PROPOSED REGULATION OF

THE STATE BOARD OF HEALTH

LCB File No. R119-26

May 28, 2026

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

AUTHORITY: §§ 1-22, NRS 439.200 and 441A.120; §§ 23 and 24, NRS 439.200, 441A.120 and 441A.160.

A REGULATION relating to public health; establishing a process to control tuberculosis in an educational institution; requiring entities that conduct wastewater surveillance to report certain information; updating certain information relating to certain publications adopted by reference; revising the procedure for screening and testing of tuberculosis for health care personnel and in certain facilities; revising requirements governing the reporting and investigation of coronavirus disease 2019 (COVID-19) cases; revising the terminology used to refer to mpox; authorizing the Chief Medical Officer to use certain information relating to overdoses to advance public health; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the control of communicable diseases in this State, including in educational institutions. (NRS 441A.120) Existing regulations define tuberculosis as a communicable disease. (NAC 441A.040) **Sections 3-5** of this regulation define certain terms related to the control of tuberculosis in schools and **section 2** of this regulation establishes the applicability of those definitions. **Section 6** of this regulation establishes that the requirements of **sections 2-11** of this regulation regarding screening for tuberculosis apply to employees, independent contractors and volunteers of schools who have more than 8 hours of face-to-face interaction with pupils over the course of a school year. **Section 3** defines the term "qualifying employee, independent contractor or volunteer" to refer to such employees, independent contractors and volunteers. **Section 6** requires the Division of Public and Behavioral Health of the Department of Human Services to develop a tuberculosis risk assessment and symptom questionnaire for the purpose of such screening. **Section 7** requires a qualifying employee, independent contractor or volunteer to complete a tuberculosis screening test or a tuberculosis risk assessment and symptom questionnaire: (1) before beginning his or her work or volunteer activity; and (2) at least once every 4 years thereafter. **Section 7** sets forth the steps a person must take if the results of a test are positive or the questionnaire indicates the person is at risk for tuberculosis or has symptoms of active tuberculosis, which may include a medical evaluation by a health care provider. On or before the date by which screening must be complete pursuant to **section 7, section 8** requires a qualifying employee, independent contractor

or volunteer to submit to the school where he or she works or volunteers: (1) documentation of the results of his or her tuberculosis screening test or a copy of his or her tuberculosis risk assessment and symptom questionnaire; and (2) a statement affirming that he or she does not have active tuberculosis. **Section 9** requires the tuberculosis health care provider who performed a medical evaluation of a qualifying employee, independent contractor or volunteer to offer to treat active tuberculosis and report cases of active and latent tuberculosis to the health authority. **Section 10** exempts a qualifying employee, independent contractor or volunteer from the requirements of **section 7** to complete a tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire if the qualifying employee, independent contractor or volunteer has completed a similar tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire within the immediately preceding 12 months. **Section 11** requires the governing entity responsible for a school to ensure the maintenance of files documenting compliance with **sections 2-11. Section 11** also requires a health authority to: (1) take measures necessary to ensure compliance with **sections 2-11**; and (2) consult and provide guidance to assist the superintendents of school districts and the principals of schools in achieving such compliance.

Existing regulations adopt by reference certain federal guidelines for preventing the transmission of tuberculosis in health care facilities. (NAC 441A.200) Existing regulations require certain persons, including employees, independent contractors, patients and residents of certain health facilities, to receive treatment in accordance with those guidelines. (NAC 441A.350, 441A.355, 441A.375, 441A.380) **Section 14** of this regulation adopts by reference updated federal guidelines for the screening and testing of health care personnel for tuberculosis. **Sections 14-16, 21 and 22** of this regulation update the titles, Internet websites and costs of certain publications that have been adopted by reference.

Before certain employees and independent contractors commence to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility, existing regulations require the employee or independent contractor to: (1) have a physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and other communicable diseases; and (2) have had a tuberculosis screening test within the preceding 12 months. (NAC 441A.375) **Section 17** of this regulation requires such an employee or independent contractor to complete a tuberculosis risk assessment and tuberculosis symptom evaluation before commencing employment. **Section 17** limits the applicability of the requirement that such an employee or independent contractor have a physical examination or certification from a health care provider to situations where the tuberculosis risk assessment and tuberculosis symptom evaluation identifies signs or symptoms suggestive of an active tuberculosis infection or other communicable disease. Lastly, **section 17** clarifies that a baseline tuberculosis screening test satisfies the requirement that such an employee or independent contractor must have had a tuberculosis screening test within the immediately preceding 12 months. **Section 20** of this regulation makes conforming changes to update a reference to the requirements revised by **section 17**.

Existing regulations generally require an employee or independent contractor at a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility to receive a tuberculosis screening test not later than 12 months after the last day of the month on which the employee or independent contractor accepted the offer of employment, and annually thereafter. (NAC 441A.375) Existing regulations also generally

require a person admitted to a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care to receive a tuberculosis screening test and annually thereafter. (NAC 441A.380) **Sections 17 and 18** of this regulation remove those requirements and instead require such facilities to annually evaluate the risk of tuberculosis exposure within the facility or home and determine the frequency of testing for tuberculosis based on the guidelines of the Centers for Disease Control and Prevention.

Section 12 of this regulation requires an entity conducting wastewater surveillance to report the findings of certain detected pathogens, biologic or chemical substances to the Chief Medical Officer and district health officer, if any. **Section 12** requires the Chief Medical Officer and each district health officer to publish on his or her Internet website a list of pathogens, biologic and chemical substances that must be reported. **Section 12** additionally limits the ways in which the Chief Medical Officer and each district health officer may use the data received from an entity conducting wastewater surveillance.

Existing law additionally requires the State Board of Health to adopt regulations governing the reporting of cases or suspected cases of drug overdose. (NRS 441A.120) Existing regulations require a provider of health care to report a drug overdose or suspected drug overdose to the Chief Medical Officer. (NAC 441A.965) **Section 19** of this regulation authorizes the Chief Medical Officer to use such information, with certain limitations, to advance public health.

Existing regulations: (1) define coronavirus disease 2019 (COVID-19) as a communicable disease; and (2) require certain persons and entities to report each case of a communicable disease, including COVID-19, to the health authority. (NAC 441A.040, 441A.230-441A.255) Existing regulations require a health authority to investigate each reported or suspected case of COVID-19. (Section 7 of LCB File No. R148-22) **Sections 13 and 23** of this regulation limit the applicability of those requirements to cases of COVID-19 that are confirmed by a laboratory and result in hospitalization or death. **Section 23** also requires a medical facility to provide care in accordance with the appropriate precautions for screening for, testing and treating COVID-19.

Existing regulations define monkeypox as a communicable disease. (NAC 441A.040) Existing regulations prescribe requirements governing the investigation of and response to cases of monkeypox. (Section 9 of LCB File No. R148-22) **Sections 13 and 24** of this regulation revise the term "monkeypox" to "mpox," which is the current term for that disease that is generally accepted in the medical community.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 12, inclusive, of this regulation.

Sec. 2. ***As used in sections 2 to 11, inclusive, of this regulation, unless the context otherwise requires, the terms defined in sections 3, 4 and 5 of this regulation have the meaning ascribed to them in those sections.***

Sec. 3. ***"Qualifying employee, independent contractor or volunteer" means an employee, independent contractor or volunteer described in subsection 1 of section 6 of this regulation.***

Sec. 4. ***"School" means:***

1. A public school, as defined in NRS 385.007;

2. A private school, as defined in NRS 394.103;

3. A school or educational program conducted exclusively for children who have been adjudicated delinquent; or

4. Any other primary or secondary educational institution that is located in this State.

Sec. 5. ***"Tuberculosis health care provider" means a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237.***

Sec. 6. ***1. Sections 2 to 11, inclusive, of this regulation apply to an employee, an independent contractor or a volunteer of a school who has more than 8 hours of face-to-face interaction with pupils at a school over the course of a school year.***

2. A school shall require tuberculosis screenings of qualifying employees, independent contractors and volunteers as set forth in sections 2 to 11, inclusive, of this regulation.

3. The Division shall develop a tuberculosis risk assessment and symptom questionnaire and make the questionnaire available on an Internet website maintained by the Division. The questionnaire must use the screening guidelines and recommendations set forth in the publications adopted by reference in NAC 441A.200.

Sec. 7. ***1. Except as otherwise provided in section 10 of this regulation, before a qualifying employee, independent contractor or volunteer begins work or volunteer activity at a school and at least once every 4 years thereafter or more frequently if required by the health***

authority, a school shall require the qualifying employee, independent contractor or volunteer to establish that he or she does not have active tuberculosis by completing:

(a) A tuberculosis screening test; or

(b) A tuberculosis risk assessment and symptom questionnaire that:

(1) Is developed by the Division pursuant to subsection 3 of section 6 of this regulation; or

(2) Uses content that is equivalent to the content of the tuberculosis risk assessment and symptom questionnaire developed by the Division pursuant to subsection 3 of section 6 of this regulation.

2. A school shall not accept a tuberculosis screening test or a tuberculosis risk assessment and symptom questionnaire for the purpose of this section if the qualifying employee, independent contractor or volunteer completed the test or questionnaire more than 12 months before the date by which the qualifying employee, independent contractor or volunteer must complete the test or questionnaire pursuant to subsection 1.

3. A tuberculosis screening test completed pursuant to paragraph (a) of subsection 1 must be reviewed by a tuberculosis health care provider to determine if the result of the test is positive. If the result is positive, the tuberculosis health care provider shall conduct a medical evaluation of the qualifying employee, independent contractor or volunteer to determine if the qualifying employee, independent contractor or volunteer has active tuberculosis.

4. A tuberculosis risk assessment and symptom questionnaire completed pursuant to paragraph (b) of subsection 1 must be reviewed by a tuberculosis health care provider to determine if the qualifying employee, independent contractor or volunteer is at risk for tuberculosis or has symptoms of active tuberculosis.

5. If a tuberculosis health care provider determines from a tuberculosis risk assessment and symptom questionnaire reviewed pursuant to subsection 4 that the qualifying employee, independent contractor or volunteer is at risk for tuberculosis or identifies symptoms of active tuberculosis, the qualifying employee, independent contractor or volunteer must complete a tuberculosis screening test in accordance with the requirements of paragraph (a) of subsection 1 and subsections 2 and 3.

6. A tuberculosis health care provider may determine a qualifying employee, independent contractor or volunteer does not have active tuberculosis only if:

(a) The result of a tuberculosis screening test is negative;

(b) A tuberculosis risk assessment and symptom questionnaire indicates that the qualifying employee, independent contractor or volunteer does not have risk factors for tuberculosis or symptoms of active tuberculosis; or

(c) The results of a medical evaluation indicate that the qualifying employee, independent contractor or volunteer does not have active tuberculosis.

7. The qualifying employee, independent contractor or volunteer is responsible for the costs of completing the tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire and any associated expenses, except as otherwise provided by a rule or policy of the school or the board of trustees of the school district in which the school is located, as applicable.

Sec. 8. ***1. On or before the date on which a qualifying employee, independent contractor or volunteer must complete the tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire pursuant to section 7 of this regulation, the qualifying***

employee, independent contractor or volunteer must submit to the school at which he or she works or volunteers:

(a) Documentation of the results of the tuberculosis screening test or a copy of the tuberculosis risk assessment and symptom questionnaire completed by the employee, independent contractor or volunteer; and

(b) A statement affirming that the qualifying employee, independent contractor or volunteer does not have active tuberculosis.

2. A school shall not allow a qualifying employee, independent contractor or volunteer who fails to comply with subsection 1 to:

(a) Begin working or volunteering at the school, if the qualifying employee, independent contractor or volunteer has not yet begun such work or volunteering; or

(b) Continue to work or volunteer at the school after the date on which the qualifying employee, independent contractor or volunteer must complete the tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire pursuant to section 7 of this regulation, for a current employee, independent contractor or volunteer.

3. A statement submitted pursuant to paragraph (b) of subsection 1 must:

(a) Be signed by:

(1) The qualifying employee, independent contractor or volunteer; and

(2) The tuberculosis health care provider who determined that the qualifying employee, independent contractor or volunteer does not have active tuberculosis;

(b) Be dated by the tuberculosis health care provider with the date on which the tuberculosis health care provider determined the qualifying employee, independent contractor or volunteer does not have active tuberculosis; and

(c) Include any results from a tuberculosis screening test, any tuberculosis risk assessment and symptom questionnaire and any results of a medical evaluation.

4. A tuberculosis health care provider shall not sign and date the statement described in paragraph (b) of subsection 1 unless the tuberculosis health care provider determines that the employee, independent contractor or volunteer does not have active tuberculosis pursuant to section 7 of this regulation.

Sec. 9. *The tuberculosis health care provider who performs a medical evaluation for a qualifying employee, independent contractor or volunteer pursuant to section 7 of this regulation shall:*

1. Offer to the qualifying employee, independent contractor or volunteer counseling and treatment for active tuberculosis in accordance with the recommendations and guidelines adopted by reference in paragraph (f) of subsection 1 of NAC 441A.200.

2. Report cases and suspected cases of active tuberculosis to the health authority pursuant to NAC 441A.225.

3. Report cases of latent tuberculosis to the health authority not later than 5 days after discovering the latent tuberculosis as required by NAC 441A.350.

Sec. 10. *1. A qualifying employee, independent contractor or volunteer of a school is not required to complete an additional tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire pursuant to section 7 of this regulation if:*

(a) The qualifying employee, independent contractor or volunteer provides to the school documentation of the results of a tuberculosis screening test that he or she completed within the immediately preceding 12 months or a copy of a tuberculosis risk assessment and symptom questionnaire that he or she completed within the immediately preceding 12 months;

(b) The tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire used by the school is substantially similar to the test or questionnaire described in paragraph (a); and

(c) The qualifying employee, independent contractor or volunteer complied with all applicable provisions of sections 2 to 11, inclusive, of this regulation with regard to the tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire described in paragraph (a).

2. If a school discovers that a qualifying employee, independent contractor or volunteer has not complied with sections 2 to 11, inclusive, of this regulation, the school shall require the qualifying employee, independent contractor or volunteer to complete a tuberculosis screening test or tuberculosis risk assessment and symptom questionnaire pursuant to section 7 of this regulation within 60 days after receiving notice from the school to complete such testing or questionnaire.

Sec. 11. *1. The board of trustees of a school district, the governing body of a charter school or private school or, for a school for which no such entity exists, the entity with similar authority over the school shall, for each qualifying employee, independent contractor or volunteer, ensure that a file that meets the requirements of this subsection is maintained for the time period prescribed by subsection 2. The file must contain:*

(a) Any documentation of the results of a tuberculosis screening test or any copy of a tuberculosis risk assessment and symptom questionnaire provided to a school within the school district or under the authority of the principal, as applicable, pursuant to section 8 or 10 of this regulation; and

(b) Any signed statements stating that the qualifying employee, independent contractor or volunteer is free from active tuberculosis provided pursuant to section 8 of this regulation to a school within the school district or under the authority of the principal, as applicable.

2. A file described in subsection 1 must be maintained for at least 5 years after the conclusion of all work or volunteer activities performed by the qualifying employee, independent contractor or volunteer to whom the file pertains.

3. Each health authority shall:

(a) Take such measures as necessary to ensure compliance with sections 2 to 11, inclusive, of this regulation; and

(b) Consult and provide guidance to the superintendents of school districts or principals of schools within the jurisdiction of the health authority in the development, implementation and maintenance of measures to comply with the provisions of sections 2 to 11, inclusive, of this regulation.

Sec. 12. *1. Any public or private utility, university, research institution, laboratory, governmental entity or other entity that performs wastewater surveillance shall report any findings of any detected pathogens or biologic or chemical substances that pose a potential public health risk and are included in the list published by the local health authority pursuant to subsection 5 to the Chief Medical Officer or his or her designee and any district health officer where the entity is located.*

2. The entity shall submit the report described in subsection 1 not later than 72 hours after detecting the reportable pathogen or biologic or chemical substance. The report must include the:

(a) Pathogen or biologic or chemical substance detected;

(b) Date of detection;

(c) Date of collection and location of the sample that produced the detected substance; and

(d) Concentration level of the detected substance.

3. The Chief Medical Officer or his or her designee and each district health officer shall create a form for submitting the report pursuant to subsection 1.

4. The Chief Medical Officer or his or her designee and each district health officer shall:

(a) Use the data reported pursuant to this section only for the purpose of advancing public health;

(b) Aggregate data reported pursuant to this section to protect the privacy of communities; and

(c) Comply with NRS 441A.220 to protect the privacy of natural persons.

5. The Chief Medical Officer or his or her designee and each district health officer shall annually publish on his or her Internet website a list of pathogens, biologic and chemical substances that an entity is required to report to the Chief Medical Officer or his or her designee or the district health officer, as applicable.

6. As used in this section:

(a) "Wastewater" means any solid or liquid material sourced from a sample collected between the point where raw sewage enters the plumbing system of a building, a property service connection or a municipal collection system and the start of secondary treatment at a facility for the treatment and recovery of wastewater.

(b) "Wastewater surveillance" means the systematic collection and analysis of wastewater samples to detect and monitor pathogens and other biologic or chemical substances,

including, without limitation, viral, bacterial and fungal agents, pharmaceutical compounds, controlled substances and other emerging contaminants of public health concern.

Sec. 13. NAC 441A.040 is hereby amended to read as follows:

441A.040 "Communicable disease," as defined in NRS 441A.040, includes:

1. Any condition identified by the Centers for Disease Control and Prevention as a nationally notifiable condition.

2. Amebiasis.

3. Animal bite from a rabies-susceptible animal.

4. Anthrax.

5. Babesiosis (parasite).

6. Botulism, foodborne.

7. Botulism, infant.

8. Botulism, wound.

9. Botulism, other than foodborne botulism, infant botulism or wound botulism.

10. Brucellosis.

11. Campylobacteriosis.

12. *Candida auris*.

13. Chancroid.

14. Chikungunya virus disease.

15. *Chlamydia trachomatis* infection of the genital tract.

16. Cholera.

17. Coccidioidomycosis.

18. Coronavirus disease 2019 (COVID-19) [~~.~~] ***that results in a person:***

(a) Being admitted to a hospital; or

(b) Dying, if the person had a coronavirus disease 2019 (COVID-19) infection at the time of death.

19. Cryptosporidiosis.

20. Cyclosporiasis (parasite).

21. Dengue.

22. Diphtheria.

23. Ehrlichiosis/anaplasmosis.

24. Encephalitis.

25. Enterobacterales, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

26. Extraordinary occurrence of illness.

27. Foodborne disease outbreak.

28. Giardiasis.

29. Gonococcal infection.

30. Granuloma inguinale.

31. *Haemophilus influenzae* invasive disease.

32. Hansen's disease (leprosy).

33. Hantavirus.

34. Hemolytic-uremic syndrome (HUS).

35. Hepatitis A.

36. Hepatitis B, acute and chronic.

37. Hepatitis C, perinatal, acute and chronic.

38. Hepatitis Delta.

39. Hepatitis E.

40. Hepatitis, unspecified.

41. Human immunodeficiency virus infection (HIV).

42. Human immunodeficiency virus infection (HIV), stage 3.

43. Influenza that is:

(a) Associated with a hospitalization or death; or

(b) Known or suspected to be of a viral strain that:

(1) The Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic; or

(2) Is novel or untypeable.

44. Legionellosis.

45. Leptospirosis.

46. Listeriosis.

47. Lyme disease.

48. Lymphogranuloma venereum.

49. Malaria.

50. Measles (rubeola).

51. Meningitis.

52. Meningococcal disease.

53. ~~[Monkeypox.]~~ ***Mpox.***

54. Mumps.

55. Pertussis.

56. Plague.

57. Poliovirus infection.

58. Psittacosis.

59. Q fever.

60. Rabies, human or animal.

61. Relapsing fever.

62. Respiratory syncytial virus infection.

63. Rotavirus infection.

64. Rubella (including congenital rubella syndrome).

65. Saint Louis encephalitis virus (SLEV).

66. Salmonellosis.

67. Severe acute respiratory syndrome (SARS).

68. Severe reaction to immunization.

69. Shiga toxin-producing *Escherichia coli*.

70. Shigellosis.

71. Smallpox (variola).

72. Spotted fever riskettsioses.

73. *Staphylococcus aureus*, vancomycin-intermediate.

74. *Staphylococcus aureus*, vancomycin-resistant.

75. Streptococcal toxic shock syndrome.

76. *Streptococcus pneumoniae* (invasive).

77. Syphilis (including congenital syphilis).

78. Tetanus.

79. Toxic shock syndrome, other than streptococcal toxic shock syndrome.

80. Trichinosis.

81. Tuberculosis.

82. Tularemia.

83. Typhoid fever.

84. Varicella (chickenpox).

85. Vibriosis.

86. Viral hemorrhagic fever.

87. West Nile virus.

88. Yellow fever.

89. Yersiniosis.

90. Zika virus disease.

Sec. 14. NAC 441A.200 is hereby amended to read as follows:

441A.200 1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

(a) The standard precautions to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention in "Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," *Morbidity and Mortality Weekly Report*, published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(b) The Centers for Disease Control and Prevention's *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~[https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html,]~~ ***https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html,*** or, if that Internet website ceases to exist, from the Division.

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth by the Centers for Disease Control and Prevention in:

(1) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices," *Morbidity and Mortality Weekly Report* [55(RR15):1-48, December 1, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division; and

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~[http://www.cdc.gov/vaccines/pubs/surv-manual/index.html,]~~ ***https://www.cdc.gov/surv-manual/php/table-of-contents/index.html,*** or, if that Internet website ceases to exist, from the Division.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, 21st edition, published by the American Public Health Association and available for the price of ~~[$59.50]~~ ***$62*** for members and ~~[$85.00]~~ ***$89*** for nonmembers from the American Public Health Association,

The Bleachery, 143 West Street, New Milford, Connecticut 06776, or at the Internet address **http://www.apha.org**.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book:* ~~[2021]~~ ***2024*** *Report of the Committee on Infectious Diseases*, ~~[32nd]~~ ***33rd*** edition, published by the American Academy of Pediatrics and available for the price of ~~[$119.95]~~ ***$140.00*** for members and ~~[$149.95]~~ ***$175.00*** for nonmembers from the American Academy of Pediatrics, 345 Park Boulevard, Itasca, Illinois 60143, or at the Internet address **https://shop.aap.org**.

(f) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in:

(1) "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America," *Morbidity and Mortality Weekly Report* [54(RR12):1-81, November 4, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division;

(2) "Treatment of Tuberculosis," *Morbidity and Mortality Weekly Report* [52(RR11):1-77, June 20, 2003], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division;

(3) "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division;

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," *Morbidity and Mortality Weekly Report* [55(RR09):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division; and

(5) "Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC," *Morbidity and Mortality Weekly Report* [54(RR15):1-37, December 16, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(g) The recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in ***:***

(1) Except as otherwise provided in subparagraph (2), "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division ~~[.]~~ ***; and***

(2) The sections concerning the screening and testing of health care personnel of "Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019,"

Morbidity and Mortality Weekly Report [68(19); 439-443, May 17, 2019] published by the United States Department of Health and Human Services, which will be used in place of the sections concerning the screening and testing of health care workers of the document adopted by reference in subparagraph (1), and is available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(h) "Case Definitions for Infectious Conditions Under Public Health Surveillance," *Morbidity and Mortality Weekly Report* [46(RR10):1-55, May 2, 1997], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(i) "Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," *Morbidity and Mortality Weekly Report* [54(RR14):1-16, December 9, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(j) "Updated Recommendations for Isolation of Persons with Mumps," *Morbidity and Mortality Weekly Report* [57(40):1103-1105, October 10, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(k) "Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection," *Morbidity and Mortality Weekly Report* [57(RR09):1-63, November 7, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

(l) "Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention on the Internet at ~~[https://www.cdc.gov/hai/organisms/cre/cre-facilities.html,]~~ ***https://www.cdc.gov/infection-control/media/pdfs/Guidelines-CRE-Guidance-508.pdf,*** or, if that Internet website ceases to exist, from the Division.

(m) "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention on the Internet at ~~[https://www.cdc.gov/hai/mdro-guides/containment-strategy.html,]~~ ***https://www.cdc.gov/healthcare-associated-infections/media/pdfs/Health-Response-Contain-MDRO-H.pdf,*** or, if that Internet website ceases to exist, from the Division.

(n) The guidelines for the prevention, postexposure management and control of rabies as specified in the "Compendium of Animal Rabies Prevention and Control, 2016," published by the National Association of State Public Health Veterinarians and available at no cost on the Internet at **http://nasphv.org/documentsCompendiaRabies.html**, or, if that Internet website ceases to exist, from the Division.

(o) "Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 Case Definition," published by the United States Department of Health and Human Services and available at no cost on the Internet at **https://ndc.services.cdc.gov/case-definitions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae-2018/**, or, if that Internet website ceases to exist, from the Division.

(p) The recommendations for offering culturally and linguistically appropriate services set forth in "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care," published by the United States Department of Health and Human Services and available at no cost on the Internet at **https://thinkculturalhealth.hhs.gov/clas**, or, if that Internet website ceases to exist, from the Division.

(q) "Human Immunodeficiency Virus (HIV) Infection: Screening," published by the United States Preventive Services Task Force and available at no cost on the Internet at **https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening**, or, if that Internet website ceases to exist, from the Division.

(r) "Syphilis Infection in Nonpregnant Adolescents and Adults: Screening," published by the United States Preventive Services Task Force and available at no cost on the Internet at **https://uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening**, or, if that Internet website ceases to exist, from the Division.

(s) "Chlamydia and Gonorrhea: Screening," published by the United States Preventive Services Task Force and available at no cost on the Internet at **https://uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening**, or, if that Internet website ceases to exist, from the Division.

(t) "Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*," published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~[https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html,]~~

https://www.cdc.gov/candida-auris/hcp/infection-control/index.html, or, if that Internet website ceases to exist, from the Division.

(u) "*Candida auris* 2019 Case Definition," published by the United States Department of Health and Human Services and available at no cost on the Internet at **https://ndc.services.cdc.gov/case-definitions/candida-auris-2019/**, or, if that Internet website ceases to exist, from the Division.

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation, guideline or publication described in subsection 1 ceases to publish the recommendation, guideline or publication:

(a) The last version of the recommendation, guideline or publication that was published before the agency or entity ceased to publish the recommendation, guideline or publication shall be deemed to be the current version; and

(b) The recommendation, guideline or publication will be made available on an Internet website maintained by the Division.

Sec. 15. NAC 441A.290 is hereby amended to read as follows:

441A.290 1. A district health officer who knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth in:

(1) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices," adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book:* [2021] ***2024*** *Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the district health officer shall notify the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or notifying the case or suspected case. If, after a reasonable effort, the district health officer is unable to notify the health care provider who ordered the test or examination before the time an investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The district health officer shall notify the Chief Medical Officer, or a representative thereof, as soon as possible of any case reported in his or her jurisdiction:

(a) Having anthrax, foodborne botulism, botulism other than foodborne botulism, infant botulism or wound botulism, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, severe acute respiratory syndrome (SARS), smallpox (variola), tularemia or typhoid fever;

(b) That is part of a foodborne disease outbreak; or

(c) That is known or suspected to be related to an act of intentional transmission or biological terrorism.

4. The district health officer shall prepare a case report for each case reported in his or her jurisdiction pursuant to the provisions of this chapter. The report must be made on a form approved or provided by the Division and be submitted to the Chief Medical Officer, or the representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the Chief Medical Officer, or the representative, for each case reported, unless the provision of that information is prohibited by federal law.

5. If the district health officer suspects that there may be an association between two or more cases infected with the same communicable disease, the district health officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

(1) Inform the public of the common source of infection;

(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease; and

(3) Notify the Chief Medical Officer.

6. The district health officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

7. The district health officer may require, in his or her jurisdiction, the reporting of an infectious disease not specified in NAC 441A.040 as a communicable disease.

Sec. 16. NAC 441A.295 is hereby amended to read as follows:

441A.295 1. If the Chief Medical Officer knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease, he or she shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of the communicable disease set forth in:

(1) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices," adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book:* ~~[2021]~~ ***2024*** *Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in the provisions of this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the Chief Medical Officer shall contact the health care provider who ordered the test or examination and

discuss the circumstances of the case or suspected case before initiating an investigation or contacting the case or suspected case. If, after a reasonable effort, the Chief Medical Officer is unable to contact the health care provider who ordered the test or examination before the time when an investigation must be initiated to protect the public health, the Chief Medical Officer may proceed with the investigation, including contacting the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. If the Chief Medical Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the Chief Medical Officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

(1) Inform the public of the common source of infection; and

(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease.

4. The Chief Medical Officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

Sec. 17. NAC 441A.375 is hereby amended to read as follows:

441A.375 1. A case having tuberculosis or a suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or an outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall ~~[maintain]~~ ***:***

(a) Maintain surveillance of employees and independent contractors of the facility or home, who provide direct services to a patient, resident or client of the facility or home, for tuberculosis and tuberculosis infection. The surveillance of such employees and independent contractors must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

(b) Annually evaluate the risk of exposure to tuberculosis within the facility or home and determine the corresponding frequency for the examination of employees and independent contractors as part of the surveillance described in paragraph (a) by following the guidelines of the Centers for Disease Control and Prevention, as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

3. Before an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility, the employee or independent contractor must ~~[have a:]~~ ***complete:***

(a) ~~[Physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility;]~~ ***A tuberculosis risk assessment and tuberculosis symptom evaluation;*** and

(b) ~~[Tuberculosis]~~ ***A baseline tuberculosis*** screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

➥ If the employee or independent contractor has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered.

4. ~~[A tuberculosis screening test must be administered to each employee or independent contractor described in subsection 3 not later than 12 months after the last day of the month on which the employee accepted the offer of employment, and annually thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.]~~ ***If the tuberculosis risk assessment and tuberculosis symptom evaluation completed pursuant to paragraph (a) of subsection 3 identifies signs or symptoms suggestive of an active tuberculosis infection or other communicable disease, the employee or independent contractor must submit to a physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility.***

5. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test shall, not later than 6 months after commencing employment, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such an employee or independent contractor:

(a) Is exempt from screening with blood or skin tests or additional chest radiographs; and

(b) Must be evaluated at least annually for signs and symptoms of tuberculosis.

6. An employee or independent contractor described in subsection 2 who develops signs or symptoms which are suggestive of tuberculosis must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.

7. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (f) of subsection 1 of NAC 441A.200.

8. A medical facility shall maintain surveillance of employees and independent contractors described in subsection 2 for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee or independent contractor must be evaluated for tuberculosis.

9. As used in this section, “outpatient facility” has the meaning ascribed to it in NAC 449.999417.

Sec. 18. NAC 441A.380 is hereby amended to read as follows:

441A.380 1. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:

(a) Before admitting a person to the facility or home, determine if the person:

(1) Has had a cough for more than 3 weeks;

(2) Has a cough which is productive;

(3) Has blood in his or her sputum;

(4) Has a fever which is not associated with a cold, flu or other apparent illness;

(5) Is experiencing night sweats;

(6) Is experiencing unexplained weight loss; or

(7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless:

(1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or

(2) There is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test.

2. [Except as otherwise provided in this section, after a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a tuberculosis screening test annually thereafter, unless the medical director or a designee thereof determines that the risk of exposure is appropriate for testing at a more frequent or less frequent interval and documents that determination at least annually.] The ***facility or home shall annually evaluate the*** risk of exposure ***to tuberculosis within the facility or home*** and ***determine the*** corresponding frequency of examination [must be determined] ***of persons admitted to the facility or home*** by following the guidelines ***of the Centers for Disease Control and Prevention,*** as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

3. A person with a documented history of a positive tuberculosis screening test shall, upon admission to a facility or home described in subsection 1, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such a person is exempt from annual tuberculosis screening tests and chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of signs or symptoms of tuberculosis.

4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection 1, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines adopted by reference in paragraph (g) of

subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider:

(a) Determines, in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200, that the person does not have active tuberculosis or certifies in accordance with those guidelines that, although the person has active tuberculosis, he or she is no longer infectious; and

(b) Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located.

6. A health care provider shall not determine that the person does not have active tuberculosis or certify that a person with active tuberculosis is not infectious pursuant to subsection 5 unless:

(a) The health care provider has obtained not less than three consecutive negative sputum AFB smear results, with the specimens being collected at intervals of 8 to 24 hours and at least one specimen collected during the early morning; and

(b) If the health care provider determines that the person likely suffers from active tuberculosis disease:

(1) The person has been on a prescribed course of medical treatment for at least 14 days and his or her clinical symptoms are improving; and

(2) The health care provider has determined that the tuberculosis is not likely to be drug resistant.

7. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis, as adopted by reference in paragraph (f) of subsection 1 of NAC 441A.200.

8. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

9. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

Sec. 19. NAC 441A.965 is hereby amended to read as follows:

441A.965 1. Except as otherwise provided in subsections ~~[2]~~ ***3*** and ~~[3,]~~ ***4,*** a provider of health care who provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the drug overdose or suspected drug overdose to the Chief Medical Officer or his or her designee as required by subsection 2 of NRS 441A.150.

2. ***Except as otherwise provided in NRS 441A.220, the Chief Medical Officer or his or her designee may use information reported pursuant to subsection 1 to advance public health,***

including, without limitation, providing the patient who has suffered or is suspected of having suffered a drug overdose with information relating to services, treatment or other interventions to advance his or her health.

3. A provider of health care who provides outpatient services to a patient whom the provider of health care reasonably believes previously suffered or is suspected of having suffered a drug overdose is not required to make a report of the drug overdose unless the provider of health care believes that such a report was not made by any other provider of health care. If the provider of health care has such a belief, the provider of health care must make a report not later than 7 days after the date on which the provider of health care first learned of the drug overdose or suspected drug overdose.

[3.] ***4.*** A provider of health care is not required to make a report of a drug overdose if the patient who has suffered or is suspected of having suffered the drug overdose was receiving hospice care or palliative care at the time of the drug overdose or suspected drug overdose.

Sec. 20. NAC 449.154961 is hereby amended to read as follows:

449.154961 An administrator must:

1. Be at least 21 years of age;

2. [Have] ***Complete a tuberculosis risk assessment and tuberculosis symptom evaluation as required by paragraph (a) of subsection 3 of NAC 441A.375, a baseline tuberculosis screening test as required by paragraph (b) of subsection 3 of NAC 441A.375 and, if applicable,*** the physical examination or certification required by [paragraph (a) of] subsection [3] ***4*** of NAC 441A.375 for a person employed in a facility for the dependent; and

3. Maintain evidence that he or she satisfies the requirements of this section in a file that is maintained on the premises of the facility.

Sec. 21. Section 4 of LCB File No. R148-22 is hereby amended to read as follows:

Sec. 4. Medical or epidemiological evidence to determine the likelihood of transmitting a communicable disease to another person for the purposes of NRS 441A.180 must meet the standards prescribed in the *Control of Communicable Diseases Manual* or *Red Book:* ~~[2021]~~ ***2024*** *Report of the Committee on Infectious Diseases*, adopted by reference in NAC 441A.200.

Sec. 22. Section 6 of LCB File No. 148-22 is hereby amended to read as follows:

Sec. 6. 1. The health authority shall, within the limits of available resources, investigate each report of a case having *Candida auris*, as determined in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," "Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*" and "*Candida auris* 2019 Case Definition," adopted by reference in NAC 441A.200, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify, categorize and evaluate contacts; and

(d) Evaluate the efficacy of any precautions for the control of the infection that are in effect, including, without limitation, precautions concerning contacts and disease-specific precautions.

2. If a case of *Candida auris* occurs in a medical facility, the medical facility shall take measures to contain the infection in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs),"

"Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*" and "*Candida auris* 2019 Case Definition," adopted by reference in NAC 441A.200.

3. If a medical facility to which a case having *Candida auris* has been admitted wishes to:

(a) Transfer the case to another medical facility, the transferring facility shall:

(1) Notify the receiving facility of the infection before the transfer; and

(2) Provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," "Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*" and "*Candida auris* 2019 Case Definition," adopted by reference in NAC 441A.200.

(b) Discharge the case, the medical facility shall provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," "Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*" and "*Candida auris* 2019 Case Definition," adopted by reference in NAC 441A.200.

4. A medical facility shall provide education to the staff of the medical facility concerning the risk, transmission, prevention and control of *Candida auris*. Such instruction must be in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," "Infection ~~[Prevention and]~~ Control ~~[for]~~ ***Guidance:*** *Candida auris*" and "*Candida auris* 2019 Case Definition," adopted by reference in NAC 441A.200.

Sec. 23. Section 7 of LCB File No. R148-22 is hereby amended to read as follows:

Sec. 7. ***1.*** The health authority shall ~~[investigate each report of a]~~ ***, for the purposes of surveillance and reporting, obtain sufficient information of each*** case having coronavirus disease 2019 (COVID-19) ~~[or suspected case considered to have coronavirus disease 2019 (COVID-19) to:~~

~~1. Confirm the diagnosis;~~

~~2. Determine the extent of any outbreak; and~~

~~3. Determine the need for measures to prevent, suppress and control the spread of the disease including, without limitation, the need to exclude, isolate or quarantine the case or suspected case and any close contacts of the case or suspected case.]~~ ***that is confirmed by a laboratory and results in a person:***

(a) Being admitted to a hospital; or

(b) Dying, if the person had a coronavirus disease 2019 (COVID-19) infection at the time of death.

2. If a case having coronavirus disease 2019 (COVID-19) occurs in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease-specific precautions for the screening, testing and treating of coronavirus disease 2019 (COVID-19) established by the Centers for Disease Control and Prevention for the purpose of limiting transmission.

Sec. 24. Section 9 of LCB File No. R148-22 is hereby amended to read as follows:

Sec. 9. 1. The health authority shall investigate each report of a case having ~~[monkeypox]~~ ***mpox*** or a suspected case considered to have ~~[monkeypox]~~ ***mpox*** to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify the source of the infection;

(d) Identify any susceptible contacts; and

(e) Determine the need for measures to prevent, suppress and control the spread of the disease, including, without limitation, the need to:

(1) Isolate the case or suspected case in accordance with the guidelines of the Centers for Disease Control and Prevention; and

(2) Offer prophylactic treatment to susceptible contacts.

2. A member of the staff of a medical facility shall not have direct contact with a case having ~~[monkeypox]~~ ***mpox*** or a suspected case considered to have ~~[monkeypox,]~~ ***mpox,*** unless the member of the staff uses appropriate personal protective equipment.

3. The health authority shall immediately notify the Chief Medical Officer or a designee thereof of a report of a case having ~~[monkeypox]~~ ***mpox*** or a suspected case considered to have ~~[monkeypox.]~~ ***mpox.***