

**PROPOSED REGULATION OF THE**  
**STATE BOARD OF HEALTH**

**LCB FILE NO. R011-201**

**The following document is the initial draft regulation proposed**  
**by the agency submitted on 01/27/2020**

Mental Health Crisis Hold (Emergency Admission) Data collection recommendation

**Authority:**

NRS 433A as amended by Section 1, Subsection 5 of AB85 (2019):

I. 433A. 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 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.

Proposed Regulation of the State Board of Health

LCB FILE NO. RXXX-19I

Section 1. Chapter 433A of NAC is hereby created by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

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

*Sec 3. "Hospital" means an establishment for the diagnosis, care, and treatment of human illness including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory, and medical radiological, dietary, and pharmaceutical services as defined in NRS449.012.*

*Sec 4. "Public or private mental health facility" means a psychiatric hospital, crisis stabilization center, community triage center, or another similar facility which provides 24-hour care for the diagnosis, care, and treatment of mental illness"*

*Sec 5. The director or their designee of a public or private mental health facility or hospital must, within 48 hours of receiving or placing an individual under an application for emergency admission pursuant to NRS 433A, provide electronically into the systems approved by the Division of Public and Behavioral Health the following information:*

- *Date and time the application for emergency admission was initiated*
- *Date and time the individual named in the application for emergency admission arrived at public or private mental health facility or hospital*
- *How the individual named in the application for emergency admission arrived at the hospital including:*
  - *Walked in*
  - *Was transported by:*

- *A clinician, accredited agent, non-emergency secured behavioral health transport, emergency services, Family Member, Law Enforcement, Legal Guardian, or other.*
- *Payer Source which may include the following options:*
  - *Medicaid fee for service, Medicaid managed care, Medicare, Other (If other, please specify), payer/insurance, Private, Uninsured*
- *Patient gender which may include: male, female, X*
- *Patient age*

*Sec 6. Within 48 hours of discharge of an individual from a public or private mental health facility or hospital who is under an application for emergency admission or is placed under emergency admission pursuant to NRS 433A, the Director of that facility or designee, must provide electronically into the systems approved by the Division of Public and Behavioral Health the following information, if applicable:*

- *Date and time of hospital discharge*
- *Disposition of application for emergency admission including:*
  - *Application for emergency admission expired*
  - *Decertified by physician*
  - *Released to parent or guardian*
- *Public or private mental health hospitals referred to*
- *Date and time of Referral*
- *Disposition of referral: accepted or denied*
- *If denied, reason for denial including:*
  - *diagnosis mismatch, gender incapability, gender mismatch, insurance not accepted, no bed available, no transportation, previous service ineffective, resident incapability, unable to accommodate needs, waiting list, or other reason.*
- *Disposition of the emergency admission including:*
  - *Conversion to voluntary status*
  - *Date and time of petition filed pursuant to 433A.200 with the courts*
  - *Court decision on petition filed pursuant to 433A.200*
    - *Court order denying petition*
    - *Court ordered involuntary admission*
    - *Court continuance*
  - *Conversion to voluntary status when petition filed pursuant to 433A.200 is declined*
  - *Re- application for emergency admission based on new evidence within 24 hours of court dismissal filed pursuant to 433A.200*

*Sec 7. Quarterly, the Division shall provide to each regional behavioral health board a summary of the application for emergency admissions and emergency admissions data collected.*

NRS433A.165 Regulations Recommendation

**Authority:** NRS433A.165 as amended by Section 12, Subsection 8 of AB85 (2019):

NRS433A.165 (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.

**Proposed Regulation of the State Board of Health**

**LCB FILE NO. RXXX-19I**

Section 1. Chapter 433A of NAC is hereby created by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

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

*Sec. 3. “Emergency services or care” means the provision of medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to occur.*

*Sec. 4. “Medical condition, other than a psychiatric condition, which requires immediate treatment” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.*

*Sec. 5. “Examination” means a medical examination by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS632.237, to determine whether or not the person has a medical condition other than a psychiatric condition which requires immediate treatment. This examination includes an assessment of symptoms of intoxication or withdrawal including a quantitative measure for blood alcohol level if indicated.*

*Sec. 6. (1.) No person alleged to be a person in a mental health crisis may be admitted to a public or private mental health facility pursuant to NRS433A.160, without an examination of the person being completed.*

*(2.) Upon completion of the examination, the examining practitioner will sign the medical examination section of the forms for admission pursuant to NRS433A.130 attesting to whether*

*or not the person has a medical condition other than a psychiatric condition, which requires immediate treatment.*

*(3.) For transfers from an inpatient medical acute hospital or emergency department to a public or private mental health facility, the public or private mental health facility may request the following based upon their admission criteria:*

- a) A pregnancy test in any female of childbearing age, unless the test is medically inappropriate*
- b) A urine drug screen (UDS)*

*(4.) If a person alleged to be in a mental health crisis has a medical condition other than a psychiatric condition, which requires immediate treatment that will take longer than 72 hours to resolve,*

- a) The examining provider shall file a petition with the district court, on the first business day after determining such medical treatment is necessary.*
- b) The petition must include without limitation:
  - 1. The medical condition of the person*
  - 2. The purpose of continuing medical treatment of the person*
  - 3. A copy of the application for emergency admission of the person (Section 1 of the mental health crisis packet)*
  - 4. A signed certificate (Section 3 of the mental health crisis packet).**
- c) Seven days after filing such a petition and every 7 days thereafter the examining provider shall file with the clerk of the district court an update of the medical condition and treatment of the person.*

*(5.) No public or private mental health facility may deny an emergency admission on the basis that the results of a UDS are pending, if in the opinion of the examining practitioner, the person is not in need of emergency services or care due to intoxication or withdrawal.*

*(6.) No public or private mental health facility may deny an emergency admission on the basis of a medical examination once the medical examination section of the forms for admission has been signed indicating the person does not have a medical condition, other than a psychiatric condition, that requires treatment. Completion of the medical examination does not guarantee the acceptance of a person in a mental health crisis by a public or private mental health facility if criteria for admission specific to that facility are not met. If the public or private mental health facility has additional questions or concerns, the accepting physician must consult with the examining practitioner.*

**Sec. 7. Pursuant to NRS433A.165, the type of medical facility that a person who is in mental health crisis, and is not in need of emergency services or care may be admitted to:**

- a public or a private mental health facility*
- a psychiatric hospital or a distinct unit of a hospital that provides acute long-term care to persons in a mental health crisis.*