

CHAPTER.....

AN ACT relating to governmental administration; consolidating the Health Division and the Division of Mental Health and Developmental Services of the Department of Health and Human Services into the Division of Public and Behavioral Health of the Department; transferring the powers and duties concerning certain services to children with autism spectrum disorders from the Health Division to the Aging and Disability Services Division of the Department; transferring the authority for developmental services in the Division of Mental Health and Developmental Services to the Aging and Disability Services Division; replacing the State Health Officer with a Chief Medical Officer; providing the qualifications and duties of the Chief Medical Officer; renaming the Commission on Mental Health and Developmental Services of the Department the Commission on Behavioral Health; making the Aging and Disability Services Division of the Department responsible for services for and other oversight relating to persons with intellectual disabilities and persons with related conditions; making various other changes to provisions relating to the organization of the divisions of the Department; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, the Health Division and the Division of Mental Health and Developmental Services are separate divisions within the Department of Health and Human Services. (NRS 232.300) This bill consolidates those divisions into one division named the Division of Public and Behavioral Health of the Department of Health and Human Services. **Sections 1-5, 6, 7, 8, 10, 12, 14, 17, 18, 21, 21.7, 40, 42, 43, 46, 47, 66-68, 71-80, 81-88, 91-98 and 100-137** of this bill make conforming changes to carry out that consolidation.

Existing law requires the Director of the Department of Health and Human Services to appoint the Administrator of the Health Division and the Administrator of the Division of Mental Health and Developmental Services. (NRS 232.320) **Section 2** eliminates those two Administrators and instead provides for the appointment of an Administrator of the Division of Public and Behavioral Health. **Section 3** requires the Administrator, with the consent of the Director of the Department, to appoint four deputies, one of whom must have expertise or experience in mental health services. **Section 12** authorizes the Administrator to delegate his or her powers, duties and functions to any officer, deputy or employee of the Division. **Section 21** establishes the qualifications of the Administrator.

Section 4 renames the Commission on Mental Health and Developmental Services within the Department of Health and Human Services as the Commission on Behavioral Health. (NRS 232.361) The Commission retains its duties except that **section 25** of this bill requires the State Board of Health, rather than the Commission, to adopt certain regulations regarding the care and treatment of



persons with mental illness, persons with substance use disorders and persons with co-occurring disorders. In addition, although the Commission will continue to consider certain issues relating to persons with intellectual disabilities and persons with related conditions, regulations regarding such persons are transferred to the Aging and Disability Services Division of the Department in **section 50** of this bill.

Under existing law, the Health Division and the Division of Mental Health and Developmental Services have various responsibilities with respect to persons with intellectual disabilities and persons with related conditions. This bill transfers most of those responsibilities to the Aging and Disability Services Division. **Sections 9.3 and 9.7** of this bill add to the duties of the Aging and Disability Services Division the duty to oversee those transferred responsibilities. **Sections 49-59.7** of this bill duplicate certain provisions of NRS which applied to both mental health and intellectual disabilities to: (1) transfer the responsibilities relating to persons with intellectual disabilities and persons with other related conditions and applicable division facilities to the Aging and Disability Services Division; and (2) continue the statutory rights of persons with intellectual disabilities and persons with related conditions. **Sections 7.5, 9-9.7, 10.3-20.5, 21.7, 27-39.8, 41, 45, 47, 60, 60.3, 61 and 137.2-137.8** of this bill make conforming changes to ensure the transfer of responsibilities regarding persons with intellectual disabilities and persons with related conditions and regarding applicable division facilities.

Section 61.5 of this bill designates the Department of Health and Human Services rather than the Division of Mental Health and Developmental Services as the official state agency responsible for developing and administering preventive and outpatient mental health services.

Existing law creates the position of State Health Officer within the Health Division of the Department of Health and Human Services and requires the State Health Officer to enforce all laws and regulations pertaining to the public health and to investigate matters relating to the health and life of the people of this State. (NRS 439.090, 439.130) **Section 64** of this bill instead provides for the appointment of a Chief Medical Officer to take over the responsibilities of the State Health Officer. **Section 63** of this bill establishes the qualifications of the Chief Medical Officer. **Section 65** of this bill sets forth the duties of the Chief Medical Officer. **Section 13** of this bill provides that the medical director or other person in charge of certain facilities relating to mental health is subject to the oversight of the Chief Medical Officer and is required to report any information concerning the facility to the Chief Medical Officer upon his or her request. **Sections 69.5-71, 74, 80.5, 92, 95, 103, 125 and 133** of this bill make conforming changes to existing law.

Sections 88-90 and 99-101 of this bill also transfer: (1) the powers and duties concerning certain services to children with autism spectrum disorders from the Health Division to the Aging and Disability Services Division of the Department of Health and Human Services; and (2) the authority for developmental services from the Division of Mental Health and Developmental Services to the Aging and Disability Services Division.

Section 128 removes language from existing law concerning transferring money from one account of the Health Division to an account of the Division of Mental Health and Developmental Services. (NRS 453A.730) Since those Divisions are consolidated in this bill, there is no need to transfer the money. **Sections 131.5 and 131.7** make conforming changes.

Section 139 of this bill repeals various sections of NRS which are no longer necessary because of the revisions made in this bill.

Sections 140-142 of this bill provide transitory provisions regarding the transfer of responsibilities, including the transfer and adoption of regulations, the



effect of name changes on any existing contracts, revisions that may be necessary to other provisions of NRS and administrative regulations to conform to the changes made in this bill and other necessary directions to carry out the intent of this bill.

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

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

Section 1. NRS 232.300 is hereby amended to read as follows:
232.300 1. The Department of Health and Human Services is hereby created.

2. The Department consists of a Director and the following divisions:

(a) Aging and Disability Services Division.

(b) ~~Health Division.~~

~~(c) Division of Mental Health and Developmental Services.~~

~~(d) Public and Behavioral Health.~~

(c) Division of Welfare and Supportive Services.

~~(e) (d) Division of Child and Family Services.~~

~~(f) (e) Division of Health Care Financing and Policy.~~

3. The Department is the sole agency responsible for administering the provisions of law relating to its respective divisions.

Sec. 2. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

(a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows:

(1) The Administrator of the Aging and Disability Services Division;

(2) ~~The Administrator of the Health Division;~~

~~(3) The Administrator of the Division of Welfare and Supportive Services;~~

~~(4) (3) The Administrator of the Division of Child and Family Services;~~

~~(5) (4) The Administrator of the Division of Health Care Financing and Policy; and~~

~~(6) (5) The Administrator of the Division of Mental Health and Developmental Services.} Public and Behavioral Health.~~

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS,



NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the ~~Health~~ Division of *Public and Behavioral Health* or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.



2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department, other than ~~the~~ ~~(a) The Executive Director of the Nevada Indian Commission who is appointed pursuant to NRS 233A.055; and~~ ~~(b) The~~ *the* State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

Sec. 3. NRS 232.350 is hereby amended to read as follows:

232.350 Unless federal law or regulation requires otherwise:

1. The administrators of the divisions of the Department, except as otherwise provided in subsections 2 ~~and 3,~~ *3 and 4,* may each appoint, with the consent of the Director, a deputy and a chief assistant in the unclassified service of the State.

2. The Administrator of the Division of Child and Family Services of the Department shall appoint, with the consent of the Director, four deputies in the unclassified service of the State, one of whom is the Deputy Administrator for Youth Corrections who is responsible only for correctional services for youths for which the Division is responsible, including, without limitation, juvenile correctional institutions, parole of juveniles, administration of juvenile justice and programs for juvenile justice.

3. The Administrator of the Division of Health Care Financing and Policy of the Department may appoint, with the consent of the Director, two deputies in the unclassified service of the State.

4. The Administrator of the Division of Public and Behavioral Health shall appoint, with the consent of the Director, four deputies in the unclassified service of the State, one of whom must have expertise or experience in mental health services.

Sec. 4. NRS 232.361 is hereby amended to read as follows:

232.361 1. There is hereby created in the Department a Commission on ~~Mental Health and Developmental Services~~ *Behavioral Health* consisting of 10 members appointed by the Governor, at least 3 of whom have training or experience in dealing with mental retardation.

2. The Governor shall appoint:

(a) A psychiatrist licensed to practice medicine in this State, from a list of three candidates submitted by the Nevada Psychiatric Association;

(b) A psychologist licensed to practice in this State and experienced in clinical practice, from a list of four candidates submitted by the Nevada State Psychological Association, two of whom must be from northern Nevada and two of whom must be from southern Nevada;



(c) A physician, other than a psychiatrist, licensed to practice medicine in this State and who has experience in dealing with mental retardation, from a list of three candidates submitted by the Nevada State Medical Association;

(d) A social worker who has a master's degree and has experience in dealing with mental illness or mental retardation, or both;

(e) A registered nurse licensed to practice in this State who has experience in dealing with mental illness or mental retardation, or both, from a list of three candidates submitted by the Nevada Nurses Association;

(f) A marriage and family therapist licensed to practice in this State, from a list of three candidates submitted by the Nevada Association for Marriage and Family Therapy;

(g) A person who has knowledge and experience in the prevention of alcohol and drug abuse and the treatment and recovery of alcohol and drug abusers through a program or service provided pursuant to chapter 458 of NRS, from a list of three candidates submitted by the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department;

(h) A current or former recipient of mental health services provided by the State or any agency thereof;

(i) A representative of the general public who has a special interest in the field of mental health; and

(j) A representative of the general public who has a special interest in the field of mental retardation.

3. The Governor shall appoint the Chair of the Commission from among its members.

4. After the initial terms, each member shall serve a term of 4 years. If a vacancy occurs during a member's term, the Governor shall appoint a person qualified under this section to replace that member for the remainder of the unexpired term.

Sec. 5. NRS 178.3983 is hereby amended to read as follows:

178.3983 "Division" means the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department of Health and Human Services.

Sec. 5.5. NRS 178.3984 is hereby amended to read as follows:

178.3984 "Division facility" ~~has the meaning ascribed to it~~ **means a division facility as defined in NRS 433.094 ~~and section 60 of this act.~~**



Sec. 6. Chapter 278 of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 7. NRS 278.0238 is hereby amended to read as follows:

278.0238 As used in NRS 278.0238 to 278.02388, inclusive, ***and section 6 of this act***, unless the context otherwise requires, the words and terms defined in NRS 278.02381 to 278.02385, inclusive, ***and section 6 of this act*** have the meanings ascribed to them in those sections.

Sec. 7.5. NRS 353.335 is hereby amended to read as follows:

353.335 1. Except as otherwise provided in subsections 5 and 6, a state agency may accept any gift or grant of property or services from any source only if it is included in an act of the Legislature authorizing expenditures of nonappropriated money or, when it is not so included, if it is approved as provided in subsection 2.

2. If:

(a) Any proposed gift or grant is necessary because of an emergency as defined in NRS 353.263 or for the protection or preservation of life or property, the Governor shall take reasonable and proper action to accept it and shall report the action and his or her reasons for determining that immediate action was necessary to the Interim Finance Committee at its first meeting after the action is taken. Action by the Governor pursuant to this paragraph constitutes acceptance of the gift or grant, and other provisions of this chapter requiring approval before acceptance do not apply.

(b) The Governor determines that any proposed gift or grant would be forfeited if the State failed to accept it before the expiration of the period prescribed in paragraph (c), the Governor may declare that the proposed acceptance requires expeditious action by the Interim Finance Committee. Whenever the Governor so declares, the Interim Finance Committee has 15 days after the proposal is submitted to its Secretary within which to approve or deny the acceptance. Any proposed acceptance which is not considered within the 15-day period shall be deemed approved.

(c) The proposed acceptance of any gift or grant does not qualify pursuant to paragraph (a) or (b), it must be submitted to the Interim Finance Committee. The Interim Finance Committee has 45 days after the proposal is submitted to its Secretary within which to consider acceptance. Any proposed acceptance which is not considered within the 45-day period shall be deemed approved.



3. The Secretary shall place each request submitted to the Secretary pursuant to paragraph (b) or (c) of subsection 2 on the agenda of the next meeting of the Interim Finance Committee.

4. In acting upon a proposed gift or grant, the Interim Finance Committee shall consider, among other things:

(a) The need for the facility or service to be provided or improved;

(b) Any present or future commitment required of the State;

(c) The extent of the program proposed; and

(d) The condition of the national economy, and any related fiscal or monetary policies.

5. A state agency may accept:

(a) Gifts, including grants from nongovernmental sources, not exceeding \$20,000 each in value; and

(b) Governmental grants not exceeding \$150,000 each in value, ↪ if the gifts or grants are used for purposes which do not involve the hiring of new employees and if the agency has the specific approval of the Governor or, if the Governor delegates this power of approval to the Chief of the Budget Division of the Department of Administration, the specific approval of the Chief.

6. This section does not apply to:

(a) The Nevada System of Higher Education;

(b) The Department of Health and Human Services while acting as the state health planning and development agency pursuant to paragraph (d) of subsection 2 of NRS 439A.081 or for donations, gifts or grants to be disbursed pursuant to NRS 433.395 ~~†~~ ***or section 55.2 of this act;*** or

(c) Artifacts donated to the Department of Tourism and Cultural Affairs.

Sec. 8. NRS 353.349 is hereby amended to read as follows:

353.349 1. If the Administrator of the ~~Health~~ ***Public and Behavioral Health of*** the Department of Health and Human Services determines that current claims exceed the amount of money available because revenue from billed services has not been collected or because of a delay in the receipt of money from federal grants, the Administrator may request from the Director of the Department of Administration a temporary advance from the State General Fund for the payment of authorized expenses.

2. The Director of the Department of Administration shall notify the State Controller and the Fiscal Analysis Division of the Legislative Counsel Bureau of the Director's approval of a request made pursuant to subsection 1. The State Controller shall draw his



or her warrant upon receipt of the approval by the Director of the Department of Administration.

3. An advance from the State General Fund:

(a) May be approved by the Director of the Department of Administration for the following budget accounts of the ~~Health~~ Division of **Public and Behavioral Health of** the Department of Health and Human Services:

- (1) Consumer Health Protection;
- (2) ~~Bureau of Laboratory and Research;~~
- ~~(3)~~ Community Health Services;
- ~~(4)~~ (3) Women, Infants and Children;
- ~~(5)~~ (4) Bureau of Health Facilities; and
- ~~(6)~~ (5) Radiological Health.

(b) Is limited to 25 percent of the revenues expected to be received in the current fiscal year from any source other than legislative appropriation.

4. Any money which is temporarily advanced from the State General Fund to an account pursuant to subsection 3 must be repaid by August 31 following the end of the immediately preceding fiscal year.

Sec. 9. NRS 353.351 is hereby amended to read as follows:

353.351 1. If the Administrator of the **Aging and Disability Services** Division ~~of Mental Health and Developmental Services~~ of the Department of Health and Human Services determines that current claims exceed the amount of money available because revenue from billed services has not been collected, the Administrator may request from the Director of the Department of Administration a temporary advance from the State General Fund for the payment of authorized expenses.

2. The Director of the Department of Administration shall notify the State Controller and the Fiscal Analysis Division of the Legislative Counsel Bureau of the Director's approval of a request made pursuant to subsection 1. The State Controller shall draw his or her warrant upon receipt of the approval by the Director of the Department of Administration.

3. An advance from the State General Fund:

(a) May be approved by the Director of the Department of Administration for the following budget accounts of the **Aging and Disability Services** Division ~~of Mental Health and Developmental Services~~ of the Department of Health and Human Services:

- (1) Rural Regional Center;
- (2) Desert Regional Center; and
- (3) Sierra Regional Center.



(b) Is limited to 25 percent of the revenues expected to be received in the current fiscal year from any source other than legislative appropriation.

4. Any money which is temporarily advanced from the State General Fund to an account pursuant to subsection 3 must be repaid by August 31 following the end of the immediately preceding fiscal year.

Sec. 9.3. NRS 427A.040 is hereby amended to read as follows:

427A.040 1. The Division shall, consistent with the priorities established by the Commission pursuant to NRS 427A.038:

(a) Serve as a clearinghouse for information related to problems of the aged and aging.

(b) Assist the Director in all matters pertaining to problems of the aged and aging.

(c) Develop plans, conduct and arrange for research and demonstration programs in the field of aging.

(d) Provide technical assistance and consultation to political subdivisions with respect to programs for the aged and aging.

(e) Prepare, publish and disseminate educational materials dealing with the welfare of older persons.

(f) Gather statistics in the field of aging which other federal and state agencies are not collecting.

(g) Stimulate more effective use of existing resources and available services for the aged and aging.

(h) Develop and coordinate efforts to carry out a comprehensive State Plan for Providing Services to Meet the Needs of Older Persons. In developing and revising the State Plan, the Division shall consider, among other things, the amount of money available from the Federal Government for services to aging persons and the conditions attached to the acceptance of such money, and the limitations of legislative appropriations for services to aging persons.

(i) Coordinate all state and federal funding of service programs to the aging in the State.

2. The Division shall:

(a) Provide access to information about services or programs for persons with disabilities that are available in this State.

(b) Work with persons with disabilities, persons interested in matters relating to persons with disabilities and state and local governmental agencies in:

(1) Developing and improving policies of this State concerning programs or services for persons with disabilities,



including, without limitation, policies concerning the manner in which complaints relating to services provided pursuant to specific programs should be addressed; and

(2) Making recommendations concerning new policies or services that may benefit persons with disabilities.

(c) Serve as a liaison between state governmental agencies that provide services or programs to persons with disabilities to facilitate communication and the coordination of information and any other matters relating to services or programs for persons with disabilities.

(d) Serve as a liaison between local governmental agencies in this State that provide services or programs to persons with disabilities to facilitate communication and the coordination of information and any other matters relating to services or programs for persons with disabilities. To inform local governmental agencies in this State of services and programs of other local governmental agencies in this State for persons with disabilities pursuant to this subsection, the Division shall:

(1) Provide technical assistance to local governmental agencies, including, without limitation, assistance in establishing an electronic network that connects the Division to each of the local governmental agencies that provides services or programs to persons with disabilities;

(2) Work with counties and other local governmental entities in this State that do not provide services or programs to persons with disabilities to establish such services or programs; and

(3) Assist local governmental agencies in this State to locate sources of funding from the Federal Government and other private and public sources to establish or enhance services or programs for persons with disabilities.

(e) Administer the following programs in this State that provide services for persons with disabilities:

(1) The program established pursuant to NRS 427A.791, 427A.793 and 427A.795 to provide services for persons with physical disabilities;

(2) The programs established pursuant to NRS 427A.800 to 427A.860, inclusive, to obtain information concerning traumatic brain injuries and provide services to persons with traumatic brain injuries;

(3) The program established pursuant to NRS 427A.797 to provide devices for telecommunication to persons who are deaf and persons with impaired speech or hearing;

(4) Any state program for independent living established pursuant to 29 U.S.C. §§ 796 et seq., with the Rehabilitation



Division of the Department of Employment, Training and Rehabilitation acting as the designated state unit, as that term is defined in 34 C.F.R. § 364.4; and

(5) Any state program established pursuant to the Assistive Technology Act of 1998, 29 U.S.C. §§ 3001 et seq.

(f) Provide information to persons with disabilities on matters relating to the availability of housing for persons with disabilities and identify sources of funding for new housing opportunities for persons with disabilities.

(g) Before establishing policies or making decisions that will affect the lives of persons with disabilities, consult with persons with disabilities and members of the public in this State through the use of surveys, focus groups, hearings or councils of persons with disabilities to receive:

(1) Meaningful input from persons with disabilities regarding the extent to which such persons are receiving services, including, without limitation, services described in their individual service plans, and their satisfaction with those services; and

(2) Public input regarding the development, implementation and review of any programs or services for persons with disabilities.

(h) Publish and make available to governmental entities and the general public a biennial report which:

(1) Provides a strategy for the expanding or restructuring of services in the community for persons with disabilities that is consistent with the need for such expansion or restructuring;

(2) Reports the progress of the Division in carrying out the strategic planning goals for persons with disabilities identified pursuant to chapter 541, Statutes of Nevada 2001;

(3) Documents significant problems affecting persons with disabilities when accessing public services, if the Division is aware of any such problems;

(4) Provides a summary and analysis of the status of the practice of interpreting and the practice of realtime captioning, including, without limitation, the number of persons engaged in the practice of interpreting in an educational setting in each professional classification established pursuant to NRS 656A.100 and the number of persons engaged in the practice of realtime captioning in an educational setting; and

(5) Recommends strategies and, if determined necessary by the Division, legislation for improving the ability of the State to provide services to persons with disabilities and advocate for the rights of persons with disabilities.



3. The Division shall confer with the Department as the sole state agency in the State responsible for administering the provisions of this chapter ~~H~~ *and chapter 435 of NRS.*

4. The Division shall administer the provisions of ~~chapter~~ *chapters 435 and* 656A of NRS.

5. The Division may contract with any appropriate public or private agency, organization or institution, in order to carry out the provisions of this chapter ~~H~~ *and chapter 435 of NRS.*

Sec. 9.7. NRS 427A.070 is hereby amended to read as follows:

427A.070 1. The Administrator shall:

(a) Subject to the approval of the Director, adopt rules and regulations:

(1) Necessary to carry out the purposes of this chapter ~~H~~ *and chapter 435 of NRS;* and

(2) Establishing a program to subsidize the transportation by taxicab of elderly persons and persons with permanent disabilities from money received pursuant to subsection 5 of NRS 706.8825;

(b) Establish appropriate administrative units within the Division;

(c) Appoint such personnel and prescribe their duties as the Administrator deems necessary for the proper and efficient performance of the functions of the Division;

(d) Prepare and submit to the Governor, through the Director before September 1 of each even-numbered year for the biennium ending June 30 of such year, reports of activities and expenditures and estimates of sums required to carry out the purposes of this chapter ~~H~~ *and chapter 435 of NRS;*

(e) Make certification for disbursement of funds available for carrying out the purposes of this chapter ~~H~~ *and chapter 435 of NRS;* and

(f) Take such other action as may be necessary or appropriate for cooperation with public and private agencies and otherwise to carry out the purposes of this chapter ~~H~~ *and chapter 435 of NRS.*

2. The Administrator may delegate to any officer or employee of the Division such of the powers and duties of the Administrator as the Administrator finds necessary to carry out the purposes of this chapter ~~H~~ *and chapter 435 of NRS.*

Sec. 9.8. NRS 427A.872 is hereby amended to read as follows:

427A.872 1. The Division, in cooperation and guidance with the Department of Education, representatives of the school districts in this State and the Nevada Autism Task Force created by section



40 of chapter 348, Statutes of Nevada 2007, or its successor organization, shall prescribe by regulation a statewide standard for measuring outcomes and assessing and evaluating persons with autism spectrum disorders through the age of 21 years who receive services through the State or a local government or an agency thereof. The regulations must designate a protocol based upon accepted best practices guidelines which includes at least one standardized assessment instrument that requires direct observation by the professional conducting the assessment for determining whether a person is a person with autism spectrum disorder, which must be used by personnel employed by the State or a local government or an agency thereof who provide assessments, interventions and diagnoses of persons with autism spectrum disorders through the age of 21 years and by the persons with whom the State or a local government or an agency thereof contracts to provide assessments, interventions and diagnoses of persons with autism spectrum disorders through the age of 21 years. The protocol must require that the direct observation conducted by a professional pursuant to this subsection include, without limitation, an evaluation to measure behaviors of the person which are consistent with autism spectrum disorder, cognitive functioning, language functioning and adaptive functioning.

2. The protocol designated pursuant to subsection 1 must be used upon intake of a person suspected of having autism spectrum disorder or at any later time if a person is suspected of having autism spectrum disorder after intake. The results of an assessment must be provided to the parent or legal guardian of the person, if applicable.

3. The Division shall prescribe the form and content of reports relating to persons with autism spectrum disorders through the age of 21 years that must be reported to the Division pursuant to NRS 388.483 ~~§ 442.760~~ and 615.205. Except as otherwise provided in NRS 388.483, the Division shall ensure that the information is reported in a manner which:

(a) Allows the Division to document the services provided to and monitor the progress of each person with autism spectrum disorder through the age of 21 years who receives services from the State or an agency thereof; and

(b) Ensures that information reported for each person who receives services which identifies the person is kept confidential, consistent with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, and any other applicable state and federal privacy laws.



4. The Division shall prepare annually a summary of the reports submitted pursuant to NRS 388.483 ~~442.760~~ and 615.205 and make the summary publicly available. The Division shall ensure that information contained in the summary does not identify a person who received services.

Sec. 10. NRS 432A.0273 is hereby amended to read as follows:

432A.0273 ~~“Health”~~ “Division” means the ~~Health~~ Division of *Public and Behavioral Health* of the Department.

Sec. 10.3. NRS 432B.6078 is hereby amended to read as follows:

432B.6078 1. Not later than 5 days after a child who is in the custody of an agency which provides child welfare services has been admitted to a facility pursuant to NRS 432B.6076, the agency which provides child welfare services shall inform the child of his or her legal rights and the provisions of NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS *and sections 57.4 to 58.67, inclusive, of this act*, and, if the child or the child’s attorney desires, assist the child in requesting the court to authorize a second examination by an evaluation team that includes a physician, psychiatrist or licensed psychologist who are not employed by, connected to or otherwise affiliated with the facility other than a physician, psychiatrist or licensed psychologist who performed an original examination which authorized the court to order the admission of the child to the facility. A second examination must be conducted not later than 5 business days after the court authorizes the examination.

2. If the court authorizes a second examination of the child, the examination must:

(a) Include, without limitation, an evaluation concerning whether the child should remain in the facility and a recommendation concerning the appropriate placement of the child which must be provided to the facility; and

(b) Be paid for by the governmental entity that is responsible for the agency which provides child welfare services, if such payment is not otherwise provided by the State Plan for Medicaid.

Sec. 10.6. NRS 432B.6082 is hereby amended to read as follows:

432B.6082 In addition to the personal rights set forth in NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS, *and sections 57.4 to 58.67, inclusive, of this act*, a child who



is in the custody of an agency which provides child welfare services and who is admitted to a facility has the following personal rights, a list of which must be prominently posted in all facilities providing evaluation, treatment or training services to such children and must be otherwise brought to the attention of the child by such additional means as prescribed by regulation:

1. To receive an education as required by law; and
2. To receive an allowance from the agency which provides child welfare services in an amount equivalent to any allowance required to be provided to children who reside in foster homes.

Sec. 10.9. NRS 432B.6085 is hereby amended to read as follows:

432B.6085 1. Nothing in this chapter purports to deprive any person of any legal rights without due process of law.

2. Unless the context clearly indicates otherwise, the provisions of NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS *and sections 57.4 to 58.67, inclusive, of this act* apply to all children who are in the custody of an agency which provides child welfare services.

Sec. 11. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 12 and 13 of this act.

Sec. 12. *1. The Administrator may delegate to any officer, deputy or employee of the Division the exercise or discharge in the name of the Administrator of any power, duty or function vested in or imposed upon the Administrator.*

2. The official act of any such person acting in the name of the Administrator and by his or her authority shall be deemed an official act of the Administrator.

Sec. 13. *The medical director or other person in charge of any division facility or any other facility or center established pursuant to this chapter and chapters 433A, 433B and 436 of NRS:*

1. Is subject to the oversight of the Chief Medical Officer; and

2. Shall report to the Chief Medical Officer any information concerning the facility or center upon the request of the Chief Medical Officer.

Sec. 14. NRS 433.003 is hereby amended to read as follows:

433.003 The Legislature hereby declares that it is the intent of this ~~title~~ *chapter and chapters 433A, 433B and 436 of NRS:*

1. To eliminate the forfeiture of any civil and legal rights of any person and the imposition of any legal disability on any person,



based on an allegation of mental illness, ~~for mental retardation or a related condition,~~ by any method other than a separate judicial proceeding resulting in a determination of incompetency, wherein the civil and legal rights forfeited and the legal disabilities imposed are specifically stated; and

2. To charge the Division of ~~Mental and Developmental Services,~~ **Public and Behavioral Health**, and the Division of Child and Family Services, of the Department with recognizing their duty to act in the best interests of their respective consumers by placing them in the least restrictive environment.

Sec. 15. NRS 433.005 is hereby amended to read as follows:

433.005 As used in this ~~title,~~ **chapter and chapters 433A, 433B and 436 of NRS**, unless the context otherwise requires, or except as otherwise defined by specific statute, the words and terms defined in NRS 433.014 to 433.227, inclusive, have the meanings ascribed to them in those sections.

Sec. 16. NRS 433.014 is hereby amended to read as follows:

433.014 "Administrative officer" means a person with overall executive and administrative responsibility for those state or nonstate mental health ~~for mental retardation facilities~~ **centers** designated by the Administrator.

Sec. 17. NRS 433.047 is hereby amended to read as follows:

433.047 "Commission" means the Commission on ~~Mental Health and Developmental Services,~~ **Behavioral Health**.

Sec. 18. NRS 433.084 is hereby amended to read as follows:

433.084 "Division" means the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department.

Sec. 19. NRS 433.134 is hereby amended to read as follows:

433.134 "Medical director" means the ~~chief~~ **in charge** medical officer of any division mental health ~~for mental retardation~~ program.

Sec. 20. NRS 433.233 is hereby amended to read as follows:

433.233 1. The division facilities providing mental health services are designated as:

- (a) Northern Nevada Adult Mental Health Services;
- (b) Southern Nevada Adult Mental Health Services;
- (c) Rural clinics; and
- (d) Lakes Crossing Center.

2. ~~The division facilities providing services for persons with mental retardation and persons with related conditions are designated as:~~

~~(a) Desert Regional Center;~~



- ~~—(b) Sierra Regional Center; and~~
- ~~—(c) Rural Regional Center.~~

~~—3.—~~ Division facilities established after July 1, 1981, must be named by the Administrator, subject to the approval of the Director of the Department.

Sec. 20.5. NRS 433.234 is hereby amended to read as follows:

433.234 The provisions of ~~{chapters 433 to}~~ **this chapter and chapters 433A, 433B and 436** ~~{,-inclusive,}~~ of NRS pertaining to division facilities must be administered by the respective administrative officers of the division facilities, subject to administrative supervision by the Administrator.

Sec. 21. NRS 433.244 is hereby amended to read as follows:

433.244 1. The Administrator must ~~{have:}~~

~~{(a) Training and demonstrated administrative qualities of leadership in any one of the professional fields of psychiatry, medicine, psychology, social work, education or administration; and~~
~~—(b) Administrative training or experience in programs relating to mental health, including care, treatment or training, or any combination thereof, of persons with mental illness or mental retardation and persons with related conditions.}~~ **be selected on the basis of his or her education, training, experience, leadership qualities, demonstrated abilities and interest in the field of behavioral health or public health.**

2. The Administrator is in the unclassified service of the State.

Sec. 21.5. NRS 433.264 is hereby amended to read as follows:

433.264 1. Physicians shall be employed within the various division facilities as are necessary for the operation of the facilities. They shall hold degrees of doctor of medicine **or doctor of osteopathic medicine** from accredited medical schools and they shall be licensed to practice medicine **or osteopathic medicine** in Nevada as provided by law.

2. Except as otherwise provided by law, their only compensation shall be annual salaries, fixed in accordance with the pay plan adopted pursuant to the provisions of NRS 284.175.

3. The physicians shall perform such duties pertaining to the care and treatment of consumers as may be required.

Sec. 21.7. NRS 433.279 is hereby amended to read as follows:

433.279 1. The Division shall carry out a vocational and educational program for the certification of mental ~~{health mental retardation}~~ **health** technicians, including forensic technicians:

(a) Employed by the Division, or other employees of the Division who perform similar duties, but are classified differently.



(b) Employed by the Division of Child and Family Services of the Department.

↳ The program must be carried out in cooperation with the Nevada System of Higher Education.

2. A mental ~~{health mental retardation}~~ *health* technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, dentist, podiatric physician, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse or other professionally qualified person. This section does not authorize a mental ~~{health mental retardation}~~ *health* technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Division shall adopt regulations to carry out the provisions of this section.

4. As used in this section, “mental ~~{health mental retardation}~~ *health* technician” means an employee of the Division of ~~{Mental Health and Developmental Services}~~ *Public and Behavioral Services* or the Division of Child and Family Services who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with mental illness ~~{or mental retardation,}~~ *and* persons who are emotionally disturbed , ~~{and persons with related conditions,}~~

and who has direct responsibility for:
(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 22. NRS 433.314 is hereby amended to read as follows:

433.314 The Commission shall:

1. Establish policies to ensure adequate development and administration of services for persons with mental illness, ~~{mental retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders , ~~{and persons with related~~



~~conditions,}~~ including services to prevent mental illness, ~~{mental retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders ~~{and related conditions,}~~ and services provided without admission to a facility or institution;

2. Set policies for the care and treatment of persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and persons with related conditions}~~ provided by all state agencies;

3. Review the programs and finances of the Division; and

4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on the quality of the care and treatment provided for persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and persons with related conditions}~~ in this State and on any progress made toward improving the quality of that care and treatment.

Sec. 23. NRS 433.316 is hereby amended to read as follows:

433.316 The Commission may:

1. Collect and disseminate information pertaining to mental health, ~~{mental-retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders . ~~{and related conditions.}~~

2. Request legislation pertaining to mental health, ~~{mental-retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders . ~~{and related conditions.}~~

3. ~~{Investigate}~~ *Review findings of investigations of* complaints about the care of any person in a public facility for the treatment of persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders . ~~{and persons with related conditions.}~~

4. Accept, as authorized by the Legislature, gifts and grants of money and property.

5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and persons with related conditions}~~ provided through ~~{state agencies,}~~ *private*



nonprofit organizations, governmental entities, hospitals and clinics.

6. Promote programs for the treatment of persons with mental illness, ~~{mental retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or co-occurring disorders ~~{and persons with related conditions}~~ and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, ~~{mental retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders . ~~{and persons with related conditions.}~~

7. Create a plan to coordinate the services for the treatment of persons with mental illness, ~~{mental retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and persons with related conditions}~~ provided in this State and to provide continuity in the care and treatment provided.

8. Establish and maintain an appropriate program which provides information to the general public concerning mental illness, ~~{mental retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders ~~{and related conditions}~~ and consider ways to involve the general public in the decisions concerning the policy on mental illness, ~~{mental retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders . ~~{and related conditions.}~~

9. Compile statistics on mental illness and study the cause, pathology and prevention of that illness.

10. Establish programs to prevent or postpone the commitment of residents of this State to facilities for the treatment of persons with mental illness, ~~{mental retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders . ~~{and persons with related conditions.}~~

11. Evaluate the future needs of this State concerning the treatment of mental illness, ~~{mental retardation}~~ *intellectual disabilities and related conditions, substance use disorders* and co-occurring disorders ~~{and related conditions}~~ and develop ways to improve the treatment already provided.

12. Take any other action necessary to promote mental health in this State.



Sec. 24. NRS 433.318 is hereby amended to read as follows:

433.318 1. The Commission may appoint a subcommittee or an advisory committee composed of members who have experience and knowledge of matters relating to persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and-related conditions}~~ and who, to the extent practicable, represent the ethnic and geographic diversity of this State.

2. A subcommittee or advisory committee appointed pursuant to this section shall consider specific issues and advise the Commission on matters related to the duties of the Commission.

3. The members of a subcommittee or advisory committee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee or advisory committee, to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose.

Sec. 25. NRS 433.324 is hereby amended to read as follows:

433.324 1. The ~~{Commission}~~ *State Board of Health* shall adopt regulations:

(a) For the care and treatment of persons with mental illness, ~~{mental-retardation}~~ *persons with substance use disorders* or *persons with* co-occurring disorders ~~{and-persons-with-related conditions}~~ by all state agencies and facilities, and their referral to private facilities;

(b) To ensure continuity in the care and treatment provided to persons with mental illness, ~~{mental-retardation}~~ *persons with substance use disorders* or *persons with* co-occurring disorders ~~{and-persons-with-related conditions}~~ in this State; and

(c) Necessary for the proper and efficient operation of the facilities of the Division.

2. The ~~{Commission}~~ *State Board of Health* may adopt regulations to promote programs relating to mental health, ~~{mental-retardation}~~ *substance use disorders* and co-occurring disorders ~~{and-related conditions}~~.

Sec. 26. NRS 433.325 is hereby amended to read as follows:

433.325 The Commission or its designated agent may inspect any state facility providing services for persons with mental illness, ~~{mental-retardation}~~ *persons with intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring disorders ~~{and-persons-with~~



~~related conditions~~] to determine if the facility is in compliance with the provisions of this title and any regulations adopted pursuant ~~to those provisions.~~ *thereto.*

Sec. 27. NRS 433.3315 is hereby amended to read as follows:

433.3315 The Division shall adopt regulations:

1. To define the term “consumer” for the purposes of this ~~title.~~ *chapter and chapters 433A, 433B and 436 of NRS.*

2. To specify the circumstances under which a consumer is eligible to receive services from the Division pursuant to this ~~title.~~ *chapter and chapters 433A, 433B and 436 of NRS,* including, but not limited to, care, treatment, treatment to competency and training. Regulations adopted pursuant to this subsection must specify that a consumer is eligible to receive services only if the consumer:

(a) Has a documented diagnosis of a mental disorder based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

(b) Except as otherwise provided in the regulations adopted pursuant to subsection 3, is not eligible to receive services through another public or private entity.

3. To specify the circumstances under which the provisions of paragraph (b) of subsection 2 do not apply, including, without limitation, when the copay or other payment required to obtain services through another public or private entity is prohibitively high.

4. To establish policies and procedures for the referral of each consumer who needs services that the Division is unable to provide to the most appropriate organization or resource who is able to provide the needed services to that consumer.

Sec. 28. NRS 433.334 is hereby amended to read as follows:

433.334 The Division may, by contract with general hospitals or other institutions having adequate facilities in the State of Nevada, provide for inpatient care of consumers with mental illness ~~. [or mental retardation and consumers with related conditions.]~~

Sec. 29. NRS 433.354 is hereby amended to read as follows:

433.354 For the purposes of *this chapter and chapters 433 to 436, inclusive.* *433A, 433B and 436* of NRS, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this state, a public or private corporation, an individual or a group of individuals. Such contracts or agreements may include provisions



whereby the Division will render services, the payment for which will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.

Sec. 30. NRS 433.364 is hereby amended to read as follows:

433.364 Nothing in this ~~title~~ *chapter and chapters 433A, 433B and 436 of NRS* precludes the involuntary court-ordered admission of a person with mental illness to a private institution where such admission is authorized by law.

Sec. 30.5. NRS 433.384 is hereby amended to read as follows:

433.384 Money to carry out the provisions of ~~chapters 433 to this chapter and chapters 433A, 433B and 436~~ ~~to, inclusive,~~ of NRS must be provided by legislative appropriation from the State General Fund, and paid out on claims as other claims against the State are paid. All claims relating to a division facility individually must be approved by the administrative officer of such facility before they are paid.

Sec. 31. NRS 433.394 is hereby amended to read as follows:

433.394 For the purposes of this ~~title,~~ *chapter and chapters 433A, 433B and 436 of NRS*, the Department may accept:

1. Moneys appropriated and made available by any act of the Congress of the United States;
2. Moneys and contributions made available by a county, a city, a public district or any political subdivision of this state; and
3. Moneys and contributions made available by a public or private corporation, a private foundation, an individual or a group of individuals.

Sec. 32. NRS 433.395 is hereby amended to read as follows:

433.395 1. Upon approval of the Director of the Department, the Administrator may accept:

(a) Donations of money and gifts of real or personal property; and

(b) Grants of money from the Federal Government,
↳ for use in public or private programs that provide services to persons in this State with mental illness . ~~for mental retardation and persons with related conditions.~~

2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with mental illness ~~for mental retardation and persons with related conditions~~ in a manner that supports the plan to coordinate services created by the Commission pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate



services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with mental illness ~~{or mental retardation and persons with related conditions}~~ in consideration of the nature and value of the donation, gift or grant.

3. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section.

Sec. 33. NRS 433.404 is hereby amended to read as follows:

433.404 1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of *this chapter and chapters* ~~{433 to 436, inclusive,}~~ *433A, 433B and 436* of NRS. The schedule must be submitted to the Commission and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 433.354 for fees collected pursuant to contract or agreement. ~~{and in NRS 435.120 for fees collected for services to consumers with mental retardation and related conditions.}~~

2. For a facility providing services for the treatment of persons with mental illness, ~~{or mental retardation and persons with related conditions,}~~ the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay.

Sec. 34. NRS 433.424 is hereby amended to read as follows:

433.424 A mental health ~~{and mental retardation}~~ center revolving account up to the amount of \$5,000 is hereby created for each division mental health ~~{and mental retardation}~~ center, and may be used for the payment of mental health ~~{or mental retardation}~~ center bills requiring immediate payment and for no other purposes. The respective administrative officers shall deposit the money for the respective revolving accounts in one or more banks or credit unions of reputable standing. Payments made from each account must be promptly reimbursed from appropriated money of the respective mental health ~~{or mental retardation}~~ centers on claims as other claims against the State are paid.

Sec. 35. NRS 433.434 is hereby amended to read as follows:

433.434 For purposes of this ~~{title,}~~ *chapter and chapters* *433A, 433B and 436 of NRS*, the residence of a person is:

1. The domicile of such person;



2. If the domicile of the person cannot be ascertained, the place where the person was last employed; or

3. If the domicile of the person cannot be ascertained and he or she is not or was not employed, the place where the person made his or her home or headquarters.

Sec. 36. NRS 433.444 is hereby amended to read as follows:

433.444 1. For the purpose of facilitating the return of nonresident consumers to the state in which they have legal residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this ~~{title,}~~ *chapter and chapters 433A, 433B and 436 of NRS*, with the proper boards, commissioners or officers of other states for the mutual exchange of consumers confined in, admitted or committed to a mental health ~~{or mental retardation}~~ facility in one state whose legal residence is in the other, and may give written permission for the return and admission to a division facility of any resident of this state when such permission is conformable to the provisions of this ~~{title}~~ *chapter and chapters 433A, 433B and 436 of NRS* governing admissions to a division facility.

2. The county clerk and board of county commissioners of each county, upon receiving notice from the Administrator that an application for the return of an alleged resident of this state has been received, shall promptly investigate and report to the Administrator their findings as to the legal residence of the consumer.

Sec. 37. NRS 433.458 is hereby amended to read as follows:

433.458 “Administrative officer” means a person with overall executive and administrative responsibility for a facility that provides services relating to mental health ~~{or mental retardation and related conditions}~~ and that is operated by any public or private entity.

Sec. 38. NRS 433.464 is hereby amended to read as follows:

433.464 ~~{This title does}~~ *The provisions of this chapter and chapters 433A, 433B and 436 of NRS do* not limit the right of any person detained hereunder to a writ of habeas corpus upon a proper application made at any time by such person or any other person on his or her behalf.

Sec. 39. NRS 433.494 is hereby amended to read as follows:

433.494 1. An individualized written plan of mental health ~~{or mental retardation}~~ services ~~{or plan of services for a related condition}~~ must be developed for each consumer of each facility. The plan must:

(a) Provide for the least restrictive treatment procedure that may reasonably be expected to benefit the consumer; and



(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to provide input and participate; and

(2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if the consumer is under 18 years of age and is not legally emancipated, or the legal guardian of a consumer who has been adjudicated mentally incompetent.

2. The plan must be kept current and must be modified, with the input and participation of the consumer, the parent or guardian of the consumer or the legal guardian of the consumer, as appropriate, when indicated. The plan must be thoroughly reviewed at least once every 3 months.

3. The person in charge of implementing the plan of services must be designated in the plan.

Sec. 39.2. NRS 433.5493 is hereby amended to read as follows:

433.5493 1. Except as otherwise provided in subsection 2, physical restraint may be used on a person with a disability who is a consumer only if:

(a) An emergency exists that necessitates the use of physical restraint;

(b) The physical restraint is used only for the period that is necessary to contain the behavior of the consumer so that the consumer is no longer an immediate threat of causing physical injury to himself or herself or others or causing severe property damage; and

(c) The use of force in the application of physical restraint does not exceed the force that is reasonable and necessary under the circumstances precipitating the use of physical restraint.

2. Physical restraint may be used on a person with a disability who is a consumer and the provisions of subsection 1 do not apply if the physical restraint is used to:

(a) Assist the consumer in completing a task or response if the consumer does not resist the application of physical restraint or if the consumer's resistance is minimal in intensity and duration;

(b) Escort or carry a consumer to safety if the consumer is in danger in his or her present location; or

(c) Conduct medical examinations or treatments on the consumer that are necessary.

3. If physical restraint is used on a person with a disability who is a consumer in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 ~~§~~ **or section**



58.47 of this act, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

Sec. 39.4. NRS 433.5496 is hereby amended to read as follows:

433.5496 1. Except as otherwise provided in subsections 2 and 4, mechanical restraint may be used on a person with a disability who is a consumer only if:

(a) An emergency exists that necessitates the use of mechanical restraint;

(b) A medical order authorizing the use of mechanical restraint is obtained from the consumer's treating physician before the application of the mechanical restraint or not later than 15 minutes after the application of the mechanical restraint;

(c) The physician who signed the order required pursuant to paragraph (b) or the attending physician examines the consumer not later than 1 working day immediately after the application of the mechanical restraint;

(d) The mechanical restraint is applied by a member of the staff of the facility who is trained and qualified to apply mechanical restraint;

(e) The consumer is given the opportunity to move and exercise the parts of his or her body that are restrained at least 10 minutes per every 60 minutes of restraint;

(f) A member of the staff of the facility lessens or discontinues the restraint every 15 minutes to determine whether the consumer will stop or control his or her inappropriate behavior without the use of the restraint;

(g) The record of the consumer contains a notation that includes the time of day that the restraint was lessened or discontinued pursuant to paragraph (f), the response of the consumer and the response of the member of the staff of the facility who applied the mechanical restraint;

(h) A member of the staff of the facility continuously monitors the consumer during the time that mechanical restraint is used on the consumer; and

(i) The mechanical restraint is used only for the period that is necessary to contain the behavior of the consumer so that the consumer is no longer an immediate threat of causing physical injury to himself or herself or others or causing severe property damage.



2. Mechanical restraint may be used on a person with a disability who is a consumer and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

- (a) Treat the medical needs of a consumer;
- (b) Protect a consumer who is known to be at risk of injury to himself or herself because the consumer lacks coordination or suffers from frequent loss of consciousness;
- (c) Provide proper body alignment to a consumer; or
- (d) Position a consumer who has physical disabilities in a manner prescribed in the consumer's plan of services.

3. If mechanical restraint is used on a person with a disability who is a consumer in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 **or section 58.47 of this act, as applicable**, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

4. The provisions of this section do not apply to a forensic facility, as that term is defined in subsection 5 of NRS 433.5499.

Sec. 39.6. NRS 433.5499 is hereby amended to read as follows:

433.5499 1. Except as otherwise provided in subsection 3, mechanical restraint may be used on a person with a disability who is a consumer of a forensic facility only if:

- (a) An emergency exists that necessitates the use of the mechanical restraint;
- (b) The consumer's behavior presents an imminent threat of causing physical injury to himself or herself or to others or causing severe property damage and less restrictive measures have failed to modify the consumer's behavior;
- (c) The consumer is in the care of the facility but not on the premises of the facility and mechanical restraint is necessary to ensure security; or
- (d) The consumer is in the process of being transported to another location and mechanical restraint is necessary to ensure security.

2. If mechanical restraint is used pursuant to subsection 1, the forensic facility shall ensure that:

- (a) The mechanical restraint is applied by a member of the staff of the facility who is trained and qualified to apply mechanical restraint;
- (b) A member of the staff of the facility continuously monitors the consumer during the time that mechanical restraint is used on the consumer;



(c) The record of the consumer contains a notation that indicates the time period during which the restraint was used and the circumstances warranting the restraint; and

(d) The mechanical restraint is used only for the period that is necessary.

3. Mechanical restraint may be used on a person with a disability who is a consumer of a forensic facility, and the provisions of subsections 1 and 2 do not apply if the mechanical restraint is used to:

(a) Treat the medical needs of a consumer;

(b) Protect a consumer who is known to be at risk of injury to himself or herself because the consumer lacks coordination or suffers from frequent loss of consciousness;

(c) Provide proper body alignment to a consumer; or

(d) Position a consumer who has physical disabilities in a manner prescribed in the consumer's plan of services.

4. If mechanical restraint is used in an emergency on a person with a disability who is a consumer of a forensic facility, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 ~~H~~ *or section 58.47 of this act, as applicable*, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

5. As used in this section, "forensic facility" means a secure facility of the Division for offenders and defendants with a mental disorder who are ordered to the facility pursuant to chapter 178 of NRS.

Sec. 39.8. NRS 433.5503 is hereby amended to read as follows:

433.5503 1. Chemical restraint may only be used on a person with a disability who is a consumer if:

(a) The consumer has been diagnosed as mentally ill, as defined in NRS 433A.115, and is receiving mental health services from a facility;

(b) The chemical restraint is administered to the consumer while he or she is under the care of the facility;

(c) An emergency exists that necessitates the use of chemical restraint;

(d) A medical order authorizing the use of chemical restraint is obtained from the consumer's attending physician or psychiatrist;

(e) The physician or psychiatrist who signed the order required pursuant to paragraph (d) examines the consumer not later than 1



working day immediately after the administration of the chemical restraint; and

(f) The chemical restraint is administered by a person licensed to administer medication.

2. If chemical restraint is used on a person with a disability who is a consumer, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 ~~+~~ **or section 58.47 of this act, as applicable**, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

Sec. 40. NRS 433A.010 is hereby amended to read as follows:

433A.010 The provisions of this chapter apply to all mental health centers of the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department and of the Division of Child and Family Services of the Department. Such provisions apply to private institutions and facilities offering mental health services only when specified in the context.

Sec. 41. NRS 433A.012 is hereby amended to read as follows:

433A.012 “Administrative officer” means a person with overall executive and administrative responsibility for those state or nonstate facilities for mental health ~~for mental retardation~~ designated by the Administrator.

Sec. 42. NRS 433A.015 is hereby amended to read as follows:

433A.015 “Division” means:

1. Except as otherwise provided in subsection 2, the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department.

2. Regarding the provision of services for the mental health of children pursuant to chapter 433B of NRS, the Division of Child and Family Services of the Department.

Sec. 43. NRS 433A.017 is hereby amended to read as follows:

433A.017 “Medical director” means the ~~chief~~ **in charge** medical officer of any program of the Division of ~~Mental Health and Developmental Services~~ **Public and Behavioral Health** of the Department.

Sec. 44. NRS 433A.020 is hereby amended to read as follows:

433A.020 The administrative officer of a facility of the Division must:

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, ~~education~~ **public health** or administration.



2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to mental health, including care and treatment of persons with mental illness .
~~for mental retardation and persons with related conditions.~~

~~3. Have additional qualifications which are in accordance with criteria prescribed by the Division of Human Resource Management of the Department of Administration.~~

Sec. 45. NRS 433A.030 is hereby amended to read as follows:

433A.030 The administrative officers have the following powers and duties, subject to the administrative supervision of the Administrator:

1. To exercise general supervision of and establish regulations for the government of the facilities designated by the Administrator;

2. To be responsible for and supervise the fiscal affairs and responsibilities of the facilities designated by the Administrator;

3. To appoint such medical, technical, clerical and operational staff as the execution of his or her duties, the care and treatment of consumers and the maintenance and operation of the facilities designated by the Administrator may require;

4. To make reports to the Administrator, and to supply the Administrator with material on which to base proposed legislation;

5. To keep complete and accurate records of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to his or her office;

6. To inform the public in regard to the activities and operation of the facilities;

7. To invoke any legal, equitable or special procedures for the enforcement of his or her orders or the enforcement of the provisions of this ~~title~~ *chapter and chapters 433, 433B and 436 of NRS* and other statutes governing the facilities;

8. To submit an annual report to the Administrator on the condition, operation, functioning and anticipated needs of the facilities; and

9. To assume responsibility for the nonmedical care and treatment of consumers if that responsibility has not been delegated.

Sec. 46. NRS 433B.130 is hereby amended to read as follows:

433B.130 1. The Administrator shall:

(a) Administer, in accordance with the policies established by the Commission, the programs of the Division for the mental health of children.

(b) Establish appropriate policies to ensure that children in division facilities have timely access to clinically appropriate



psychotropic medication that are consistent with the provisions of NRS 432B.197 and NRS 432B.4681 to 432B.469, inclusive, and the policies adopted pursuant thereto.

2. The Administrator may:

(a) Appoint the administrative personnel necessary to operate the programs of the Division for the mental health of children.

(b) Delegate to the administrative officers the power to appoint medical, technical, clerical and operational staff necessary for the operation of any division facilities.

3. If the Administrator finds that it is necessary or desirable that any employee reside at a facility operated by the Division or receive meals at such a facility, prerequisites granted or charges for services rendered to that person are at the discretion of the Director of the Department.

4. The Administrator may accept children referred to the Division for treatment pursuant to the provisions of NRS 458.290 to 458.350, inclusive.

5. The Administrator may enter into agreements with the Administrator of the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department *or with the Administrator of the Aging and Disability Services Division of the Department* for the care and treatment of consumers of the Division of Child and Family Services at any facility operated by the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health or the Aging and Disability Services Division, as applicable.*

Sec. 46.5. NRS 433B.150 is hereby amended to read as follows:

433B.150 1. The Division shall employ such physicians within the various division facilities as are necessary for the operation of the facilities. The physicians must hold degrees of doctor of medicine *or doctor of osteopathic medicine* from accredited medical schools and be licensed to practice medicine *or osteopathic medicine* in Nevada.

2. Except as otherwise provided by law, the only compensation allowed such a physician is an annual salary, fixed in accordance with the pay plan adopted pursuant to the provisions of NRS 284.175.

3. The physicians shall perform such duties pertaining to the care and treatment of consumers as may be required.

Sec. 47. NRS 433B.190 is hereby amended to read as follows:

433B.190 1. The Division shall adopt regulations to:



(a) Provide for a more detailed definition of abuse of a consumer, consistent with the general definition given in NRS 433B.340;

(b) Provide for a more detailed definition of neglect of a consumer, consistent with the general definition given in NRS 433B.340; and

(c) Establish policies and procedures for reporting the abuse or neglect of a consumer.

2. The regulations adopted pursuant to this section must, to the extent possible and appropriate, be consistent with the regulations adopted by the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department pursuant to NRS 433.331 ~~H~~ *and the Division of Aging and Disability Services of the Department pursuant to section 54.2 of this act.*

Sec. 48. Chapter 435 of NRS is hereby amended by adding thereto the provisions set forth as sections 49 to 59.7, inclusive, of this act.

Sec. 49. 1. *The division facilities providing services for persons with intellectual disabilities and persons with related conditions are designated as:*

(a) Desert Regional Center;

(b) Sierra Regional Center; and

(c) Rural Regional Center.

2. *Division facilities established after July 1, 1981, must be named by the Administrator, subject to the approval of the Director of the Department.*

Sec. 49.2. *The provisions of this chapter pertaining to division facilities must be administered by the respective administrative officers of the division facilities, subject to administrative supervision by the Administrator.*

Sec. 49.4. *Any person employed by the Division as a psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, registered nurse or social worker must be licensed or certified by the appropriate state licensing board for his or her respective profession.*

Sec. 49.6. *The Administrator shall not employ any psychiatrist, psychologist, social worker or registered nurse who holds a master's degree in the field of psychiatric nursing who is unable to demonstrate proficiency in the oral and written expression of the English language.*

Sec. 49.8. 1. *The Division shall carry out a vocational and educational program for the certification of intellectual disability*



technicians, including forensic technicians employed by the Division, or other employees of the Division who perform similar duties, but are classified differently. The program must be carried out in cooperation with the Nevada System of Higher Education.

2. An intellectual disability technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, dentist, podiatric physician, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse or other professionally qualified person. This section does not authorize an intellectual disability technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Division shall adopt regulations to carry out the provisions of this section.

4. As used in this section, "intellectual disability technician" means an employee of the Division who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with intellectual disabilities and persons with related conditions, and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 50. 1. The Division shall adopt regulations:

(a) For the care and treatment of persons with intellectual disabilities and persons with related conditions by all state agencies and facilities, and their referral to private facilities;

(b) To ensure continuity in the care and treatment provided to persons with intellectual disabilities and persons with related conditions in this State; and

(c) Necessary for the proper and efficient operation of the facilities of the Division.



2. The Division may adopt regulations to promote programs relating to intellectual disabilities and related conditions.

Sec. 51. The Division or its designated agent may inspect any division facility providing services for persons with intellectual disabilities and persons with related conditions to determine if the facility is in compliance with the provisions of this chapter and any regulations adopted pursuant thereto.

Sec. 52. The Division may, by contract with general hospitals or other institutions having adequate facilities in the State of Nevada, provide for inpatient care of persons with intellectual disabilities and persons with related conditions.

Sec. 53. The Division may contract with appropriate persons professionally qualified in the field of psychiatric mental health to provide inpatient and outpatient care for persons with intellectual disabilities and persons with related conditions when it appears that they can be treated best in that manner.

Sec. 54. The Division may adopt regulations:

1. To define the term "consumer" for the purposes of this chapter.

2. To specify the circumstances under which a consumer is eligible to receive services from the Division pursuant to this chapter, including, but not limited to, care, treatment and training. Regulations adopted pursuant to this subsection must specify that a consumer is eligible to receive services only if the consumer:

(a) Has a documented diagnosis of a mental disorder based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

(b) Except as otherwise provided in the regulations adopted pursuant to subsection 3, is not eligible to receive services through another public or private entity.

3. To specify the circumstances under which the provisions of paragraph (b) of subsection 2 do not apply, including, without limitation, when the copay or other payment required to obtain services through another public or private entity is prohibitively high.

4. To establish policies and procedures for the referral of each consumer who needs services that the Division is unable to provide to the most appropriate organization or resource who is able to provide the needed services to that consumer.

Sec. 54.2. The Division shall adopt regulations to:



1. Provide for a more detailed definition of abuse of a consumer of the Division, consistent with the general definition given in section 58.75 of this act;

2. Provide for a more detailed definition of neglect of a consumer of the Division, consistent with the general definition given in section 58.75 of this act; and

3. Establish policies and procedures for reporting the abuse or neglect of a consumer of the Division.

Sec. 54.3. 1. If a patient in a division facility is transferred to another division facility or to a medical facility, a facility for the dependent or a physician licensed to practice medicine, the division facility shall forward a copy of the medical records of the patient, on or before the date the patient is transferred, to the facility or physician. Except as otherwise required by 42 U.S.C. § 290dd, 290dd-1 or 290dd-2 or NRS 439.538 or 439.591, the division facility is not required to obtain the oral or written consent of the patient to forward a copy of the medical records.

2. As used in this section, "medical records" includes a medical history of the patient, a summary of the current physical condition of the patient and a discharge summary which contains the information necessary for the proper treatment of the patient.

Sec. 54.4. For the purposes of this chapter, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this state, a public or private corporation, an individual or a group of individuals. Such contracts or agreements may include provisions whereby the Division will render services, the payment for which will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.

Sec. 54.5. Nothing in this chapter precludes the involuntary court-ordered admission of a person with an intellectual disability or person with a related condition to a private institution where such admission is authorized by law.

Sec. 54.6. The State is not responsible for payment of the costs of care and treatment of persons admitted to a facility not operated by the Division except where, before admission, the Administrator or the Administrator's designee authorizes the expenditure of state money for such purpose.



Sec. 54.7. *Money to carry out the provisions of this chapter must be provided by legislative appropriation from the State General Fund, and paid out on claims as other claims against the State are paid. All claims relating to a division facility individually must be approved by the administrative officer of such facility before they are paid.*

Sec. 55. *For the purposes of this chapter, the Department may accept:*

1. Money appropriated and made available by any act of the Congress of the United States;

2. Money and contributions made available by a county, a city, a public district or any political subdivision of this State; and

3. Money and contributions made available by a public or private corporation, a private foundation, an individual or a group of individuals.

Sec. 55.2. *1. Upon approval of the Director of the Department, the Administrator may accept:*

(a) Donations of money and gifts of real or personal property; and

*(b) Grants of money from the Federal Government,
↳ for use in public or private programs that provide services to persons in this State with intellectual disabilities and persons with related conditions.*

2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with intellectual disabilities and persons with related conditions in a manner that supports the plan to coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with intellectual disabilities and persons with related conditions in consideration of the nature and value of the donation, gift or grant.

3. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section.

Sec. 55.4. *1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the Commission on Behavioral Health and the Director of the Department for joint approval before enforcement.*



The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in section 54.4 of this act for fees collected pursuant to contract or agreement and in NRS 435.120 for fees collected for services to consumers with intellectual disabilities and related conditions.

2. For a facility providing services for the treatment of persons with intellectual disabilities and persons with related conditions, the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay.

Sec. 55.6. 1. Physicians and other professional staff employed within any division facility shall receive a reasonable fee for evaluations, examinations or court testimony when directed by the court to perform such services.

2. If such evaluation or testimony is provided while the physician or other professional person is acting as an employee of a division facility, the fee shall be received by the division facility at which he or she is employed.

Sec. 55.8. An intellectual disability center revolving account up to the amount of \$5,000 is hereby created for each division intellectual disability center, and may be used for the payment of intellectual disability center bills requiring immediate payment and for no other purposes. The respective administrative officers shall deposit the money for the respective revolving accounts in one or more banks or credit unions of reputable standing. Payments made from each account must be promptly reimbursed from appropriated money of the respective intellectual disability centers on claims as other claims against the State are paid.

Sec. 56. For the purposes of this chapter, the residence of a person is:

- 1. The domicile of such person;*
- 2. If the domicile of the person cannot be ascertained, the place where the person was last employed; or*
- 3. If the domicile of the person cannot be ascertained and he or she is not or was not employed, the place where the person made his or her home or headquarters.*

Sec. 57. 1. For the purpose of facilitating the return of nonresident consumers to the state in which they have legal residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this chapter, with the proper boards, commissioners or officers of other states for the



mutual exchange of consumers confined in, admitted or committed to an intellectual disability facility in one state whose legal residence is in the other, and may give written permission for the return and admission to a division facility of any resident of this State when such permission is conformable to the provisions of this chapter governing admissions to a division facility.

2. The county clerk and board of county commissioners of each county, upon receiving notice from the Administrator that an application for the return of an alleged resident of this State has been received, shall promptly investigate and report to the Administrator their findings as to the legal residence of the consumer.

Sec. 57.1. *1. All expenses incurred for the purpose of returning a consumer to the state in which the consumer has a legal residence shall be paid from the moneys of the consumer or by the relatives or other persons responsible for the consumer's care and treatment under his or her commitment or admission.*

2. In the case of indigent consumers whose relatives cannot pay the costs and expenses of returning such consumers to the state in which they have residence, the costs may be assumed by the State. These costs must be advanced from moneys appropriated for the general support of the division facility wherein the consumer was receiving care, treatment or training, if such consumer was committed to a division facility at the time of the transfer, and must be paid out on claims as other claims against the State are paid.

Sec. 57.2. *The Administrator shall:*

1. Comply with any agreements made by the Administrator pursuant to section 57 of this act; and

2. Accept for admission to a division facility any resident child of this State for whom written permission for return and admission to a division facility was given by the Administrator pursuant to section 57 of this act.

Sec. 57.4. *As used in sections 57.4 to 58.5, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 57.6, 57.7 and 57.8 of this act have the meanings ascribed to them in those sections.*

Sec. 57.6. *“Administrative officer” means a person with overall executive and administrative responsibility for a facility that provides services relating to intellectual disabilities and related conditions and that is operated by any public or private entity.*



Sec. 57.7. *“Facility” means any:*

- 1. Unit or subunit operated by the Division for the care, treatment and training of consumers.*
- 2. Hospital, clinic or other institution operated by any public or private entity, for the care, treatment and training of consumers.*

Sec. 57.8. *“Rights” includes, without limitation, all rights provided to a consumer pursuant to sections 57.4 to 58.5, inclusive, of this act, and any regulations adopted pursuant thereto.*

Sec. 58. *This chapter does not limit the right of any person detained hereunder to a writ of habeas corpus upon a proper application made at any time by such person or any other person on his or her behalf.*

Sec. 58.1. *1. Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning admission to the facility, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:*

(a) The right not to be admitted to the facility under false pretenses or as a result of any improper, unethical or unlawful conduct by a staff member of the facility to collect money from the insurance company of the consumer or for any other financial purpose.

(b) The right to receive a copy, on request, of the criteria upon which the facility makes its decision to admit or discharge a consumer from the facility. Such criteria must not, for emergency admissions or involuntary court-ordered admissions, be based on the availability of insurance coverage or any other financial considerations.

2. As used in this section, “improper conduct” means a violation of the rules, policies or procedures of the facility.

Sec. 58.13. *1. Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning involuntary commitment to the facility, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:*

(a) To request and receive a second evaluation by a psychiatrist or psychologist who does not have a contractual relationship with or financial interest in the facility. The evaluation must:



(1) Include, without limitation, a recommendation of whether the consumer should be involuntarily committed to the facility; and

(2) Be paid for by the consumer if the insurance carrier of the consumer refuses to pay for the evaluation.

(b) To receive a copy of the procedure of the facility regarding involuntary commitment and treatment.

(c) To receive a list of the consumer's rights concerning involuntary commitment or treatment.

2. If the results of an evaluation conducted by a psychiatrist or psychologist pursuant to subsection 1 conflict in any manner with the results of an evaluation conducted by the facility, the facility may request and receive a third evaluation of the consumer to resolve the conflicting portions of the previous evaluations.

Sec. 58.17. *Each consumer admitted for evaluation, treatment or training to a facility has the following personal rights, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:*

1. To wear the consumer's own clothing, to keep and use his or her own personal possessions, including toilet articles, unless those articles may be used to endanger the consumer's life or others' lives, and to keep and be allowed to spend a reasonable sum of the consumer's own money for expenses and small purchases.

2. To have access to individual space for storage for his or her private use.

3. To see visitors each day.

4. To have reasonable access to telephones, both to make and receive confidential calls.

5. To have ready access to materials for writing letters, including stamps, and to mail and receive unopened correspondence, but:

(a) For the purposes of this subsection, packages are not considered as correspondence; and

(b) Correspondence identified as containing a check payable to a consumer may be subject to control and safekeeping by the administrative officer of that facility or the administrative officer's designee, so long as the consumer's record of treatment documents the action.

6. To have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired.



7. To designate a person who must be kept informed by the facility of the consumer's medical and mental condition, if the consumer signs a release allowing the facility to provide such information to the person.

8. Except as otherwise provided in NRS 439.538, to have access to the consumer's medical records denied to any person other than:

(a) A member of the staff of the facility or related medical personnel, as appropriate;

(b) A person who obtains a waiver by the consumer of his or her right to keep the medical records confidential; or

(c) A person who obtains a court order authorizing the access.

9. Other personal rights as specified by regulation of the Division.

Sec. 58.2. Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning care, treatment and training, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:

1. To medical, psychosocial and rehabilitative care, treatment and training including prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. All of that care, treatment and training must be consistent with standards of practice of the respective professions in the community and is subject to the following conditions:

(a) Before instituting a plan of care, treatment or training or carrying out any necessary surgical procedure, express and informed consent must be obtained in writing from:

(1) The consumer if he or she is 18 years of age or over or legally emancipated and competent to give that consent, and from the consumer's legal guardian, if any;

(2) The parent or guardian of a consumer under 18 years of age and not legally emancipated; or

(3) The legal guardian of a consumer of any age who has been adjudicated mentally incompetent;

(b) An informed consent requires that the person whose consent is sought be adequately informed as to:

(1) The nature and consequences of the procedure;

(2) The reasonable risks, benefits and purposes of the procedure; and

(3) Alternative procedures available;



(c) The consent of a consumer as provided in paragraph (b) may be withdrawn by the consumer in writing at any time with or without cause;

(d) Even in the absence of express and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any consumer who has been injured in an accident or who is suffering from an acute illness, disease or condition if, within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the consumer and if the treatment is immediately entered into the consumer's record of treatment, subject to the provisions of paragraph (e); and

(e) If the proposed emergency medical care or treatment is deemed by the chief medical officer of the facility to be unusual, experimental or generally occurring infrequently in routine medical practice, the chief medical officer shall request consultation from other physicians or practitioners of healing arts who have knowledge of the proposed care or treatment.

2. To be free from abuse, neglect and aversive intervention.

3. To consent to the consumer's transfer from one facility to another, except that the Administrator of the Division or the Administrator's designee, or the Administrator of the Division of Child and Family Services of the Department or the Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training warrant it. If the consumer in any manner objects to the transfer, the person ordering it must enter the objection and a written justification of the transfer in the consumer's record of treatment and immediately forward a notice of the objection to the Administrator who ordered the transfer, and the Commission on Behavioral Health shall review the transfer pursuant to subsection 3 of section 58.47 of this act.

4. Other rights concerning care, treatment and training as may be specified by regulation.

Sec. 58.23. *1. An individualized written plan of intellectual disability services or plan of services for a related condition must be developed for each consumer of each facility. The plan must:*

(a) Provide for the least restrictive treatment procedure that may reasonably be expected to benefit the consumer; and

(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to provide input and participate; and



(2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if the consumer is under 18 years of age and is not legally emancipated, or the legal guardian of a consumer who has been adjudicated mentally incompetent.

2. The plan must be kept current and must be modified, with the input and participation of the consumer, the parent or guardian of the consumer or the legal guardian of the consumer, as appropriate, when indicated. The plan must be thoroughly reviewed at least once every 3 months.

3. The person in charge of implementing the plan of services must be designated in the plan.

Sec. 58.27. *1. Each facility shall make all of its decisions, policies, procedures and practices regarding emergency admissions or involuntary court-ordered admissions based upon clinical efficiency rather than cost containment.*

2. This section does not preclude a public facility from making decisions, policies, procedures and practices within the limits of the money made available to the facility.

Sec. 58.3. *1. A consumer or the consumer's legal guardian must be:*

(a) Permitted to inspect the consumer's records; and

(b) Informed of the consumer's clinical status and progress at reasonable intervals of no longer than 3 months in a manner appropriate to his or her clinical condition.

2. Unless a psychiatrist has made a specific entry to the contrary in a consumer's records, a consumer or the consumer's legal guardian is entitled to obtain a copy of the consumer's records at any time upon notice to the administrative officer of the facility and payment of the cost of reproducing the records.

Sec. 58.33. *1. The attending psychiatrist or physician is responsible for all medication given or administered to a consumer.*

2. Each administrative officer shall establish a policy for the review of the administration, storage and handling of medications by nurses and nonprofessional personnel.

Sec. 58.37. *1. A consumer may perform labor which contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone only if:*

(a) The consumer voluntarily agrees to perform the labor;

(b) Engaging in the labor is not inconsistent with and does not interfere with the plan of services for the consumer;



(c) The person responsible for the consumer's treatment agrees to the plan of labor; and

(d) The amount of time or effort necessary to perform the labor is not excessive.

↳ In no event may discharge or privileges be conditioned upon the performance of such labor.

2. A consumer who performs labor which contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone must be adequately compensated and the compensation must be in accordance with applicable state and federal labor laws.

3. A consumer who performs labor other than that described in subsection 2 must be compensated an adequate amount if an economic benefit to another person or agency results from the consumer's labor.

4. The administrative officer of the facility may provide for compensation of a resident when the resident performs labor not governed by subsection 2 or 3.

5. This section does not apply to labor of a personal housekeeping nature or to labor performed as a condition of residence in a small group living arrangement.

6. One-half of any compensation paid to a consumer pursuant to this section is exempt from collection or retention as payment for services rendered by the Division or its facilities. Such an amount is also exempt from levy, execution, attachment, garnishment or any other remedies provided by law for the collection of debts.

Sec. 58.4. *Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning the suspension or violation of his or her rights, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:*

1. To receive a list of the consumer's rights.

2. To receive a copy of the policy of the facility that sets forth the clinical or medical circumstances under which the consumer's rights may be suspended or violated.

3. To receive a list of the clinically appropriate options available to the consumer or the consumer's family to remedy an actual or a suspected suspension or violation of his or her rights.

4. To have all policies of the facility regarding the rights of consumers prominently posted in the facility.



Sec. 58.43. *Each facility shall, within a reasonable time after a consumer is admitted to the facility for evaluation, treatment or training, ask the consumer to sign a document that reflects that the consumer has received a list of the consumer's rights and has had those rights explained to him or her.*

Sec. 58.47. 1. *The rights of a consumer enumerated in this chapter must not be denied except to protect the consumer's health and safety or to protect the health and safety of others, or both. Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be forwarded to the administrative officer of the facility. Failure to report denial of rights by an employee may be grounds for dismissal.*

2. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must not be disclosed. A copy of the report must be sent to the Commission on Behavioral Health.

3. The Commission on Behavioral Health:

(a) Shall receive reports of and may investigate apparent violations of the rights guaranteed by this chapter;

(b) May act to resolve disputes relating to apparent violations;

(c) May act on behalf of consumers to obtain remedies for any apparent violations; and

(d) Shall otherwise endeavor to safeguard the rights guaranteed by this chapter.

4. Pursuant to NRS 241.030, the Commission on Behavioral Health may close any portion of a meeting in which it considers the character, alleged misconduct or professional competence of a person in relation to:

(a) The denial of the rights of a consumer; or

(b) The care and treatment of a consumer.

↳ The provisions of this subsection do not require a meeting of the Commission on Behavioral Health to be closed to the public.

Sec. 58.5. *An officer, director or employee of a facility shall not retaliate against any person for having:*

1. Reported any violation of law; or

2. Provided information regarding a violation of law,

↳ by the facility or a staff member of the facility.

Sec. 58.57. 1. *There may be maintained as a trust fund at each division facility a consumers' personal deposit fund.*



2. *Money coming into the possession of the administrative officer of a division facility which belongs to a consumer must be credited in the fund in the name of that consumer.*

3. *When practicable, individual credits in the fund must not exceed the sum of \$300.*

4. *Any amounts to the credit of a consumer may be used for purchasing personal necessities, for expenses of burial or may be turned over to the consumer upon the consumer's demand, except that when the consumer is adjudicated mentally incompetent the guardian of the consumer's estate has the right to demand and receive the money.*

5. *An amount accepted for the benefit of a consumer for a special purpose must be reserved for that purpose regardless of the total amount to the credit of the consumer.*

6. *Except as otherwise provided in subsection 7, the administrative officers shall deposit any money received for the funds of their respective facilities in commercial accounts with one or more banks or credit unions of reputable standing. When deposits in a commercial account exceed \$15,000, the administrative officer may deposit the excess in a savings account paying interest in any reputable commercial bank, or in any credit union or savings and loan association within this state that is federally insured or insured by a private insurer approved pursuant to NRS 678.755. The savings account must be in the name of the fund. Interest paid on deposits in the savings account may be used for recreational purposes at the division facility.*

7. *The administrative officers may maintain at their respective division facilities petty cash of not more than \$400 of the money in the consumers' personal deposit fund to enable consumers to withdraw small sums from their accounts.*

Sec. 58.6. *Whenever any person admitted to a division facility dies, the administrative officer shall send written notice to the decedent's legally appointed representative, listing the personal property remaining in the custody or possession of the facility. If there is no demand made upon the administrative officer of the facility by the decedent's legally appointed representative, all personal property of the decedent remaining in the custody or possession of the administrative officer must be held by the officer for a period of 1 year from the date of the decedent's death for the benefit of the heirs, legatees or successors of the decedent. At the end of this period, another notice must be sent to the decedent's representative, listing the property and specifying the manner in which the property will be disposed of if*



not claimed within 15 business days. After 15 business days, all personal property and documents of the decedent, other than cash, remaining unclaimed in the possession of the administrative officer must be disposed of as follows:

1. All documents must be filed by the administrative officer with the public administrator of the county from which the consumer was admitted.

2. All other personal property must be sold at a public auction or by sealed bids. The proceeds of the sale must be applied to the decedent's unpaid balance for costs incurred at the division facility.

Sec. 58.63. *If a person admitted to a division facility is discharged or leaves and the person fails to recover personal property worth more than \$100 in the custody of the administrative officer of the facility, the administrative officer shall notify the former consumer or the consumer's legal representative in writing that personal property remains in the custody of the facility. The property must be held in safekeeping for the consumer for a period of 1 year from the date of discharge. If upon the expiration of the 1-year period no claim has been made upon the administrative officer by the person or the person's legal representative, another notice must be sent to the person or the person's legal representative, stating that personal property remains in the custody of the facility, and specifying the manner in which the property will be disposed of if not claimed within 15 business days. After 15 business days, the property may be considered unclaimed property and be disposed of in the manner provided for unclaimed property of deceased persons under the provisions of section 58.6 of this act.*

Sec. 58.67. *If, upon the death or release of a person admitted to a division facility, the value of unclaimed personal property in the possession of the administrative officer of the facility is so minimal that it cannot be sold at public auction or by sealed bid and if the property, either in its present condition or in an improved condition, cannot be used by the division facility, the administrative officer may order the personal property destroyed.*

Sec. 58.7. *1. Upon the death of a consumer, any known relatives or friends of the consumer shall be notified immediately of the fact of death.*

2. The Administrator or the Administrator's designee shall cause a decent burial to be provided for the consumer outside division facility grounds. The Administrator or the designee may enter into a contract with any person or persons, including



governmental agencies or other instrumentalities, as the Administrator or the designee deems proper, for a decent burial. Where there are known relatives, and they are financially able, the cost of burial must be borne by the relatives. Where there are no known relatives, the cost of burial must be a charge against the State of Nevada, but the cost thereof must not exceed the amount charged for the burial of indigents in the county in which the burial takes place.

3. When a consumer has income from a pension payable through a division facility, and has no guardian, the Division may obligate operating funds for funeral expenses in the amount due under the pension benefits.

Sec. 58.75. *1. An employee of a public or private facility offering services for persons with intellectual disabilities and persons with related conditions or any other person, except a consumer, who:*

(a) Has reason to believe that a consumer of the Division or of a private facility offering services for consumers with intellectual disabilities and consumers with related conditions has been or is being abused or neglected and fails to report it;

(b) Brings intoxicating beverages or a controlled substance into any division facility occupied by consumers unless specifically authorized to do so by the administrative officer or a staff physician of the facility;

(c) Is under the influence of liquor or a controlled substance while employed in contact with consumers, unless in accordance with a lawfully issued prescription;

(d) Enters into any transaction with a consumer involving the transfer of money or property for personal use or gain at the expense of the consumer; or

(e) Contrives the escape, elopement or absence of a consumer, ↪ is guilty of a misdemeanor, in addition to any other penalties provided by law.

2. In addition to any other penalties provided by law, an employee of a public or private facility offering services for persons with intellectual disabilities and persons with related conditions or any other person, except a consumer, who willfully abuses or neglects a consumer:

(a) For a first violation that does not result in substantial bodily harm to the consumer, is guilty of a gross misdemeanor.

(b) For a first violation that results in substantial bodily harm to the consumer, is guilty of a category B felony.



(c) For a second or subsequent violation, is guilty of a category B felony.

↳ A person convicted of a category B felony pursuant to this section shall be punished 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.

3. A person who is convicted pursuant to this section is ineligible for 5 years for appointment to or employment in a position in the state service and, if the person is an officer or employee of the State, the person forfeits his or her office or position.

4. A conviction pursuant to this section is, when applicable, grounds for disciplinary action against the person so convicted and the facility where the violation occurred. The Division may recommend to the appropriate agency or board the suspension or revocation of the professional license, registration, certificate or permit of a person convicted pursuant to this section.

5. For the purposes of this section:

(a) "Abuse" means any willful and unjustified infliction of pain, injury or mental anguish upon a consumer, including, but not limited to:

(1) The rape, sexual assault or sexual exploitation of the consumer;

(2) The use of any type of aversive intervention;

(3) Except as otherwise provided in NRS 433.5486, a violation of NRS 433.549; and

(4) The use of physical, chemical or mechanical restraints or the use of seclusion in violation of federal law.

↳ Any act which meets the standard of practice for care and treatment does not constitute abuse.

(b) "Consumer" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a public or private institution or facility offering services for persons with intellectual disabilities and persons with related conditions.

(c) "Neglect" means any omission to act which causes injury to a consumer or which places the consumer at risk of injury, including, but not limited to, the failure to follow:

(1) An appropriate plan of treatment to which the consumer has consented; and

(2) The policies of the facility for the care and treatment of consumers.



↳ *Any omission to act which meets the standard of practice for care and treatment does not constitute neglect.*

(d) "Standard of practice" means the skill and care ordinarily exercised by prudent professional personnel engaged in health care.

Sec. 58.8. *1. Any person who, on the grounds of a division facility, sells, barter, exchanges or in any manner disposes of any spirituous or malt liquor or beverage to any person lawfully confined in the division facility is guilty of a gross misdemeanor.*

2. This section does not apply to any physician prescribing or furnishing liquor to the person when the liquor is prescribed or furnished for medicinal purposes only.

Sec. 58.85. *1. A public or private facility offering services for persons with intellectual disabilities and persons with related conditions may return a prescription drug that is dispensed to a patient of the facility, but will not be used by that patient, to the dispensing pharmacy for the purpose of reissuing the drug to fill other prescriptions for patients in that facility or for the purpose of transferring the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676 if:*

(a) The drug is not a controlled substance;

(b) The drug is dispensed in a unit dose, in individually sealed doses or in a bottle that is sealed by the manufacturer of the drug;

(c) The drug is returned unopened and sealed in the original manufacturer's packaging or bottle;

(d) The usefulness of the drug has not expired;

(e) The packaging or bottle contains the expiration date of the usefulness of the drug; and

(f) The name of the patient for whom the drug was originally prescribed, the prescription number and any other identifying marks are obliterated from the packaging or bottle before the return of the drug.

2. A dispensing pharmacy to which a drug is returned pursuant to this section may:

(a) Reissue the drug to fill other prescriptions for patients in the same facility if the registered pharmacist of the pharmacy determines that the drug is suitable for that purpose in accordance with standards adopted by the State Board of Pharmacy pursuant to subsection 5; or

(b) Transfer the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676.



3. *No drug that is returned to a dispensing pharmacy pursuant to this section may be used to fill other prescriptions more than one time.*

4. *A facility offering services for persons with intellectual disabilities and persons with related conditions shall adopt written procedures for returning drugs to a dispensing pharmacy pursuant to this section. The procedures must:*

(a) Provide appropriate safeguards for ensuring that the drugs are not compromised or illegally diverted during their return.

(b) Require the maintenance and retention of such records relating to the return of such drugs as are required by the State Board of Pharmacy.

(c) Be approved by the State Board of Pharmacy.

5. *The State Board of Pharmacy shall adopt such regulations as are necessary to carry out the provisions of this section, including, without limitation, requirements for:*

(a) Returning and reissuing such drugs pursuant to the provisions of this section.

(b) Transferring drugs to a nonprofit pharmacy pursuant to the provisions of this section and NRS 639.2676.

(c) Maintaining records relating to the return and the use of such drugs to fill other prescriptions.

Sec. 58.9. *The administrative officer of a facility of the Division must:*

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, education or administration.

2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to intellectual disabilities, including care and treatment of persons with intellectual disabilities and persons with related conditions.

Sec. 59. *The administrative officers have the following powers and duties, subject to the administrative supervision of the Administrator:*

1. To exercise general supervision of and establish regulations for the government of the facilities designated by the Administrator;

2. To be responsible for and supervise the fiscal affairs and responsibilities of the facilities designated by the Administrator;

3. To appoint such medical, technical, clerical and operational staff as the execution of his or her duties, the care and



treatment of consumers and the maintenance and operation of the facilities designated by the Administrator may require;

4. To make reports to the Administrator, and to supply the Administrator with material on which to base proposed legislation;

5. To keep complete and accurate records of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to his or her office;

6. To inform the public in regard to the activities and operation of the facilities;

7. To invoke any legal, equitable or special procedures for the enforcement of his or her orders or the enforcement of the provisions of this chapter and other statutes governing the facilities;

8. To submit an annual report to the Administrator on the condition, operation, functioning and anticipated needs of the facilities; and

9. To assume responsibility for the nonmedical care and treatment of consumers if that responsibility has not been delegated.

Sec. 59.2. Except as otherwise provided in NRS 284.143, an administrative officer shall devote his or her entire time to the duties of his or her position and shall have no other gainful employment or occupation, but the administrative officer may attend seminars, act as a consultant and give lectures relating to his or her profession and accept appropriate stipends for the seminars, consultations and lectures.

Sec. 59.3. The medical director of a division facility may order the transfer to a hospital of the Department of Veterans Affairs or other facility of the United States Government any admitted consumer eligible for treatment therein. If the consumer in any manner objects to the transfer, the medical director of the facility shall enter the objection and a written justification of the transfer in the consumer's record and forward a notice of the objection to the Administrator, and the Commission on Behavioral Health shall review the transfer pursuant to subsections 2 and 3 of section 58.47 of this act.

Sec. 59.4. 1. If any person involuntarily court-admitted to any division facility is found by the court not to be a resident of this State and to be a resident of another state, the person may be transferred to the state of his or her residence pursuant to section 57 of this act if an appropriate institution of that state is willing to accept the person.



2. *The approval of the Administrator must be obtained before any transfer is made pursuant to subsection 1.*

Sec. 59.45. *1. When a person is admitted to a division facility or hospital under one of the various forms of admission prescribed by law, the parent or legal guardian of a person with an intellectual disability or person with a related condition who is a minor or the husband or wife of a person with an intellectual disability or person with a related condition, if of sufficient ability, and the estate of the person with an intellectual disability or person with a related condition, if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person with an intellectual disability or person with a related condition, including treatment and surgical operations, in any hospital in which the person is hospitalized under the provisions of this chapter:*

(a) To the administrative officer if the person is admitted to a division facility; or

(b) In all other cases, to the hospital rendering the service.

2. *If a person or an estate liable for the care, maintenance and support of a committed person neglects or refuses to pay the administrative officer or the hospital rendering the service, the State is entitled to recover, by appropriate legal action, all money owed to a division facility or which the State has paid to a hospital for the care of a committed person, plus interest at the rate established pursuant to NRS 99.040.*

Sec. 59.5. *1. The administrative officers of the respective division facilities may enter into special agreements secured by properly executed bonds with the relatives, guardians or friends of consumers who are adjudicated to be consumers with mental incompetence for subsistence, care or other expenses of such consumers. Each agreement and bond must be to the State of Nevada and any action to enforce the agreement or bond may be brought by the administrative officer.*

2. *Financially responsible relatives pursuant to section 59.45 of this act and the guardian of the estate of a consumer may, from time to time, pay money to the division facility for the future personal needs of the consumer with mental incompetence and for the consumer's burial expenses. Money paid pursuant to this subsection must be credited to the consumer in the consumers' personal deposit fund established pursuant to section 58.57 of this act.*

Sec. 59.6. *1. If the consumer, his or her responsible relative pursuant to section 59.45 of this act, guardian or the*



estate neglects or refuses to pay the cost of treatment to the division facility rendering service pursuant to the fee schedule established under section 55.4 of this act, the State is entitled to recover by appropriate legal action all sums due, plus interest.

2. Before initiating such legal action, the division facility shall demonstrate efforts at collection, which may include contractual arrangements for collection through a private collection agency.

Sec. 59.7. *The expense of diagnostic, medical and surgical services furnished to a consumer admitted to a division facility by a person not on the staff of the facility, whether rendered while the consumer is in a general hospital, an outpatient of a general hospital or treated outside any hospital, must be paid by the consumer, the guardian or relatives responsible pursuant to section 59.45 of this act for the consumer's care. In the case of an indigent consumer or a consumer whose estate is inadequate to pay the expenses, the expenses must be charged to the county from which the admission to the division facility was made, if the consumer had, before admission, been a resident of that county. The expense of such diagnostic, medical and surgical services must not in any case be a charge against or paid by the State of Nevada, except when, in the opinion of the administrative officer of the division facility to which the consumer is admitted, payment should be made for nonresident indigent consumers and money is authorized pursuant to section 54.6 of this act and the money is authorized in approved budgets.*

Sec. 60. NRS 435.007 is hereby amended to read as follows:

435.007 As used in this chapter, unless the context otherwise requires:

1. *“Administrative officer” means a person with overall executive and administrative responsibility for those state or nonstate intellectual disability centers designated by the Administrator.*

2. *“Administrator” means the Administrator of the Division.*

3. *“Child” means any person under the age of 18 years who may be eligible for ~~mental-retardation~~ intellectual disabilities services or services for a related condition.*

~~2-~~ 4. *“Department” means the Department of Health and Human Services.*

5. *“Director of the Department” means the administrative head of the Department.*

6. *“Division” means the Aging and Disability Services Division of the Department.*



7. *“Division facility” means any unit or subunit operated by the Division for the care, treatment and training of consumers.*

8. *“Intellectual disability” means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.*

9. *“Intellectual disability center” means an organized program for providing appropriate services and treatment to persons with intellectual disabilities and persons with related conditions. An intellectual disability center may include facilities for residential treatment and training.*

10. *“Medical director” means the chief medical officer of any program of the Division for persons with intellectual disabilities and persons with other related conditions.*

11. *“Mental illness” has the meaning ascribed to it in NRS 433.164.*

12. *“Parent” means the parent of a child. The term does not include the parent of a person who has attained the age of 18 years.*

~~13~~ 13. *“Person” includes a child and any other consumer with mental retardation or a related condition who has attained the age of 18 years.*

~~14~~ 14. *“Person professionally qualified in the field of psychiatric mental health” has the meaning ascribed to it in NRS 433.209.*

15. *“Persons with related conditions” means persons who have a severe, chronic disability which:*

(a) Is attributable to:

(1) Cerebral palsy or epilepsy; or

(2) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability and requires treatment or services similar to those required by a person with an intellectual disability;

(b) Is manifested before the person affected attains the age of 22 years;

(c) Is likely to continue indefinitely; and

(d) Results in substantial functional limitations in three or more of the following areas of major life activity:

(1) Taking care of oneself;

(2) Understanding and use of language;

(3) Learning;

(4) Mobility;



(5) Self-direction; and

(6) Capacity for independent living.

16. "Residential facility for groups" means a structure similar to a private residence which will house a small number of persons in a homelike atmosphere.

17. "Training" means a program of services directed primarily toward enhancing the health, welfare and development of persons with intellectual disabilities and persons with related conditions through the process of providing those experiences that will enable the person to:

(a) Develop his or her physical, intellectual, social and emotional capacities to the fullest extent;

(b) Live in an environment that is conducive to personal dignity; and

(c) Continue development of those skills, habits and attitudes essential to adaptation in contemporary society.

18. "Treatment" means any combination of procedures or activities, of whatever level of intensity and whatever duration, ranging from occasional counseling sessions to full-time admission to a residential facility.

Sec. 60.3. NRS 435.081 is hereby amended to read as follows:

435.081 1. The Administrator or the Administrator's designee may receive a person with ~~{mental-retardation}~~ *an intellectual disability* or a person with a related condition of this State for services in a facility operated by the Division if:

(a) The person is a person with ~~{mental-retardation-as-defined-in-NRS-433.174}~~ *an intellectual disability* or is a person with a related condition and is in need of institutional training and treatment;

(b) Space is available which is designed and equipped to provide appropriate care for the person;

(c) The facility has or can provide an appropriate program of training and treatment for the person; and

(d) There is written evidence that no less restrictive alternative is available in the person's community.

2. A person with ~~{mental-retardation}~~ *an intellectual disability* or a person with a related condition may be accepted at a division facility for emergency evaluation when the evaluation is requested by a court. A person must not be retained pursuant to this subsection for more than 10 working days.

3. A court may order that a person with ~~{mental-retardation}~~ *an intellectual disability* or a person with a related condition be admitted to a division facility if it finds that admission is necessary because of the death or sudden disability of the parent or guardian of



the person. The person must not be retained pursuant to this subsection for more than 45 days. Before the expiration of the 45-day period, the Division shall report to the court its recommendations for placement or treatment of the person. If less restrictive alternatives are not available, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

4. A child may be received, cared for and examined at a division facility for ~~the mentally retarded~~ *persons with intellectual disabilities or persons with related conditions* for not more than 10 working days without admission, if the examination is ordered by a court having jurisdiction of the minor in accordance with the provisions of NRS 62E.280 and subsection 1 of NRS 432B.560. At the end of the 10 days, the Administrator or the Administrator's designee shall report the result of the examination to the court and shall detain the child until the further order of the court, but not to exceed 7 days after the Administrator's report.

5. The parent or guardian of a person believed to be a person with ~~mental retardation~~ *an intellectual disability* or a person with a related condition may apply to the administrative officer of a division facility to have the person evaluated by personnel of the Division who are experienced in the diagnosis of ~~mental retardation~~ *intellectual disabilities* and related conditions. The administrative officer may accept the person for evaluation without admission.

6. If, after the completion of an examination or evaluation pursuant to subsection 4 or 5, the administrative officer finds that the person meets the criteria set forth in subsection 1, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

7. If, at any time, the parent or guardian of a person admitted to a division facility on a voluntary basis, or the person himself or herself if the person has attained the age of 18 years, requests in writing that the person be discharged, the administrative officer shall discharge the person. If the administrative officer finds that discharge from the facility is not in the person's best interests, the administrative officer may initiate proceedings for involuntary admission, but the person must be discharged pending those proceedings.

Sec. 60.7. NRS 435.227 is hereby amended to read as follows:

435.227 Before being issued a certificate by the Division pursuant to NRS 435.225 and annually thereafter as a condition of certification, an organization must:



1. Be on file and in good standing with the Secretary of State ~~as a nonprofit organization~~ **and organized** pursuant to title 7 of NRS;

2. Submit to the Division an annual audit of the financial statements of the organization that is conducted by an independent certified public accountant; and

3. Submit to the Division the most recent federal tax return of the organization, including, without limitation, Form 990, or its successor form, and the Schedule L and Schedule R of such return, or the successor forms of such schedules, which include an itemization of:

(a) Any transaction during the federal tax year of the organization in which an economic benefit is provided by the organization to a director, officer or board member of the organization, or any other person who has substantial influence over the organization, and in which the value of the economic benefit provided by the organization exceeds the value of the consideration received by the organization;

(b) Any loans to or from the organization which are received by or from a director, officer or board member of the organization, a person who has substantial influence over the organization or a family member of such director, officer, board member or person and which remain outstanding at the end of the federal tax year of the organization;

(c) Any grants or other assistance from the organization during the federal tax year of the organization which benefit a director, officer or board member of the organization, a person who has substantial influence over the organization or a family member of such director, officer, board member or person;

(d) Business transactions during the federal tax year of the organization between the organization and a director, officer or board member of the organization, a person who has substantial influence over the organization or a family member of such director, officer, board member or person which exceed, in the aggregate, \$100,000, or a single business transaction that exceeds \$10,000; and

(e) All related party transactions including, without limitation, the receipt of interest, royalties, annuities or rent, the sale or purchase of assets or services, the sharing of facilities, equipment or employees, and the transfer of cash or property.

Sec. 61. NRS 435.350 is hereby amended to read as follows:

435.350 1. Each person with ~~mental-retardation~~ **an intellectual disability** and each person with a related condition admitted to a division facility is entitled to all rights enumerated in



NRS 433.482, 433.484 and 433.545 to 433.551, inclusive ~~†~~, and sections 58.17 and 58.2 of this act.

2. The Administrator shall designate a person or persons to be responsible for establishment of regulations relating to denial of rights of persons with ~~†mental retardation†~~ **an intellectual disability** and persons with related conditions. The person designated shall file the regulations with the Administrator.

3. Consumers' rights specified in NRS 433.482 and 433.484 and sections 58.17 and 58.2 of this act may be denied only for cause. Any denial of such rights must be entered in the consumer's treatment record, and notice of the denial must be forwarded to the Administrator's designee or designees as provided in subsection 2. Failure to report denial of rights by an employee may be grounds for dismissal.

4. Upon receipt of notice of a denial of rights as provided in subsection 3, the Administrator's designee or designees shall cause a full report to be prepared which sets forth in detail the factual circumstances surrounding the denial. A copy of the report must be sent to the Administrator and the Commission ~~†~~ **on Behavioral Health**.

5. The Commission **on Behavioral Health** has such powers and duties with respect to reports of denial of rights as are enumerated **for the Commission on Behavioral Health** in subsection 3 of ~~†NRS 433.534.†~~ **section 58.47 of this act**.

Sec. 61.5. NRS 436.123 is hereby amended to read as follows:

436.123 The ~~†Division†~~ **Department** is designated as the official state agency responsible for developing and administering preventive and outpatient mental health services . ~~†subject to administrative supervision by the Director of the Department. It†~~ **The Department** shall function in the following areas:

1. Assisting and consulting with local health authorities in providing community mental health services, which services may include prevention, rehabilitation, case finding, diagnosis and treatment of persons with mental illness, and consultation and education for groups and individuals regarding mental health.

2. Coordinating mental health functions with other state agencies.

3. Participating in and promoting the development of facilities for training personnel necessary for implementing such services.

4. Collecting and disseminating information pertaining to mental health.

5. Performing such other acts as are necessary to promote mental health in the State.



Sec. 62. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 63, 64 and 65 of this act.

Sec. 63. *The Chief Medical Officer must:*

1. *Be a citizen of the United States;*
2. *Have not less than 5 years' experience in behavioral health or public health in a managerial or supervisory capacity; and*
3. *Be:*
 - (a) *Licensed in good standing or eligible for a license as a physician or administrative physician in Nevada;*
 - (b) *Licensed in good standing or eligible for a license as a physician or administrative physician in the District of Columbia or in any state or territory of the United States; or*
 - (c) *A physician or administrative physician who has a master's degree or doctoral degree in public health or a related field.*

Sec. 64. 1. *The Director shall appoint a Chief Medical Officer.*

2. *The Chief Medical Officer is in the unclassified service of the State and serves at the pleasure of the Director.*

Sec. 65. *The Chief Medical Officer shall:*

1. *Oversee the operation of facilities and centers established pursuant to title 39 of NRS.*
2. *Direct the work of subordinates and may authorize them to act in his or her place and stead.*
3. *Perform such other duties as the Director may, from time to time, prescribe.*

↪ If the Chief Medical Officer is not licensed to practice medicine in this State, he or she shall not, in carrying out the duties of the Chief Medical Officer, engage in the practice of medicine.

Sec. 66. NRS 439.005 is hereby amended to read as follows:

439.005 As used in this chapter, unless the context requires otherwise:

1. "Administrator" means the Administrator of the ~~Health~~ Division.

2. "Department" means the Department of Health and Human Services.

3. "Director" means the Director of the Department.

4. *"Division" means the Division of Public and Behavioral Health of the Department.*

5. "Health authority" means the officers and agents of the ~~Health~~ Division or the officers and agents of the local boards of health.

~~5. "Health Division" means the Health Division of the Department.~~



6. "Individually identifiable health information" has the meaning ascribed to it in 45 C.F.R. § 160.103.

Sec. 67. NRS 439.010 is hereby amended to read as follows:

439.010 Except as otherwise provided in NRS 439.581 to 439.595, inclusive, the provisions of this chapter must be administered by the Administrator and the ~~Health~~ Division, subject to administrative supervision by the Director.

Sec. 68. NRS 439.015 is hereby amended to read as follows:

439.015 The Department, through the ~~Health~~ Division, may accept and direct the disbursement of money appropriated by any Act of Congress and apportioned or allocated to the State of Nevada for health purposes. This federal money must be deposited in the State Treasury for credit to the State ~~Health~~ Division of *Public and Behavioral Health* Federal Account within the State General Fund.

Sec. 69. (Deleted by amendment.)

Sec. 69.5. NRS 439.110 is hereby amended to read as follows:

439.110 1. Except as otherwise provided in subsection 2 and NRS 284.143, the ~~State Health~~ *Chief Medical* Officer shall devote his or her full time to the official duties of the ~~State Health~~ *Chief Medical* Officer and shall not engage in any other business or occupation.

2. Notwithstanding the provisions of NRS 281.127, the ~~State Health~~ *Chief Medical* Officer may cooperate with the Nevada System of Higher Education in the preparation and teaching of preservice professional workers in public health and in a program providing additional professional preparation for *behavioral health workers and* public health workers employed by the State of Nevada.

Sec. 70. NRS 439.130 is hereby amended to read as follows:

439.130 1. The ~~State Health~~ *Chief Medical* Officer shall:

(a) Enforce all laws and regulations pertaining to the public health.

(b) Investigate causes of disease, epidemics, source of mortality, nuisances affecting the public health, and all other matters related to the health and life of the people, and to this end the ~~State Health~~ *Chief Medical* Officer may enter upon and inspect any public or private property in the State.

(c) Direct the work of subordinates and may authorize them to act in his or her place and stead.

(d) Except as otherwise provided in subsection 5 of NRS 439.970, perform the duties prescribed in NRS 439.950 to 439.983, inclusive.



(e) Perform such other duties as the Director may, from time to time, prescribe.

↳ If the ~~{State Health}~~ *Chief Medical* Officer is not licensed to practice medicine in this State, he or she shall not, in carrying out the duties of the ~~{State Health}~~ *Chief Medical* Officer, engage in the practice of medicine.

2. The Administrator shall direct the work of the ~~{Health}~~ Division, administer the Division and perform such other duties as the Director may, from time to time, prescribe.

Sec. 71. NRS 439.150 is hereby amended to read as follows:

439.150 1. The State Board of Health is hereby declared to be supreme in all nonadministrative health matters. It has general supervision over all matters, except for administrative matters and as otherwise provided in NRS 439.950 to 439.983, inclusive, relating to the preservation of the health and lives of citizens of this State and over the work of the ~~{State Health}~~ *Chief Medical* Officer and all district, county and city health departments, boards of health and health officers.

2. The Department is hereby designated as the agency of this State to cooperate with the federal authorities in the administration of those parts of the Social Security Act which relate to the general promotion of public health. It may receive and expend all money made available to the ~~{Health}~~ Division by the Federal Government, the State of Nevada or its political subdivisions, or from any other source, for the purposes provided in this chapter. In developing and revising any state plan in connection with federal assistance for health programs, the Department shall consider, without limitation, the amount of money available from the Federal Government for those programs, the conditions attached to the acceptance of that money and the limitations of legislative appropriations for those programs.

3. Except as otherwise provided in NRS 576.128, the State Board of Health may set reasonable fees for the:

(a) Licensing, registering, certifying, inspecting or granting of permits for any facility, establishment or service regulated by the ~~{Health}~~ Division;

(b) Programs and services of the ~~{Health}~~ Division;

(c) Review of plans; and

(d) Certification and licensing of personnel.

↳ Fees set pursuant to this subsection must be calculated to produce for that period the revenue from the fees projected in the budget approved for the ~~{Health}~~ Division by the Legislature.



Sec. 72. NRS 439.2794 is hereby amended to read as follows:
439.2794 1. The ~~Health~~ Division may:

(a) Enter into contracts for any services necessary to carry out or assist the ~~Health~~ Division in carrying out the provisions of NRS 439.271 to 439.2794, inclusive, with public or private entities that have the appropriate expertise to provide such services;

(b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of NRS 439.271 to 439.2794, inclusive;

(c) Apply for any waiver from the Federal Government that may be necessary to maximize the amount of money this State may obtain from the Federal Government to carry out the provisions of NRS 439.271 to 439.2794, inclusive; and

(d) Adopt regulations as necessary to carry out and administer the Program.

2. Any money that is accepted by the ~~Health~~ Division pursuant to subsection 1 must be deposited in the State Treasury and accounted for separately in the State General Fund.

3. The Administrator shall administer the account created pursuant to subsection 2. Money in the account does not lapse to the State General Fund at the end of the fiscal year. The interest and income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

Sec. 73. NRS 439.340 is hereby amended to read as follows:

439.340 The county board of health shall be subject to the supervision of the ~~Health~~ Division, and shall make such reports to the ~~Health~~ Division as the State Board of Health may require.

Sec. 74. NRS 439.4905 is hereby amended to read as follows:

439.4905 1. Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the ~~Health~~ Division, in an amount determined by the ~~Health~~ Division, for the costs of services provided in that county by the ~~Health~~ Division or by the ~~State Health~~ *Chief Medical* Officer, including, without limitation, services provided pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters, regardless of whether the county has a local health authority.

2. Each county shall pay the assessment to the ~~Health~~ Division in quarterly installments that are due on the first day of the first month of each calendar quarter.

3. A county may submit a proposal to the Governor for the county to carry out the services that would otherwise be provided by



the ~~{Health}~~ Division or the ~~{State-Health}~~ *Chief Medical* Officer pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters. If the Governor approves the proposal, the Governor shall submit a recommendation to the Interim Finance Committee to exempt the county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to approve the exemption, the Interim Finance Committee shall consider, among other things, the best interests of the State, the effect of the exemption and the intent of the Legislature in requiring the assessment to be paid by each county.

4. An exemption that is approved by the Interim Finance Committee pursuant to subsection 3 must not become effective until at least 6 months after that approval.

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the ~~{Health}~~ Division or the ~~{State-Health}~~ *Chief Medical* Officer pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters shall carry out those services in the manner set forth in those chapters and regulations.

6. The ~~{Health}~~ Division may adopt such regulations as necessary to carry out the provisions of this section.

Sec. 75. NRS 439.494 is hereby amended to read as follows:

439.494 1. The ~~{Health}~~ Division may:

(a) Enter into contracts for any service necessary to carry out the provisions of NRS 439.491 to 439.494, inclusive; and

(b) Apply for and accept gifts, grants, donations and bequests from any source to carry out the provisions of NRS 439.491 to 439.494, inclusive.

2. Any money collected pursuant to subsection 1 and any money appropriated to carry out the provisions of NRS 439.491 to 439.494, inclusive:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund; and

(b) Except as otherwise provided by the terms of a specific gift, grant, donation or bequest, must only be expended to carry out the provisions of NRS 439.491 to 439.494, inclusive.

3. The Administrator shall administer the account. Any interest or income earned on the money in the account must be credited to the account.



4. Any claims against the account must be paid as other claims against the State are paid.

Sec. 76. NRS 439.507 is hereby amended to read as follows:

439.507 1. The ~~Health~~ Division may:

(a) Within the limitations of available funding, enter into contracts for any services necessary to carry out or assist the ~~Health~~ Division in carrying out NRS 439.501 to 439.507, inclusive, with public or private entities that have the appropriate expertise to provide such services;

(b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of NRS 439.501 to 439.507, inclusive; and

(c) Apply for any waiver from the Federal Government that may be necessary to maximize the amount of money this state may obtain from the Federal Government to carry out the provisions of NRS 439.501 to 439.507, inclusive.

2. Any money that is appropriated to carry out the provisions of NRS 439.501 to 439.507, inclusive:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund; and

(b) May only be used to carry out those provisions.

3. The Administrator shall administer the account. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

Sec. 77. NRS 439.527 is hereby amended to read as follows:

439.527 1. There is hereby created the Committee on Co-Occurring Disorders. The Committee consists of:

(a) The Administrator, ~~of the Division of Mental Health and Developmental Services of the Department,~~ who is an ex officio member of the Committee; and

(b) Fourteen members appointed by the Governor.

2. The Governor shall appoint to the Committee:

(a) One member who is a psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology;

(b) One member who is a physician licensed pursuant to chapter 630 or 633 of NRS who is certified as an addictionologist by the American Society of Addiction Medicine;

(c) One member who is a psychologist licensed to practice in this State;

(d) One member who is licensed as a marriage and family therapist in this State;



(e) One member who is licensed as a clinical social worker in this State;

(f) One member who is a district judge in this State;

(g) One member who is a representative of the Nevada System of Higher Education;

(h) One member who is a representative of a state or local criminal justice agency;

(i) One member who is a representative of a hospital or mental health facility in this State;

(j) One member who is a member of the Nevada Mental Health Planning Advisory Council;

(k) One member who is a representative of a program relating to mental health and the treatment of the abuse of alcohol or drugs in this State;

(l) One member who is a policy analyst in the field of mental health, substance abuse or criminal justice;

(m) One member who is a representative of persons who have used services relating to mental health, substance abuse or criminal justice in this State; and

(n) One member who is an immediate family member of a person who has used services relating to mental health, substance abuse or criminal justice in this State.

3. The members of the Committee shall elect a Chair and Vice Chair by a majority vote. After the initial election, the Chair and Vice Chair shall hold office for a term of 1 year beginning on October 1 of each year. If a vacancy occurs in the office of the Chair, the members of the Committee shall elect a Chair from among its members for the remainder of the unexpired term.

4. After the initial terms, each member of the Committee who is appointed serves for a term of 4 years. A member may be reappointed.

5. A vacancy on the Committee must be filled in the same manner as the original appointment.

6. Each member of the Committee:

(a) Serves without compensation; and

(b) While engaged in the business of the Committee, is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

7. Each member of the Committee who is an officer or employee of the State or a local government must be relieved from his or her duties without loss of his or her regular compensation to prepare for and attend meetings of the Committee and perform any work necessary to carry out the duties of the Committee in the most



timely manner practicable. A state agency or local government shall not require an officer or employee who is a member of the Committee to make up the time the member is absent from work to carry out his or her duties as a member, and shall not require the member to take annual vacation or compensatory time for the absence.

8. The members of the Committee shall meet at least quarterly and at the times and places specified by a call of the Chair or a majority of the members of the Committee.

9. Eight members of the Committee constitute a quorum. The affirmative vote of a majority of the Committee members present is sufficient for any action of the Committee.

Sec. 78. NRS 439.570 is hereby amended to read as follows:

439.570 1. When the health authority deems it necessary, the health authority shall report cases of violation of any of the provisions of this chapter or of provisions of law requiring the immunization of children in public schools, private schools and child care facilities, to the district attorney of the county, with a statement of the facts and circumstances. When any such case is reported to the district attorney by the health authority, the district attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the person or corporation responsible for the alleged violation of law.

2. Upon request of the ~~Health~~ Division, the Attorney General shall assist in the enforcement of the provisions of this chapter and provisions of law requiring the immunization of children in public schools, private schools and child care facilities.

Sec. 79. NRS 439.580 is hereby amended to read as follows:

439.580 1. Any local health officer or a deputy of a local health officer who neglects or fails to enforce the provisions of this chapter in his or her jurisdiction, or neglects or refuses to perform any of the duties imposed upon him or her by this chapter or by the instructions and directions of the ~~Health~~ Division shall be punished by a fine of not more than \$250.

2. Each person who violates any of the provisions of this chapter or refuses or neglects to obey any lawful order, rule or regulation of the:

(a) State Board of Health or violates any rule or regulation approved by the State Board of Health pursuant to NRS 439.350, 439.366, 439.410 and 439.460; or

(b) Director adopted pursuant to NRS 439.538 or 439.581 to 439.595, inclusive,

↳ is guilty of a misdemeanor.



Sec. 80. NRS 439.885 is hereby amended to read as follows:
439.885 1. If a medical facility:

(a) Commits a violation of any provision of NRS 439.800 to 439.890, inclusive, or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator,

↳ such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a medical facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, and does not, of its own volition, report the violation to the Administrator, the **Health** Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report a sentinel event, in an amount not to exceed \$100 per day for each day after the date on which the sentinel event was required to be reported pursuant to NRS 439.835;

(b) For failure to adopt and implement a patient safety plan pursuant to NRS 439.865, in an amount not to exceed \$1,000 for each month in which a patient safety plan was not in effect; and

(c) For failure to establish a patient safety committee or failure of such a committee to meet pursuant to the requirements of NRS 439.875, in an amount not to exceed \$2,000 for each violation of that section.

3. Before the **Health** Division imposes an administrative sanction pursuant to subsection 2, the **Health** Division shall provide the medical facility with reasonable notice. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. If a medical facility wants to contest the action, the facility may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the **Health** Division shall hold a hearing in accordance with those regulations.

4. An administrative sanction collected pursuant to this section must be accounted for separately and used by the **Health** Division to provide training and education to employees of the **Health** Division, employees of medical facilities and members of the general public regarding issues relating to the provision of quality and safe health care.

Sec. 80.5. NRS 439.970 is hereby amended to read as follows:

439.970 1. Except as otherwise provided in chapter 414 of NRS, if a health authority identifies within its jurisdiction a public



health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health authority shall immediately transmit to the Governor a report of the immediate threat.

2. Upon receiving a report pursuant to subsection 1, the Governor shall determine whether a public health emergency or other health event exists that requires a coordinated response for the health and safety of the public. If the Governor determines that a public health emergency or other health event exists that requires such a coordinated response, the Governor shall issue an executive order:

(a) Stating the nature of the public health emergency or other health event;

(b) Stating the conditions that have brought about the public health emergency or other health event, including, without limitation, an identification of each health care facility or provider of health care, if any, related to the public health emergency or other health event;

(c) Stating the estimated duration of the immediate threat to the health and safety of the public; and

(d) Designating an emergency team comprised of:

(1) The ~~{State Health}~~ *Chief Medical* Officer or a person appointed pursuant to subsection 5, as applicable; and

(2) Representatives of state agencies, divisions, boards and other entities, including, without limitation, professional licensing boards, with authority by statute to govern or regulate the health care facilities and providers of health care identified as being related to the public health emergency or other health event pursuant to paragraph (b).

3. If additional state agencies, divisions, boards or other entities are identified during the course of the response to the public health emergency or other health event as having authority regarding a health care facility or provider of health care that is related to the public health emergency or other health event, the Governor shall direct that agency, division, board or entity to appoint a representative to the emergency team.

4. The ~~{State Health}~~ *Chief Medical* Officer or a person appointed pursuant to subsection 5, as applicable, is the chair of the emergency team.

5. If the ~~{State Health}~~ *Chief Medical* Officer has a conflict of interest relating to a public health emergency or other health event or is otherwise unable to carry out the duties prescribed pursuant to



NRS 439.950 to 439.983, inclusive, the Director shall temporarily appoint a person to carry out the duties of the ~~{State Health}~~ **Chief Medical Officer** prescribed in NRS 439.950 to 439.983, inclusive, until such time as the public health emergency or other health event has been resolved or the ~~{State Health}~~ **Chief Medical Officer** is able to resume those duties. The person appointed by the Director must meet the requirements prescribed by ~~{subsection 1 of NRS 439.090.}~~ **section 63 of this act.**

6. The Governor shall immediately transmit the executive order to:

(a) The Legislature or, if the Legislature is not in session, to the Legislative Commission and the Legislative Committee on Health Care; and

(b) Any person or entity deemed necessary or advisable by the Governor.

7. The Governor shall declare a public health emergency or other health event terminated before the estimated duration stated in the executive order upon a finding that the public health emergency or other health event no longer poses an immediate threat to the health and safety of the public. Upon such a finding, the Governor shall notify each person and entity described in subsection 6.

8. If a public health emergency or other health event lasts longer than the estimated duration stated in the executive order, the Governor is not required to reissue an executive order, but shall notify each person and entity identified in subsection 6.

9. The Attorney General shall provide legal counsel to the emergency team.

Sec. 81. Chapter 439A of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Division of Public and Behavioral Health of the Department.

Sec. 82. NRS 439A.100 is hereby amended to read as follows:

439A.100 1. Except as otherwise provided in this section, in a county whose population is less than 100,000, no person may undertake any proposed expenditure for new construction by or on behalf of a health facility in excess of the greater of \$2,000,000 or such an amount as the Department may specify by regulation, which under generally accepted accounting principles consistently applied is a capital expenditure, without first applying for and obtaining the written approval of the Director. The ~~{Health}~~ **Division of Public and Behavioral Health** of the Department shall not issue a new license or alter an existing license for such a project unless the Director has issued such an approval.



2. The provisions of subsection 1 do not apply to:
 - (a) Any capital expenditure for:
 - (1) The acquisition of land;
 - (2) The construction of a facility for parking;
 - (3) The maintenance of a health facility;
 - (4) The renovation of a health facility to comply with standards for safety, licensure, certification or accreditation;
 - (5) The installation of a system to conserve energy;
 - (6) The installation of a system for data processing or communication; or
 - (7) Any other project which, in the opinion of the Director, does not relate directly to the provision of any health service;
 - (b) Any project for the development of a health facility that has received legislative approval and authorization; or
 - (c) A project for the construction of a hospital in an unincorporated town if:
 - (1) The population of the unincorporated town is more than 24,000;
 - (2) No other hospital exists in the town;
 - (3) No other hospital has been approved for construction or qualified for an exemption from approval for construction in the town pursuant to this section; and
 - (4) The unincorporated town is at least a 45-minute drive from the nearest center for the treatment of trauma that is licensed by the ~~Health~~ Division *of Public and Behavioral Health* of the Department.
- ↳ Upon determining that a project satisfies the requirements for an exemption pursuant to this subsection, the Director shall issue a certificate which states that the project is exempt from the requirements of this section.
3. In reviewing an application for approval, the Director shall:
 - (a) Comparatively assess applications for similar projects affecting the same geographic area; and
 - (b) Base his or her decision on criteria established by the Director by regulation. The criteria must include:
 - (1) The need for and the appropriateness of the project in the area to be served;
 - (2) The financial feasibility of the project;
 - (3) The effect of the project on the cost of health care; and
 - (4) The extent to which the project is consistent with the purposes set forth in NRS 439A.020 and the priorities set forth in NRS 439A.081.



4. The Department may by regulation require additional approval for a proposed change to a project which has previously been approved if the proposal would result in a change in the location of the project or a substantial increase in the cost of the project.

5. The decision of the Director is a final decision for the purposes of judicial review.

6. As used in this section, "hospital" has the meaning ascribed to it in NRS 449.012.

Sec. 83. NRS 439A.130 is hereby amended to read as follows: 439A.130 As used in NRS 439A.130 to 439A.185, inclusive, *and section 81 of this act*, the words and terms defined in NRS 439A.135 to 439A.165, inclusive, *and section 81 of this act* have the meanings ascribed to them in those sections.

Sec. 84. NRS 439A.135 is hereby amended to read as follows: 439A.135 "Administrator" means the Administrator of the ~~Health~~ Division.

Sec. 85. NRS 439B.410 is hereby amended to read as follows: 439B.410 1. Except as otherwise provided in subsection 4, each hospital in this State has an obligation to provide emergency services and care, including care provided by physicians and nurses, and to admit a patient where appropriate, regardless of the financial status of the patient.

2. Except as otherwise provided in subsection 4, it is unlawful for a hospital or a physician working in a hospital emergency room to:

(a) Refuse to accept or treat a patient in need of emergency services and care; or

(b) Except when medically necessary in the judgment of the attending physician:

(1) Transfer a patient to another hospital or health facility unless, as documented in the patient's records:

(I) A determination has been made that the patient is medically fit for transfer;

(II) Consent to the transfer has been given by the receiving physician, hospital or health facility;

(III) The patient has been provided with an explanation of the need for the transfer; and

(IV) Consent to the transfer has been given by the patient or the patient's legal representative; or

(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders are issued is capable of providing that testing.



3. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection 2 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.

4. This section does not prohibit the transfer of a patient from one hospital to another:

(a) When the patient is covered by an insurance policy or other contractual arrangement which provides for payment at the receiving hospital;

(b) After the county responsible for payment for the care of an indigent patient has exhausted the money which may be appropriated for that purpose pursuant to NRS 428.050, 428.285 and 450.425; or

(c) When the hospital cannot provide the services needed by the patient.

↳ No transfer may be made pursuant to this subsection until the patient's condition has been stabilized to a degree that allows the transfer without an additional risk to the patient.

5. As used in this section:

(a) "Emergency services and care" means medical screening, examination and evaluation by a physician or, to the extent permitted by a specific statute, by a person under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As used in this paragraph:

(1) "Active labor" means, in relation to childbirth, labor that occurs when:

(I) There is inadequate time before delivery to transfer the patient safely to another hospital; or

(II) A transfer may pose a threat to the health and safety of the patient or the unborn child.

(2) "Emergency medical condition" means the presence of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(I) Placing the health of the patient in serious jeopardy;

(II) Serious impairment of bodily functions; or

(III) Serious dysfunction of any bodily organ or part.



(b) "Medically fit" means that the condition of the patient has been sufficiently stabilized so that the patient may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the patient resulting from the transfer and whether the risks to the patient's health are outweighed by the expected benefits, and must be documented in the patient's records before the transfer.

6. If an allegation of a violation of the provisions of subsection 2 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the **{Health}** Division *of Public and Behavioral Health* of the Department shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.

7. If an allegation of a violation of the provisions of subsection 2 is made against:

(a) A physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action or denying licensure pursuant to the provisions of subsection 3 of NRS 630.3065.

(b) An osteopathic physician licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic Medicine shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action pursuant to the provisions of subsection 1 of NRS 633.131.

Sec. 86. NRS 440.110 is hereby amended to read as follows:

440.110 The Administrator of the **{Health}** Division *of Public and Behavioral Health* of the Department of Health and Human Services is the State Registrar of Vital Statistics.

Sec. 87. NRS 441A.140 is hereby amended to read as follows:

441A.140 The **{Health}** Division *of Public and Behavioral Health of the Department of Health and Human Services* may receive any financial aid made available by any grant or other source and shall use the aid, in cooperation with the health authority, to carry out the provisions of this chapter.



Sec. 88. Chapter 442 of NRS is hereby amended by adding thereto the provisions set forth as sections 89 and 90 of this act.

Sec. 89. *As used in this section and NRS 442.740, 442.750 and 442.770 and section 90 of this act, unless the context otherwise requires, the words and terms defined in NRS 442.740 and section 90 of this act, have the meanings ascribed to them in those sections.*

Sec. 90. *“Division” means the Aging and Disability Services Division of the Department of Health and Human Services.*

Sec. 91. NRS 442.003 is hereby amended to read as follows: 442.003 As used in ~~this chapter,~~ *NRS 442.003 to 442.700, inclusive*, unless the context requires otherwise:

1. “Advisory Board” means the Advisory Board on Maternal and Child Health.

2. “Department” means the Department of Health and Human Services.

3. “Director” means the Director of the Department.

4. *“Division” means the Division of Public and Behavioral Health of the Department.*

5. “Fetal alcohol syndrome” includes fetal alcohol effects.

~~5. “Health Division” means the Health Division of the Department.~~

6. “Laboratory” has the meaning ascribed to it in NRS 652.040.

7. “Obstetric center” has the meaning ascribed to it in NRS 449.0155.

8. “Provider of health care or other services” means:

(a) A clinical alcohol and drug abuse counselor who is licensed, or an alcohol and drug abuse counselor who is licensed or certified, pursuant to chapter 641C of NRS;

(b) A physician or a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) A licensed nurse;

(d) A licensed psychologist;

(e) A licensed marriage and family therapist;

(f) A licensed clinical professional counselor;

(g) A licensed social worker;

(h) A licensed dietitian; or

(i) The holder of a certificate of registration as a pharmacist.



Sec. 92. NRS 442.005 is hereby amended to read as follows:

442.005 The ~~{State-Health}~~ *Chief Medical* Officer and the ~~{Health}~~ Division shall administer the provisions of ~~{this chapter}~~ *NRS 442.003 to 442.700, inclusive*, in accordance with the regulations of the State Board of Health and subject to administrative supervision by the Director.

Sec. 93. NRS 442.009 is hereby amended to read as follows:

442.009 1. Except as otherwise provided in this section, if the State Board of Health requires the ~~{Health}~~ Division to provide for the services of a laboratory to determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008, the ~~{Health}~~ Division shall contract with a laboratory in the following order of priority:

- (a) The State Public Health Laboratory;
- (b) Any other qualified laboratory located within this State; or
- (c) Any qualified laboratory located outside of this State.

2. The ~~{Health}~~ Division shall not contract with a laboratory in a lower category of priority unless the ~~{Health}~~ Division determines that:

(a) A laboratory in a higher category of priority is not capable of performing all the tests required to determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008; or

(b) The cost to the ~~{Health}~~ Division to contract with a laboratory in a higher category of priority is not financially reasonable or exceeds the amount of money available for that purpose.

3. For the purpose of determining the category of priority of a laboratory only, the ~~{Health}~~ Division is not required to comply with any requirement of competitive bidding or other restriction imposed on the procedure for awarding a contract.

Sec. 94. NRS 442.120 is hereby amended to read as follows:

442.120 The Department is hereby designated as the agency of this State to cooperate, through the ~~{Health}~~ Division, with the duly constituted federal authorities in the administration of those parts of the Social Security Act which relate to the maternal and child health services and the care and treatment of children with special health care needs, and is authorized to receive and expend all funds made available to the Department by the Federal Government, the State or its political subdivisions, or from any other source for the purposes provided in ~~{this chapter}~~ *NRS 442.003 to 442.700, inclusive*.



Sec. 95. NRS 442.160 is hereby amended to read as follows:

442.160 1. The Administrator of the ~~{Health}~~ Division is the administrative officer of the ~~{Health}~~ Division with respect to the administration and enforcement of:

- (a) The provisions of NRS 442.130 to 442.170, inclusive;
- (b) The plan formulated and adopted for the purposes of NRS 442.130 to 442.170, inclusive; and
- (c) All regulations necessary thereto and adopted by the State Board of Health.

2. The Administrator shall administer and enforce all regulations adopted by the State Board of Health for the efficient operation of the plan formulated by the State Board of Health and the ~~{Health}~~ Division for the purposes of NRS 442.130 to 442.170, inclusive.

3. The Administrator shall:

(a) Maintain his or her office in Carson City, Nevada, or elsewhere in the State as directed by the Director.

(b) Keep in his or her office all records, reports, papers, books and documents pertaining to the subjects of NRS 442.130 to 442.170, inclusive.

(c) If directed by the terms of the plan or by the Director, provide such medical, surgical or other services as are necessary to carry out the provisions of the plan and of NRS 442.130 to 442.170, inclusive.

4. The Administrator, with the assistance of the ~~{State Health}~~ *Chief Medical* Officer, shall make such reports, in such form and containing such information concerning the subjects of NRS 442.130 to 442.170, inclusive, as required by the Secretary of Health and Human Services.

5. The Administrator shall, in accordance with the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the State Treasurer all money allotted to this State by the Federal Government for the purposes of NRS 442.130 to 442.170, inclusive. The Administrator shall cause to be paid out of the State Treasury the money deposited for the purposes of NRS 442.130 to 442.170, inclusive.

Sec. 96. NRS 442.210 is hereby amended to read as follows:

442.210 1. The Administrator of the ~~{Health}~~ Division shall administer and enforce the provisions of NRS 442.180 to 442.220, inclusive, and of the plan or plans formulated and adopted for the purposes of NRS 442.180 to 442.220, inclusive, and all regulations necessary thereto and adopted by the State Board of Health.



2. The Administrator shall administer and enforce all regulations adopted by the State Board of Health for the efficient operation of such plan or plans formulated by the State Board of Health and the ~~Health~~ Division for the purposes of NRS 442.180 to 442.220, inclusive.

3. The Administrator shall maintain his or her office in Carson City, Nevada, or elsewhere in the State as directed by the Director, and keep therein all records, reports, papers, books and documents pertaining to the subjects of NRS 442.180 to 442.220, inclusive. The Administrator, when directed by the terms of any plan or plans perfected, or by the Director, shall provide in such places within the State such medical, surgical or other agency or agencies as may be necessary to carry out the provisions of such plan or plans and of NRS 442.180 to 442.220, inclusive. If the proper medical or surgical services cannot be had within the State for any child with special health care needs, the Secretary of the State Board of Health may provide for those services in some other state.

4. The Administrator shall, from time to time as directed by the Secretary of Health and Human Services, make reports, in such form and containing such information concerning the subjects of NRS 442.180 to 442.220, inclusive, as the Secretary of Health and Human Services requires.

5. The Administrator shall from time to time pursuant to the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the State Treasurer all money allotted to this state by the Federal Government for the purposes of NRS 442.180 to 442.220, inclusive. The Administrator shall cause to be paid out of the State Treasury the money therein deposited for the purposes of NRS 442.180 to 442.220, inclusive.

Sec. 97. NRS 442.260 is hereby amended to read as follows:

442.260 1. The ~~Health~~ Division shall adopt and enforce regulations governing the conditions under and the methods by which abortions may be performed, the reasonable minimum qualifications of a person authorized to provide the information required in NRS 442.253, as well as all other aspects pertaining to the performance of abortions pursuant to NRS 442.250.

2. The ~~Health~~ Division shall adopt and enforce regulations for a system for reporting abortions. This system must be designed to preserve confidentiality of information on the identity of women upon whom abortions are performed. The ~~Health~~ Division may require that the following items be reported for each abortion:

(a) The date of the abortion;



- (b) The place of the abortion including the city, county and state;
- (c) The type of facility;
- (d) The usual residence of the woman, including the city, county and state;
- (e) Her age;
- (f) Her ethnic group or race;
- (g) Her marital status;
- (h) The number of previous live births;
- (i) The number of previous induced abortions;
- (j) The duration of her pregnancy, as measured from first day of last normal menses to date of abortion, and as estimated by uterine size prior to performance of the abortion;
- (k) The type of abortion procedure; and
- (l) If a woman has had a previously induced abortion, the information in paragraphs (a) to (k), inclusive, or as much thereof as can be reasonably obtained, for each previous abortion.

3. The ~~Health~~ Division may adopt regulations to permit studies of individual cases of abortion, but these studies must not be permitted unless:

- (a) Absolute assurance is provided that confidentiality of information on the persons involved will be preserved;
- (b) Informed consent of each person involved in the study is obtained in writing;
- (c) The study is conducted according to established standards and ethics; and
- (d) The study is related to problems of health and has scientific merit with regard to both design and the importance of the problems to be solved.

Sec. 98. NRS 442.415 is hereby amended to read as follows:

442.415 The ~~Health~~ Division shall adopt regulations necessary to carry out the provisions of NRS 442.400, 442.405 and 442.410.

Sec. 99. NRS 442.740 is hereby amended to read as follows:

442.740 ~~As used in NRS 442.740 to 442.770, inclusive,~~ ~~early~~ **Early** intervention services” has the meaning ascribed to it in 20 U.S.C. § 1432.

Sec. 100. NRS 442.750 is hereby amended to read as follows:

442.750 1. The ~~Health~~ Division shall ensure that the personnel employed by the ~~Health~~ Division who provide early intervention services to children with autism spectrum disorders and the persons with whom the ~~Health~~ Division contracts to provide early intervention services to children with autism spectrum



disorders possess the knowledge and skills necessary to serve children with autism spectrum disorders, including, without limitation:

(a) The screening of a child for autism spectrum disorder at the age levels and frequency recommended by the American Academy of Pediatrics, or its successor organization;

(b) The procedure for evaluating children who demonstrate behaviors that are consistent with autism spectrum disorders, which procedure must require the use of the statewide standard for measuring outcomes and assessing and evaluating persons with autism spectrum disorders through the age of 21 years prescribed pursuant to NRS 427A.872;

(c) The procedure for enrolling a child in early intervention services upon determining that the child has autism spectrum disorder;

(d) Methods of providing support to children with autism spectrum disorders and their families; and

(e) The procedure for developing an individualized family service plan in accordance with Part C of the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1431 et seq., or other appropriate plan for the child.

2. The ~~Health~~ Division shall ensure that the personnel employed by the ~~Health~~ Division to provide early intervention services to children with autism spectrum disorders and the persons with whom the ~~Health~~ Division contracts to provide early intervention services to children with autism spectrum disorders:

(a) Possess the knowledge and understanding of the scientific research and support for the methods and approaches for serving children with autism spectrum disorders and the ability to recognize the difference between an approach or method that is scientifically validated and one that is not;

(b) Possess the knowledge to accurately describe to parents and guardians the research supporting the methods and approaches, including, without limitation, the knowledge necessary to provide an explanation that a method or approach is experimental if it is not supported by scientific evidence;

(c) Immediately notify a parent or legal guardian if a child is identified as being at risk for a diagnosis of autism spectrum disorder and refer the parent or legal guardian to the appropriate professionals for further evaluation and simultaneously refer the parent or legal guardian to any appropriate early intervention services and strategies; and



(d) Provide the parent or legal guardian with information on evidence-based treatments and interventions that may assist the child in the child's development and advancement.

3. The ~~{Health}~~ Division shall ensure that the personnel employed by the ~~{Health}~~ Division who provide early intervention screenings to children and the persons with whom the ~~{Health}~~ Division contracts to provide early intervention screenings to children perform screenings of children for autism spectrum disorders at the age levels and frequency recommended by the American Academy of Pediatrics, or its successor organization.

4. The ~~{Health}~~ Division shall ensure that:

(a) For a child who may have autism spectrum disorder, the personnel employed by the ~~{Health}~~ Division who provide early intervention screenings to children and the persons with whom the ~~{Health}~~ Division contracts to provide early intervention screenings to children use the protocol designated pursuant to NRS 427A.872 for determining whether a child has autism spectrum disorder.

(b) An initial evaluation of the cognitive, communicative, social, emotional and behavioral condition and adaptive skill level of a child with autism spectrum disorder is conducted to determine the baseline of the child.

(c) A subsequent evaluation is conducted upon the child's conclusion of the early intervention services to determine the progress made by the child from the time of his or her initial screening.

Sec. 101. NRS 442.770 is hereby amended to read as follows:

442.770 For an infant or toddler with a disability who has autism spectrum disorder and is eligible for early intervention services, the ~~{Health}~~ Division shall refer the infant or toddler to the Autism Treatment Assistance Program established by NRS 427A.875 and coordinate with the Program to develop a plan of treatment for the infant or toddler pursuant to that section.

Sec. 102. Chapter 444 of NRS is hereby amended by adding thereto a new section to read as follows:

As used in this chapter, "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 103. NRS 444.330 is hereby amended to read as follows:

444.330 1. The ~~{Health}~~ Division has supervision over the sanitation, healthfulness, cleanliness and safety, as it pertains to the foregoing matters, of the following state institutions:

- (a) Institutions and facilities of the Department of Corrections.
- (b) Northern Nevada Adult Mental Health Services.



(c) Nevada Youth Training Center, Caliente Youth Center and any other state facility for the detention of children that is operated pursuant to title 5 of NRS.

(d) Nevada System of Higher Education.

2. The State Board of Health may adopt regulations pertaining thereto as are necessary to promote properly the sanitation, healthfulness, cleanliness and, as it pertains to the foregoing matters, the safety of those institutions.

3. The ~~{State-Health}~~ *Chief Medical* Officer or an authorized agent of the Officer shall inspect those institutions at least once each calendar year and whenever he or she deems an inspection necessary to carry out the provisions of this section. The inspection of any state facility for the detention of children that is operated pursuant to title 5 of NRS must include, without limitation, an inspection of all areas where food is prepared and served, bathrooms, areas used for sleeping, common areas and areas located outdoors that are used by children at the facility.

4. The ~~{State-Health}~~ *Chief Medical* Officer shall publish reports of the inspections of any state facility for the detention of children that is operated pursuant to title 5 of NRS and may publish reports of the inspections of other state institutions.

5. All persons charged with the duty of maintenance and operation of the institutions named in this section shall operate the institutions in conformity with the regulations adopted by the State Board of Health pursuant to subsection 2.

6. The ~~{State-Health}~~ *Chief Medical* Officer or an authorized agent of the Officer may, in carrying out the provisions of this section, enter upon any part of the premises of any of the institutions named in this section over which he or she has jurisdiction, to determine the sanitary conditions of the institutions and to determine whether the provisions of this section and the regulations of the State Board of Health pertaining thereto are being violated.

Sec. 104. NRS 445A.055 is hereby amended to read as follows:

445A.055 1. The State Board of Health shall adopt regulations requiring the fluoridation of all water delivered for human consumption in a county whose population is 700,000 or more by a:

(a) Public water system that serves a population of 100,000 or more; or

(b) Water authority.

2. The regulations must include, without limitation:



(a) The minimum and maximum permissible concentrations of fluoride to be maintained by such a public water system or a water authority, except that:

(1) The minimum permissible concentration of fluoride must not be less than 0.7 parts per million; and

(2) The maximum permissible concentration of fluoride must not exceed 1.2 parts per million;

(b) The requirements and procedures for maintaining proper concentrations of fluoride, including any necessary equipment, testing, recordkeeping and reporting;

(c) Requirements for the addition of fluoride to the water if the natural concentration of fluorides is lower than the minimum permissible concentration established pursuant to paragraph (a); and

(d) Criteria pursuant to which the State Board of Health may exempt a public water system or water authority from the requirement of fluoridation upon the request of the public water system or water authority.

3. The State Board of Health shall not require the fluoridation of:

(a) The wells of a public water system or water authority if:

(1) The groundwater production of the public water system or water authority is less than 15 percent of the total average annual water production of the system or authority for the years in which drought conditions are not prevalent; and

(2) The wells are part of a combined regional and local system for the distribution of water that is served by a fluoridated source.

(b) A public water system or water authority:

(1) During an emergency or period of routine maintenance, if the wells of the system or authority are exempt from fluoridation pursuant to paragraph (a) and the supplier of water determines that it is necessary to change the production of the system or authority from surface water to groundwater because of an emergency or for purposes of routine maintenance; or

(2) If the natural water supply of the system or authority contains fluoride in a concentration that is at least equal to the minimum permissible concentration established pursuant to paragraph (a) of subsection 2.

4. The State Board of Health may make an exception to the minimum permissible concentration of fluoride to be maintained in a public water system or water authority based on:

(a) The climate of the regulated area;



(b) The amount of processed water purchased by the residents of the regulated area; and

(c) Any other factor that influences the amount of public water that is consumed by the residents of the regulated area.

5. The ~~{Health}~~ Division ~~{of the Department of Health and Human Services}~~ shall make reasonable efforts to secure any available sources of financial support, including, without limitation, grants from the Federal Government, for the enforcement of the standards established pursuant to this section and any related capital improvements.

6. A public water system or water authority may submit to the ~~{Health}~~ Division a claim for payment of the initial costs of the public water system or water authority to begin complying with the provisions of this section regardless of whether the public water system or water authority is required to comply with those provisions. The Administrator of the ~~{Health}~~ Division may approve such claims to the extent of legislative appropriations and any other money available for that purpose. Approved claims must be paid as other claims against the State are paid. The ongoing operational expenses of a public water system or water authority in complying with the provisions of this section are not compensable pursuant to this subsection.

7. As used in this section:

(a) *“Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.*

(b) “Supplier of water” has the meaning ascribed to it in NRS 445A.845.

~~{(b)}~~ (c) “Water authority” has the meaning ascribed to it in NRS 377B.040.

Sec. 105. NRS 446.050 is hereby amended to read as follows:

446.050 “Health authority” means the officers and agents of the ~~{Health}~~ Division *of Public and Behavioral Health* of the Department of Health and Human Services, or the officers and agents of the local boards of health.

Sec. 106. NRS 446.057 is hereby amended to read as follows:

446.057 “Potentially hazardous food” has the meaning ascribed to it in subpart 1-201 of the 1999 edition of the Food Code published by the Food and Drug Administration of the United States Department of Health and Human Services, unless the Administrator of the ~~{Health}~~ Division *of Public and Behavioral Health* of the Department of Health and Human Services has adopted a later edition of the Food Code for this purpose.



Sec. 107. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 108. NRS 449.001 is hereby amended to read as follows:

449.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 449.0015 to 449.0195, inclusive, ***and section 107 of this act*** have the meanings ascribed to them in those sections.

Sec. 109. NRS 449.00455 is hereby amended to read as follows:

449.00455 “Facility for the treatment of abuse of alcohol or drugs” means any public or private establishment which provides residential treatment, including mental and physical restoration, of abusers of alcohol or drugs and which is certified by the Division ~~{of Mental Health and Developmental Services of the Department of Health and Human Services}~~ pursuant to subsection 4 of NRS 458.025. It does not include a medical facility or services offered by volunteers or voluntary organizations.

Sec. 110. NRS 449.0306 is hereby amended to read as follows:

449.0306 1. Money received from licensing medical facilities and facilities for the dependent must be forwarded to the State Treasurer for deposit in the State General Fund.

2. The ~~{Health}~~ Division shall enforce the provisions of NRS 449.030 to 449.245, inclusive, and may incur any necessary expenses not in excess of money appropriated for that purpose by the State or received from the Federal Government.

Sec. 111. NRS 449.0307 is hereby amended to read as follows:

449.0307 The ~~{Health}~~ Division may:

1. Upon receipt of an application for a license, conduct an investigation into the premises, facilities, qualifications of personnel, methods of operation, policies and purposes of any person proposing to engage in the operation of a medical facility or a facility for the dependent. The facility is subject to inspection and approval as to standards for safety from fire, on behalf of the ~~{Health}~~ Division, by the State Fire Marshal.

2. Upon receipt of a complaint against a medical facility or facility for the dependent, except for a complaint concerning the cost of services, conduct an investigation into the premises, facilities, qualifications of personnel, methods of operation, policies, procedures and records of that facility or any other medical facility



or facility for the dependent which may have information pertinent to the complaint.

3. Employ such professional, technical and clerical assistance as it deems necessary to carry out the provisions of NRS 449.030 to 449.245, inclusive.

Sec. 112. NRS 449.0308 is hereby amended to read as follows:

449.0308 1. Except as otherwise provided in this section, the ~~Health~~ Division may charge and collect from a medical facility or facility for the dependent or a person who operates such a facility without a license issued by the ~~Health~~ Division the actual costs incurred by the ~~Health~~ Division for the enforcement of the provisions of NRS 449.030 to 449.240, inclusive, including, without limitation, the actual cost of conducting an inspection or investigation of the facility.

2. The ~~Health~~ Division shall not charge and collect the actual cost for enforcement pursuant to subsection 1 if the enforcement activity is:

(a) Related to the issuance or renewal of a license for which the Board charges a fee pursuant to NRS 449.050 or 449.089; or

(b) Conducted pursuant to an agreement with the Federal Government which has appropriated money for that purpose.

3. Any money collected pursuant to subsection 1 may be used by the ~~Health~~ Division to administer and carry out the provisions of NRS 449.030 to 449.240, inclusive, and the regulations adopted pursuant thereto.

Sec. 113. NRS 449.040 is hereby amended to read as follows:

449.040 Any person, state or local government or agency thereof desiring a license under the provisions of NRS 449.030 to 449.240, inclusive, must file with the ~~Health~~ Division an application on a form prescribed, prepared and furnished by the ~~Health~~ Division, containing:

1. The name of the applicant and, if a natural person, whether the applicant has attained the age of 21 years.

2. The type of facility to be operated.

3. The location of the facility.

4. In specific terms, the nature of services and type of care to be offered, as defined in the regulations.

5. The number of beds authorized by the Director of the Department of Health and Human Services or, if such authorization is not required, the number of beds the facility will contain.

6. The name of the person in charge of the facility.



7. Such other information as may be required by the **{Health}** Division for the proper administration and enforcement of NRS 449.030 to 449.240, inclusive.

8. Evidence satisfactory to the **{Health}** Division that the applicant is of reputable and responsible character. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, similar evidence must be submitted as to the members thereof, and the person in charge of the facility for which application is made. If the applicant is a political subdivision of the State or other governmental agency, similar evidence must be submitted as to the person in charge of the institution for which application is made.

9. Evidence satisfactory to the **{Health}** Division of the ability of the applicant to comply with the provisions of NRS 449.030 to 449.240, inclusive, and the standards and regulations adopted by the Board.

10. Evidence satisfactory to the **{Health}** Division that the facility conforms to the zoning regulations of the local government within which the facility will be operated or that the applicant has applied for an appropriate reclassification, variance, permit for special use or other exception for the facility.

11. If the facility to be licensed is a residential establishment as defined in NRS 278.02384, and if the residential establishment is subject to the distance requirements set forth in subsection 3 of NRS 278.02386, evidence satisfactory to the **{Health}** Division that the residential establishment will be located and operated in accordance with the provisions of that subsection.

Sec. 114. NRS 449.050 is hereby amended to read as follows:

449.050 1. Each application for a license must be accompanied by such fee as may be determined by regulation of the Board. The Board may, by regulation, allow or require payment of a fee for a license in installments and may fix the amount of each payment and the date that the payment is due.

2. The fee imposed by the Board for a facility for transitional living for released offenders must be based on the type of facility that is being licensed and must be calculated to produce the revenue estimated to cover the costs related to the license, but in no case may a fee for a license exceed the actual cost to the **{Health}** Division of issuing or renewing the license.

3. If an application for a license for a facility for transitional living for released offenders is denied, any amount of the fee paid pursuant to this section that exceeds the expenses and costs incurred by the **{Health}** Division must be refunded to the applicant.



Sec. 115. NRS 449.065 is hereby amended to read as follows:

449.065 1. Except as otherwise provided in subsections 6 and 7 and NRS 449.067, each facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in the home and agency to provide nursing in the home shall, when applying for a license or renewing a license, file with the Administrator of the ~~Health~~ Division a surety bond:

(a) If the facility, agency or home employs less than 7 employees, in the amount of \$5,000;

(b) If the facility, agency or home employs at least 7 but not more than 25 employees, in the amount of \$25,000; or

(c) If the facility, agency or home employs more than 25 employees, in the amount of \$50,000.

2. A bond filed pursuant to this section must be executed by the facility, agency or home as principal and by a surety company as surety. The bond must be payable to the Aging and Disability Services Division of the Department of Health and Human Services and must be conditioned to provide indemnification to an older patient who the Specialist for the Rights of Elderly Persons determines has suffered property damage as a result of any act or failure to act by the facility, agency or home to protect the property of the older patient.

3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.

4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the Administrator of the ~~Health~~ Division, but the release does not discharge or otherwise affect any claim filed by an older patient for property damaged as a result of any act or failure to act by the facility, agency or home to protect the property of the older patient alleged to have occurred while the bond was in effect.

5. A license is suspended by operation of law when the facility, agency or home is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to NRS 449.067. The Administrator of the ~~Health~~ Division shall give the facility, agency or home at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another surety bond or substitute for the surety bond is filed in the same manner and amount as the bond or substitute being terminated.



6. The Administrator of the ~~Health~~ Division may exempt a residential facility for groups or a home for individual residential care from the requirement of filing a surety bond pursuant to this section if the Administrator determines that the requirement would result in undue hardship to the residential facility for groups or home for individual residential care.

7. The requirement of filing a surety bond set forth in this section does not apply to a facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in the home or agency to provide nursing in the home that is operated and maintained by the State of Nevada or an agency thereof.

8. As used in this section, "older patient" means a patient who is 60 years of age or older.

Sec. 116. NRS 449.160 is hereby amended to read as follows:

449.160 1. The ~~Health~~ Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.030 to 449.240, inclusive, upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.030 to 449.245, inclusive, or of any other law of this State or of the standards, rules and regulations adopted thereunder.

(b) Aiding, abetting or permitting the commission of any illegal act.

(c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.

(d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted pursuant to this chapter, if such approval is required.

(f) Failure to comply with the provisions of NRS 449.2486.

2. In addition to the provisions of subsection 1, the ~~Health~~ Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:

(a) Is convicted of violating any of the provisions of NRS 202.470;

(b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or



(c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.

3. The ~~Health~~ Division shall maintain a log of any complaints that it receives relating to activities for which the ~~Health~~ Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The ~~Health~~ Division shall provide to a facility for the care of adults during the day:

(a) A summary of a complaint against the facility if the investigation of the complaint by the ~~Health~~ Division either substantiates the complaint or is inconclusive;

(b) A report of any investigation conducted with respect to the complaint; and

(c) A report of any disciplinary action taken against the facility.

→ The facility shall make the information available to the public pursuant to NRS 449.2486.

4. On or before February 1 of each odd-numbered year, the ~~Health~~ Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:

(a) Any complaints included in the log maintained by the ~~Health~~ Division pursuant to subsection 3; and

(b) Any disciplinary actions taken by the ~~Health~~ Division pursuant to subsection 2.

Sec. 117. NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility or facility for the dependent violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.030 to 449.240, inclusive, or any condition, standard or regulation adopted by the Board, the ~~Health~~ Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

(a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;

(b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;



(d) Impose an administrative penalty of not more than \$1,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

(e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:

(1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or

(2) Improvements are made to correct the violation.

2. If a violation by a medical facility or facility for the dependent relates to the health or safety of a patient, an administrative penalty imposed pursuant to paragraph (d) of subsection 1 must be in a total amount of not less than \$1,000 and not more than \$10,000 for each patient who was harmed or at risk of harm as a result of the violation.

3. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1, the ~~Health~~ Division may:

(a) Suspend the license of the facility until the administrative penalty is paid; and

(b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.

4. The ~~Health~~ Division may require any facility that violates any provision of NRS 439B.410 or 449.030 to 449.240, inclusive, or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

5. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and used to administer and carry out the provisions of this chapter and to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards.

Sec. 118. NRS 449.201 is hereby amended to read as follows:

449.201 Each alcohol and drug abuse program operated or provided by a facility for transitional living for released offenders must be certified by the Division ~~of Mental Health and Developmental Services of the Department of Health and Human Services~~ in accordance with the requirements set forth in chapter 458 of NRS and any regulations adopted pursuant thereto. As used in this section, "alcohol and drug abuse program" has the meaning ascribed to it in NRS 458.010.



Sec. 119. NRS 449.210 is hereby amended to read as follows:

449.210 1. In addition to the payment of the amount required by NRS 449.0308, except as otherwise provided in subsection 2 and NRS 449.24897, a person who operates a medical facility or facility for the dependent without a license issued by the ~~Health~~ Division is guilty of a misdemeanor.

2. In addition to the payment of the amount required by NRS 449.0308, if a person operates a residential facility for groups or a home for individual residential care without a license issued by the ~~Health~~ Division, the ~~Health~~ Division shall:

(a) Impose a civil penalty on the operator in the following amount:

(1) For a first offense, \$10,000.

(2) For a second offense, \$25,000.

(3) For a third or subsequent offense, \$50,000.

(b) Order the operator, at the operator's own expense, to move all of the persons who are receiving services in the residential facility for groups or home for individual residential care to a residential facility for groups or home for individual residential care, as applicable, that is licensed.

(c) Prohibit the operator from applying for a license to operate a residential facility for groups or home for individual residential care, as applicable. The duration of the period of prohibition must be:

(1) For 6 months if the operator is punished pursuant to subparagraph (1) of paragraph (a).

(2) For 1 year if the operator is punished pursuant to subparagraph (2) of paragraph (a).

(3) Permanent if the operator is punished pursuant to subparagraph (3) of paragraph (a).

3. Before the ~~Health~~ Division imposes an administrative sanction pursuant to subsection 2, the ~~Health~~ Division shall provide the operator of a residential facility for groups with reasonable notice. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. If the operator of a residential facility for groups wants to contest the action, the operator may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the ~~Health~~ Division shall hold a hearing in accordance with those regulations. For the purpose of this subsection, it is no defense to the violation of operating a residential facility for groups without a license that the operator thereof subsequently licensed the facility in accordance with law.



4. Unless otherwise required by federal law, the ~~Health~~ Division shall deposit all civil penalties collected pursuant to paragraph (a) of subsection 2 into a separate account in the State General Fund to be used to administer and carry out the provisions of this chapter and to protect the health, safety, well-being and property of the patients and residents of facilities and homes for individual residential care in accordance with applicable state and federal standards.

Sec. 120. Chapter 450B of NRS is hereby amended by adding thereto a new section to read as follows:

"Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 121. NRS 450B.020 is hereby amended to read as follows:

450B.020 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 450B.025 to 450B.110, inclusive, *and section 120 of this act* have the meanings ascribed to them in those sections.

Sec. 122. NRS 450B.1505 is hereby amended to read as follows:

450B.1505 1. Any money the ~~Health~~ Division receives from a fee set by the State Board of Health pursuant to NRS 439.150 for the issuance or renewal of a license pursuant to NRS 450B.160, an administrative penalty imposed pursuant to NRS 450B.900 or an appropriation made by the Legislature for the purposes of training related to emergency medical services:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund;

(b) May be used only to carry out a training program for emergency medical services personnel who work for a volunteer ambulance service or firefighting agency, including, without limitation, equipment for use in the training; and

(c) Does not revert to the State General Fund at the end of any fiscal year.

2. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid in the manner that other claims against the State are paid.

3. The Administrator of the ~~Health~~ Division shall administer the account.



Sec. 123. Chapter 452 of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 124. NRS 452.003 is hereby amended to read as follows:

452.003 As used in NRS 452.001 to 452.610, inclusive, ***and section 123 of this act***, unless the context otherwise requires, the words and terms defined in NRS 452.004 to 452.019, inclusive, ***and section 123 of this act*** have the meanings ascribed to them in those sections.

Sec. 125. NRS 452.230 is hereby amended to read as follows:

452.230 1. Except as provided in subsection 2 of NRS 452.210, the ~~Health~~ Division shall have supervisory control over the construction of any mausoleum, vault or crypt, and shall:

(a) See that the approved plans and specifications are in all respects complied with.

(b) Appoint an inspector under whose supervision the mausoleum, vault or crypt shall be erected.

(c) Determine the amount of compensation of the inspector. The compensation shall be paid by the person erecting such mausoleum, vault or crypt.

2. No departure or deviation from the original plans and specifications is permitted except upon approval of the ~~Health~~ Division, evidenced in the same manner as the approval of the original plans and specifications.

3. A mausoleum, vault, crypt or structure shall not be used to hold any dead body until a final certificate is obtained indicating compliance with the plans and specifications as filed. The certificate must be signed either by the ~~State Health~~ ***Chief Medical*** Officer for the ~~Health~~ Division or by the head of the local building or public works department, depending upon which division or department supervised the construction under NRS 452.210.

Sec. 126. NRS 453.580 is hereby amended to read as follows:

453.580 1. A court may establish an appropriate treatment program to which it may assign a person pursuant to subsection 4 of NRS 453.336, NRS 453.3363 or 458.300, or it may assign such a person to an appropriate facility for the treatment of abuse of alcohol or drugs which is certified by the Division of ~~Mental Health and Developmental Services~~ ***Public and Behavioral Health*** of the Department. The assignment must include the terms and conditions for successful completion of the program and provide for progress reports at intervals set by the court to ensure that the person is making satisfactory progress toward completion of the program.



2. A program to which a court assigns a person pursuant to subsection 1 must include:

(a) Information and encouragement for the participant to cease abusing alcohol or using controlled substances through educational, counseling and support sessions developed with the cooperation of various community, health, substance abuse, religious, social service and youth organizations;

(b) The opportunity for the participant to understand the medical, psychological and social implications of substance abuse; and

(c) Alternate courses within the program based on the different substances abused and the addictions of participants.

3. If the offense with which the person was charged involved the use or possession of a controlled substance, in addition to the program or as a part of the program, the court must also require frequent urinalysis to determine that the person is not using a controlled substance. The court shall specify how frequent such examinations must be and how many must be successfully completed, independently of other requisites for successful completion of the program.

4. Before the court assigns a person to a program pursuant to this section, the person must agree to pay the cost of the program to which the person is assigned and the cost of any additional supervision required pursuant to subsection 3, to the extent of the financial resources of the person. If the person does not have the financial resources to pay all of the related costs, the court shall, to the extent practicable, arrange for the person to be assigned to a program at a facility that receives a sufficient amount of federal or state funding to offset the remainder of the costs.

Sec. 127. NRS 453A.090 is hereby amended to read as follows:

453A.090 “Division” means the ~~Health~~ Division of *Public and Behavioral Health of* the Department of Health and Human Services.

Sec. 128. NRS 453A.730 is hereby amended to read as follows:

453A.730 1. Any money the Administrator of the Division receives pursuant to NRS 453A.720 or that is appropriated to carry out the provisions of this chapter:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund;

(b) May only be used to carry out:



(1) The provisions of this chapter, including the dissemination of information concerning the provisions of this chapter and such other information as determined appropriate by the Administrator; and

(2) Alcohol and drug abuse programs pursuant to NRS 458.094; and

(c) Does not revert to the State General Fund at the end of any fiscal year.

2. ~~{The Administrator of the Division may transfer money in the account created pursuant to subsection 1 that is not needed to carry out this chapter to the Division of Mental Health and Developmental Services of the Department of Health and Human Services for use by an agency of that Division which provides services for the treatment and prevention of substance abuse. The money transferred pursuant to this subsection must be used for the provision of alcohol and drug abuse programs in accordance with NRS 458.094.~~

~~—3.} The Administrator of the Division shall administer the account. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.~~

Sec. 129. NRS 457.020 is hereby amended to read as follows:

457.020 As used in this chapter, unless the context requires otherwise:

1. "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia.

2. *"Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.*

3. "Health care facility" has the meaning ascribed to it in NRS 162A.740 and also includes freestanding facilities for plastic reconstructive, oral and maxillofacial surgery.

~~{3. "Health Division" means the Health Division of the Department of Health and Human Services.}~~

Sec. 130. NRS 457.185 is hereby amended to read as follows:

457.185 1. The ~~{Health}~~ Division shall grant or deny an application for a certificate of authorization to operate a radiation machine for mammography or a certificate of authorization for a radiation machine for mammography within 4 months after receipt of a complete application.

2. The ~~{Health}~~ Division shall withdraw the certificate of authorization to operate a radiation machine for mammography if it finds that the person violated the provisions of subsection 6 of NRS 457.183.



3. The ~~Health~~ Division shall deny or withdraw the certificate of authorization of a radiation machine for mammography if it finds that the owner, lessee or other responsible person violated the provisions of subsection 1 of NRS 457.184.

4. If a certificate of authorization to operate a radiation machine for mammography or a certificate of authorization for a radiation machine for mammography is withdrawn, a person must apply for the certificate in the manner provided for an initial certificate.

Sec. 131. NRS 458.010 is hereby amended to read as follows:

458.010 As used in NRS 458.010 to 458.350, inclusive, unless the context requires otherwise:

1. "Administrator" means the Administrator of the Division.

2. "Alcohol and drug abuse program" means a project concerned with education, prevention and treatment directed toward achieving the mental and physical restoration of alcohol and drug abusers.

3. "Alcohol and drug abuser" means a person whose consumption of alcohol or other drugs, or any combination thereof, interferes with or adversely affects the ability of the person to function socially or economically.

4. "Alcoholic" means any person who habitually uses alcoholic beverages to the extent that the person endangers the health, safety or welfare of himself or herself or any other person or group of persons.

5. "Civil protective custody" means a custodial placement of a person to protect the health or safety of the person. Civil protective custody does not have any criminal implication.

6. "Detoxification technician" means a person who is certified by the Division to provide screening for the safe withdrawal from alcohol and other drugs.

7. "Division" means the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department of Health and Human Services.

8. "Facility" means a physical structure used for the education, prevention and treatment, including mental and physical restoration, of alcohol and drug abusers.

Sec. 131.5. NRS 458.094 is hereby amended to read as follows:

458.094 ~~It~~ The Division shall use any money ~~transferred pursuant to NRS 453A.730~~ *not needed to carry out the provisions chapter 453A of NRS* to provide alcohol and drug abuse programs



to persons referred to the Division by agencies which provide child welfare services †

~~2. Money received pursuant to NRS 453A.730 must be accounted for separately by the Division.] as authorized pursuant to NRS 453A.730.~~

Sec. 131.7. NRS 458.103 is hereby amended to read as follows:

458.103 The Division may accept:

1. Money appropriated and made available by any act of Congress for any alcohol and drug abuse program administered by the Division as provided by law.

2. Money appropriated and made available by the State of Nevada or by a county, a city, a public district or any political subdivision of this State for any alcohol and drug abuse program administered by the Division as provided by law.

~~3. Money transferred pursuant to NRS 453A.730 for the provision of alcohol and drug abuse programs in accordance with NRS 458.094.]~~

Sec. 132. NRS 459.010 is hereby amended to read as follows:

459.010 As used in NRS 459.010 to 459.290, inclusive, unless the context requires otherwise:

1. "By-product material" means:

(a) Any radioactive material, except special nuclear material, yielded in or made radioactive by exposure to the radiation incident to the process of producing or making use of special nuclear material; and

(b) The tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore which is processed primarily for the extraction of the uranium or thorium.

2. ***"Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.***

3. "General license" means a license effective pursuant to regulations adopted by the State Board of Health without the filing of an application to transfer, acquire, own, possess or use quantities of, or devices or equipment for utilizing, by-product material, source material, special nuclear material or other radioactive material occurring naturally or produced artificially.

~~3. "Health Division" means the Health Division of the Department of Health and Human Services.]~~

4. "Ionizing radiation" means gamma rays and X rays, alpha and beta particles, high-speed electrons, neutrons, protons and other nuclear particles, but not sound or radio waves, or visible, infrared or ultraviolet light.



5. "Person" includes any agency or political subdivision of this State, any other state or the United States, but not the Nuclear Regulatory Commission or its successor, or any federal agency licensed by the Nuclear Regulatory Commission or any successor to such a federal agency.

6. "Source material" means:

(a) Uranium, thorium or any other material which the Governor declares by order to be source material after the Nuclear Regulatory Commission or any successor thereto has determined that material to be source material.

(b) Any ore containing one or more of the materials enumerated in paragraph (a) in such concentration as the Governor declares by order to be source material after the Nuclear Regulatory Commission or any successor thereto has determined the material in the concentration to be source material.

7. "Special nuclear material" means:

(a) Plutonium, uranium 233, uranium enriched in the isotope 233 or in the isotope 235 and any other material which the Governor declares by order to be special nuclear material after the Nuclear Regulatory Commission or any successor thereto has determined such material to be special nuclear material, but does not include source material.

(b) Any material artificially enriched by any of the materials enumerated in paragraph (a), but does not include source material.

8. "Specific license" means a license issued pursuant to the filing of an application to use, manufacture, produce, transfer, receive, acquire, own or possess quantities of, or devices or equipment for utilizing, by-product material, source material, special nuclear material or other radioactive material occurring naturally or produced artificially.

Sec. 133. NRS 459.310 is hereby amended to read as follows:

459.310 1. The State Board of Health may establish by regulation:

(a) Fees for licensing, monitoring, inspecting or otherwise regulating mills or other operations for the concentration, recovery or refining of uranium, which must be in amounts which are reasonably related to the cost of licensing, monitoring, inspecting and regulating. Payment of the fees is the responsibility of the person applying for a license or licenses to engage in uranium concentration, recovery or refining.

(b) Fees for the care and maintenance of radioactive tailings and residues at inactive uranium concentration, recovery or refining sites. The fees must be based on a unit fee for each pound of



uranium oxide produced in the process which also produced the tailings or residue. Payment of the fees is the responsibility of the person licensed to engage in uranium concentration, recovery or refining. The regulations must provide for a maximum amount to be paid for each operation.

(c) A requirement for persons licensed by the State to engage in uranium concentration, recovery or refining to post adequate bonds or other security to cover costs of decontaminating, decommissioning and reclaiming the sites used for concentrating, recovering or refining uranium if the licensee abandons the site or neglects or refuses to satisfy the requirements of the State. The State Board of Health shall determine the amount of the security. The amount of the security may be reviewed by the Board from time to time and may be increased or decreased as the board deems appropriate. The security must be administered by the Administrator of the ~~Health~~ Division ~~of~~ *Public and Behavioral Health of the Department of Health and Human Services*, who shall use the security as required to protect the public health, safety and property.

2. The money received pursuant to paragraph (a) of subsection 1 must be deposited in the State Treasury for credit to the Fund for Licensing of Uranium Mills, which is hereby created as a special revenue fund, for the purpose of defraying the cost of licensing, monitoring, inspecting or otherwise regulating mills or other operations for the concentration, recovery or refining of uranium. The money received pursuant to paragraph (b) of subsection 1 must be deposited in the State Treasury for credit to the Fund for Care of Uranium Tailings, which is hereby created as a special revenue fund, for the purpose of the care and maintenance of radioactive tailings and residues accumulated at inactive uranium concentration, recovery or refining sites to protect the public health, safety and property. All interest earned on the deposit or investment of the money in the Fund for Care of Uranium Tailings must be credited to that Fund. The Administrator of the ~~Health~~ Division *of Public and Behavioral Health* shall administer both Funds. Claims against either Fund, approved by the ~~State Health~~ *Chief Medical Officer*, must be paid as other claims against the State are paid.

Sec. 134. NRS 608.255 is hereby amended to read as follows:

608.255 For the purposes of this chapter and any other statutory or constitutional provision governing the minimum wage paid to an employee, the following relationships do not constitute employment relationships and are therefore not subject to those provisions:



1. The relationship between a rehabilitation facility or workshop established by the Department of Employment, Training and Rehabilitation pursuant to chapter 615 of NRS and an individual with a disability who is participating in a training or rehabilitative program of such a facility or workshop.

2. The relationship between a provider of jobs and day training services which is recognized as exempt pursuant to the provisions of 26 U.S.C. § 501(c)(3) and which has been issued a certificate by the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department of Health and Human Services pursuant to NRS 435.130 to 435.310, inclusive, and a person with mental retardation or person with related conditions participating in a jobs and day training services program.

Sec. 135. NRS 616A.205 is hereby amended to read as follows:

616A.205 Volunteer workers at a facility for inpatients of the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department of Health and Human Services, while acting under the direction or authorization of the supervisor of volunteer services of such a facility, shall be deemed, for the purpose of chapters 616A to 616D, inclusive, of NRS, employees of the facility, receiving a wage of \$350 per month, and are entitled to the benefits of those chapters upon compliance therewith by the facility.

Sec. 136. NRS 630.262 is hereby amended to read as follows:

630.262 1. Except as otherwise provided in NRS 630.161, the Board may issue an authorized facility license to a person who intends to practice medicine in this State as a psychiatrist in a mental health center of the Division under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

2. A person who applies for an authorized facility license pursuant to this section is not required to take or pass a written examination as to his or her qualifications to practice medicine pursuant to paragraph (e) of subsection 2 of NRS 630.160, but the person must meet all other conditions and requirements for an unrestricted license to practice medicine pursuant to this chapter.

3. If the Board issues an authorized facility license pursuant to this section, the person who holds the license may practice medicine in this State only as a psychiatrist in a mental health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this



chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

4. If a person who holds an authorized facility license issued pursuant to this section ceases to practice medicine in this State as a psychiatrist in a mental health center of the Division:

(a) The Division shall notify the Board; and

(b) Upon receipt of the notification, the authorized facility license expires automatically.

5. The Board may renew or modify an authorized facility license issued pursuant to this section, unless the license has expired automatically or has been revoked.

6. The provisions of this section do not limit the authority of the Board to issue a license to an applicant in accordance with any other provision of this chapter.

7. As used in this section:

(a) "Division" means the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department of Health and Human Services.

(b) "Mental health center" has the meaning ascribed to it in NRS 433.144.

Sec. 137. NRS 633.417 is hereby amended to read as follows:

633.417 1. Except as otherwise provided in NRS 633.315, the Board may issue an authorized facility license to a person who intends to practice osteopathic medicine in this State as a psychiatrist in a mental health center of the Division under the direct supervision of a psychiatrist who holds an unrestricted license to practice osteopathic medicine pursuant to this chapter or to practice medicine pursuant to chapter 630 of NRS.

2. A person who applies for an authorized facility license pursuant to this section is not required to take or pass a written examination as to his or her qualifications to practice osteopathic medicine, but the person must meet all conditions and requirements for an unrestricted license to practice osteopathic medicine pursuant to this chapter.

3. If the Board issues an authorized facility license pursuant to this section, the person who holds the license may practice osteopathic medicine in this State only as a psychiatrist in a mental health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice osteopathic medicine pursuant to this chapter or to practice medicine pursuant to chapter 630 of NRS.



4. If a person who holds an authorized facility license issued pursuant to this section ceases to practice osteopathic medicine in this State as a psychiatrist in a mental health center of the Division:

(a) The Division shall notify the Board; and

(b) Upon receipt of the notification, the authorized facility license expires automatically.

5. The Board may renew or modify an authorized facility license issued pursuant to this section, unless the license has expired automatically or has been revoked.

6. The provisions of this section do not limit the authority of the Board to issue a license to an applicant in accordance with any other provision of this chapter.

7. As used in this section:

(a) "Division" means the Division of ~~Mental Health and Developmental Services~~ *Public and Behavioral Health* of the Department of Health and Human Services.

(b) "Mental health center" has the meaning ascribed to it in NRS 433.144.

Sec. 137.2. NRS 639.063 is hereby amended to read as follows:

639.063 1. The Board shall prepare an annual report concerning drugs that are returned or transferred to pharmacies pursuant to NRS 433.801, 449.2485, 639.2675 and 639.2676 and *section 58.85 of this act and* are reissued to fill other prescriptions. The report must include, without limitation:

(a) The number of drugs that are returned to dispensing pharmacies.

(b) The number of drugs that are transferred to nonprofit pharmacies designated by the Board pursuant to NRS 639.2676.

(c) The number of drugs that are reissued to fill other prescriptions.

(d) An estimate of the amount of money saved by reissuing such drugs to fill other prescriptions.

(e) Any other information that the Board deems necessary.

2. The report must be:

(a) Available for public inspection during regular business hours at the office of the Board; and

(b) Posted on a website or other Internet site that is operated or administered by or on behalf of the Board.

Sec. 137.4. NRS 639.267 is hereby amended to read as follows:

639.267 1. As used in this section, "unit dose" means that quantity of a drug which is packaged as a single dose.



2. A pharmacist who provides a regimen of drugs in unit doses to a patient in a facility for skilled nursing or facility for intermediate care as defined in chapter 449 of NRS may credit the person or agency which paid for the drug for any unused doses. The pharmacist may return the drugs to the dispensing pharmacy, which may reissue the drugs to fill other prescriptions or transfer the drugs in accordance with the provisions of NRS 449.2485.

3. Except schedule II drugs specified in or pursuant to chapter 453 of NRS and except as otherwise provided in NRS 433.801, 449.2485, 638.200, 639.2675 and 639.2676, *and section 58.85 of this act*, unit doses packaged in ampules or vials which do not require refrigeration may be returned to the pharmacy which dispensed them. The Board shall, by regulation, authorize the return of any other type or brand of drug which is packaged in unit doses if the Food and Drug Administration has approved the packaging for that purpose.

Sec. 137.6. NRS 639.2676 is hereby amended to read as follows:

639.2676 1. A nonprofit pharmacy designated by the Board in accordance with the regulations adopted pursuant to subsection 6 to which a drug is transferred pursuant to NRS 433.801, 449.2485 or 639.2675 *or section 58.85 of this act* may reissue the drug to fill other prescriptions in the same pharmacy free of charge if the registered pharmacist of the nonprofit pharmacy determines that the drug is suitable for that purpose in accordance with the requirements adopted by the Board pursuant to subsection 6 and if:

- (a) The drug is not a controlled substance;
- (b) The drug is dispensed in a unit dose, in individually sealed doses or in a bottle that is sealed by the manufacturer of the drug;
- (c) The drug is unopened and sealed in the original manufacturer's packaging or bottle;
- (d) The usefulness of the drug has not expired;
- (e) The packaging or bottle contains the expiration date of the usefulness of the drug; and
- (f) The name of the patient for whom the drug was originally prescribed, the prescription number and any other identifying marks are obliterated from the packaging or bottle before the reissuance of the drug.

2. A person, pharmacy or facility who exercises reasonable care in the transfer, acceptance, distribution or dispensation of a drug in accordance with the provisions of this section and NRS 433.801, 449.2485 and 639.2675 *and section 58.85 of this act* and the regulations adopted pursuant thereto is not subject to any civil or



criminal liability or disciplinary action by a professional licensing board for any loss, injury or death that results from the transfer, acceptance, distribution or dispensation of the drug.

3. A manufacturer of a drug is not subject to civil or criminal liability for any claim or injury arising from the transfer, acceptance, distribution or dispensation of the drug pursuant to this section and NRS 433.801, 449.2485 and 639.2675 *and section 58.85 of this act* and the regulations adopted pursuant thereto.

4. No drug that is transferred to a nonprofit pharmacy pursuant to this section may be used to fill other prescriptions more than one time.

5. A nonprofit pharmacy shall adopt written procedures for accepting and reissuing drugs pursuant to this section. The procedures must:

(a) Provide appropriate safeguards for ensuring that the drugs are not compromised or illegally diverted before being reissued.

(b) Require the maintenance and retention of records relating to the acceptance and use of the drugs and any other records as are required by the Board.

(c) Be approved by the Board.

6. The Board shall adopt such regulations as are necessary to carry out the provisions of this section, including, without limitation:

(a) Requirements for reissuing drugs pursuant to this section.

(b) Requirements for accepting drugs transferred to a nonprofit pharmacy pursuant to the provisions of this section and NRS 433.801, 449.2485 and 639.2675 *and section 58.85 of this act*.

(c) Requirements for maintaining records relating to the acceptance and use of drugs to fill other prescriptions pursuant to this section.

(d) The criteria and procedure for obtaining a designation as a nonprofit pharmacy for the purposes of this section, including, without limitation, provisions for a pharmacy, registered pharmacist or practitioner who is registered with the Board to be designated as a nonprofit pharmacy.

Sec. 137.8. NRS 639.282 is hereby amended to read as follows:

639.282 1. Except as otherwise provided in NRS 433.801, 449.2485, 638.200, 639.267, 639.2675 and 639.2676, *and section 58.85 of this act*, it is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which:



(a) Has been dispensed pursuant to a prescription or chart order and has left the control of a registered pharmacist or practitioner;

(b) Has been damaged or subjected to damage by heat, smoke, fire or water, or other cause which might reasonably render it unfit for human or animal use;

(c) Has been obtained through bankruptcy or foreclosure proceedings, or other court action, auction or other legal or administrative proceedings, except when the pharmaceutical preparation, drug or chemical is in the original sealed container;

(d) Is no longer safe or effective for use, as indicated by the expiration date appearing on its label; or

(e) Has not been properly stored or refrigerated as required by its label.

2. The provisions of subsection 1 do not apply if the person in whose possession the pharmaceutical preparation, drug or chemical is found also has in his or her possession a valid and acceptable certification of analysis attesting to the purity and strength of the pharmaceutical preparation, drug or chemical and attesting to the fact that it can be safely and effectively used by humans or animals. The preparation, drug or chemical must not be sold or otherwise disposed of until the certification required by this subsection has been presented to and approved by the Board.

3. In the absence of conclusive proof that the preparation, drug or chemical can be used safely and effectively by humans or animals, it must be destroyed under the direct supervision of a member or an inspector of the Board, or two persons designated as agents by the Board who include an inspector of a health care board, a licensed practitioner of a health care board or a peace officer of an agency that enforces the provisions of chapters 453 and 454 of NRS.

4. As used in this section, "health care board" includes the State Board of Pharmacy, the State Board of Nursing, the Board of Medical Examiners and the Nevada State Board of Veterinary Medical Examiners.

Sec. 138. NRS 652.035 is hereby amended to read as follows:
652.035 ~~["Health Division"]~~ **"Division"** means the ~~[Health]~~ Division of **Public and Behavioral Health** of the Department of Health and Human Services.

Sec. 139. NRS 278.02382, 433.184, 433.214, 439.090, 439.100, 439A.145, 441A.060, 442.760, 444.005, 449.009, 450B.080 and 452.012 are hereby repealed.

Sec. 140. 1. Any administrative regulations adopted by an officer, agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the



provisions of this act to another officer, agency or other entity remain in force until amended by the officer, agency or other entity to which the responsibility for the adoption of the regulations has been transferred.

2. Any contracts or other agreements entered into by an officer, agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer, agency or other entity are binding upon the officer, agency or other entity to which the responsibility for the administration of the provision of the contract or other agreement has been transferred. Such contracts and other agreements may be enforced by the officer, agency or other entity to which the responsibility for the enforcement of the provisions of the contract or other agreements has been transferred.

3. Any action taken by an officer, agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer, agency or other entity remains in effect as if taken by the officer, agency or other entity to which the responsibility for the enforcement of such actions has been transferred.

4. A license, registration, certificate or other authorization which is in effect on July 1, 2013, and which was issued by an officer, agency or other entity whose name was changed or whose responsibilities were transferred pursuant to this act to another officer, agency or other entity:

(a) Shall be deemed to be issued by the officer, agency or other entity with the new name provided in this act or issued by the officer, agency or other entity to whom the responsibility for such issuance was transferred, as applicable; and

(b) Remains valid until its expiration date, if the holder of the license, registration, certificate or other authorization otherwise remains qualified for the issuance or renewal of the license, registration, certificate or authorization on or after July 1, 2013.

Sec. 140.5. 1. A person may continue to apply for certification as a mental health-mental retardation technician pursuant to NRS 433.279, as that section existed before July 1, 2013, until the Aging and Disability Services Division of the Department of Health and Human Services adopts regulations to provide certification as an intellectual disability technician pursuant to section 49.8 of this act.

2. A person who is certified as a mental health-mental retardation technician on July 1, 2013, shall be deemed to be certified as a mental health technician pursuant to NRS 433.279, as



amended by section 21.7 of this act, or as an intellectual disability technician pursuant to section 49.8 of this act until the Division of Public and Behavioral Health of the Department or the Aging and Disability Services Division of the Department, as applicable, provides for the transition of the certificate pursuant to subsection 3.

3. The regulations adopted by the Division of Public and Behavioral Health pursuant to NRS 433.279, as amended by section 21.7 of this act, and the regulations adopted by the Aging and Disability Services Division pursuant to section 49.8 of this act must provide for a mental health-mental retardation technician to apply for the transfer of his or her certification to certification as a mental health technician or as an intellectual disability technician, as applicable. No additional fee may be charged to carry out the transfer of such certification.

Sec. 140.7. Any regulations adopted by the Commission on Mental Health and Developmental Services pursuant to NRS 433.324 before July 1, 2013, the responsibility for which has been transferred:

1. Pursuant to section 25 of this act to the State Board of Health, remain in effect until repealed or replaced by the State Board of Health and may be enforced by the Board.

2. Pursuant to section 50 of this act to the Aging and Disability Services Division of the Department of Health and Human Services, remain in effect and any revisions to those regulations will continue to apply until the Aging and Disability Services Division adopts regulations to replace those regulations and may be enforced by the Aging and Disability Services Division.

Sec. 141. 1. If the name of a fund or account is changed pursuant to the provisions of this act, the State Controller shall change the designation of the name of the fund or account without making any transfer of money in the fund or account. The assets and liabilities of such a fund or account are unaffected by the change of the name.

2. The assets and liabilities of any fund or account transferred from the Health Division or the Division of Mental Health and Developmental Services of the Department of Health and Human Services to the Division of Public and Behavioral Health of the Department of Health and Human Services are unaffected by the transfer.

Sec. 142. The Legislative Counsel shall:

1. In preparing the Nevada Revised Statutes, use the authority set forth in subsection 10 of NRS 220.120 to substitute appropriately the name of any agency, officer or instrumentality of



the State whose name is changed by this act for the name which the agency, officer or instrumentality previously used; and

2. In preparing supplements to the Nevada Administrative Code, substitute appropriately the name of any agency, officer or instrumentality of the State whose name is changed by this act for the name which the agency, officer or instrumentality previously used.

Sec. 143. This act becomes effective on July 1, 2013.

