being hospitalized, incarcerated or detained.*

9 (3) *Resulted in the person being hospitalized, incarcerated*
10 *or detained for at least 6 months and the person:*

11 (I) *Is scheduled to be discharged or released from such*
12 *hospitalization, incarceration or detention during the 30 days*
13 *immediately following the date of the petition; or*

14 (II) *Has been discharged or released from such*
15 *hospitalization, incarceration or detention during the 60 days*
16 *immediately preceding the date of the petition; or*

17 (4) *Caused the person to suffer or continue to suffer severe*
18 *abnormal mental, emotional or physical harm that significantly*
19 *impairs judgment, reason, behavior or capacity to recognize*
20 *reality.*

21 (d) *The person is capable of surviving in the community in*
22 *which he or she resides without presenting a substantial likelihood*
23 *of serious harm to himself or herself or others, as determined*
24 *pursuant to NRS 433A.0195, if he or she receives assisted*
25 *outpatient treatment.*

26 (e) *The person requires assisted outpatient treatment to*
27 *prevent further disability or deterioration that presents a*
28 *substantial likelihood of serious harm to himself or herself or*
29 *others, as determined pursuant to NRS 433A.0195.*

30 5. *Upon the request of the person who is the subject of a*
31 *petition filed pursuant to subsection 1, the court shall order an*
32 *independent evaluation by a physician, a licensed psychologist, a*
33 *physician assistant under the supervision of a psychiatrist, a*
34 *clinical social worker who has the psychiatric training and*
35 *experience prescribed by the Board of Examiners for Social*
36 *Workers pursuant to NRS 641B.160 or an advanced practice*
37 *registered nurse who has the psychiatric training and experience*
38 *prescribed by the State Board of Nursing pursuant to NRS*
39 *632.120, to determine whether the person meets the criteria*
40 *prescribed in subsection 4. The petitioner is responsible for the*
41 *cost of the examination. The person who conducts the*
42 *examination must submit his or her findings to the court and be*
43 *available to serve as a witness for any party at the hearing.*

44 6. *A copy of the petition filed pursuant to subsection 1 or a*
45 *motion made pursuant to subsection 3 must be served upon the*



1 person who is the subject of the petition or motion or his or her
2 counsel and, if applicable, his or her legal guardian.

3 **Sec. 12.** 1. Immediately after the clerk of the district court
4 receives a petition filed pursuant to subsection 1 of section 11 of
5 this act or section 21 of this act, the clerk shall transmit the
6 petition to the appropriate district judge, who shall set a time, date
7 and place for its hearing. Immediately after a motion is made
8 pursuant to subsection 3 of section 11 of this act, the district judge
9 shall set a time, date and place for its hearing. The date must be:

10 (a) Within 30 judicial days after the date on which the petition
11 is received by the clerk or the motion is made, as applicable; or

12 (b) If the person who is the subject of the petition or motion is
13 hospitalized at the time of the petition or motion, before that
14 person is to be discharged and within a sufficient time to arrange
15 for a continuous transition from inpatient treatment to assisted
16 outpatient treatment.

17 2. If the Chief Judge, if any, of the district court has assigned
18 a district court judge or hearing master to preside over hearings
19 pursuant to this section, that judge or hearing master must preside
20 over the hearing.

21 3. The court shall give notice of the petition or motion and of
22 the time, date and place of any proceedings thereon to the person
23 who is the subject of the petition or motion, his or her attorney, if
24 known, the person's legal guardian, the petitioner, if applicable,
25 the district attorney of the county in which the court has its
26 principal office, the local office of an agency or organization that
27 receives money from the Federal Government pursuant to 42
28 U.S.C. §§ 10801 et seq., to protect and advocate the rights of
29 persons with a mental illness and the administrative office of any
30 public or private mental health facility in which the subject of the
31 petition or motion is detained.

32 **Sec. 13.** 1. Before the date of a hearing on a petition for
33 involuntary assisted outpatient treatment, the person who made
34 the sworn statement or declaration pursuant to paragraph (a) of
35 subsection 2 of section 11 of this act, the personnel of the Division
36 who made the clinical determination concerning the
37 appropriateness of involuntary assisted outpatient treatment
38 pursuant to paragraph (c) of subsection 3 of section 11 of this act
39 or the person or entity who submitted the petition pursuant to
40 section 21 of this act, as applicable, shall submit to the court a
41 proposed written treatment plan created by a person professionally
42 qualified in the field of psychiatric mental health who is familiar
43 with the person who is the subject of the petition or motion, as
44 applicable. The proposed written treatment plan must set forth:



(a) The services and treatment recommended for the person who is the subject of the petition or motion; and

(b) The person who will provide such services and treatment and his or her qualifications.

2. Services and treatment set forth in a proposed written treatment plan must include, without limitation:

(a) Case management services to coordinate the assisted outpatient treatment recommended pursuant to paragraph (b); and

(b) Assisted outpatient treatment which may include, without limitation:

(1) Medication;

(2) Periodic blood or urine testing to determine whether the person is receiving such medication;

(3) Individual or group therapy;

(4) Full-day or partial-day programming activities;

(5) Educational activities;

(6) Vocational training;

(7) Treatment and counseling for a substance use disorder;

(8) If the person has a history of substance use, periodic blood or urine testing for the presence of alcohol or other recreational drugs;

(9) Supervised living arrangements; and

(10) Any other services determined necessary to treat the mental illness of the person, assist the person in living or functioning in the community or prevent a deterioration of the mental or physical condition of the person.

3. A person professionally qualified in the field of psychiatric mental health who is creating a proposed written treatment plan pursuant to subsection 1 shall:

(a) Consider any wishes expressed by the person who is to be treated in an advance directive for psychiatric care executed pursuant to NRS 449A.600 to 449A.645, inclusive; and

(b) Consult with the person who is to be treated, any providers of health care who are currently treating the person, any surrogate, supporter or legal guardian of the person, and, upon the request of the person, any other person concerned with his or her welfare, including, without limitation, a relative or friend.

4. If a proposed written treatment plan includes medication, the plan must specify the type and class of the medication and state whether the medication is to be self-administered or administered by a specific provider of health care. A proposed written treatment plan must not recommend the use of physical force or restraints to administer medication.



5. If a proposed written treatment plan includes periodic blood or urine testing for the presence of alcohol or other recreational drugs, the plan must set forth sufficient facts to support a clinical determination that the person who is to be treated has a history of substance use disorder.

6. If the person who is to be treated has executed an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, a copy of the advance directive must be attached to the proposed written treatment plan.

7. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 14. 1. The person who is the subject of a petition filed or motion made pursuant to section 11 or 21 of this act or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary assisted outpatient treatment. If he or she fails or refuses to obtain counsel, the court must advise the person and his or her guardian or next of kin, if known, of such right to counsel and must appoint counsel, who may be the public defender or his or her deputy. The person must be represented by counsel at all stages of the proceedings.

2. The court shall award compensation to any counsel appointed pursuant to subsection 1 for his or her services in an amount determined by the court to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person in a mental health crisis last resided.

3. The court shall, at the request of counsel representing the subject of the petition or motion in proceedings before the court relating to involuntary assisted outpatient treatment, grant a recess in the proceedings for the shortest time possible, but for not more than 7 days, to give the counsel an opportunity to prepare his or her case.

4. If the person who is the subject of the petition or motion is ordered to receive involuntary assisted outpatient treatment, counsel must continue to represent the person until the person is released from the program. The court shall serve notice upon such counsel of any action that is taken involving the person while the person is required by the order to receive involuntary assisted outpatient treatment.

Sec. 15. 1. The district attorney of a county in which a petition is filed or motion is made pursuant to section 11 or 21 of this act or his or her deputy:



(a) Must appear and represent the State in the proceedings for involuntary assisted outpatient treatment if:

(1) Pursuant to subsection 1 of section 11 of this act or section 21 of this act the proceedings were initiated by:

(I) A petition filed by the Administrator or his or her designee; or

(II) The medical director of a division facility or his or her designee; and

(2) The district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, are met.

(b) May appear and represent the State in the proceedings for involuntary assisted outpatient treatment in any other case where the district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, are met.

2. If the district attorney does not appear and represent the State in a proceeding for involuntary assisted outpatient treatment, the petitioner is responsible for presenting the case in support of the petition.

Sec. 16. 1. In proceedings for involuntary assisted outpatient treatment, the court shall hear and consider all relevant testimony, including, without limitation:

(a) The testimony of the person who made a sworn statement or declaration pursuant to paragraph (a) of subsection 2 of section 11 of this act, any personnel of the Division responsible for a clinical determination made pursuant to paragraph (c) of subsection 3 of section 11 of this act or the person or entity responsible for the decision to submit a petition pursuant to section 21 of this act, as applicable;

(b) The testimony of any surrogate, supporter or legal guardian of the person who is the subject of the proceedings, if that person wishes to testify; and

(c) If the proposed written treatment plan submitted to section 13 of this act recommends medication and the person who is the subject of the petition objects to the recommendation, the testimony of the person professionally qualified in the field of psychiatric mental health who is familiar with the person who prescribed the recommendation.

2. The court may consider testimony relating to any past actions of the person who is the subject of the petition or motion if such testimony is probative of the question of whether the person currently meets the criteria prescribed by subsection 4 of



section 11 of this act or subsection 1 of section 21 of this act, as applicable.

Sec. 17. 1. Except as otherwise provided in subsection 2, the person who is the subject of a petition or motion for involuntary assisted outpatient treatment must be present at the proceedings on the petition or motion, as applicable, and may, at the discretion of the court, testify.

2. The court may conduct the hearing on a petition or motion for involuntary assisted outpatient treatment in the absence of the person who is the subject of the petition or motion if:

(a) The person has waived his or her right to attend the hearing after receiving notice pursuant to section 12 of this act and being advised of his or her right to be present and the potential consequences of failing to attend; and

(b) The counsel for the person is present.

Sec. 18. 1. If the district court finds, after proceedings for the involuntary assisted outpatient treatment of a person:

(a) That there is not clear and convincing evidence that the person meets the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court must enter its finding to that effect and the person must not be ordered to receive involuntary assisted outpatient treatment.

(b) That there is clear and convincing evidence that the person meets the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court may order the person to receive involuntary assisted outpatient treatment. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390.

2. If the district court finds, after proceedings for the involuntary assisted outpatient treatment of a defendant in a criminal proceeding pursuant to subsection 3 of section 11 of this act:

(a) That there is not clear and convincing evidence that the defendant meets the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court must enter its finding to that effect and the person must not be ordered to receive involuntary assisted outpatient treatment.

(b) That there is clear and convincing evidence that the defendant meets the criteria prescribed in subsection 4 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, except as otherwise provided in this paragraph, the court must order the defendant to receive involuntary assisted



1 outpatient treatment and suspend further proceedings in the
2 criminal proceeding against the defendant until the defendant
3 completes the treatment or the treatment is terminated. If the
4 offense allegedly committed by the defendant is a category A or B
5 felony or involved the use or threatened use of force or violence,
6 the court must not order the defendant to receive involuntary
7 assisted outpatient treatment pursuant to this paragraph unless the
8 prosecuting attorney stipulates to the assignment. The order of the
9 court must be interlocutory and must not become final if, within
10 30 days after the involuntary admission, the person is
11 unconditionally released pursuant to NRS 433A.390. If the
12 defendant successfully completes the involuntary assisted
13 outpatient treatment to the satisfaction of the court, the court must
14 dismiss the criminal charges against the defendant with prejudice.

15 3. An order for a person to receive involuntary assisted
16 outpatient treatment must:

17 (a) Provide for a period of involuntary assisted outpatient
18 treatment that does not exceed 6 months unless the order is
19 renewed or extended pursuant to section 21 of this act;

20 (b) Specify the services that the person who is to be treated
21 must receive; and

22 (c) Direct one or more providers of health care to provide or
23 arrange for the services pursuant to paragraph (b) for the
24 duration of the order.

25 4. If an order for a person to receive involuntary assisted
26 outpatient treatment requires the administration of medication, the
27 order must state the classes of medication and the reasons for
28 ordering the medication, which must be based on the proposed
29 written treatment plan submitted pursuant to section 13 of this act.
30 The order may require the person who is to be treated to self-
31 administer the medication or accept the administration of the
32 medication by a specified person. The court shall not order the use
33 of physical force or restraints to administer medication.

34 5. An order for a person to receive involuntary assisted
35 outpatient treatment may not prescribe treatment that differs from
36 the treatment recommended by the proposed written treatment
37 plan submitted pursuant to section 13 of this act.

38 6. If a surrogate, supporter or legal guardian of a person to
39 be treated testified at the hearing or the person to be treated has
40 executed an advance directive for psychiatric care pursuant to
41 NRS 449A.600 to 449A.645, inclusive, an order for the person to
42 receive involuntary assisted outpatient treatment must not require
43 treatment that conflicts with the preferences expressed in the
44 testimony or advance directive, as applicable, unless good cause is
45 shown.



7. If the court issues an order requiring a person to receive involuntary assisted outpatient treatment, the court must, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and

(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

8. A court may periodically review an order for a person to receive involuntary assisted outpatient treatment to determine whether there is an alternative treatment that is the least restrictive treatment that is appropriate for the person, is in the best interest of the person and will not be detrimental to the public welfare. If the court determines that such a treatment exists, the court must amend the order to require such treatment.

9. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

Sec. 19. The order for any person to receive involuntary assisted outpatient treatment must be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

Sec. 20. 1. When a person who is involuntarily required to receive assisted outpatient treatment fails to participate in the treatment or otherwise fails to carry out the plan of treatment ordered pursuant to section 18 of this act or subsection 3 of NRS 433A.310, as applicable, despite efforts by the professional responsible for providing or coordinating the involuntary assisted outpatient treatment for the person to solicit the person's compliance, the professional may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to the appropriate location to determine whether the person is a person in a mental health crisis. The petition must be accompanied by:

(a) A copy of the order for involuntary assisted outpatient treatment;



(b) A copy of the plan of treatment ordered by the court pursuant to section 18 of this act or subsection 3 of NRS 433A.310, as applicable;

(c) A list that sets forth the specific provisions of the plan of treatment which the person has failed to carry out; and

(d) A statement by the petitioner which explains how the person's failure to receive involuntary assisted outpatient treatment or failure to carry out the plan of treatment will likely cause the person to harm himself or herself or others.

2. If the court determines that there is probable cause to believe that the person is likely to harm himself or herself or others if the person does not comply with the plan of treatment, the court may issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for a determination of whether the person is a person in a mental health crisis.

3. As used in this section, "appropriate location" does not include a jail or prison.

Sec. 21. 1. Not later than 7 judicial days before the end of a period of involuntary assisted outpatient treatment ordered by a court pursuant to section 18 of this act or NRS 433A.310, the Administrator or his or her designee, the medical director of a division facility through which the person who is the subject of the order is receiving involuntary assisted outpatient treatment or his or her designee or another professional responsible for providing or coordinating the involuntary assisted outpatient treatment may petition to renew the order for involuntary assisted outpatient treatment for additional periods not to exceed 6 months each. For each renewal, the petition must allege that the person to be treated:

(a) Is capable of surviving in the community in which he or she resides without presenting a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195, if he or she receives assisted outpatient treatment;

(b) Requires assisted outpatient treatment to prevent further disability or deterioration that presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195; and

(c) Has a limited ability to make an informed decision to voluntarily seek or comply with treatment for his or her mental illness as a result of his or her mental illness.

2. A copy of a petition filed pursuant to subsection 1 must be served upon the person who is the subject of the petition or his or her counsel and, if applicable, his or her legal guardian.



3. Upon receiving a petition filed pursuant to subsection 1, the court shall schedule a hearing on the petition pursuant to section 12 of this act. If the order for involuntary assisted outpatient treatment that is effective at the time of the petition is scheduled to expire before the hearing, the order is extended and remains in effect until the date of the hearing.

Sec. 22. 1. If a person described in subsection 2 determines that conditional release for a person pursuant to NRS 433A.380 is no longer appropriate because the person is in a mental health crisis, the person may petition the district court in the county where the person determined to be in a mental health crisis resides for an order requiring a peace officer to take the person into custody and transport the person to a mental health facility or hospital or arrange for the person to be transported to a mental health facility or hospital by a person or entity listed in subparagraph (2) of paragraph (b) of subsection 1 of NRS 433A.160.

2. A petition described in subsection 1 may be filed by:

(a) A member of the staff of a community treatment program, social services organization, mobile crisis unit or a member of a multi-disciplinary team that is providing case management, support and supervision to the person who is the subject of the petition;

(b) The spouse, parent, adult child or guardian of the person who is the subject of the petition; or

(c) A member of the staff of a mental health facility or hospital at which the person who is the subject of the petition is receiving treatment.

3. The district court may issue an order pursuant to subsection 1 only if it concludes that there is probable cause to believe that conditional release is no longer appropriate because the person is a person in a mental health crisis. If the district court issues such an order, the court shall ensure the delivery of the order to the sheriff of the county. The sheriff shall:

(a) Provide the order to the public or private mental health facility or hospital to which the person is transported; or

(b) Arrange for the person who transports the person alleged to be a person in a mental health crisis to a public or private mental health facility or hospital to provide the order to the facility or hospital.

4. A mental health facility or hospital to which a person is transported pursuant to this section shall provide for the evaluation of the person by a physician, a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and



experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120. If the physician, psychologist, physician assistant, clinical social worker or advanced practice registered nurse conducting the evaluation determines that the person is a person in a mental health crisis, the physician, psychologist, physician assistant, clinical social worker or advanced practice registered nurse must:

(a) Place the person on a mental health crisis hold pursuant to NRS 433A.160;

(b) Arrange for the emergency admission of the person pursuant to section 10 of this act; and

(c) Submit a petition for the involuntary court-ordered admission of the person pursuant to NRS 433A.200.

5. This section must not be construed to prohibit the placement of a person who is on conditional release on a mental health crisis hold pursuant to NRS 433A.160 in the absence of a court order pursuant to this section.

Sec. 23. NRS 433A.011 is hereby amended to read as follows:
433A.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 433A.012 to 433A.019, inclusive, and sections 4 to 8, inclusive, of this act have the meanings ascribed to them in those sections.

Sec. 24. NRS 433A.019 is hereby amended to read as follows:
433A.019 ~~{“Program of community based or outpatient services”}~~ **“Assisted outpatient treatment”** means ~~{care, treatment and training}~~ outpatient services provided to ~~{persons in a mental health crisis, including, without limitation:~~

~~— 1. A program or service for the treatment of alcohol or other substance use disorders;~~

~~— 2. A program of general education or vocational training;~~

~~— 3. A program or service that assists in the dispensing or monitoring of medication;~~

~~— 4. A program or service that provides counseling or therapy;~~

~~— 5. A service which provides screening tests to detect the presence of alcohol or drugs;~~

~~— 6. A program of supervised living; or~~

~~— 7. Any combination of programs and services for persons with mental illness.~~

→} a person with a mental illness for the purpose of treating the mental illness, assisting the person to live and function in the community or to prevent a relapse or deterioration that may reasonably be predicted to result in harm to the person or another



1 *person if the person with a mental illness is not treated.* The term
2 does not include ~~[care, treatment and training]~~ *services* provided to
3 residents of a mental health facility.

4 **Sec. 25.** NRS 433A.0195 is hereby amended to read as
5 follows:

6 433A.0195 For the purposes of this chapter, a person shall be
7 deemed to present a substantial likelihood of serious harm to
8 himself or herself or others if, without care or treatment, the person
9 is at serious risk of:

10 1. Attempting suicide or homicide;

11 2. Causing bodily injury to himself or herself or others,
12 including, without limitation, death, unconsciousness, extreme
13 physical pain, protracted and obvious disfigurement or a protracted
14 loss or impairment of a body part, organ or mental functioning; ~~[or]~~

15 3. Incurring a serious injury, illness or death resulting from
16 complete neglect of basic needs for food, clothing, shelter or
17 personal safety ~~[]; or~~

18 4. *Suffering severe abnormal mental, emotional or physical*
19 *harm that significantly impairs judgment, reason, behavior or the*
20 *capacity to recognize reality.*

21 **Sec. 26.** NRS 433A.130 is hereby amended to read as follows:

22 433A.130 All applications, ~~[and]~~ certificates *and other forms*
23 for the *detainment, evaluation,* admission, *treatment and*
24 *conditional release* of any person in the State of Nevada ~~to a~~
25 ~~mental health facility or to a program of community-based or~~
26 ~~outpatient services]~~ under the provisions of this chapter shall be
27 made on forms approved by the Division and the Office of the
28 Attorney General and furnished by the clerks of the district courts in
29 each county.

30 **Sec. 27.** NRS 433A.140 is hereby amended to read as follows:

31 433A.140 1. Any person may apply to:

32 (a) A public or private mental health facility in the State of
33 Nevada for admission to the facility; or

34 (b) A division facility to receive care, treatment or training
35 provided by the Division,

36 as a voluntary consumer for the purposes of observation,
37 diagnosis, care and treatment. In the case of a person who has not
38 attained the age of majority, application for voluntary admission or
39 care, treatment or training may be made on his or her behalf by the
40 person's spouse, parent or legal guardian.

41 2. If the application is for admission to a division facility, or
42 for care, treatment or training provided by the Division, the
43 applicant must be admitted or provided such services as a voluntary
44 consumer if an examination by personnel of the facility qualified to



1 make such a determination reveals that the person needs and may
2 benefit from services offered by the mental health facility.

3 3. Any person admitted to a public or private mental health
4 facility as a voluntary consumer must be released immediately after
5 the filing of a written request for release with the responsible
6 physician or that physician's designee within the normal working
7 day, unless the facility changes the status of the person to an
8 emergency admission pursuant to NRS 433A.145. When a person is
9 released pursuant to this subsection, the facility and its agents and
10 employees are not liable for any debts or contractual obligations,
11 medical or otherwise, incurred or damages caused by the actions of
12 the person.

13 4. Any person admitted to a public or private mental health
14 facility as a voluntary consumer who has not requested release may
15 nonetheless be released by the medical director of the facility when
16 examining personnel at the facility determine that the consumer has
17 recovered or has improved to such an extent that the consumer is not
18 considered a danger to himself or herself or others and that the
19 services of that facility are no longer beneficial to the consumer or
20 advisable.

21 5. A person who requests care, treatment or training from the
22 Division pursuant to this section must be evaluated by the personnel
23 of the Division to determine whether the person is eligible for the
24 services offered by the Division. The evaluation must be conducted:

25 (a) Within 72 hours if the person has requested inpatient
26 services; or

27 (b) Within 72 regular operating hours, excluding weekends and
28 holidays, if the person has requested ~~{community-based or~~
29 ~~outpatient services.}~~ *assisted outpatient treatment.*

30 6. This section does not preclude a public facility from making
31 decisions, policies, procedures and practices within the limits of the
32 money made available to the facility.

33 **Sec. 28.** NRS 433A.145 is hereby amended to read as follows:

34 433A.145 1. If a person in a mental health crisis is admitted
35 to a public or private mental health facility or hospital as a voluntary
36 consumer, the facility or hospital shall not change the status of the
37 person to an emergency admission unless ~~{the hospital or facility~~
38 ~~receives, before the change in status is made, an application for an~~
39 ~~emergency admission pursuant to}~~ :

40 (a) *A person described in NRS 433A.160 places the person in a*
41 *mental health crisis hold;* and ~~{the certificate of a}~~

42 (b) *A psychiatrist, psychologist, physician, physician assistant,*
43 *clinical social worker or advanced practice registered nurse*
44 *completes a certificate* pursuant to NRS 433A.170.



2. ~~[A]~~ Except as otherwise provided in subsection 3, a person whose status is changed pursuant to subsection 1 must not be detained in excess of 72 hours, including weekends and holidays, after the ~~[change in status is made]~~ person is placed on a mental health crisis hold pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200 ~~[]~~, including, without limitation, the documents required pursuant to NRS 433A.210.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

Sec. 29. NRS 433A.150 is hereby amended to read as follows:

433A.150 1. ~~[Except as otherwise provided in this subsection, a]~~ A person alleged to be a person in a mental health crisis ~~[may, upon application]~~ who is placed on a mental health crisis hold pursuant to NRS 433A.160 ~~[and]~~ may, subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital ~~[under an emergency admission]~~ for assessment, evaluation, ~~[observation]~~ intervention and treatment, regardless of whether any parent or legal guardian of the person has consented to the ~~[admission.]~~ mental health crisis hold.

2. Except as otherwise provided in subsection 3, a person detained pursuant to subsection 1 must be released within 72 hours, including weekends and holidays, after the ~~[application for emergency admission or any part of such an application is made]~~ person is placed on a mental health crisis hold pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200, including, without limitation, the documents required pursuant to NRS 433A.210, or the status of the person is changed to a voluntary admission.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

Sec. 30. NRS 433A.160 is hereby amended to read as follows:

433A.160 1. ~~[Except as otherwise provided in subsection 2, an application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment may only be made by an]~~ An officer authorized to make arrests in the State of Nevada or a physician, physician assistant,



psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse ~~{The officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:~~

— (a) Without a warrant:

— (1) Take *who, based on his or her personal observation of a person or the issuance of a court order pursuant to section 9 of this act, has probable cause to believe that the person is a person* ~~{alleged to be a person}~~ in a mental health crisis, *may place the person on a mental health crisis hold by:*

(a) Taking the person into custody ~~{to apply for the emergency admission of the person for evaluation, observation and treatment;}~~ without a warrant; and

~~{(2) Transport}~~

(b) Transporting the person ~~{alleged to be a person in a mental health crisis}~~ to a public or private mental health facility or hospital for ~~{that purpose,}~~ *assessment, evaluation, intervention and treatment* or ~~{arrange}~~ *arranging* for the person to be transported by:

~~{(I)}~~ (1) A local law enforcement agency;

~~{(II)}~~ (2) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

~~{(III)}~~ (3) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421;

~~{(IV)}~~ (4) An accredited agent of the Division;

~~{(V)}~~ (5) A provider of nonemergency secure behavioral health transport services licensed under the regulations adopted pursuant to NRS 433.3317; or

~~{(VI)}~~ (6) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS ~~{~~

~~only if the officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse, based upon his or her personal observation of the person, has probable cause to believe that the person is a person in a mental health crisis.~~

— (b) Apply to a district court for an order requiring:

— (1) Any peace officer to take a person ~~alleged to be a person in a mental health crisis into custody to allow the applicant for the order to apply for the emergency admission of the person for evaluation, observation and treatment; and~~

— (2) Any agency, system, provider, agent or service described in subparagraph (2) of paragraph (a) to transport the person alleged



to be a person in a mental health crisis to a public or private mental health facility or hospital for that purpose.

~~The district court may issue such an order only if it is satisfied that there is probable cause to believe that the person is a person in a mental health crisis.~~

~~2. An application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment may be made by a spouse, parent, adult child or legal guardian of the person. The spouse, parent, adult child or legal guardian and any other person who has a legitimate interest in the person alleged to be a person in a mental health crisis may apply to a district court for an order described in paragraph (b) of subsection 1.~~

~~3. The application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment must reveal; and~~

(c) Completing and providing to the public or private mental health facility or hospital the form prescribed pursuant to NRS 433A.130 for the placement of a person on a mental health crisis hold. The form must set forth the circumstances under which the person was taken into custody and the reasons therefor.

[4.] 2. To the extent practicable, a person [who applies for the emergency admission of a person who is less than 18 years of age to a public or private mental health facility or hospital, other than a parent or guardian,] described in subsection 1 shall attempt to obtain the consent of the parent or guardian of an unemancipated person who is less than 18 years of age before [making the application.] placing the person on a mental health crisis hold. The person who [applies for the emergency admission] places an unemancipated person who is less than 18 years of age on a mental health crisis hold or, if the person [makes the application] is acting within the scope of his or her employment, the employer of the person, shall maintain documentation of each such attempt until the person who is [the subject of the application] placed on a mental health crisis hold reaches at least 23 years of age.

~~[5. Except as otherwise provided in this subsection, each person admitted to a public or private mental health facility or hospital under an emergency admission must be evaluated at the time of admission by a psychiatrist or a psychologist. If a psychiatrist or a psychologist is not available to conduct an evaluation at the time of admission, a physician or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 may conduct the evaluation. Each such emergency admission must be approved by a psychiatrist.~~



1 ~~—6.1~~ 3. The State Board of Health shall adopt regulations
2 governing the manner in which:

3 (a) A person may apply to become an accredited agent of the
4 Division; and

5 (b) Accredited agents of the Division will be monitored and
6 disciplined for professional misconduct.

7 ~~17.1~~ 4. As used in this section, "an accredited agent of the
8 Division" means any person authorized by the Division to transport
9 to a mental health facility pursuant to subparagraph ~~12.1~~ (4) of
10 paragraph ~~1(a)~~ (b) of subsection 1 those persons ~~in need of~~
11 ~~emergency admission~~ *being placed on a mental health crisis hold.*

12 **Sec. 31.** NRS 433A.165 is hereby amended to read as follows:

13 433A.165 1. Before a person alleged to be a person in a
14 mental health crisis may be admitted to a public or private mental
15 health facility *or hospital under an emergency admission* pursuant
16 to NRS ~~433A.160~~ *433A.145 or section 10 of this act*, the person
17 must:

18 (a) First be examined by a licensed physician or physician
19 assistant licensed pursuant to chapter 630 or 633 of NRS or an
20 advanced practice registered nurse licensed pursuant to NRS
21 632.237 at any location where such a physician, physician assistant
22 or advanced practice registered nurse is authorized to conduct such
23 an examination to determine whether the person has a medical
24 condition, other than a psychiatric condition, which requires
25 immediate treatment; and

26 (b) If such treatment is required, be admitted for the appropriate
27 medical care:

28 (1) To a hospital if the person is in need of emergency
29 services or care; or

30 (2) To another appropriate medical facility if the person is
31 not in need of emergency services or care.

32 2. If a person *alleged to be a person* in a mental health crisis
33 has a medical condition in addition to a psychiatric condition which
34 requires medical treatment that requires more than 72 hours to
35 complete, the licensed physician, physician assistant or advanced
36 practice registered nurse who examined the person must:

37 (a) On the first business day after determining that such medical
38 treatment is necessary, file with the clerk of the district court a
39 written petition ~~to admit~~ *for the involuntary court-ordered*
40 *admission of* the person to a public or private mental health facility
41 pursuant to NRS ~~433A.160~~ *433A.200* after the medical treatment
42 has been completed. The petition must:

43 (1) Include, without limitation, the medical condition of the
44 person and the purpose for continuing the medical treatment of the
45 person; and



(2) Be accompanied by a copy of ~~the application for the emergency admission of the person required~~ :

(I) *The form for the placement of a person on a mental health crisis hold completed* pursuant to NRS 433A.160 ; and ~~the~~

(II) *The certificate ~~required~~ completed* pursuant to NRS 433A.170 ~~+~~ , *unless the medical condition prevents the completion of such a certificate.*

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person in a mental health crisis resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person in a mental health crisis or, on the person's behalf, by his or her insurer or by a state or federal program of medical assistance.

5. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;

(b) The estate of that person; or

(c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

6. The cost of treatment, including hospitalization, for a person who is indigent must be paid pursuant to NRS 428.010 by the county in which the person alleged to be a person in a mental health crisis resides.

7. The provisions of this section do not require the Division to provide examinations required pursuant to subsection 1 at a division facility if the Division does not have the:

(a) Appropriate staffing levels of physicians, physician assistants, advanced practice registered nurses or other appropriate staff available at the facility as the Division determines is necessary to provide such examinations; or

(b) Appropriate medical laboratories as the Division determines is necessary to provide such examinations.



8. The State Board of Health shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

(a) Define "emergency services or care" as that term is used in this section;

(b) Prescribe a procedure to ensure that an examination is performed pursuant to paragraph (a) of subsection 1; and

(c) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

9. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 32. NRS 433A.170 is hereby amended to read as follows:

433A.170 Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept ~~[an application]~~ *a person* for an emergency admission under NRS ~~[433A.160]~~ *433A.145 or section 10 of this act* unless ~~[that application is accompanied by a certificate of]~~ a licensed psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 , *completes a certificate* stating that he or she has examined the person alleged to be a person in a mental health crisis and that he or she has concluded that the person is a person in a mental health crisis. The certificate required by this section may be obtained from a licensed psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is employed by the public or private mental health facility or hospital to which the ~~[application is made.]~~ *person alleged to be a person in a mental health crisis is to be admitted.*

Sec. 33. NRS 433A.185 is hereby amended to read as follows:

433A.185 As soon as practicable but not more than ~~[24]~~ *8* hours after ~~[the emergency admission of a person alleged to be a]~~ *an unemancipated* person ~~[in a mental health crisis]~~ who is under 18 years of age ~~[is placed on a mental health crisis hold,~~ the administrative officer of the public or private mental health facility *or hospital in which the person is being held or his or her designee* shall give notice of ~~[such admission]~~ *the mental health crisis hold* in person, by telephone or facsimile and by certified mail to the parent or legal guardian of that person.



Sec. 34. NRS 433A.190 is hereby amended to read as follows:

433A.190 1. The administrative officer of a public or private mental health facility *or hospital* shall ensure that, within 24 hours of the emergency admission of a person alleged to be a person in a mental health crisis ~~[pursuant to NRS 433A.150]~~ who is at least 18 years of age, *pursuant to NRS 433A.145 or section 10 of this act*, the person is asked to give permission to provide notice of the emergency admission to a family member, friend or other person identified by the person.

2. If a person alleged to be a person in a mental health crisis who is at least 18 years of age gives permission to notify a family member, friend or other person of the emergency admission, the administrative officer shall ensure that:

(a) The permission is recorded in the medical record of the person; and

(b) Notice of the admission is promptly provided to the family member, friend or other person in person or by telephone, facsimile, other electronic communication or certified mail.

3. Except as otherwise provided in subsections 4 and 5, if a person alleged to be a person in a mental health crisis who is at least 18 years of age does not give permission to notify a family member, friend or other person of the emergency admission of the person, notice of the emergency admission must not be provided until permission is obtained.

4. If a person alleged to be a person in a mental health crisis who is at least 18 years of age is not able to give or refuse permission to notify a family member, friend or other person of the emergency admission, the administrative officer of the mental health facility *or hospital* may cause notice as described in paragraph (b) of subsection 2 to be provided if the administrative officer determines that it is in the best interest of the person in a mental health crisis.

5. If a guardian has been appointed for a person alleged to be a person in a mental health crisis who is at least 18 years of age or the person has executed a durable power of attorney for health care pursuant to NRS 162A.700 to 162A.870, inclusive, or appointed an attorney-in-fact using an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, the administrative officer of the mental health facility *or hospital* must ensure that the guardian, agent designated by the durable power of attorney or the attorney-in-fact, as applicable, is promptly notified of the admission as described in paragraph (b) of subsection 2, regardless of whether the person alleged to be a person in a mental health crisis has given permission to the notification.



Sec. 35. NRS 433A.195 is hereby amended to read as follows:

433A.195 **1.** A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person ~~admitted pursuant to NRS 433A.160~~ *from a mental health crisis hold* upon completion of a certificate which meets the requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital, a physician assistant under the supervision of a psychiatrist, psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person in a mental health crisis.

2. A licensed psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release an unemancipated person who is less than 18 years of age from a mental health crisis hold if the parent or guardian of the person agrees to treatment at the facility or accepts physical custody of the person.

Sec. 36. NRS 433A.200 is hereby amended to read as follows:

433A.200 **1.** Except as otherwise provided in ~~subsection 3 and~~ NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility ~~for to a program of community-based or outpatient services~~ with the clerk of the district court of the county where the person who is to be treated resides. The petition may be filed by ~~the spouse, parent, adult children or legal guardian of the person to be treated or by~~ any physician, physician assistant, psychologist, social worker or registered nurse or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has



1 the psychiatric training and experience prescribed by the State
2 Board of Nursing pursuant to NRS 632.120 stating that he or she
3 has examined the person alleged to be a person in a mental health
4 crisis and has concluded that the person is a person in a mental
5 health crisis; or

6 (b) By a sworn written statement by the petitioner that:

7 (1) The petitioner has, based upon the petitioner's personal
8 observation of the person alleged to be a person in a mental health
9 crisis, probable cause to believe that the person is a person in a
10 mental health crisis ~~{1}~~ and

11 ~~{(2) The}~~ the person alleged to be a person in a mental health
12 crisis has refused to submit to examination or treatment by a
13 physician, psychiatrist, licensed psychologist or advanced practice
14 registered nurse who has the psychiatric training and experience
15 prescribed by the State Board of Nursing pursuant to NRS 632.120
16 ~~{1}~~; or

17 (2) *The person alleged to be a person in a mental health*
18 *crisis has been placed on a mental health crisis hold pursuant to*
19 *NRS 433A.160 and the physician, physician assistant or advanced*
20 *practice registered nurse who examined the person alleged to be a*
21 *person with a mental health crisis pursuant to NRS 433A.165*
22 *determined that the person has a medical condition, other than a*
23 *psychiatric condition, which requires immediate treatment.*

24 2. Except as otherwise provided in NRS 432B.6075, if the
25 person to be treated is ~~{a}~~ *an unemancipated* minor and the
26 petitioner is a person other than a parent or guardian of the minor, a
27 petition submitted pursuant to subsection 1 must, in addition to the
28 certificate or statement required by that subsection, include a
29 statement signed by a parent or guardian of the minor that the parent
30 or guardian does not object to the filing of the petition.

31 ~~{3. A proceeding for the involuntary court-ordered admission~~
32 ~~of a person who is the defendant in a criminal proceeding in the~~
33 ~~district court to a program of community-based or outpatient~~
34 ~~services may be commenced by the district court, on its own motion,~~
35 ~~or by motion of the defendant or the district attorney if:~~

36 ~~—(a) The defendant has been examined in accordance with~~
37 ~~NRS 178.415;~~

38 ~~—(b) The defendant is not eligible for commitment to the custody~~
39 ~~of the Administrator pursuant to NRS 178.461; and~~

40 ~~—(c) The Division makes a clinical determination that placement~~
41 ~~in a program of community-based or outpatient services is~~
42 ~~appropriate.}~~

43 **Sec. 37.** NRS 433A.210 is hereby amended to read as follows:
44 433A.210 In addition to the requirements of NRS 433A.200, a
45 petition filed pursuant to that section with the clerk of the district



1 court to commence proceedings for involuntary court-ordered
2 admission of a person pursuant to NRS 433A.145 or 433A.150 must
3 include *documentation of the results of the medical examination*
4 *conducted pursuant to NRS 933A.165 and* a certified copy of:

5 1. The ~~[application for the emergency admission of the person~~
6 ~~made]~~ *form for the placement of the person on a mental health*
7 *crisis hold* pursuant to NRS 433A.160; and

8 2. A petition executed by a psychiatrist, licensed psychologist,
9 physician or advanced practice registered nurse who has the
10 psychiatric training and experience prescribed by the State Board of
11 Nursing pursuant to NRS 632.120, including, without limitation, a
12 sworn statement that:

13 (a) He or she has examined the person alleged to be a person in
14 a mental health crisis;

15 (b) In his or her opinion, there is a reasonable degree of certainty
16 that the person alleged to be a person in a mental health crisis
17 suffers from a mental illness;

18 (c) Based on his or her personal observation of the person
19 alleged to be a person in a mental health crisis and other facts set
20 forth in the petition, the person presents a substantial risk of serious
21 harm to himself or herself or others, as determined pursuant to NRS
22 433A.0195; and

23 (d) In his or her opinion, involuntary admission of the person
24 alleged to be a person in a mental health crisis to a mental health
25 facility or hospital is medically necessary to prevent the person from
26 harming himself or herself or others.

27 **Sec. 38.** NRS 433A.215 is hereby amended to read as follows:

28 433A.215 If an application for a writ of habeas corpus is made
29 by, or on behalf of, a person in a mental health crisis or who is
30 alleged to be a person in a mental health crisis before the initial
31 hearing on a petition for the involuntary court-ordered admission of
32 the person to a mental health facility, ~~[for a program of community-~~
33 ~~based or outpatient services,]~~ the court ~~[shall]~~ *must* conduct a
34 hearing on the application as soon as practicable.

35 **Sec. 39.** NRS 433A.220 is hereby amended to read as follows:

36 433A.220 1. Immediately after the clerk of the district court
37 receives any petition filed pursuant to NRS 433A.200 and
38 433A.210, the clerk shall transmit the petition to the appropriate
39 district judge, who shall set a time, date and place for its hearing.
40 ~~[Immediately after a motion is made pursuant to subsection 3 of~~
41 ~~NRS 433A.200, the district judge shall set a time, date and place for~~
42 ~~its hearing.]~~ The date must be within 6 judicial days after the date on
43 which the petition is received by the clerk ~~[for the motion is made, as~~
44 ~~applicable.]~~ unless otherwise stipulated by an attorney representing
45 the person alleged to be a person in a mental health crisis and the



1 district attorney. If the Chief Judge, if any, of the district court has
2 assigned a district court judge or hearing master to preside over such
3 hearings, that judge or hearing master must preside over the hearing.

4 2. The court shall give notice of the petition ~~for motion~~ and of
5 the time, date and place of any proceedings thereon to the subject of
6 the petition, ~~for motion~~ his or her attorney, if known, the person's
7 legal guardian, the petitioner, if applicable, the district attorney of
8 the county in which the court has its principal office, the local office
9 of an agency or organization that receives money from the Federal
10 Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and
11 advocate the rights of persons in a mental health crisis and the
12 administrative office of any public or private mental health facility
13 in which the subject of the petition ~~for motion~~ is detained.

14 3. The provisions of this section do not preclude a facility from
15 discharging a person before the time set pursuant to this section for
16 the hearing concerning the person, if appropriate. If the person has a
17 legal guardian, the facility shall notify the guardian prior to
18 discharging the person from the facility. The legal guardian has
19 discretion to determine where the person will be released, taking
20 into consideration any discharge plan proposed by the facility
21 assessment team. If the legal guardian does not inform the facility as
22 to where the person will be released within 3 days after the date of
23 notification, the facility shall discharge the person according to its
24 proposed discharge plan.

25 4. *If the person who is the subject of the petition is currently*
26 *on conditional release pursuant to NRS 433A.380:*

27 (a) *The court may provide information on the conditional*
28 *release to any public or private mental health facility or hospital in*
29 *which the person is receiving treatment; and*

30 (b) *The court may, with the consent of the parties, set a*
31 *hearing before or concurrent with the hearing scheduled pursuant*
32 *to subsection 1 to determine whether conditional release remains*
33 *appropriate. If the court sets a hearing to resolve the conditional*
34 *release, the parties may stipulate to continue the matter of the*
35 *petition for involuntary court-ordered admission pending*
36 *resolution of the conditional release. If the court determines by*
37 *clear and convincing evidence that conditional release is no*
38 *longer appropriate, the court may order the admission of the*
39 *person to a mental health facility or hospital pending the*
40 *resolution of the petition for involuntary court-ordered admission.*

41 **Sec. 40.** NRS 433A.240 is hereby amended to read as follows:

42 433A.240 1. After the filing of a petition to commence
43 proceedings for the involuntary court-ordered admission of a person
44 pursuant to NRS 433A.200 and 433A.210, the court shall promptly
45 cause two or more physicians, licensed psychologists or advanced



1 practice registered nurses who have the psychiatric training and
2 experience prescribed by the State Board of Nursing pursuant to
3 NRS 632.120, one of whom must always be a physician, to examine
4 the person alleged to be a person in a mental health crisis, or request
5 an evaluation by an evaluation team from the Division of the person
6 alleged to be a person in a mental health crisis.

7 2. Subject to the provisions in subsection 1, the judge assigned
8 to hear a proceeding brought pursuant to NRS 433A.200 to
9 433A.330, inclusive, shall have complete discretion in selecting the
10 medical professionals to conduct the examination required pursuant
11 to subsection 1.

12 3. ~~{After the filing of a motion pursuant to subsection 3 of NRS~~
13 ~~433A.200, the court shall promptly request an evaluation by an~~
14 ~~evaluation team from the Division of the person alleged to be a~~
15 ~~person in a mental health crisis.~~

16 ~~—4.}~~ To conduct the examination of a person who is not being
17 detained at a mental health facility or hospital under ~~{emergency~~
18 ~~admission}~~ *a mental health crisis hold* pursuant to ~~{an application~~
19 ~~made pursuant to}~~ NRS 433A.160, the court may order a peace
20 officer to take the person into protective custody and transport the
21 person to a mental health facility or hospital where the person may
22 be detained until a hearing is had upon the petition or motion, as
23 applicable.

24 ~~{5.}~~ 4. If the person is not being detained under ~~{an emergency~~
25 ~~admission}~~ *a mental health crisis hold* pursuant to ~~{an application~~
26 ~~made pursuant to}~~ NRS 433A.160, the person may be allowed to
27 remain in his or her home or other place of residence pending an
28 ordered examination or examinations and to return to his or her
29 home or other place of residence upon completion of the
30 examination or examinations. The person may be accompanied by
31 one or more of his or her relations or friends to the place of
32 examination.

33 ~~{6.}~~ 5. Each physician, licensed psychologist and advanced
34 practice registered nurse who examines a person pursuant to
35 subsection 1 ~~{or 3}~~ shall, in conducting such an examination,
36 consider the least restrictive treatment appropriate for the person.

37 ~~{7.}~~ 6. Each physician, licensed psychologist and advanced
38 practice registered nurse who examines a person pursuant to
39 subsection 1 shall, not later than 24 hours before the hearing set
40 pursuant to *subsection 1 of* NRS 433A.220, submit to the court in
41 writing a summary of his or her findings and evaluation regarding
42 the person alleged to be a person in a mental health crisis.



Sec. 41. NRS 433A.250 is hereby amended to read as follows:

433A.250 1. The Administrator shall establish such evaluation teams as are necessary to aid the courts under NRS 433A.240 ~~{,}~~ and 433A.310. ~~{, 433A.315 and 433A.323.}~~

2. Each team must be composed of a psychiatrist and other persons professionally qualified in the field of psychiatric mental health who are representative of the Division, selected from personnel in the Division.

3. Fees for the evaluations must be established and collected as set forth in NRS 433.414 or 433B.260, as appropriate.

Sec. 42. NRS 433A.270 is hereby amended to read as follows:

433A.270 1. The person alleged to be a person in a mental health crisis or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered admission, and if he or she fails or refuses to obtain counsel, the court ~~{shall}~~ *must* advise the person and the person's guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.

2. ~~{Any}~~ *The court shall award any* counsel appointed pursuant to subsection 1 ~~{must be awarded}~~ compensation ~~{by the court}~~ for his or her services in an amount determined by it to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person in a mental health crisis last resided.

3. The court shall, at the request of counsel representing the person alleged to be a person in a mental health crisis in proceedings before the court relating to involuntary court-ordered admission, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. If the person alleged to be a person in a mental health crisis is involuntarily admitted to a ~~{program of community-based or outpatient services,}~~ *public or private mental health facility,* counsel ~~{shall}~~ *must* continue to represent the person until the person is *unconditionally* released from the ~~{program,}~~ *facility pursuant to NRS 433A.390.* The court shall serve notice upon such counsel of any action that is taken involving the person while the person is admitted to the ~~{program of community-based or outpatient services,}~~ *facility.*

5. Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered admission proceedings in the district attorney's county. The district attorney is responsible for the presentation of evidence, if any, in support of the



1 involuntary court-ordered admission of a person to a mental health
2 facility ~~for to a program of community-based or outpatient services~~
3 in proceedings held pursuant to NRS 433A.200 and 433A.210.

4 **Sec. 43.** NRS 433A.310 is hereby amended to read as follows:
5 433A.310 1. Except as otherwise provided in ~~subsection 2~~
6 ~~and~~ NRS 432B.6076 and 432B.6077, if the district court finds, after
7 proceedings for the involuntary court-ordered admission of a
8 person:

9 (a) That there is not clear and convincing evidence that the
10 person with respect to whom the hearing was held is a person in a
11 mental health crisis, the court ~~shall~~ *must* enter its finding to that
12 effect and the person must not be involuntarily admitted to a public
13 or private mental health facility . ~~for to a program of community-~~
14 ~~based or outpatient services.~~ If the person has been ~~admitted to~~
15 *detained in* a public or private mental health facility or hospital
16 *under a mental health crisis hold pursuant to NRS 433A.160,*
17 *including, without limitation, where the person has been admitted*
18 *under an emergency admission* pursuant to NRS ~~433A.160,~~
19 *433A.145 or section 10 of this act,* the court must issue a written
20 order requiring the facility or hospital to release the person not later
21 than 24 hours after the court issues the order, unless the person
22 applies for admission as a voluntary consumer pursuant to
23 NRS 433A.140.

24 (b) That there is clear and convincing evidence that the person
25 with respect to whom the hearing was held is a person in a mental
26 health crisis, the court may order the involuntary admission of the
27 person ~~for the most appropriate course of treatment, including,~~
28 ~~without limitation, admission~~ to a public or private mental health
29 facility . ~~for participation in a program of community-based or~~
30 ~~outpatient services.~~ The order of the court must be interlocutory
31 and must not become final if, within 30 days after the involuntary
32 admission, the person is unconditionally released pursuant to
33 NRS 433A.390.

34 2. ~~If the district court finds, after proceedings for the~~
35 ~~involuntary court-ordered admission of a defendant in a criminal~~
36 ~~proceeding pursuant to subsection 3 of NRS 433A.200:~~

37 ~~—(a) That there is not clear and convincing evidence that the~~
38 ~~defendant with respect to whom the hearing was held is a person in~~
39 ~~a mental health crisis, the court shall enter its finding to that effect~~
40 ~~and the person must not be involuntarily admitted to a program of~~
41 ~~community-based or outpatient services.~~

42 ~~—(b) That there is clear and convincing evidence that the~~
43 ~~defendant with respect to whom the hearing was held is a person in~~
44 ~~a mental health crisis, except as otherwise provided in this~~
45 ~~paragraph, the court shall order the involuntary admission of the~~



1 defendant for participation in a program of community-based or
2 outpatient services and suspend further proceedings in the criminal
3 proceeding against the defendant until the defendant completes or is
4 removed from the program. If the offense allegedly committed by
5 the defendant is a category A or B felony or involved the use or
6 threatened use of force or violence, the court may not order the
7 involuntary admission of the defendant for participation in a
8 program pursuant to this paragraph unless the prosecuting attorney
9 stipulates to the assignment. The order of the court must be
10 interlocutory and must not become final if, within 30 days after the
11 involuntary admission, the person is unconditionally released
12 pursuant to NRS 433A.390. If the defendant successfully completes
13 a program of community-based or outpatient services to the
14 satisfaction of the court, the court shall dismiss the criminal charges
15 against the defendant with prejudice.

16 —3.— If, pursuant to NRS 176A.400, the district court issues an
17 order granting probation to a defendant in a criminal proceeding
18 with a condition that the defendant submit to mental health
19 treatment and comply with instructions, admission to a program of
20 community-based or outpatient services may be used to satisfy such
21 a condition if the Division makes a clinical determination that
22 placement in a program of community-based or outpatient services
23 is appropriate.

24 —4.— A court shall not admit a person to a program of community-
25 based or outpatient services unless:

26 —(a) A program of community-based or outpatient services is
27 available in the community in which the person resides or is
28 otherwise made available to the person;

29 —(b) The person is 18 years of age or older;

30 —(c) The person has a history of noncompliance with treatment
31 for mental illness;

32 —(d) The person is capable of surviving safely in the community
33 in which he or she resides with available supervision;

34 —(e) The court determines that, based on the person's history of
35 treatment for mental illness, the person needs to be admitted to a
36 program of community-based or outpatient services to prevent
37 further disability or deterioration of the person which presents a
38 substantial likelihood of serious harm to himself or herself or others,
39 as determined pursuant to NRS 433A.0195;

40 —(f) The current mental status of the person or the nature of the
41 person's illness limits or negates his or her ability to make an
42 informed decision to seek treatment for mental illness voluntarily or
43 to comply with recommended treatment for mental illness;



1 ~~—(g) The program of community-based or outpatient services is~~
2 ~~the least restrictive treatment which is in the best interest of the~~
3 ~~person; and~~

4 ~~—(h) The court has approved a plan of treatment developed for the~~
5 ~~person pursuant to NRS 433A.315.~~

6 ~~—5.} Except as otherwise provided in NRS 432B.608, an~~
7 ~~involuntary admission pursuant to paragraph (b) of subsection 1~~
8 ~~paragraph (b) of subsection 2} automatically expires at the end of 6~~
9 ~~months if not terminated previously by the medical director of the~~
10 ~~public or private mental health facility as provided for in subsection~~
11 ~~{2} 3 of NRS 433A.390 . {or by the professional responsible for~~
12 ~~providing or coordinating the program of community-based or~~
13 ~~outpatient services as provided for in subsection 3 of NRS~~
14 ~~433A.390.} Except as otherwise provided in NRS 432B.608, at the~~
15 ~~end of the involuntary court-ordered {period of treatment,}~~
16 ~~admission, the Division { } or any mental health facility that is not~~
17 ~~operated by the Division {for a program of community-based or~~
18 ~~outpatient services} may petition to renew the involuntary admission~~
19 ~~of the person for additional periods not to exceed 6 months each.~~
20 ~~For each renewal, the petition must include evidence which meets~~
21 ~~the same standard set forth in subsection 1 {or 2} that was required~~
22 ~~for the initial period of admission of the person to a public or private~~
23 ~~mental health facility . {or to a program of community-based or~~
24 ~~outpatient services.~~

25 ~~—6.} 3. Before issuing an order for involuntary admission or a~~
26 ~~renewal thereof, the court shall explore other alternative courses of~~
27 ~~treatment within the least restrictive appropriate environment,~~
28 ~~including involuntary {admission to a program of community-based~~
29 ~~or outpatient services,} assisted outpatient treatment, as suggested~~
30 ~~by the evaluation team who evaluated the person, or other persons~~
31 ~~professionally qualified in the field of psychiatric mental health,~~
32 ~~which the court believes may be in the best interests of the person.~~
33 ~~*If the court determines that there is clear and convincing evidence*~~
34 ~~*that the patient meets the criteria prescribed by subsection 4 of*~~
35 ~~*section 11 of this act, the court may order the patient to receive*~~
36 ~~*involuntary assisted outpatient treatment. The order of the court:*~~

37 ~~*(a) Must be interlocutory and must not become final if, within*~~
38 ~~*30 days after the involuntary admission, the person is*~~
39 ~~*unconditionally released pursuant to NRS 433A.390; and*~~

40 ~~*(b) Is subject to the provisions of subsections 3 to 8, inclusive,*~~
41 ~~*of section 18 of this act.*~~

42 ~~{7.} 4. If the court issues an order involuntarily admitting a~~
43 ~~person to a public or private mental health facility {or to a program~~
44 ~~of community-based or outpatient services} pursuant to this section,~~
45 ~~the court {shall,} must, notwithstanding the provisions of~~



1 NRS 433A.715, cause, within 5 business days after the order
2 becomes final pursuant to this section, on a form prescribed by the
3 Department of Public Safety, a record of the order to be transmitted
4 to:

5 (a) The Central Repository for Nevada Records of Criminal
6 History, along with a statement indicating that the record is being
7 transmitted for inclusion in each appropriate database of the
8 National Instant Criminal Background Check System; and

9 (b) Each law enforcement agency of this State with which the
10 court has entered into an agreement for such transmission, along
11 with a statement indicating that the record is being transmitted for
12 inclusion in each of this State's appropriate databases of information
13 relating to crimes.

14 ~~§ 5.~~ As used in this section, "National Instant Criminal
15 Background Check System" has the meaning ascribed to it in
16 NRS 179A.062.

17 **Sec. 44.** NRS 433A.320 is hereby amended to read as follows:

18 433A.320 The order for involuntary ~~court~~ *court-ordered*
19 admission of any person to a public or private mental health facility
20 ~~for to a program of community-based or outpatient services~~ must
21 be accompanied by a clinical abstract, including a history of illness,
22 diagnosis, treatment and the names of relatives or correspondents.

23 **Sec. 45.** NRS 433A.350 is hereby amended to read as follows:

24 433A.350 1. Upon admission to any public or private mental
25 health facility or to ~~a program of community-based or outpatient~~
26 ~~services~~ *assisted outpatient treatment*, each consumer and the
27 consumer's spouse and legal guardian, if any, must receive a written
28 statement outlining in simple, nontechnical language all procedures
29 for release provided by this chapter, setting out all rights accorded to
30 such a consumer by this chapter and chapters 433 and 433B of NRS
31 and, if the consumer has no legal guardian, describing procedures
32 provided by law for adjudication of incapacity and appointment of a
33 guardian for the consumer.

34 2. Written information regarding the services provided by and
35 means of contacting the local office of an agency or organization
36 that receives money from the Federal Government pursuant to 42
37 U.S.C. §§ 10801 et seq., to protect and advocate the rights of
38 persons in a mental health crisis must be posted in each public and
39 private mental health facility and in each location in which ~~a~~
40 ~~program of community-based or outpatient services~~ *assisted*
41 *outpatient treatment* is provided and must be provided to each
42 consumer upon admission.

43 **Sec. 46.** NRS 433A.360 is hereby amended to read as follows:

44 433A.360 1. A clinical record for each consumer must be
45 diligently maintained by any division facility, private institution,



1 facility offering mental health services or ~~{program of community-~~
2 ~~based or outpatient services.}~~ *professional responsible for*
3 *providing or coordinating assisted outpatient treatment.* The record
4 must include information pertaining to the consumer's admission,
5 legal status, treatment and individualized plan for habilitation. The
6 clinical record is not a public record and no part of it may be
7 released, except as otherwise provided in subsection 2 or except:

8 (a) If the release is authorized or required pursuant to
9 NRS 439.538.

10 (b) The record must be released to physicians, advanced practice
11 registered nurses, attorneys and social agencies as specifically
12 authorized in writing by the consumer, the consumer's parent,
13 guardian or attorney.

14 (c) The record must be released to persons authorized by the
15 order of a court of competent jurisdiction.

16 (d) The record or any part thereof may be disclosed to a
17 qualified member of the staff of a division facility, an employee of
18 the Division or a member of the staff of an agency in Nevada which
19 has been established pursuant to the Developmental Disabilities
20 Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et
21 seq., or the Protection and Advocacy for Mentally Ill Individuals
22 Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator
23 deems it necessary for the proper care of the consumer.

24 (e) Information from the clinical records may be used for
25 statistical and evaluative purposes if the information is abstracted in
26 such a way as to protect the identity of individual consumers.

27 (f) To the extent necessary for a consumer to make a claim, or
28 for a claim to be made on behalf of a consumer for aid, insurance or
29 medical assistance to which the consumer may be entitled,
30 information from the records may be released with the written
31 authorization of the consumer or the consumer's guardian.

32 (g) The record must be released without charge to any member
33 of the staff of an agency in Nevada which has been established
34 pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et
35 seq. if:

36 (1) The consumer is a consumer of that office and the
37 consumer or the consumer's legal representative or guardian
38 authorizes the release of the record; or

39 (2) A complaint regarding a consumer was received by the
40 office or there is probable cause to believe that the consumer has
41 been abused or neglected and the consumer:

42 (I) Is unable to authorize the release of the record because
43 of the consumer's mental or physical condition; and

44 (II) Does not have a guardian or other legal representative
45 or is a ward of the State.



(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. A division facility, private institution, facility offering mental health services or ~~{program of community-based or outpatient services}~~ *professional responsible for providing or coordinating assisted outpatient treatment* and any other person or entity having information concerning a consumer, including, without limitation, a clinical record, any part thereof or any information contained therein, may disclose such information to a provider of health care to assist with treatment provided to the consumer.

3. As used in this section:

(a) "Consumer" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a private institution or facility offering mental health services, from treatment to competency in a private institution or facility offering mental health services, or from a program of community-based or outpatient services.

(b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 47. NRS 433A.380 is hereby amended to read as follows:

433A.380 1. ~~{Except as otherwise provided in subsection 4.}~~ *The medical director of a public or private mental health facility may petition the district court for the conditional release of any person involuntarily admitted to the facility by {a} that court {may be conditionally released from a public or private mental health facility when, in the judgment of the medical director of the facility, the} if the medical director determines that:*

(a) *The conditional release is in the best interest of the person , will provide the least restrictive treatment that is appropriate for the person and will not be detrimental to the public welfare {;} ;*

(b) *There will be an increased risk for psychiatric deterioration or recurring mental health crises if the person is not released without conditions; and*

(c) *A community treatment program, social services agency, mobile crisis team or multi-disciplinary team has agreed to provide case management, support and supervision to the person to ensure his or her compliance with the conditions of the release.*

2. *A petition filed pursuant to subsection 1 must be served on the counsel for the person who is the subject of the petition and the district attorney.*

3. *The court shall hold a hearing not later than 6 days after receiving a petition pursuant to subsection 1 to review the progress of the person. The public or private mental health facility shall not conditionally release the person before the hearing. The court may*



1 *order the conditional release only if it determines, by clear and*
2 *convincing evidence, that the criteria prescribed in subsection 1*
3 *have been satisfied.*

4 4. The medical director of the facility or the medical director's
5 designee shall prescribe the period for which the conditional release
6 is effective. The period must not extend beyond the last day of the
7 court-ordered period of ~~treatment~~ admission pursuant to NRS
8 433A.310. If the person has a legal guardian, the facility ~~shall~~
9 *must* notify the guardian before discharging the person from the
10 facility. The legal guardian has discretion to determine where the
11 person will be released, taking into consideration any discharge plan
12 proposed by the facility assessment team. If the legal guardian does
13 not inform the facility as to where the person will be released within
14 3 days after the date of notification, the facility ~~shall~~ *must*
15 discharge the person according to its proposed discharge plan.

16 ~~2-3~~ 5. When a person is conditionally released pursuant to
17 ~~subsection 1,~~ *this section*, the State or any of its agents or
18 employees are not liable for any debts or contractual obligations,
19 medical or otherwise, incurred or damages caused by the actions of
20 the person.

21 ~~3-3~~ 6. When a person who has been adjudicated by a court to
22 be incapacitated is conditionally released from a mental health
23 facility, the administrative officer of the mental health facility shall
24 petition the court for restoration of full civil and legal rights as
25 deemed necessary to facilitate the incapacitated person's
26 rehabilitation. If the person has a legal guardian, the petition must be
27 filed with the court having jurisdiction over the guardianship.

28 ~~4-4~~ 7. A person who was involuntarily admitted by a court
29 because he or she was likely to present a substantial likelihood of
30 serious harm to himself or herself or others, as determined pursuant
31 to NRS 433A.0195, may be conditionally released only if, at the
32 time of the release, written notice is given to ~~the court which~~
33 ~~admitted him or her, to~~ the person's legal guardian and to the
34 district attorney of the county in which the proceedings for
35 admission were held.

36 ~~5-5~~ 8. Except as otherwise provided in subsection ~~7-3~~ 10, the
37 administrative officer of a public or private mental health facility or
38 the administrative officer's designee ~~shall~~ *must apply to the*
39 *district court to* order a person who is conditionally released from
40 that facility pursuant to this section to return to the facility if ~~a~~
41 ~~psychiatrist and a member of that person's treatment team who is~~
42 ~~professionally qualified in the field of psychiatric mental health~~
43 ~~determine~~ *he or she determines* that the conditional release is no
44 longer appropriate because that person ~~presents a substantial~~
45 ~~likelihood of serious harm to himself or herself or others, as~~



~~determined pursuant to NRS 433A.0195,} is a person in a mental health crisis.~~ Except as otherwise provided in this subsection, the administrative officer or the designee shall, at least 3 days before the ~~issuance of the order to return,} making such an application,~~ give written notice of the ~~order} determination~~ to the ~~court that admitted the person to the facility and to the} person's legal guardian.~~ If an emergency exists in which the person presents a substantial likelihood of harm to himself or herself or others, as determined pursuant to NRS 433A.0195, the ~~order} notice~~ must be submitted to the ~~court and the} legal guardian~~ not later than 1 business day after the ~~order} application~~ is ~~issued.} made.~~

~~{6-} 9.~~ The court shall review ~~an application for~~ an order ~~{submitted} made~~ pursuant to subsection ~~{5} 8~~ and the current condition of the person who was ordered to return to the facility at its next regularly scheduled hearing for the review of petitions for involuntary court-ordered admissions, but in no event later than ~~{5} 6~~ judicial days after the person is returned to the facility. The administrative officer or the administrative officer's designee shall give written notice to the person who was ordered to return to the facility, to the person's legal guardian and to the person's attorney, if known, of the time, date and place of the hearing and of the facts necessitating that person's return to the facility.

~~{7-} 10.~~ The provisions of subsection ~~{5} 8~~ do not apply if the period of conditional release has expired.

Sec. 48. NRS 433A.390 is hereby amended to read as follows:
433A.390 1. When a consumer, involuntarily admitted to a mental health facility or ~~{to a program of community-based or outpatient services} required to receive involuntary assisted outpatient treatment~~ by court order, is released at the end of the period specified pursuant to NRS 433A.310 ~~{-} or section 18 of this act, as applicable,~~ written notice must be given to the admitting court ~~{and to the consumer's legal guardian at least 10} not later than 3 judicial days {before} after~~ the release of the consumer. The consumer may ~~{then}~~ be released without requiring further orders of the court. If the consumer has a legal guardian, the facility or the professional responsible for providing or coordinating the ~~{program of community-based or outpatient services} assisted outpatient treatment~~ shall notify the guardian before discharging the consumer from the facility or ~~{program.} treatment.~~

2. The legal guardian ~~of a consumer involuntarily admitted to a mental health facility, if applicable,~~ has discretion to determine where the consumer will be released ~~{-} pursuant to subsection 1,~~ taking into consideration any discharge plan proposed by the facility assessment team. ~~{for the professional responsible for providing or coordinating the program of community-based or outpatient~~



~~services.}~~ If the legal guardian does not inform the facility ~~for professional}~~ as to where the consumer will be released within 3 days after the date of notification, the facility ~~for professional shall}~~ *must* discharge the consumer according to its proposed discharge plan.

~~{2.}~~ 3. A consumer who is involuntarily admitted to a mental health facility may be unconditionally released before the period specified in NRS 433A.310 when ~~;~~

~~— (a) An evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a} the~~ physician ~~;} primarily responsible for treating the patient, a psychiatrist or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120~~ determines that the consumer is no longer a person in a mental health crisis. ~~;} and~~

~~— (b) Under advisement from the evaluation team or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the medical director of the mental health facility authorizes the release and gives written notice to the admitting court and to the consumer's legal guardian at least 10 days before the release of the consumer.}~~ If the consumer has a legal guardian, the facility shall notify the guardian before discharging the consumer from the facility. The legal guardian has discretion to determine where the consumer will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility shall discharge the consumer according to its proposed discharge plan.

~~{3.}~~ 4. A consumer who is ~~{involuntarily admitted to a program of community-based or outpatient services}~~ *required to receive involuntary assisted outpatient treatment* may be unconditionally released before the period specified in NRS 433A.310 *or section 18 of this act, as applicable,* when ~~;~~

~~— (a) The} the~~ professional responsible for providing or coordinating the ~~{program of community-based or outpatient services}~~ *involuntary assisted outpatient treatment* for the consumer determines that the consumer ~~{is}~~ no longer ~~{a person in a mental health crisis; and~~

~~— (b) Under advisement from an evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the professional responsible for providing or coordinating the program of community-based or outpatient services for the~~



1 ~~consumer authorizes the release and gives written notice to the~~
2 ~~admitting court at least 10 days before the release of the consumer~~
3 ~~from the program.] :~~

4 *(a) Requires assisted outpatient treatment to prevent further*
5 *disability or deterioration that presents a substantial likelihood of*
6 *serious harm to himself or herself or others, as determined*
7 *pursuant to NRS 433A.0195; and*

8 *(b) Has a limited ability to make an informed decision to*
9 *voluntarily seek or comply with treatment for his or her mental*
10 *illness as a result of his or her mental illness.*

11 *5. A mental health facility or a professional responsible for*
12 *coordinating treatment shall provide written notice to the*
13 *admitting court not later than 3 judicial days after unconditionally*
14 *releasing a consumer pursuant to subsection 3 or 4.*

15 **Sec. 49.** NRS 433A.460 is hereby amended to read as follows:

16 433A.460 No person admitted to a public or private mental
17 health facility or ~~{to a program of community-based or outpatient~~
18 ~~services}~~ *who receives involuntary assisted outpatient treatment*
19 pursuant to this chapter shall, by reason of such admission ~~{}~~ *or*
20 *treatment*, be denied the right to dispose of property, marry, execute
21 instruments, make purchases, enter into contractual relationships,
22 vote and hold a driver's license, unless such person has been
23 specifically adjudicated incapacitated by a court of competent
24 jurisdiction and has not been restored to legal capacity.

25 **Sec. 50.** NRS 433A.580 is hereby amended to read as follows:

26 433A.580 No person may be admitted to a private hospital ~~{}~~
27 *or* a division mental health facility or ~~{a program of community-~~
28 ~~based or outpatient services}~~ *receive involuntary assisted outpatient*
29 *treatment* pursuant to the provisions of this chapter unless mutually
30 agreeable financial arrangements relating to the costs of treatment
31 are made between the private hospital, division facility or
32 professional responsible for providing or coordinating ~~{a program of~~
33 ~~community-based or outpatient services}~~ *involuntary assisted*
34 *outpatient treatment* and the consumer or person requesting his or
35 her admission.

36 **Sec. 51.** NRS 433A.600 is hereby amended to read as follows:

37 433A.600 1. A person who is admitted to a division facility
38 or ~~{to a program of community-based or outpatient services}~~ *who*
39 *receives involuntary assisted outpatient treatment* operated by the
40 Division and not determined to be indigent and every responsible
41 relative pursuant to NRS 433A.610 of the person shall be charged
42 for the cost of treatment and is liable for that cost. If after demand is
43 made for payment the person or his or her responsible relative fails
44 to pay that cost, the administrative officer or professional
45 responsible for providing or coordinating the ~~{program of~~



~~community-based or outpatient services.~~ *involuntary assisted outpatient treatment*, as applicable, may recover the amount due by civil action.

2. All sums received pursuant to subsection 1 must be deposited in the State Treasury and may be expended by the Division for the support of that facility or program *of involuntary assisted outpatient treatment* in accordance with the allotment, transfer, work program and budget provisions of NRS 353.150 to 353.245, inclusive.

Sec. 52. NRS 433A.640 is hereby amended to read as follows:

433A.640 1. Once a court has ordered the admission of a person to a division facility, the administrative officer ~~{shall}~~ *must* make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

2. If a person is admitted to a division facility or ~~{program of community-based or outpatient services}~~ *required to receive involuntary assisted outpatient treatment* pursuant to a court order, that person and his or her responsible relatives are responsible for the payment of the actual cost of the treatment and services rendered during his or her admission to the division facility or ~~{program}~~ *while he or she is receiving involuntary assisted outpatient treatment* unless the investigation reveals that the person and his or her responsible relatives are not capable of paying the full amount of the costs.

3. Once a court has ordered ~~{the admission of a person to a program of community-based or outpatient services}~~ *a person to receive involuntary assisted outpatient treatment* operated by the Division, the professional responsible for providing or coordinating the ~~{program shall}~~ *involuntary assisted outpatient treatment must* make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

Sec. 53. NRS 433A.650 is hereby amended to read as follows:

433A.650 Determination of ability to pay pursuant to NRS 433A.640 ~~{shall}~~ *must* include investigation of whether the consumer has benefits due and owing to the consumer for the cost of his or her treatment from third-party sources, such as Medicare, Medicaid, social security, medical insurance benefits, retirement programs, annuity plans, government benefits or any other financially responsible third parties. The administrative officer of a division mental health facility or professional responsible for providing or coordinating ~~{a program of community-based or~~



~~outpatient services~~ *assisted outpatient treatment* may accept payment for the cost of a consumer's treatment from the consumer's insurance company, Medicare or Medicaid and other similar third parties.

Sec. 54. NRS 433A.660 is hereby amended to read as follows:

433A.660 1. If the consumer, his or her responsible relative pursuant to NRS 433A.610, guardian or the estate neglects or refuses to pay the cost of treatment to the division facility or to the program of ~~community-based or outpatient services~~ *involuntary assisted outpatient treatment* operated by the Division rendering service pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate, the State is entitled to recover by appropriate legal action all sums due, plus interest.

2. Before initiating such legal action, the division facility or program, as applicable, shall demonstrate efforts at collection, which may include contractual arrangements for collection through a private collection agency.

Sec. 55. NRS 433A.713 is hereby amended to read as follows:

433A.713 1. Each public or private mental health facility and hospital in this State shall, in the manner and time prescribed by regulation of the State Board of Health, report to the Division:

(a) The number of ~~applications for emergency admission received by~~ *persons placed on a mental health crisis hold at* the mental health facility or hospital pursuant to NRS 433A.160 during the immediately preceding quarter; and

(b) Any other information prescribed by regulation of the State Board of Health.

2. The State Board of Health may adopt regulations that require a public or private mental health facility or hospital to adopt a plan for the discharge of a person admitted to the facility or hospital in accordance with the provisions of this chapter and that prescribe the contents of such a plan.

Sec. 56. NRS 433A.715 is hereby amended to read as follows:

433A.715 1. A court shall seal all court records relating to the admission and treatment of any person who was admitted, voluntarily or as the result of a noncriminal proceeding, to a public or private hospital ~~[-]~~ *or* a mental health facility or ~~a program of community-based or outpatient services~~ *who received assisted outpatient treatment* in this State for the purpose of obtaining mental health treatment.

2. Except as otherwise provided in subsections 4, 5 and 6, a person or governmental entity that wishes to inspect records that are sealed pursuant to this section must file a petition with the court that sealed the records. Upon the filing of a petition, the court shall fix a time for a hearing on the matter. The petitioner must provide notice



1 of the hearing and a copy of the petition to the person who is the
2 subject of the records. If the person who is the subject of the records
3 wishes to oppose the petition, the person must appear before the
4 court at the hearing. If the person appears before the court at the
5 hearing, the court must provide the person an opportunity to be
6 heard on the matter.

7 3. After the hearing described in subsection 2, the court may
8 order the inspection of records that are sealed pursuant to this
9 section if:

10 (a) A law enforcement agency must obtain or maintain
11 information concerning persons who have been admitted to a public
12 or private hospital ~~{}~~ or a mental health facility or ~~{a program of~~
13 ~~community-based or outpatient services}~~ *received assisted*
14 *outpatient treatment* in this State pursuant to state or federal law;

15 (b) A prosecuting attorney or an attorney who is representing the
16 person who is the subject of the records in a criminal action requests
17 to inspect the records; or

18 (c) The person who is the subject of the records petitions the
19 court to permit the inspection of the records by a person named in
20 the petition.

21 4. A governmental entity is entitled to inspect court records
22 that are sealed pursuant to this section without following the
23 procedure described in subsection 2 if:

24 (a) The governmental entity has made a conditional offer of
25 employment to the person who is the subject of the records;

26 (b) The position of employment conditionally offered to the
27 person concerns public safety, including, without limitation,
28 employment as a firefighter or peace officer;

29 (c) The governmental entity is required by law, rule, regulation
30 or policy to obtain the mental health records of each individual
31 conditionally offered the position of employment; and

32 (d) An authorized representative of the governmental entity
33 presents to the court a written authorization signed by the person
34 who is the subject of the records and notarized by a notary public or
35 judicial officer in which the person who is the subject of the records
36 consents to the inspection of the records.

37 5. Upon the request of a public or private hospital or a mental
38 health facility to which a person has been admitted in this State, the
39 court shall:

40 (a) Authorize the release of a copy of any order which was
41 entered by the court pursuant to paragraph (b) of subsection 1 of
42 NRS 433A.310 *or paragraph (b) of subsection 1 of section 18 of*
43 *this act* if:

44 (1) The request is in writing and includes the name and date
45 of birth of the person who is the subject of the requested order; and



(2) The hospital or facility certifies that:

(I) The person who is the subject of the requested order is, at the time of the request, admitted to the hospital or facility and is being treated for an alleged mental illness; and

(II) The requested order is necessary to improve the care which is being provided to the person who is the subject of the order.

(b) Place the request in the record under seal.

6. Upon its own order, any court of this State may inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if the records are necessary and relevant for the disposition of a matter pending before the court. The court may allow a party in the matter to inspect the records without following the procedure described in subsection 2 if the court deems such inspection necessary and appropriate.

7. Following the sealing of records pursuant to this section, the admission of the person who is the subject of the records to the public or private hospital ~~{ } or mental health facility or {program of community-based or outpatient services.}~~ *the assisted outpatient treatment of the person who is the subject of the records* is deemed never to have occurred, and the person may answer accordingly any question related to its occurrence, except in connection with:

(a) An application for a permit to carry a concealed firearm pursuant to the provisions of NRS 202.3653 to 202.369, inclusive;

(b) A transfer of a firearm; or

(c) An application for a position of employment described in subsection 4.

8. A court may disclose information contained in a record sealed pursuant to this section to a provider of health care to assist with treatment provided to the consumer.

9. As used in this section:

(a) "Firefighter" means a person who is a salaried employee of a fire-fighting agency and whose principal duties are to control, extinguish, prevent and suppress fires. As used in this paragraph, "fire-fighting agency" means a public fire department, fire protection district or other agency of this State or a political subdivision of this State, the primary functions of which are to control, extinguish, prevent and suppress fires.

(b) "Peace officer" has the meaning ascribed to it in NRS 289.010.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Seal" means placing records in a separate file or other repository not accessible to the general public.



Sec. 57. NRS 433A.750 is hereby amended to read as follows:
433A.750 1. A person who:

(a) Without probable cause for believing a person is a person in a mental health crisis causes or conspires with or assists another to cause the involuntary court-ordered admission of the person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to the person under this chapter,

is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. Unless a greater penalty is provided in subsection 1, a person who knowingly and willfully violates any provision of this chapter regarding the admission of a person to, or discharge of a person from, a public or private mental health facility or ~~a program of community-based or outpatient services~~ *the commencement or termination of involuntary assisted outpatient treatment* is guilty of a gross misdemeanor.

3. A person who, without probable cause for believing another person is a person in a mental health crisis, executes a petition, application or certificate pursuant to this chapter, by which the person secures or attempts to secure the apprehension, hospitalization, detention, admission or restraint of the person alleged to be a person in a mental health crisis, or any physician, psychiatrist, licensed psychologist, advanced practice registered nurse or other person professionally qualified in the field of psychiatric mental health who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

Sec. 58. NRS 3.0105 is hereby amended to read as follows:

3.0105 1. There is hereby established, in each judicial district that includes a county whose population is 100,000 or more, a family court as a division of the district court.

2. If the caseload of the family court so requires, the Chief Judge may assign one or more district judges of the judicial district to act temporarily as judges of the family court.

3. If for any reason a judge of the family court is unable to act, any other district judge of the judicial district may be assigned as provided in subsection 2 to act temporarily as judge of the family court.

4. A district judge assigned to the family court pursuant to subsection 2 or 3 for a period of 90 or more days, except for a district judge or hearing master assigned to hear proceedings brought pursuant to NRS 433A.200 to 433A.330, inclusive, *or*



sections 11 to 21, inclusive, of this act must attend the instruction required pursuant to subsection 1 of NRS 3.028. District judges must not be assigned to the family court pursuant to subsections 2 and 3 on a rotating basis.

Sec. 59. NRS 3.223 is hereby amended to read as follows:

3.223 1. Except if the child involved is subject to the jurisdiction of an Indian tribe pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901 et seq., in each judicial district in which it is established, the family court has original, exclusive jurisdiction in any proceeding:

(a) Brought pursuant to title 5 of NRS or chapter 31A, 123, 125, 125A, 125B, 125C, 126, 127, 128, 129, 130, 159A, 425 or 432B of NRS, except to the extent that a specific statute authorizes the use of any other judicial or administrative procedure to facilitate the collection of an obligation for support.

(b) Brought pursuant to NRS 442.255 and 442.2555 to request the court to issue an order authorizing an abortion.

(c) For judicial approval of the marriage of a minor.

(d) Otherwise within the jurisdiction of the juvenile court.

(e) To establish the date of birth, place of birth or parentage of a minor.

(f) To change the name of a minor.

(g) For a judicial declaration of the sanity of a minor.

(h) To approve the withholding or withdrawal of life-sustaining procedures from a person as authorized by law.

(i) Brought pursuant to NRS 433A.200 to 433A.330, inclusive, for an involuntary court-ordered admission to a mental health facility.

(j) *Brought pursuant to sections 11 to 21, inclusive, of this act to require a person to receive involuntary assisted outpatient treatment.*

(k) Brought pursuant to NRS 441A.510 to 441A.720, inclusive, for an involuntary court-ordered isolation or quarantine.

2. The family court, where established and, except as otherwise provided in paragraph (m) of subsection 1 of NRS 4.370, the justice court have concurrent jurisdiction over actions for the issuance of a temporary or extended order for protection against domestic violence.

3. The family court, where established, and the district court have concurrent jurisdiction over any action for damages brought pursuant to NRS 41.134 by a person who suffered injury as the proximate result of an act that constitutes domestic violence.

Sec. 60. NRS 178.460 is hereby amended to read as follows:

178.460 1. If requested by the district attorney or counsel for the defendant within 10 days after the report by the Administrator or



1 the Administrator's designee is sent to them, the judge shall hold a
2 hearing within 10 days after the request at which the district attorney
3 and the defense counsel may examine the members of the treatment
4 team on their report.

5 2. If the judge orders the appointment of a licensed psychiatrist
6 or psychologist who is not employed by the Division to perform an
7 additional evaluation and report concerning the defendant, the cost
8 of the additional evaluation and report is a charge against the
9 county.

10 3. Within 10 days after the hearing or 10 days after the report is
11 sent, if no hearing is requested, the judge shall make and enter a
12 finding of competence or incompetence, and if the judge finds the
13 defendant to be incompetent:

14 (a) Whether there is substantial probability that the defendant
15 can receive treatment to competency and will attain competency to
16 stand trial or receive pronouncement of judgment in the foreseeable
17 future; and

18 (b) Whether the defendant is at that time a danger to himself or
19 himself or to society.

20 4. If the judge finds the defendant:

21 (a) Competent, the judge shall, within 10 days, forward the
22 finding to the prosecuting attorney and counsel for the defendant.
23 Upon receipt thereof, the prosecuting attorney shall notify the
24 sheriff of the county or chief of police of the city that the defendant
25 has been found competent and prearrange with the facility for the
26 return of the defendant to that county or city for trial upon the
27 offense there charged or the pronouncement of judgment, as the case
28 may be.

29 (b) Incompetent, but there is a substantial probability that the
30 defendant can receive treatment to competency and will attain
31 competency to stand trial or receive pronouncement of judgment in
32 the foreseeable future and finds that the defendant is dangerous to
33 himself or herself or to society, the judge shall recommit the
34 defendant and may order the involuntary administration of
35 medication for the purpose of treatment to competency.

36 (c) Incompetent, but there is a substantial probability that the
37 defendant can receive treatment to competency and will attain
38 competency to stand trial or receive pronouncement of judgment in
39 the foreseeable future and finds that the defendant is not dangerous
40 to himself or herself or to society, the judge shall order that the
41 defendant remain an outpatient or be transferred to the status of an
42 outpatient under the provisions of NRS 178.425.

43 (d) Incompetent, with no substantial probability of attaining
44 competency in the foreseeable future, the judge shall order the
45 defendant released from custody or, if the defendant is an outpatient,



1 released from any obligations as an outpatient if, within 10 judicial
2 days, the prosecuting attorney has not filed a motion pursuant to
3 NRS 178.461 or if, within 10 judicial days, a petition is not filed ~~to~~
4 ~~commit~~ *for the involuntary court-ordered admission of* the person
5 *to a mental health facility* pursuant to NRS 433A.200. After the
6 initial 10 judicial days, the person may remain an outpatient or in
7 custody under the provisions of this chapter only as long as the
8 motion or petition is pending unless the person is committed to the
9 custody of the Administrator pursuant to NRS 178.461 or
10 involuntarily ~~committed~~ *admitted to a mental health facility*
11 pursuant to chapter 433A of NRS.

12 5. Except as otherwise provided in subsections 4 and 7 of NRS
13 178.461, no person who is committed under the provisions of this
14 chapter may be held in the custody of the Administrator or the
15 Administrator's designee longer than the longest period of
16 incarceration provided for the crime or crimes with which the
17 person is charged or 10 years, whichever period is shorter. Upon
18 expiration of the applicable period provided in this section,
19 subsection 4 or 7 of NRS 178.461 or subsection 4 of NRS 178.463,
20 the person must be returned to the committing court for a
21 determination as to whether or not involuntary commitment
22 pursuant to chapter 433A of NRS is required.

23 **Sec. 61.** NRS 179A.163 is hereby amended to read as follows:
24 179A.163 1. Upon receiving a record transmitted pursuant to
25 NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~H~~
26 *or section 18 of this act*, the Central Repository:

27 (a) Shall take reasonable steps to ensure that the information
28 reported in the record is included in each appropriate database of the
29 National Instant Criminal Background Check System; and

30 (b) May take reasonable steps to ensure that the information
31 reported in the record is included in each appropriate database of the
32 National Crime Information Center.

33 2. Except as otherwise provided in subsection 3, if the Central
34 Repository receives a record described in subsection 1, the person
35 who is the subject of the record may petition the court for an order
36 declaring that:

37 (a) The basis for the adjudication reported in the record no
38 longer exists;

39 (b) The adjudication reported in the record is deemed not to
40 have occurred for purposes of 18 U.S.C. § 922(d)(4) and (g)(4) and
41 NRS 202.360; and

42 (c) The information reported in the record must be removed
43 from the National Instant Criminal Background Check System and
44 the National Crime Information Center.



3. To the extent authorized by federal law, if the record concerning the petitioner was transmitted to the Central Repository pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~+~~ *or section 18 of this act*, the petitioner may not file a petition pursuant to subsection 2 until 3 years after the date of the order transmitting the record to the Central Repository.

4. A petition filed pursuant to subsection 2 must be:

(a) Filed in the court which made the adjudication or finding pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~+~~ *or section 18 of this act*; and

(b) Served upon the district attorney for the county in which the court described in paragraph (a) is located.

5. The Nevada Rules of Civil Procedure govern all proceedings concerning a petition filed pursuant to subsection 2.

6. The court shall grant the petition and issue the order described in subsection 2 if the court finds that the petitioner has established that:

(a) The basis for the adjudication or finding made pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 *or section 18 of this act* concerning the petitioner no longer exists;

(b) The petitioner's record and reputation indicate that the petitioner is not likely to act in a manner dangerous to public safety; and

(c) Granting the relief requested by the petitioner pursuant to subsection 2 is not contrary to the public interest.

7. Except as otherwise provided in this subsection, the petitioner must establish the provisions of subsection 6 by a preponderance of the evidence. If the adjudication or finding concerning the petitioner was made pursuant to NRS 159.0593 or 433A.310, the petitioner must establish the provisions of subsection 6 by clear and convincing evidence.

8. The court, upon entering an order pursuant to this section, shall cause, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to the Central Repository.

9. Within 5 business days after receiving a record of an order transmitted pursuant to subsection 8, the Central Repository shall take reasonable steps to ensure that information concerning the adjudication or finding made pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 *or section 18 of this act* is removed from the National Instant Criminal Background Check System and the National Crime Information Center, if applicable.

10. If the Central Repository fails to remove a record as provided in subsection 9, the petitioner may bring an action to compel the removal of the record. If the petitioner prevails in the



1 action, the court may award the petitioner reasonable attorney's fees
2 and costs incurred in bringing the action.

3 11. If a petition brought pursuant to subsection 2 is denied, the
4 person who is the subject of the record may petition for a rehearing
5 not sooner than 2 years after the date of the denial of the petition.

6 **Sec. 62.** NRS 179A.165 is hereby amended to read as follows:

7 179A.165 1. Any record described in NRS 179A.163 is
8 confidential and is not a public book or record within the meaning
9 of NRS 239.010. A person may not use the record for any purpose
10 other than for a purpose related to criminal justice, including,
11 without limitation, inclusion in the appropriate database of the
12 National Instant Criminal Background Check System and the
13 National Crime Information Center, if applicable. The Central
14 Repository may disclose the record to any agency of criminal
15 justice.

16 2. If a person or governmental entity is required to transmit,
17 report or take any other action concerning a record pursuant to NRS
18 159.0593, 174.035, 175.533, 175.539, 178.425, 179A.163 or
19 433A.310 ~~or~~ *or section 18 of this act*, no action for damages may be
20 brought against the person or governmental entity for:

21 (a) Transmitting or reporting the record or taking any other
22 required action concerning the record;

23 (b) Failing to transmit or report the record or failing to take any
24 other required action concerning the record;

25 (c) Delaying the transmission or reporting of the record or
26 delaying in taking any other required action concerning the record;
27 or

28 (d) Transmitting or reporting an inaccurate or incomplete
29 version of the record or taking any other required action concerning
30 an inaccurate or incomplete version of the record.

31 **Sec. 63.** NRS 179A.167 is hereby amended to read as follows:

32 179A.167 1. The Central Repository shall permit a person
33 who is or believes he or she may be the subject of information
34 relating to records of mental health held by the Central Repository
35 to inspect and correct any information contained in such records.

36 2. The Central Repository shall adopt regulations and make
37 available necessary forms to permit inspection, review and
38 correction of information relating to records of mental health by
39 those persons who are the subjects thereof. The regulations must
40 specify:

41 (a) The requirements for proper identification of the persons
42 seeking access to the records; and

43 (b) The reasonable charges or fees, if any, for inspecting
44 records.



3. The Director of the Department shall adopt regulations governing:

(a) All challenges to the accuracy or sufficiency of information or records of mental health by the person who is the subject of the allegedly inaccurate or insufficient record;

(b) The correction of any information relating to records of mental health found by the Director to be inaccurate, insufficient or incomplete in any material respect;

(c) The dissemination of corrected information to those persons or agencies which have previously received inaccurate or incomplete information; and

(d) A reasonable time limit within which inaccurate or insufficient information relating to records of mental health must be corrected and the corrected information disseminated.

4. As used in this section, "information relating to records of mental health" means information contained in a record:

(a) Transmitted to the Central Repository pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~§~~ or *section 18 of this act*; or

(b) Transmitted to the National Instant Criminal Background Check System or the National Crime Information Center pursuant to NRS 179A.163.

Sec. 64. NRS 388.253 is hereby amended to read as follows:

388.253 1. The Department shall, with assistance from other state agencies, including, without limitation, the Division of Emergency Management, the Investigation Division, and the Nevada Highway Patrol Division of the Department of Public Safety, develop a model plan for the management of:

(a) A suicide; or

(b) A crisis or emergency that involves a public school or a private school and that requires immediate action.

2. The model plan must include, without limitation, a procedure for:

(a) In response to a crisis or emergency:

(1) Coordinating the resources of local, state and federal agencies, officers and employees, as appropriate;

(2) Accounting for all persons within a school;

(3) Assisting persons within a school in a school district, a charter school or a private school to communicate with each other;

(4) Assisting persons within a school in a school district, a charter school or a private school to communicate with persons located outside the school, including, without limitation, relatives of pupils and relatives of employees of such a school, the news media and persons from local, state or federal agencies that are responding to a crisis or an emergency;



(5) Assisting pupils of a school in the school district, a charter school or a private school, employees of such a school and relatives of such pupils and employees to move safely within and away from the school, including, without limitation, a procedure for evacuating the school and a procedure for securing the school;

(6) Reunifying a pupil with his or her parent or legal guardian;

(7) Providing any necessary medical assistance;

(8) Recovering from a crisis or emergency;

(9) Carrying out a lockdown at a school;

(10) Providing shelter in specific areas of a school; and

(11) Providing disaster behavioral health related to a crisis, emergency or suicide;

(b) Providing specific information relating to managing a crisis or emergency that is a result of:

(1) An incident involving hazardous materials;

(2) An incident involving mass casualties;

(3) An incident involving an active shooter;

(4) An incident involving a fire, explosion or other similar situation;

(5) An outbreak of disease;

(6) Any threat or hazard identified in the hazard mitigation plan of the county in which the school district is located, if such a plan exists; or

(7) Any other situation, threat or hazard deemed appropriate;

(c) Providing pupils and staff at a school that has experienced a crisis or emergency with access to counseling and other resources to assist in recovering from the crisis or emergency;

(d) Evacuating pupils and employees of a charter school to a designated space within an identified public middle school, junior high school or high school in a school district that is separate from the general population of the school and large enough to accommodate the charter school, and such a space may include, without limitation, a gymnasium or multipurpose room of the public school;

(e) Selecting an assessment tool which assists in responding to a threat against the school by a pupil or pupils;

(f) On an annual basis, providing drills to instruct pupils in the appropriate procedures to be followed in response to a crisis or an emergency. Such drills must occur:

(1) At different times during normal school hours; and

(2) In cooperation with other state agencies, pursuant to this section.

(g) Responding to a suicide or attempted suicide to mitigate the effects of the suicide or attempted suicide on pupils and staff at the



1 school, including, without limitation, by making counseling and
2 other appropriate resources to assist in recovering from the suicide
3 or attempted suicide available to pupils and staff;

4 (h) Providing counseling and other appropriate resources to
5 pupils and school staff who have contemplated or attempted suicide;

6 (i) Outreach to persons and organizations located in the
7 community in which a school that has had a suicide by a pupil,
8 including, without limitation, religious and other nonprofit
9 organizations, that may be able to assist with the response to the
10 suicide;

11 (j) Addressing the needs of pupils at a school that has
12 experienced a crisis, emergency or suicide who are at a high risk of
13 suicide, including, without limitation, pupils who are members of
14 the groups described in subsection 3 of NRS 388.256; and

15 (k) Responding to a pupil who is determined to be a person in
16 mental health crisis, as defined in NRS 433A.0175, including,
17 without limitation:

18 (1) Utilizing mobile mental health crisis response units,
19 where available, before transporting the pupil to a public or private
20 mental health facility pursuant to subparagraph (2); and

21 (2) Transporting the pupil to a public or private mental health
22 facility or hospital for ~~admission~~ *placement on a mental health*
23 *crisis hold* pursuant to NRS ~~433A.150.~~ *433A.160.*

24 3. In developing the model plan, the Department shall consider
25 the plans developed pursuant to NRS 388.243 and 394.1687 and
26 updated pursuant to NRS 388.245 and 394.1688.

27 4. The Department shall require a school district to ensure that
28 each public school in the school district identified pursuant to
29 paragraph (d) of subsection 2 is prepared to allow a charter school to
30 evacuate to the school when necessary in accordance with the
31 procedure included in the model plan developed pursuant to
32 subsection 1. A charter school shall hold harmless, indemnify and
33 defend the school district to which it evacuates during a crisis or an
34 emergency against any claim or liability arising from an act or
35 omission by the school district or an employee or officer of the
36 school district.

37 5. The Department may disseminate to any appropriate local,
38 state or federal agency, officer or employee, as the Department
39 determines is necessary:

40 (a) The model plan developed by the Department pursuant to
41 subsection 1;

42 (b) A plan developed pursuant to NRS 388.243 or updated
43 pursuant to NRS 388.245;

44 (c) A plan developed pursuant to NRS 394.1687 or updated
45 pursuant to NRS 394.1688; and



(d) A deviation approved pursuant to NRS 388.251 or 394.1692.
6. The Department shall, at least once each year, review and update as appropriate the model plan developed pursuant to subsection 1.

Sec. 65. NRS 388.476 is hereby amended to read as follows:

388.476 "Chemical restraint" means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places the person or others at a risk of harm* when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

Sec. 66. NRS 394.355 is hereby amended to read as follows:

394.355 "Chemical restraint" means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places the person or others at a risk of harm* when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

Sec. 67. NRS 449.0915 is hereby amended to read as follows:

449.0915 1. The Division may issue an endorsement as a crisis stabilization center to the holder of a license to operate a psychiatric hospital that meets the requirements of this section.

2. A psychiatric hospital that wishes to obtain an endorsement as a crisis stabilization center must submit an application in the form prescribed by the Division which must include, without limitation, proof that the applicant meets the requirements of subsection 3.

3. An endorsement as a crisis stabilization center may only be issued if the psychiatric hospital to which the endorsement will apply:

(a) Does not exceed a capacity of 16 beds or constitute an institution for mental diseases, as defined in 42 U.S.C. § 1396d;

(b) Operates in accordance with established administrative protocols, evidenced-based protocols for providing treatment and evidence-based standards for documenting information concerning



1 services rendered and recipients of such services in accordance with
2 best practices for providing crisis stabilization services;

3 (c) Delivers crisis stabilization services:

4 (1) To patients for not less than 24 hours in an area devoted
5 to crisis stabilization or detoxification before releasing the patient
6 into the community, referring the patient to another facility or
7 transferring the patient to a bed within the hospital for short-term
8 treatment, if the psychiatric hospital has such beds;

9 (2) In accordance with best practices for the delivery of crisis
10 stabilization services; and

11 (3) In a manner that promotes concepts that are integral to
12 recovery for persons with mental illness, including, without
13 limitation, hope, personal empowerment, respect, social
14 connections, self-responsibility and self-determination;

15 (d) Employs qualified persons to provide peer support services,
16 as defined in NRS 449.01566, when appropriate;

17 (e) Uses a data management tool to collect and maintain data
18 relating to admissions, discharges, diagnoses and long-term
19 outcomes for recipients of crisis stabilization services;

20 (f) Accepts all patients, without regard to:

21 (1) The race, ethnicity, gender, socioeconomic status, sexual
22 orientation or place of residence of the patient;

23 (2) Any social conditions that affect the patient;

24 (3) The ability of the patient to pay; or

25 (4) Whether the patient is admitted voluntarily to the
26 psychiatric hospital pursuant to NRS 433A.140 or admitted to the
27 psychiatric hospital under an emergency admission pursuant to NRS
28 ~~433A.150~~ *433A.145 or section 10 of this act*;

29 (g) Performs an initial assessment on any patient who presents at
30 the psychiatric hospital, regardless of the severity of the behavioral
31 health issues that the patient is experiencing;

32 (h) Has the equipment and personnel necessary to conduct a
33 medical examination of a patient pursuant to NRS 433A.165; and

34 (i) Considers whether each patient would be better served by
35 another facility and transfer a patient to another facility when
36 appropriate.

37 4. Crisis stabilization services that may be provided pursuant to
38 paragraph (c) of subsection 3 may include, without limitation:

39 (a) Case management services, including, without limitation,
40 such services to assist patients to obtain housing, food, primary
41 health care and other basic needs;

42 (b) Services to intervene effectively when a behavioral health
43 crisis occurs and address underlying issues that lead to repeated
44 behavioral health crises;

45 (c) Treatment specific to the diagnosis of a patient; and



(d) Coordination of aftercare for patients, including, without limitation, at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.

5. An endorsement as a crisis stabilization center must be renewed at the same time as the license to which the endorsement applies. An application to renew an endorsement as a crisis stabilization center must include, without limitation:

(a) The information described in subsection 3; and

(b) Proof that the psychiatric hospital is accredited by the Commission on Accreditation of Rehabilitation Facilities, or its successor organization, or the Joint Commission, or its successor organization.

6. As used in this section, "crisis stabilization services" means behavioral health services designed to:

(a) De-escalate or stabilize a behavioral crisis, including, without limitation, a behavioral health crisis experienced by a person with a co-occurring substance use disorder; and

(b) When appropriate, avoid admission of a patient to another inpatient mental health facility or hospital and connect the patient with providers of ongoing care as appropriate for the unique needs of the patient.

Sec. 68. NRS 449A.206 is hereby amended to read as follows:

449A.206 "Chemical restraint" means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~aggressive~~ behavior *that places the person or others at a risk of harm* when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~on a regular basis, as~~ prescribed by a physician, ~~to treat the symptoms of~~ *physician assistant or advanced practice registered nurse as standard treatment for the mental* ~~or physical~~ *or physical* ~~emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.~~ *condition of the person.*

Sec. 69. NRS 449A.636 is hereby amended to read as follows:

449A.636 1. When acting under the authority of an advance directive for psychiatric care, an attending physician or other provider of health care shall comply with the advance directive unless:

(a) Compliance, in the opinion of the attending physician or other provider, is not consistent with generally accepted standards of care for the provision of psychiatric care for the benefit of the principal;

(b) Compliance is not consistent with the availability of psychiatric care requested;

(c) Compliance is not consistent with applicable law;



(d) The principal is admitted to a mental health facility or hospital pursuant to NRS 433A.145 to 433A.330, inclusive, *or required to receive involuntary assisted outpatient treatment pursuant to sections 11 to 21, inclusive, of this act* and a course of treatment is required pursuant to those provisions; or

(e) Compliance, in the opinion of the attending physician or other provider, is not consistent with appropriate psychiatric care in case of an emergency endangering the life or health of the principal or another person.

2. In the event that one part of the advance directive is unable to be followed because of any of the circumstances set forth in subsection 1, all other parts of the advance directive must be followed.

Sec. 70. NRS 450.470 is hereby amended to read as follows:

450.470 1. If the county hospital is located at the county seat, the board of hospital trustees shall, at all times, provide a suitable room that may be used for the examination of persons who are alleged to ~~{have mental illness}~~ *be persons in a mental health crisis* and who are to be brought before the judge of the district court for proceedings to determine the issue of involuntary court-ordered admission as provided in chapter 433A of NRS. This section does not prohibit or limit the examination of persons alleged to have mental illness at a private hospital as provided in chapter 433A of NRS.

2. The board of trustees of such a county hospital, in cooperation with the local law enforcement agencies, may provide a suitable room that may be used for the custodial supervision of persons who are alleged to:

(a) ~~{Have mental illness;}~~ *Be persons in a mental health crisis;*
or

(b) Be dangerous to themselves or others.

Sec. 71. NRS 629.550 is hereby amended to read as follows:

629.550 1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall ~~{apply for the emergency admission of}~~ *place* the patient ~~{to a mental health facility}~~ *on a mental health crisis hold* pursuant to NRS 433A.160, *petition for a court to order the placement of the patient on a mental health crisis hold pursuant to section 9 of this act* or make a reasonable effort to communicate the threat in a timely manner to:

(a) The person who is the subject of the threat;



(b) The law enforcement agency with the closest physical location to the residence of the person; and

(c) If the person is a minor, the parent or guardian of the person.

2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if:

(a) The mental health professional actually communicates the threat in a timely manner; or

(b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional.

3. A mental health professional who exercises reasonable care in determining that he or she:

(a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information.

(b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient.

4. The provisions of this section do not:

(a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to NRS 432B.220 or the commercial sexual exploitation of a child pursuant to NRS 432C.110; or

(b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient:

(1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or

(2) Who is being discharged from such a facility.

5. As used in this section, "mental health professional" includes:

(a) A physician or psychiatrist licensed to practice medicine in this State pursuant to chapter 630 or 633 of NRS;

(b) A psychologist who is licensed to practice psychology pursuant to chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;

(c) A social worker who:

(1) Holds a master's degree in social work;



(2) Is licensed as a clinical social worker pursuant to chapter 641B of NRS; and

(3) Is employed by the Division of Public and Behavioral Health of the Department of Health and Human Services;

(d) A registered nurse who:

(1) Is licensed to practice professional nursing pursuant to chapter 632 of NRS; and

(2) Holds a master's degree in psychiatric nursing or a related field;

(e) A marriage and family therapist licensed pursuant to chapter 641A of NRS;

(f) A clinical professional counselor licensed pursuant to chapter 641A of NRS; and

(g) A person who is working in this State within the scope of his or her employment by the Federal Government, including, without limitation, employment with the Department of Veterans Affairs, the military or the Indian Health Service, and is:

(1) Licensed or certified as a physician, psychologist, marriage and family therapist, clinical professional counselor, alcohol and drug counselor or clinical alcohol and drug counselor in another state;

(2) Licensed as a social worker in another state and holds a master's degree in social work; or

(3) Licensed to practice professional nursing in another state and holds a master's degree in psychiatric nursing or a related field.

Sec. 72. NRS 632.120 is hereby amended to read as follows:

632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing or a certificate to practice as a nursing assistant or medication aide - certified.

(2) Of professional conduct for the practice of nursing.

(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(4) For the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to make the diagnoses, evaluations and examinations described in NRS ~~433A.160,~~ 433A.240, 433A.390, 433A.430, 484C.300, 484C.320, 484C.330, 484C.340 and 484C.350 and sections 10, 11 and 22 of this act, the certifications described in NRS 433A.170, 433A.195 and 433A.200 ~~and~~ and the sworn statement or declaration described in NRS 433A.210 and section 11 of this act.

(b) Prepare and administer examinations for the issuance of a license or certificate under this chapter.



(c) Investigate and determine the eligibility of an applicant for a license or certificate under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

(e) Develop and disseminate annually to each registered nurse who cares for children information concerning the signs and symptoms of pediatric cancer.

2. The Board may adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license or certificate under this chapter.

(b) Standards for the continuing professional competence of licensees or holders of a certificate. The Board may evaluate licensees or holders of a certificate periodically for compliance with those standards.

3. The Board may adopt regulations establishing a schedule of reasonable fees and charges, in addition to those set forth in NRS 632.345, for:

(a) Investigating licensees or holders of a certificate and applicants for a license or certificate under this chapter;

(b) Evaluating the professional competence of licensees or holders of a certificate;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the Board; and

(e) Surveying, evaluating and approving schools of practical nursing, and schools and courses of professional nursing,

➤ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term "in the process of obtaining accreditation."

5. The Board may adopt such other regulations, not inconsistent with state or federal law, as may be necessary to carry out the provisions of this chapter relating to nursing assistant trainees, nursing assistants and medication aides - certified.

6. The Board may adopt such other regulations, not inconsistent with state or federal law, as are necessary to enable it to administer the provisions of this chapter.

Sec. 73. NRS 641B.160 is hereby amended to read as follows:

641B.160 1. The Board shall adopt:

(a) Such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter;

(b) Regulations establishing reasonable standards for the psychiatric training and experience necessary for a clinical social worker to be authorized to make the certifications described in NRS 433A.170, 433A.195 and 433A.200 **H**, and section 10 of this act, **make a sworn statement or declaration described in**



NRS 433A.210 and section 11 of this act and perform an evaluation described in section 11 or 22 of this act;

(c) Regulations prescribing uniform standards concerning the locations at which interns provide services;

(d) Regulations prescribing standards concerning the electronic supervision of interns working at remote sites; and

(e) Regulations prescribing the manner by which the qualifications for the issuance or renewal of a license under the provisions of this chapter will be made available to the public such that those qualifications are clearly defined and easily understood.

2. On the date that the Board gives notice pursuant to NRS 233B.060 of its intent to adopt, amend or repeal a regulation, the Board shall submit the regulation to the Commission on Behavioral Health for review. The Commission shall review the regulation and make recommendations to the Board concerning the advisability of adopting, amending or repealing the regulation and any changes that the Commission deems advisable.

Sec. 74. 1. The amendatory provisions of NRS 433A.145, as amended by section 28 of this act, apply to any person:

(a) Who has been admitted to a public or private mental facility; and

(b) Whose status is that of a voluntary consumer on or after October 1, 2021, regardless of the date on which he or she was admitted.

2. The amendatory provisions of NRS 433A.165, 433A.185, 433A.195, 433A.200 and 433A.310, as amended by sections 31, 33, 35, 36 and 43 of this act, respectively, apply to any person:

(a) Who has been admitted to a public or private mental facility or hospital; and

(b) Whose status is that of an emergency consumer on or after October 1, 2021, regardless of the date on which he or she was admitted.

3. Any person who was involuntarily admitted to a program of community-based or outpatient services before October 1, 2021, by a court order that remains effective on that date shall be deemed to have been ordered to receive involuntary assisted outpatient treatment pursuant to section 18 of this act.

4. The amendatory provisions of NRS 433A.380 and 433A.390, as amended by sections 47 and 48 of this act, respectively, apply to any person who has been admitted to a public or private mental health facility pursuant to a court order that is effective on October 1, 2021, regardless of the date on which he or she was admitted.

5. The amendatory provisions of section 22 of this act and NRS 433A.220 and 433A.380, as amended by sections 39 and 47 of this



act, respectively, apply to any person who has been conditionally released from a public or private mental health facility where the conditional release is effective on October 1, 2021, regardless of the date on which he or she was conditionally released.

6. As used in this section, "assisted outpatient treatment" has the meaning ascribed to it in NRS 433A.019, as amended by section 24 of this act.

Sec. 75. NRS 433A.315, 433A.323 and 433A.327 are hereby repealed.

Sec. 76. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 75, inclusive, of this act become effective:

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

(b) On October 1, 2021, for all other purposes.

TEXT OF REPEALED SECTIONS

433A.315 Development of written plan for course of treatment and program of community-based or outpatient services. If a court determines pursuant to NRS 433A.310 that a person should be involuntarily admitted to a program of community-based or outpatient services, the court shall promptly cause two or more persons professionally qualified in the field of psychiatric mental health, which may include the person who filed the petition for involuntary court-ordered admission pursuant to NRS 433A.200 if he or she is so qualified, in consultation with the person to be involuntarily admitted, to develop and submit to the court a written plan prescribing a course of treatment and enumerating the program of community-based or outpatient services for the person. The plan must include, without limitation:

1. A description of the types of services in which the person will participate;

2. The medications, if any, which the person must take and the manner in which those medications will be administered;

3. The name of the person professionally qualified in the field of psychiatric mental health who is responsible for providing or coordinating the program of community-based or outpatient services; and

4. Any other requirements which the court deems necessary.



433A.323 Failure to participate in program or carry out plan of treatment: Petition and order to take person into custody; evaluation.

1. When a person who is involuntarily admitted to a program of community-based or outpatient services fails to participate in the program or otherwise fails to carry out the plan of treatment developed pursuant to NRS 433A.315, despite efforts by the professional responsible for providing or coordinating the program of community-based or outpatient services for the person to solicit the person's compliance, the professional may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to the appropriate location for an evaluation by an evaluation team from the Division pursuant to NRS 433A.240. The petition must be accompanied by:

- (a) A copy of the order for involuntary admission;
- (b) A copy of the plan of treatment submitted to the court pursuant to NRS 433A.315;
- (c) A list that sets forth the specific provisions of the plan of treatment which the person has failed to carry out; and
- (d) A statement by the petitioner which explains how the person's failure to participate in the program of community-based or outpatient services or failure to carry out the plan of treatment will likely cause the person to harm himself or herself or others.

2. If the court determines that there is probable cause to believe that the person is likely to harm himself or herself or others if the person does not comply with the plan of treatment, the court may issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for an evaluation by an evaluation team from the Division pursuant to NRS 433A.240.

3. As used in this section, "appropriate location" does not include a jail or prison.

433A.327 Conditional release of person in program: When allowed; no liability of State; notice to court, district attorney and legal guardian; order to resume participation in program; judicial review of order to resume participation in program.

1. Except as otherwise provided in subsection 3, any person involuntarily admitted to a program of community-based or outpatient services may be conditionally released from the program when, in the judgment of the professional responsible for providing or coordinating the program of community-based or outpatient services, the person does not present a substantial likelihood of serious harm to himself or herself or others. The professional responsible for providing or coordinating the program of community-based or outpatient services shall prescribe the period for which the conditional release is effective. The period must not



extend beyond the last day of the court-ordered period of admission to a program of community-based or outpatient services pursuant to NRS 433A.310.

2. When a person is conditionally released pursuant to subsection 1, the State of Nevada, the agents and employees of the State or a mental health facility, the professionals responsible for providing or coordinating programs of community-based or outpatient services and any other professionals providing mental health services are not liable for any debts or contractual obligations incurred, medical or otherwise, or damages caused by the actions of the person who is released.

3. A person who is involuntarily admitted to a program of community-based or outpatient services may be conditionally released only if, at the time of the release, written notice is given to the court which ordered the person to participate in the program, to the attorney of the person and to the district attorney of the county in which the proceedings for admission were held.

4. Except as otherwise provided in subsection 6, the professional responsible for providing or coordinating the program of community-based or outpatient services shall order a person who is conditionally released pursuant to subsection 1 to resume participation in the program if the professional determines that the conditional release is no longer appropriate because that person presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195. Except as otherwise provided in this subsection, the professional responsible for providing or coordinating the program of community-based or outpatient services shall, at least 3 days before the issuance of the order to resume participation, give written notice of the order to the court that admitted the person to the program. If an emergency exists in which the person presents a substantial likelihood of serious harm to himself or herself or others, the order must be submitted to the court not later than 1 business day after the order is issued.

5. The court shall review an order submitted pursuant to subsection 4 and the current condition of the person who was ordered to resume participation in a program of community-based or outpatient services at the next regularly scheduled hearing for the review of petitions for involuntary admissions, but in no event later than 5 judicial days after participation in the program is resumed. The court shall serve notice on the person who was ordered to resume participation in the program and to his or her attorney of the time, date and place of the hearing and of the facts necessitating that the person resume participation in the program.



6. The provisions of subsection 4 do not apply if the period of conditional release has expired.

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SENATE BILL NO. 97—SENATORS SETTELMAYER, HARDY,
GOICOECHEA, HAMMOND; BUCK AND HANSEN

FEBRUARY 3, 2021

JOINT SPONSORS: ASSEMBLYMEN TITUS AND WHEELER

Referred to Committee on Government Affairs

SUMMARY—Provides that certain restrictions relating to public gatherings do not apply to certain events at which a vaccine for COVID-19 is administered. (BDR S-897)

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

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

AN ACT relating to emergency management; providing that any provision in an emergency directive, order or regulation made by the Governor relating to COVID-19 that imposes certain limits on public gatherings does not apply to certain events held for the purpose of administering a vaccine for COVID-19; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides the Governor with broad emergency powers during the existence of a state of emergency or declaration of disaster. (Chapter 414 of NRS) Existing law authorizes the Governor, in exercising his or her emergency powers, to make, amend and rescind necessary orders and regulations. (NRS 414.060) On March 12, 2020, Governor Steve Sisolak issued a Declaration of Emergency due to the outbreak of the disease identified by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services as COVID-19. (Declaration of Emergency for COVID-19 (March 12, 2020)) This bill provides that, for the period in which the Declaration of Emergency remains in effect, any provision in an emergency directive, order or regulation made by the Governor that imposes a limit on the number of persons that may gather in an indoor or outdoor area does not apply to an event where the primary purpose is to administer a vaccine for COVID-19.



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

1 **Section 1.** During the period in which the Declaration of
2 Emergency issued by the Honorable Steve Sisolak, Governor of the
3 State of Nevada, on March 12, 2020, remains in effect, any
4 provision in an emergency directive, order or regulation made by the
5 Governor under the emergency powers provided in chapter 414 of
6 NRS that imposes a limit on the number of persons that may gather
7 in an indoor or outdoor area does not apply to an event where the
8 primary purpose is to administer a vaccine for the disease identified
9 by the Centers for Disease Control and Prevention of the United
10 States Department of Health and Human Services as COVID-19.

11 **Sec. 2.** This act becomes effective upon passage and approval.



SENATE CONCURRENT RESOLUTION NO. 5—SENATOR SPEARMAN

MARCH 15, 2021

Referred to Committee on Health and Human Services

SUMMARY—Urges certain actions to address the public health crisis in Nevada. (BDR R-966)

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

SENATE CONCURRENT RESOLUTION—Urging certain actions to address the public health crisis caused by systemic racism and greatly magnified by the COVID-19 pandemic in Nevada.

WHEREAS, As stated by Maya Angelou: “Prejudice is a burden that confuses the past, threatens the future and renders the present inaccessible”; and

WHEREAS, Systemic racism and structures of racial discrimination create generational poverty and perpetuate debilitating economic, educational and health hardships and disproportionately affect people of color, causing the single most profound economic and social challenge facing Nevada; and

WHEREAS, This economic and social challenge has been exacerbated by the COVID-19 pandemic; and

WHEREAS, Nearly 49 percent of Nevada’s population is represented by persons of color, including persons who are Black, Indigenous, Hispanic, Asian or Pacific Islander and persons of more than one racial or ethnic background; and

WHEREAS, Nevada is a growing and diverse state with continually shifting demographics; and

WHEREAS, Racism has deep, harmful impacts and unfairly disadvantages Black, Indigenous and other persons of color (BIPOC) and has impeded solutions necessary to achieve racial parity; and

WHEREAS, Providers of health care have long noted the existence of racial and ethnic disparities in our health care system, and these inequalities have led to a disproportionate negative impact on BIPOC communities during the COVID-19 pandemic; and



1 WHEREAS, The disproportionate, detrimental health impacts of
2 COVID-19 on BIPOC communities are indicated by the
3 overrepresentation of BIPOC communities in hospitalization rates
4 and death rates; and

5 WHEREAS, For example, in Clark County as of March 4, 2021,
6 according to the Southern Nevada Health District, Black persons
7 constitute 12.5 percent of hospitalizations due to COVID-19 and
8 11.6 percent of deaths due to COVID-19, Hispanic persons
9 constitute 31.7 percent of hospitalizations due to COVID-19 and
10 27.9 percent of deaths due to COVID-19 and Asian or Pacific
11 Islander persons constitute 11.1 percent of hospitalizations due to
12 COVID-19 and 13.6 percent of deaths due to COVID-19; and

13 WHEREAS, The chronic stress of racism affects the mental and
14 physical health of the members of BIPOC communities and, in
15 particular, affects the mental and physical health of Black
16 Americans on a daily basis to a greater degree than other groups;
17 and

18 WHEREAS, The members of the 32nd Special Session of the
19 Nevada Legislature adopted Senate Concurrent Resolution No. 1,
20 which declared that “systemic racism and structures of racial
21 discrimination constitute a public health crisis which is magnified
22 by the disproportionately high impact of COVID-19 on
23 communities of color and which affects the entire State of Nevada”;
24 now, therefore, be it

25 RESOLVED BY THE SENATE OF THE STATE OF NEVADA, THE
26 ASSEMBLY CONCURRING, That all Nevada residents shall have
27 equal consideration and opportunity under the laws, policies and
28 practices of this State; and be it further

29 RESOLVED, That the members of the Nevada Legislature declare
30 that systemic racism and structures of racial discrimination
31 constitute a public health crisis which is magnified by the
32 disproportionately high impact of COVID-19 on communities of
33 color and which affects the entire State of Nevada; and be it further

34 RESOLVED, That Nevada supports local, state, regional and
35 federal initiatives to understand, address and dismantle systemic
36 racism and its impact on the delivery of human and social services,
37 economic development and public safety; and be it further

38 RESOLVED, That the members of the Nevada Legislature request
39 that federal funding be distributed equitably based upon the
40 percentages of members of the BIPOC communities to address
41 issues that disproportionately impact Black, Indigenous and other
42 persons of color in direct proportion to their disadvantages by
43 individual racial category; and be it further

44 RESOLVED, That the members of the 81st Session of the Nevada
45 Legislature affirm the commitment to incorporate into the regular



1 business of the Nevada Legislature the subjects of systemic racism
2 and structures of racial discrimination which constitute a public
3 health crisis and which is magnified by the disproportionately high
4 impact of COVID-19 on communities of color; and be it further
5 RESOLVED, That this resolution becomes effective upon
6 adoption.

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SENATE CONCURRENT RESOLUTION NO. 6—
SENATOR OHRENSCHALL

MARCH 16, 2021

Referred to Committee on Health and Human Services

SUMMARY—Expresses support for expanding the testing capacity for COVID-19 in Nevada through the use of pooled saliva testing. (BDR R-869)

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

SENATE CONCURRENT RESOLUTION—Expressing support for expanding the testing capacity for COVID-19 in Nevada through the use of pooled saliva testing.

WHEREAS, The COVID-19 pandemic continues to cause hospitalizations, deaths and other hardships throughout the United States and the State of Nevada; and

WHEREAS, Throughout the COVID-19 pandemic, limited testing capacity in the United States and Nevada has hindered access to testing and the return of actionable results; and

WHEREAS, In the United States as of March 5, 2021, according to the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, there had been over 28 million cases of COVID-19, including over 500,000 cases resulting in death; and

WHEREAS, In Clark County as of March 5, 2021, according to the Southern Nevada Health District, there had been 228,083 cases of COVID-19, including 13,487 cases resulting in hospitalization and 3,918 cases resulting in death; and

WHEREAS, In the United States as of March 5, 2021, according to the Centers for Disease Control and Prevention, only 16.7 percent of the population had received at least one dose of a COVID-19 vaccine; and

WHEREAS, Expanding the testing capacity in Nevada is integral to managing the further spread of COVID-19; and



1 WHEREAS, A study by researchers at Yale University has shown
2 that the pooling of saliva samples can save resources and increase
3 the testing capacity for COVID-19; now, therefore, be it

4 RESOLVED BY THE SENATE OF THE STATE OF NEVADA, THE
5 ASSEMBLY CONCURRING, That the State of Nevada will continue to
6 pursue the most effective methods for testing and tracking the
7 spread of COVID-19; and be it further

8 RESOLVED, That the 81st Session of the Nevada Legislature
9 hereby urges the Department of Health and Human Services, the
10 Washoe County Health District and the Southern Nevada Health
11 District to:

12 1. Expand testing capacity in Nevada through the use of pooled
13 saliva testing, which has proven to be effective in studies; and

14 2. Continue to explore ways in which the testing capacity for
15 COVID-19 in Nevada may be sustainably increased to control
16 further outbreaks of COVID-19; and be it further

17 RESOLVED, That the Secretary of the Senate prepare and
18 transmit a copy of this resolution to the Governor, the Director of
19 the Legislative Counsel Bureau, the Director of the Department of
20 Health and Human Services, the Chair of the Board of Health of the
21 Washoe County Health District and the Chair of the Board of Health
22 of the Southern Nevada Health District; and be it further

23 RESOLVED, That this resolution becomes effective upon
24 adoption.



Calendar of Meetings/Events for Carson City Board of Health

National Public Health Week – April 5-11

- Monday – Rebuilding
- Tuesday – Advancing Racial Equity
- Wednesday – Strengthening Community
- Thursday – Galvanizing Climate Justice
- Friday – Constructing COVID-19 Resilience
- Saturday – Uplifting Mental Health and Wellness
- Sunday – Elevating the Essential and health Workforce

Affordable Housing/Transitional Housing

- Location (if in-person): Carson City Sheriff's Office, Ormsby Room
- If Ormsby Room closed, meeting will be by Zoom. To attend, contact Mary Jane Ostrander at 775-283-7234 to receive invite.
- Meeting – 1st Wednesday of each month
- 9:00 am – 10:30 am

Carson City Behavioral Health Task Force

- Location (if in-person): Carson City Sheriff's Office, Ormsby Room
- If Ormsby Room closed, meeting will be by Zoom. To attend, contact Mary Jane Ostrander at 775-283-7234 to receive invite.
- 2:00 pm – 3:30 pm
- Meeting - 3rd Wednesday of each month

Carson City Board of Health – 2021

- June 17th, September 16th, and December 16th (Could be subject to change)

Board of Health Resource Stewardship Advisory Group: TBD

State of Nevada Board of Health

- Quarterly, usually March, June, September, and December
- Check the State of Nevada Board of Health website for meeting dates - <http://dphh.nv.gov/Boards/BOH/Meetings/2021/NVBOH2021/>

Northern Nevada Behavioral Health Policy Board

- Meetings – April 1, 2021 and TBA
- Please contact Nicki Aaker, naaker@carson.org, if you are interested in attending and to be added to distribution list

National Association of Local Boards of Health (NALBOH) Spring Summit – Virtual

- March 24, 2021; 11:00 am – 2:00 pm

NALBOH 2021 Annual Conference

- 8/1/2021 – 8/3/2021; Grand Rapids, Michigan

NALBOH Annual Conference Webinar Series Available

- Performance Management and the Oversight Role of Boards of Health
- Succession Planning in Public Health
- Building Healthier Communities: The Federal Policy Landscape
- National Association of County and City Health Officials (NACCHO) National Profile of Local Health Departments – 2019 Profile Study Results
- The New Essential Public Health Services Framework: Implications for Boards of Health
- Contact Nicki if interested in attending any webinar