

# NEVADA LEGISLATURE

Eightieth Session, 2019

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## SENATE DAILY JOURNAL

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THE SIXTY-SIXTH DAY

CARSON CITY (Wednesday), April 10, 2019

Senate called to order at 11:51 a.m.

President Marshall presiding.

Roll called.

All present.

Prayer by the Chaplain, Reverend Chad Adamik.

God of all Creation, we come before You to welcome Your presence at this Legislative Session. We give You respect and acknowledge You as our Source of Being and our Provider. God, as we begin today's Session, we ask that You would guide our thoughts and our actions so that we may have a productive day, one that benefits all citizens of this State. Help us to accomplish our goals while displaying Your character.

We pray these things in Your many Names.

SHALOM, AMEN, MAY IT BE SO.

Pledge of Allegiance to the Flag.

By previous order of the Senate, the reading of the Journal is dispensed with, and the President and Secretary are authorized to make the necessary corrections and additions.

### REPORTS OF COMMITTEE

*Madam President:*

Your Committee on Education, to which was referred Senate Bill No. 184, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

MOISES DENIS, *Chair*

*Madam President:*

Your Committee on Government Affairs, to which were referred Senate Bills Nos. 12, 36, 150, 172, 178; Assembly Bill No. 65, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Government Affairs, to which was referred Senate Bill No. 334, has had the same under consideration, and begs leave to report the same back with the recommendation: Re-refer to the Committee on Finance.

DAVID R. PARKS, *Chair*

*Madam President:*

Your Committee on Growth and Infrastructure, to which was re-referred Senate Bill No. 426, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Growth and Infrastructure, to which was referred Senate Bill No. 358, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

YVANNA D. CANCELA, *Chair*

*Madam President:*

Your Committee on Health and Human Services, to which were referred Senate Bills Nos. 424, 425, 483, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Health and Human Services, to which were referred Senate Bills Nos. 165, 284, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

JULIA RATTI, *Chair*

*Madam President:*

Your Committee on Judiciary, to which were referred Senate Bills Nos. 30, 44, 49, 74, 97, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

NICOLE J. CANNIZZARO, *Chair*

WAIVERS AND EXEMPTIONS  
WAIVER OF JOINT STANDING RULE(S)

A Waiver requested by Senator Ratti.

For: Senate Bill No. 419, Senate Joint Resolution 14 of the 79th Session.

To Waive:

Subsection 1 of Joint Standing Rule No. 14.3 (out of final committee of house of origin by 68th day).

Subsection 2 of Joint Standing Rule No. 14.3 (out of house of origin by 79th day).

Subsection 3 of Joint Standing Rule No. 14.3 (out of final committee of 2nd house by 103rd day).

Subsection 4 of Joint Standing Rule No. 14.3 (out of 2nd house by 110th day).

Has been granted effective: Tuesday, April 9, 2019.

NICOLE J. CANNIZZARO  
*Senate Majority Leader*

JASON FRIERSON  
*Speaker of the Assembly*

NOTICE OF EXEMPTION

April 10, 2019

The Fiscal Analysis Division, pursuant to Joint Standing Rule 14.6, has determined the eligibility for Senate Bill No. 241.

MARK KRMPOTIC  
*Fiscal Analysis Division*

MOTIONS, RESOLUTIONS AND NOTICES

Senator Parks moved that Senate Bill No. 334, just reported out of Committee, be re-referred to the Committee on Finance.

Motion carried.

Senator Cannizzaro gave notice, per Senate Standing Rule No. 91, that on the next legislative day, the Senate would begin to suspend necessary Standing and Constitutional Rules in order to accommodate the movement of bills and resolutions out of the Senate in a timely manner.

Senator Settlemeyer has approved the addition of Senators Goicoechea, Hammond, Hansen, Hardy, Kieckhefer, Ratti, Seevers Gansert, Spearman and Woodhouse as sponsors of Senate Bill No. 477.

Senator Spearman moved that Senate Bill No. 230 be taken from the Second Reading File and placed on the Secretary's desk.

Motion carried.

#### SECOND READING AND AMENDMENT

Senate Bill No. 39.

Bill read second time.

The following amendment was proposed by the Committee on Commerce and Labor:

Amendment No. 58.

SUMMARY—Revises provisions governing appraisers and appraisal management companies. (BDR 54□224)

AN ACT relating to appraisers; incorporating various requirements provided in section 1473 of the Dodd-Frank Wall Street Reform and Consumer Protection Act that govern appraisers who are certified or licensed in this State and appraisal management companies that are registered in this State; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

In 2010, the United States Congress enacted the Dodd-Frank Wall Street Reform and Consumer Protection Act. (Pub. L. No. 111-203) Section 1473 of the Dodd-Frank Act amended various sections of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, 12 U.S.C. §§ 3331 to 3356, as it relates to the Appraisal Subcommittee of the Federal Financial Institutions Examination Council and created additional requirements for appraisal management companies. This bill incorporates the new requirements that were created by the Dodd-Frank Act into Nevada Revised Statutes.

Section 1473 of the Dodd-Frank Act created a new definition for "appraisal management company." (12 U.S.C. § 3350(11)) Section 13 of this bill incorporates this new definition by amending the definition for "appraisal management company." Sections 2-4 of this bill additionally incorporate federal law by creating new definitions that are copied from 12 U.S.C. § 3350. Section 12 of this bill makes conforming changes.

Section 1473 of the Dodd-Frank Act requires each state with an appraiser certifying and licensing agency to transmit reports on the issuance of any sanctions, disciplinary actions, license and certification revocations and license and certification suspensions on a timely basis to the national registry of the Appraisal Subcommittee. (12 U.S.C. § 3338(a)(2)) The Dodd-Frank Act further requires the Appraisal Subcommittee to monitor each state appraiser certifying and licensing agency to determine whether such an agency reports complaints and disciplinary actions on a timely basis to the national registry on appraisers maintained by the Appraisal Subcommittee. (12 U.S.C. § 3347(a)(5)) Section 5

of this bill incorporates these requirements by requiring the Real Estate Division of the Department of Business and Industry to report to the national registry of the Appraisal Subcommittee any: (1) sanction, final disciplinary action or revocation, suspension or denial to renew a certificate, license or registration card taken against an appraiser or intern; and (2) violation by an appraiser or intern of existing law. The Dodd-Frank Act requires each state to transmit similar reports concerning appraisal management companies. (12 U.S.C. §§ 3338(a)(3), 3347(a)(5)); 12 C.F.R. §§ 34.213(a)(7), 225.193(a)(7), 323.11(a)(7), 1026.42(h), 1222.23(a)(7)) Section 11 of this bill incorporates these requirements by requiring the Division to report to the national registry of the Appraisal Subcommittee any: (1) supervisory activity, investigation, final disciplinary action or revocation, suspension or denial to renew a registration taken against an appraisal management company; and (2) violation by an appraisal management company of existing law.

Section 1473 of the Dodd-Frank Act requires the Appraisal Subcommittee to monitor each state appraiser certifying and licensing agency to determine if such an agency: (1) processes complaints and completes investigations in a reasonable time period; and (2) appropriately disciplines sanctioned appraisers and appraisal management companies. (12 U.S.C. § 3347(a)(2)&(3); 12 C.F.R. §§ 34.213(a)(5)&(6), 225.193(a)(5)&(6), 323.11(a)(5)&(6), 1026.42(h), 1222.23(a)(5)&(6)) Existing law sets forth such requirements for appraisers. (NRS 645C.460-645C.540) Sections 6-11 of this bill create similar provisions that govern appraisal management companies to comply with section 1473 of the Dodd-Frank Act.

Section 1473 of the Dodd-Frank Act requires each state with an appraiser certifying and licensing agency to: (1) collect annual registry fees from appraisers and appraisal management companies; and (2) remit these annual registry fees to the Federal Financial Institutions Examination Council or the Appraisal Subcommittee on an annual basis. (12 U.S.C. § 3338(a)(4)) Sections 14, 15, 18, 21 and 26 of this bill incorporate this requirement for the State to collect and remit the annual registry fee.

Section 1473 of the Dodd-Frank Act authorizes a state-licensed appraiser to perform a 1-to-4 unit, single family residential appraisal unless the size and complexity requires a state-certified appraiser. The size and complexity requires a state-certified appraiser when the appraisal is an appraisal for which the property to be appraised, the form of ownership, the property characteristics or the market conditions are atypical. (12 U.S.C. § 3342(2)) Section 15 of this bill adds language to clarify the type of appraisals a licensed appraiser in Nevada may perform.

Appraisal management companies must require that appraisals are conducted independently and free from inappropriate influence and coercion pursuant to the appraisal independence standards established under 15 U.S.C. § 1639e. (12 U.S.C. § 3353(a)(4)) Sections 20 and 22 of this bill comply with federal law

by requiring appraisal independence ~~[by complying]~~ through compliance with the appraisal independence requirements in 15 U.S.C. §1639e.

Section 1473 of the Dodd-Frank Act provides that an appraisal management company that is a subsidiary owned and controlled by a financial institution regulated by a federal financial institution regulatory agency shall not be required to register with a state. (12 U.S.C. § 3353(c)) Section 21 complies with federal law by providing that such appraisal management companies do not have to register with this State.

Section 1473 of the Dodd-Frank Act requires appraisal management companies to verify that only licensed or certified appraisers are used for federally related transactions. (12 U.S.C. § 3353(a)(2)) Federal regulations adopted pursuant to section 1473 of the Dodd-Frank Act require a state certifying and licensing agency that is registering an appraisal management company to verify that the appraisers on the appraisal management company's appraiser panel hold valid state certifications or licenses. (12 C.F.R. §§ 34.213(a)(4), 225.193(a)(4), 323.11(a)(4), 1026.42(h), 1222.23(a)(4)) Section 22 incorporates these requirements.

Federal regulations adopted pursuant to section 1473 of the Dodd-Frank Act require a state certifying and licensing agency that is registering an appraisal management company to review and approve or deny an appraisal management company's application for the initial registration and the renewal registration. (12 C.F.R. §§ 34.213(a)(1)&(2), 225.193(a)(1)&(2), 323.11(a)(1)&(2), 1026.42(h), 1222.23(a)(1)&(2)) Sections 22 and 24 incorporate this requirement by requiring the Division to deny such applications in certain situations. Section 22 additionally provides a procedure for an applicant who is denied registration to reapply for such registration in certain situations.

Section 1473 of the Dodd-Frank Act provides that an appraisal management company shall not be registered by a state if such company is owned by any person who has had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation or revoked in any state. (12 U.S.C. § 3353(d); 12 C.F.R. §§ 34.214, 225.194, 323.12, 1026.42(h), 1222.24) Section 27 of this bill incorporates this federal requirement by requiring the Commission of Appraisers of Real Estate to revoke the registration of an appraisal management company if the appraiser license or certificate of one of its owners is refused, denied, cancelled, surrendered or revoked in any state.

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

Section 1. Chapter 645C of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this act.

Sec. 2. *"Appraisal Subcommittee" means the Appraisal Subcommittee of the Federal Financial Institutions Examination Council.*

Sec. 3. *"Federal financial institutions regulatory agency" means the:*

1. *Board of Governors of the Federal Reserve System;*
2. *Federal Deposit Insurance Corporation;*

3. *Office of the Comptroller of the Currency;*

~~4. *Office of Thrift Supervision of the United States Department of the Treasury;*~~

~~5. *National Credit Union Administration;*~~

~~6. *Federal Housing Finance Agency; or*~~

~~7. *Consumer Financial Protection Bureau.*~~

Sec. 4. "Federally related transaction" means any financial transaction related to real estate which:

1. A federal financial institutions regulatory agency or the Resolution Trust Corporation engages in, contracts for or regulates; and

2. Requires the services of an appraiser.

Sec. 5. The Division shall report to the national registry of the Appraisal Subcommittee, pursuant to 12 U.S.C. § 3338, any:

1. Sanction, final disciplinary action or revocation, suspension or denial to renew a certificate, license or registration card taken by the Commission against an appraiser or intern; and

2. Violation by an appraiser or intern of this chapter or any regulations adopted pursuant thereto.

Sec. 6. 1. If an application for renewal of a registration as an appraisal management company is denied pursuant to NRS 645C.665, the Division shall notify the registrant within 15 days after its decision.

2. If the registrant, within 30 days after receipt of the notice denying the application for renewal, files a written request containing allegations which, if true, qualify the registrant for renewal of a registration, the President of the Commission shall set the matter for a hearing to be conducted within 90 days after receipt of the registrant's request.

3. The hearing must be held at a time and place prescribed by the Commission. At least 15 days before the date set for the hearing, the Division shall serve the registrant with written notice of the hearing and include with the notice an exact copy of any protests filed, together with copies of all communications, reports, affidavits or depositions in possession of the Division relevant to the matter in question. The notice may be served by personal delivery to the registrant, or by certified mail to the registrant's last known business or residential address.

4. The hearing may be held by the Commission or a majority thereof, and a hearing must be held if the registrant so desires. A record of the proceedings, or any part thereof, must be made available to each party upon the payment to the Division of the reasonable cost of transcription.

5. The Commission shall render a decision on the matter within 60 days after the final hearing and notify the parties to the proceedings, in writing, of its ruling, order or decision within 15 days after it is made.

Sec. 7. 1. The procedure set forth in this section and sections 8 and 9 of this act must be followed before the Commission revokes or suspends a registration as an appraisal management company.

2. Upon the initiation of a complaint by the Administrator, the Administrator shall set the matter for a hearing and schedule a date for the hearing before the Commission. The registrant is entitled to appear at the hearing in person and to be represented by counsel.

3. The Commission shall hold the hearing within 90 days after the filing of a complaint by the Administrator. The hearing may be continued by the Commission upon its own motion, or at the discretion of the Commission upon the written request of the Division or registrant, for good cause shown.

4. The Division shall give written notice of the date, time and place of the hearing, together with a copy of the complaint and copies of all communications, reports, affidavits or depositions in the possession of the Division relevant to the complaint, to the registrant not less than 30 days before the hearing. The Division may present evidence which the Division obtains after the notice was given only if the Division shows that the evidence was not available upon diligent investigation before the notice was given and that the evidence was given or communicated to the registrant immediately after the evidence was obtained.

5. Notice pursuant to this section is deemed to be given upon personal delivery to the registrant, or upon mailing by certified mail to the registrant's last known address.

Sec. 8. 1. The registrant must file an answer to the charges with the Commission not later than 30 days after service of the notice and other documents described in section 7 of this act. The answer must contain an admission or denial of the allegations contained in the complaint and any defense upon which the registrant will rely. If no answer is filed within the period described in this subsection, the Division may, after notice to the registrant is given in the manner provided in subsection 5 of section 7 of this act, move the Commission for the entry of a default against the registrant.

2. The answer may be served by delivery to the Commission, or by mailing the answer by certified mail to the principal office of the Division.

3. No proceeding to suspend or revoke a registration as an appraisal management company may be maintained unless it is commenced by giving notice to the registrant within 5 years after the commission or omission of the alleged grounds to suspend or revoke the registration as an appraisal management company, except that:

(a) If the charges are based upon a misrepresentation or failure to disclose, the period does not commence until the discovery of facts which do or should lead to the discovery of the misrepresentation or failure to disclose; and

(b) The period is suspended during the pendency of any action or proceeding, to which the Division, registrant or one of the affiliated appraisers of the registrant is a party, which involves the conduct of the registrant or the affiliated appraiser in a transaction to which the alleged grounds to suspend or revoke the registration are related.

Sec. 9. *The Commission shall render a decision within 15 days after a hearing and serve the registrant with a written notice of the decision within 60 days after the hearing. If the decision is adverse to the registrant, the notice must include the date upon which the decision becomes effective, which must not be less than 30 days after the date of the notice.*

Sec. 10. *The expiration, revocation or suspension of a registration as an appraisal management company by operation of law or by order or decision of the Commission or a court of competent jurisdiction, or the voluntary surrender of a registration by an appraisal management company, does not:*

1. *Prohibit the Commission or Division from initiating or continuing an investigation of, or an action or disciplinary proceeding against, the appraisal management company, or any affiliated appraiser of the appraisal management company, as authorized pursuant to the provisions of this chapter or the regulations adopted pursuant thereto; or*

2. *Prevent the imposition or collection of any fine or penalty authorized pursuant to the provisions of this chapter or the regulations adopted pursuant thereto against the appraisal management company.*

Sec. 11. *The Division shall report to the national registry of the Appraisal Subcommittee, pursuant to 12 U.S.C. § 3338, any:*

1. *Supervisory activity, investigation, final disciplinary action or revocation, suspension or denial to renew of a registration taken by the Commission against an appraisal management company; and*

2. *Violation by an appraisal management company of this chapter or any regulations adopted pursuant thereto.*

Sec. 12. NRS 645C.010 is hereby amended to read as follows:

645C.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 645C.020 to 645C.130, inclusive, and sections 2, 3 and 4 of this act have the meanings ascribed to them in those sections.

Sec. 13. NRS 645C.034 is hereby amended to read as follows:

645C.034 1. "Appraisal management company" means a person, limited-liability company, partnership, association or corporation which , for compensation:

(a) Functions as a third-party intermediary between an appraiser *valuing properties ~~collateralizing~~ which secure mortgage loans or mortgages incorporated into a securitization and [a]* :

(1) *A creditor of a consumer credit transaction secured by the principal dwelling of a consumer or ~~by an underwriter of or~~ other principal in secondary mortgage markets; or*

(2) *Any other user of real estate appraisal services;*

(b) ~~Administers~~ *Recruits, selects, retains and administers a network or panel of appraisers in this State or in the United States, performing real estate appraisal services as independent contractors;*



(c) Enters into an agreement to provide real estate appraisal services with a user of such services and one or more appraisers performing such services as independent contractors; ~~for~~

(d) *Manages the process of having an appraisal performed, including, without limitation, providing administrative duties such as:*

(1) *Receiving appraisal orders and appraisal reports;*

(2) *Submitting completed appraisal reports to creditors and underwriters;*

(3) *Collecting fees from creditors and underwriters for services provided;*  
and

(4) *Reimbursing appraisers for services performed;*

(e) *Reviews and verifies the work of appraisers;*

(f) *Contracts with certified appraisers and licensed appraisers to perform appraisal assignments; or*

(g) *Otherwise serves as a third-party broker of appraisal services.*

2. The term does not include:

(a) An appraisal firm;

(b) Any person licensed to practice law in this State who orders an appraisal in connection with a bona fide client relationship when that person directly contracts with an independent appraiser;

(c) Any person or entity that contracts with an independent appraiser acting as an independent contractor for the completion of appraisal assignments that the person or entity cannot complete for any reason, including, without limitation, competency, workload, scheduling or geographic location; and

(d) Any person or entity that contracts with an independent appraiser acting as an independent contractor for the completion of a real estate appraisal assignment and, upon the completion of such an assignment, cosigns the appraisal report with the independent appraiser acting as an independent contractor.

Sec. 14. NRS 645C.240 is hereby amended to read as follows:

645C.240 1. Except as otherwise provided in subsections 2 and 3, all fees, penalties and other charges received by the Division pursuant to this chapter must be deposited with the State Treasurer for credit to the State General Fund.

2. Fees received by the Division:

(a) From the sale of publications must be retained by the Division to pay the costs of printing and distributing publications.

(b) For examinations must be retained by the Division to pay the costs of the administration of examinations.

↪ Any surplus of the fees retained by the Division for the administration of examinations must be deposited with the State Treasurer for credit to the State General Fund.

3. The portion of the fees collected by the Division pursuant to NRS 645C.450 and 645C.680 for the issuance or renewal of a certificate or license as a residential appraiser, ~~for~~ the issuance or renewal of a certificate as a general appraiser or the issuance or renewal of a registration as an appraisal

*management company* which is used for payment of the *annual* registry fee to the Federal Financial Institutions Examination Council *or the Appraisal Subcommittee* pursuant to 12 U.S.C. § 3338, must be retained by the Division for payment to the Federal Financial Institutions Examination Council ~~[-] or the Appraisal Subcommittee on an annual basis.~~

4. Money for the support of the Division in carrying out the provisions of this chapter must be provided by direct legislative appropriation and be paid out on claims as other claims against the State are paid.

Sec. 15. NRS 645C.280 is hereby amended to read as follows:

645C.280 1. An appraiser may obtain from the Division:

(a) A license as a residential appraiser, which authorizes him or her to perform an appraisal of real estate suitable for or consisting of no more than four residential units in any one transaction, if:

(1) The total value does not exceed \$1,000,000 and the complexity of the transaction does not, under the regulations of a federal agency or the ~~standards adopted~~ *classifications and qualifications established* by the ~~Appraisal Subcommittee of the Federal Financial Institutions Examination Council, Standards~~ *Appraiser Qualifications Board of the Appraisal Foundation*, require a certified appraiser; or

(2) The property is not a complex property;

(b) A certificate as a residential appraiser, which authorizes him or her to perform an appraisal of real estate suitable for or consisting of no more than four residential units in any one transaction, without regard to value or complexity; or

(c) A certificate as a general appraiser, which authorizes him or her to perform any appraisal.

2. A person certified or licensed as a residential appraiser may, under the direct supervision of a person certified as a general appraiser, assist in the preparation and communication of an appraisal that is outside the scope of the certificate or license.

3. *Only a person certified or licensed as an appraiser from whom the Division has collected the annual registry fee to be paid to the Federal Financial Institutions Examination Council pursuant to 12 U.S.C. § 3338 and who is in active status on the National Registry of Appraisers is eligible to perform federally related transactions.*

4. The Commission may establish, by regulation, additional classifications of licensure or certification, and the qualifications therefor, if necessary to comply with classifications and qualifications established by the ~~Appraisal Subcommittee of the Federal Financial Institutions Examination Council.~~ *Appraiser Qualifications Board of the Appraisal Foundation.*

Sec. 16. NRS 645C.320 is hereby amended to read as follows:

645C.320 1. The Administrator shall issue a certificate or license, as appropriate, to any person:

(a) Of good moral character, honesty and integrity;

(b) Who meets the educational requirements and has the experience prescribed in NRS 645C.330 or any regulation adopted pursuant to that section;

(c) Who, except as otherwise provided in NRS 645C.360, has satisfactorily passed a written examination approved by the Commission; and

(d) Who submits all information required to complete an application for a certificate or license.

2. The Administrator may deny an application for a certificate or license to any person who:

(a) Has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude;

(b) Makes a false statement of a material fact on his or her application; or

(c) Has ever had a certificate, license or registration card suspended or revoked pursuant to this chapter, or a certificate, license or permit to act as an appraiser suspended or revoked in any other jurisdiction . ~~[, within the 10 years immediately preceding the date of application.]~~

Sec. 17. NRS 645C.350 is hereby amended to read as follows:

645C.350 1. The Division shall cause examinations to be conducted not less than once every 6 months.

2. An applicant may *not* take the written examination before completing the requirements for experience ~~[, but a certificate or license must not be issued until all the requirements are met.]~~ and education.

3. The Division shall notify each applicant in writing whether the applicant passed or failed the examination, or has alternatively satisfied the requirements for a certificate, license or permit pursuant to NRS 645C.360, as determined by the Commission.

Sec. 18. NRS 645C.450 is hereby amended to read as follows:

645C.450 1. The following fees may be charged and collected by the Division:

Application for a certificate, license or registration card .....	\$100
Issuance or renewal of a certificate or license as a residential appraiser .....	320
Issuance or renewal of a certificate as a general appraiser .....	420
Issuance of a permit .....	115
Issuance or renewal of a registration card .....	190
Issuance of a duplicate certificate or license for an additional office .....	50
Change in the name or location of a business .....	20
Reinstatement of an inactive certificate or license .....	30
Annual approval of a course of instruction offered in preparation for an initial certificate or license .....	100
Original approval of a course of instruction offered for continuing education .....	100

Renewal of approval of a course of instruction offered  
for continuing education ..... 50

2. The Division shall adopt regulations which establish the fees to be charged and collected by the Division to pay the costs of:

(a) Any examination for a certificate or license, including any costs which are necessary for the administration of such an examination.

(b) Any investigation of a person's background.

3. *The Division shall collect and remit the annual registry fee to the Federal Financial Institutions Examination Council or to the Appraisal Subcommittee, as appropriate, pursuant to 12 U.S.C. § 3338 and the rules or regulations issued thereunder.*

Sec. 19. NRS 645C.530 is hereby amended to read as follows:

645C.530 1. Any member of the Commission *or investigatory staff of the Division* may administer oaths and issue subpoenas to compel the attendance of witnesses and the production of books and papers.

2. If any witness refuses to attend, testify or produce any books and papers as required by the subpoena, ~~the Administrator or~~ the President of the Commission *or the Administrator* may report to the district court by petition, setting forth that:

(a) Due notice has been given of the time and place of attendance of the witness or the production of the books and papers;

(b) The witness has been subpoenaed by the Commission *or Division* pursuant to this section; and

(c) The witness has failed or refused to attend or produce the books and papers required by the subpoena before the Commission ~~or~~ *or Division*, or has refused to answer questions propounded to him or her,

↳ and asking for an order of the court compelling the witness to attend and testify or produce the books and papers before the Commission ~~or~~ *or Division*.

3. Upon such a petition, the court shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why the witness has not attended, testified or produced the books or papers before the Commission ~~or~~ *or Division*. A certified copy of the order must be served upon the witness.

4. If it appears to the court that the subpoena was regularly issued by the Commission ~~or~~ *or Division*, the court shall enter an order that the witness appear before the Commission ~~or~~ *or Division*, at the time and place fixed in the order, and testify or produce the required books and papers. Upon failure to obey the order the witness must be dealt with as for contempt of court.

Sec. 20. NRS 645C.557 is hereby amended to read as follows:

645C.557 1. A person with an interest in a real estate transaction involving an appraisal shall not improperly influence or attempt to improperly influence, through coercion, extortion or bribery, the development, reporting, result or review of the appraisal.

2. *An appraiser shall conduct all appraisals independently, as required by the appraisal independence requirements pursuant to 15 U.S.C. § 1639e and the rules or regulations issued thereunder.*

3. Subsection 1 does not prohibit a person with an interest in a real estate transaction from requesting that an appraiser:

- (a) Consider additional appropriate property information;
- (b) Provide further detail, substantiation or explanation for the appraiser's conclusion as to value; or
- (c) Correct errors in an appraisal.

Sec. 21. NRS 645C.600 is hereby amended to read as follows:

645C.600 The provisions of NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* do not apply to:

1. A person, limited-liability company, partnership, association or corporation other than an appraisal management company which, in the normal course of its business, employs persons for the performance of real estate appraisal services; or

2. An appraisal management company that ~~[enters into not more than nine contracts annually with independent contractors in this State.]~~ *is a subsidiary owned and controlled by an insured depository institution or an insured credit union and is regulated by a federal financial institutions regulatory agency. Such an appraisal management company is not required to register with the State but must pay an annual registry fee to the Division in an amount determined by the Appraisal Subcommittee in accordance with federal law.*

Sec. 22. NRS 645C.650 is hereby amended to read as follows:

645C.650 1. A person ~~[who]~~ *or entity* that wishes to be registered as an appraisal management company in this State must file a written application with the Division upon a form prepared and furnished by the Division and pay ~~[the fee]~~ *all fees* required pursuant to NRS 645C.680. An application must:

(a) State the name, residence address and business address of the applicant and the location of each principal office and branch office at which the appraisal management company will conduct business within this State;

(b) State the name under which the applicant will conduct business as an appraisal management company;

(c) List the name, residence address and business address of each person who will, if the applicant is not a natural person, have ~~[an]~~ *at least a 10-percent ownership* interest in the appraisal management company as a principal, partner, officer, director or trustee, specifying the capacity and title of each such person; ~~[and]~~

(d) Include a complete set of the fingerprints of the applicant or, if the applicant is not a natural person, a complete set of the fingerprints of each person who will have ~~[an]~~ *at least a 10-percent ownership* interest in the appraisal management company as a principal, partner, officer, director or trustee, and written permission authorizing the Division to forward the

fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report [ ] ; and

(e) Identify the number of certified or licensed appraisers in Nevada in the network or panel currently maintained by the appraisal management company and, if applicable, the total number of certified or licensed appraisers nationwide in the network or panel currently maintained by the appraisal management company.

2. Except as otherwise provided in NRS 645C.600 to 645C.740, inclusive, and sections 6 to 11, inclusive, of this act, the Division shall issue a registration to an applicant as an appraisal management company if:

(a) The application is verified by the Division and complies with the requirements of NRS 645C.600 to 645C.740, inclusive [ ], and sections 6 to 11, inclusive, of this act;

(b) The applicant, each owner and each general partner, officer or director of the applicant, if the applicant is a partnership, corporation or unincorporated association:

(1) Submits satisfactory proof to the Division that he or she has a good reputation for honesty, trustworthiness and integrity and displays competence to transact the business of an appraisal management company in a manner which safeguards the interests of the general public ; [ ]

(2) Has not been convicted of, or entered a plea of nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation or moral turpitude ; [ ]

(3) Has not made a false statement of material fact on his or her application ; [ ]

(4) Has ~~not~~ never had a license that was issued pursuant to the provisions of this chapter suspended, revoked or voluntarily surrendered in lieu of suspension or revocation ~~within the 10 years immediately preceding the date of application.~~ which has not been subsequently reinstated;

(5) Has ~~not~~ never had a professional license that was issued in this State or any other state, district or territory of the United States or any foreign country suspended or revoked ~~within the 10 years immediately preceding the date of application.~~ which has not been subsequently reinstated; and

(6) Has not violated any provision of this chapter, a regulation adopted pursuant thereto or an order of the Commission or the Administrator ; [ ]

(c) The applicant certifies that he or she:

(1) Has a process in place to verify that each independent contractor that provides services to the appraisal management company is the holder of a license in good standing to practice appraisal in this State ; [ ]

(2) Has a process in place to review the work of each independent contractor that provides services to the appraisal management company to ensure that those services are conducted in accordance with the Uniform Standards of Professional Appraisal Practice ; [ ]

(3) Will maintain a detailed record of each request for service it receives and the independent contractor who fulfilled that request ~~[-]~~;

(4) *Has a system in place to ensure that all appraisals are conducted independently, as required by the appraisal independence requirements pursuant to 15 U.S.C. § 1639e and any rules or regulations issued thereunder; and*

(5) *Has a system in place to ensure that the appraisal management company is selecting a certified or licensed appraiser who has the requisite education, expertise and experience necessary to competently complete the appraisal assignment for the particular market and property type; and*

(d) The applicant discloses whether or not the company uses an appraiser fee schedule. For the purposes of this paragraph, “appraiser fee schedule” means a list of the various real estate appraisal services requested by the appraisal management company from independent contractors and the amount the company will pay for the performance of each service listed.

3. *The Division shall deny an application for registration of an appraisal management company, if in the course of its investigation, the Division determines that the application fails to comply with or meet the standards specified in this chapter or any regulations adopted pursuant thereto. If an application for registration is denied, the Division shall notify the applicant within 15 days after its decision.*

4. *An applicant who is denied registration pursuant to subsection 3 may ~~not~~ reapply to the Division within 30 days after receipt of the notice denying the application for registration. ~~for 1 year.~~ The reapplication must demonstrate through a written statement, containing any necessary supporting evidence, that an error was made in the original application and that the applicant does otherwise qualify for registration. Denial of ~~an application~~ a reapplication for registration is not appealable.*

5. *If an applicant fails to reapply within 30 days after receipt of the notice denying the application for registration, the applicant may not reapply for registration for 1 year.*

6. *Failure to reapply within 30 days after receipt of the notice denying the application for registration is not appealable.*

Sec. 23. NRS 645C.660 is hereby amended to read as follows:

645C.660 1. An applicant for registration under NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* shall file with the Division, in a form prescribed by regulation, an irrevocable consent appointing the Administrator his or her agent for service of process in a noncriminal proceeding against the applicant, a successor or personal representative which arises under NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* or a regulation or order of the Commission after the consent is filed, with the same force and validity as if served personally on the person filing the consent.

2. A person who has filed a consent complying with subsection 1 in connection with a previous application for registration need not file an additional consent.

3. If a person, including a nonresident of this State, engages in conduct prohibited or made actionable by NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* or a regulation or order of the Commission and the person has not filed a consent to service of process under subsection 1, engaging in the conduct constitutes the appointment of the Administrator as the person's agent for service of process in a noncriminal proceeding against the person, a successor or personal representative which grows out of the conduct.

4. Service under subsection 1 or 3 may be made by leaving a copy of the process in the Office of the Administrator, but it is not effective unless:

(a) The plaintiff, who may be the Administrator, sends notice of the service and a copy of the process by registered or certified mail, return receipt requested, to the defendant or respondent at the address set forth in the consent to service of process or, if no consent to service of process has been filed, at the last known address, or takes other steps which are reasonably calculated to give actual notice; and

(b) The plaintiff files an affidavit of compliance with this subsection in the proceeding on or before the return day of the process, if any, or within such further time as the court, or the Administrator in a proceeding before the Administrator, allows.

5. Service as provided in subsection 4 may be used in a proceeding before the Administrator or by the Administrator in a proceeding in which the Administrator is the moving party.

6. If the process is served under subsection 4, the court, or the Administrator in a proceeding before the Administrator, may order continuances as may be necessary to afford the defendant or respondent reasonable opportunity to defend.

Sec. 24. NRS 645C.665 is hereby amended to read as follows:

645C.665 *1.* A registration issued pursuant to NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* expires each year on the date of its issuance, unless it is renewed. To renew such a registration, the registrant must submit to the Division on or before the expiration date:

~~{1.}~~ (a) An application for renewal ~~{2.}~~, which may include an update of all the information required by NRS 645C.650, 645C.655 and 645C.660;

(b) The fee required to renew the registration pursuant to NRS 645C.680; and

~~{3.}~~ (c) All information required to complete the renewal.

2. *The Division shall deny an application for renewal of a registration as an appraisal management company if in the course of its investigation the Division determines that the application fails to comply with or meet the standards specified in this chapter or any regulations adopted pursuant thereto.*



Sec. 25. NRS 645C.675 is hereby amended to read as follows:

645C.675 1. If an appraisal management company terminates its association with an independent contractor for any reason, the appraisal management company shall, not later than the third business day following the date of termination, deliver to the independent contractor or send by certified mail to the last known residence address of the independent contractor a written statement which advises the independent contractor of the termination.

2. An independent contractor who is aggrieved by a termination may lodge a complaint with the Commission. The Commission may consider whether the appraisal management company violated the provisions of NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act* and may revoke, suspend or deny renewal of a registration in the manner set forth in NRS 645C.500 to 645C.550, inclusive ~~[-]~~, *and section 5 of this act.*

Sec. 26. NRS 645C.680 is hereby amended to read as follows:

645C.680 ~~[-A person must pay the following fee to be issued or to renew a registration as an appraisal management company pursuant to NRS 645C.600 to 645C.740, inclusive:-]~~

1. ~~[-To be issued a registration, the applicant must pay a fee set by the] The Division, with advice from the Commission, shall establish by regulation ~~[-of not more than \$2,500 for the principal office and not more than \$100 for each branch office. The person must also pay such additional expenses incurred in the process of investigation as the Division deems necessary.-] fees for appraisal management companies, including, without limitation, fees for:~~~~

- (a) Application for registration;
- (b) Registration;
- (c) Renewal of registration;
- (d) Late renewal of registration;
- (e) Investigation of applicants; and
- (f) Inactive status.

2. ~~[-To renew a registration, the applicant must pay a fee set by the] Except as otherwise provided in this subsection, the Division ~~[-by regulation of not more than \$500 for the principal office and not more than \$100 for each branch office.-]~~ shall collect and remit the annual registry fee to the Federal Financial Institutions Examination Council or to the Appraisal Subcommittee, as appropriate, pursuant to 12 U.S.C. § 3338 and the rules or regulations issued thereunder. The fee required by this subsection must be collected from an appraisal management company only if, during the applicable year, the appraisal management company oversees a network or panel of more than 15 certified or licensed appraisers in this State or 25 or more certified or licensed appraisers nationally.~~

Sec. 27. NRS 645C.710 is hereby amended to read as follows:

645C.710 1. For each violation committed by an applicant for a registration issued pursuant to NRS 645C.600 to 645C.740, inclusive, *and sections 6 to 11, inclusive, of this act*, whether or not the applicant is issued a

registration, the Commission may impose upon the applicant an administrative fine of not more than \$10,000 if the applicant:

(a) Has knowingly made or caused to be made to the Commission any false representation of material fact;

(b) Has suppressed or withheld from the Commission any information which the applicant possesses and which, if submitted by the applicant, would have rendered the applicant ineligible to be registered pursuant to the provisions of NRS 645C.600 to 645C.740, inclusive ~~[ ]~~, or sections 6 to 11, inclusive, of this act; or

(c) Has violated any provision of NRS 645C.600 to 645C.740, inclusive, and sections 6 to 11, inclusive, of this act, a regulation adopted pursuant to NRS 645C.600 to 645C.740, inclusive, and sections 6 to 11, inclusive, of this act or an order of the Commission in completing and filing the application for a registration or during the course of the investigation of the application for a registration.

2. For each violation committed by an appraisal management company, the Commission may impose upon the appraisal management company an administrative fine of not more than \$10,000, may suspend, revoke or place conditions on the registration or may do both, if the appraisal management company, whether or not acting as such:

(a) Is grossly negligent or incompetent in performing any act for which the appraisal management company is required to be registered pursuant to NRS 645C.600 to 645C.740, inclusive ~~[ ]~~, and sections 6 to 11, inclusive, of this act;

(b) Does not conduct its business in accordance with the law or has violated any provision of this chapter, a regulation adopted pursuant thereto or an order of the Commission;

(c) Has made a material misrepresentation in connection with any transaction governed by this chapter;

(d) Has suppressed or withheld from a client any material facts, data or other information relating to any transaction governed by the provisions of this chapter which the appraisal management company knew or, by the exercise of reasonable diligence, should have known;

(e) Has knowingly made or caused to be made to the Commission any false representation of material fact or has suppressed or withheld from the Commission any information which the appraisal management company possesses and which, if submitted by the appraisal management company, would have rendered the appraisal management company ineligible to be registered pursuant to the provisions of NRS 645C.600 to 645C.740, inclusive ~~[ ]~~, and sections 6 to 11, inclusive, of this act;

(f) Has been convicted of, or entered a plea of nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation or moral turpitude; or

(g) Has engaged in any other conduct constituting a deceitful, fraudulent or dishonest business practice.

3. *The Commission shall revoke the registration of an appraisal management company if the appraiser license or certificate of one of its owners is refused, denied, cancelled, surrendered or revoked in any state.*

Sec. 28. NRS 645C.720 is hereby amended to read as follows:

645C.720 Except as otherwise provided in NRS 645C.600, it is unlawful for any person, limited-liability company, partnership, association or corporation to engage in the business of, act in the capacity of, advertise or assume to act as an appraisal management company without first obtaining a registration from the Division pursuant to NRS 645C.600 to 645C.740, inclusive ~~[-]~~, and sections 6 to 11, inclusive, of this act.

Sec. 29. This act becomes effective:

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

2. On July 1, 2019, for all other purposes.

Senator Spearman moved the adoption of the amendment.

Remarks by Senator Spearman.

Amendment No. 58 makes five changes to Senate Bill No. 39. The amendment makes corrections to the definition of a "federal financial institutions regulatory agency"; makes changes to the definition of "appraisal management company;" clarifies that the Appraisal Qualifications Board; allows a person who has had a license suspended, revoked or voluntarily surrendered in lieu of suspension or revocation to qualify to obtain a registration as an appraisal management company, and allows an applicant whose registration application has been denied by the Real Estate Division to reapply to the Division.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 56.

Bill read second time.

The following amendment was proposed by the Committee on Natural Resources:

Amendment No. 101.

SUMMARY—Revises provisions relating to natural resources. (BDR 47-359)

AN ACT relating to natural resources; revising provisions related to the protection of flora; revising certain definitions related to the protection of trees and flora and to forest practice and reforestation; revising provisions relating to a written plan for a prescribed fire; revising the information required to be included in an application for a logging permit; revising provisions regarding logging operations; authorizing the suspension or revocation of a logging permit for operating ground-based equipment on saturated soil; revising the requirements for the performance bond which must accompany an application for a timberland conversion certificate; eliminating the requirement that the State Forester Firewarden cause a decennial report to be created regarding

certain renewable natural resources in the State; eliminating the authority of the State Forester Firewarden to reduce the required amount for certain performance bonds; making various other changes relating to forestry; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, it is unlawful to cut, destroy, mutilate, pick or remove any flora on any: (1) private lands without a written permit from the owner, occupant or authorized agent of the owner or occupant; or (2) state lands under the jurisdiction of the Division of State Parks of the State Department of Conservation and Natural Resources except in accordance with regulations of the Division. (NRS 527.050) Further, no flora on the list of fully protected species may be removed or destroyed from any land except pursuant to a special permit issued by the State Forester Firewarden. (NRS 527.270) Section 1 of this bill clarifies that, in addition to obtaining written permission from the owner or complying with regulations of the Division, as applicable, a special permit must be obtained from the State Forester Firewarden in order to remove from private lands or state lands any flora that has been placed on the list of fully protected species.

Under existing law, the term "controlled fire" is used to describe the controlled application of fire to natural vegetation under specified conditions after precautionary actions have been taken to ensure that the fire is confined to a predetermined area. (NRS 527.122, 527.126, 527.128) Sections 2-4 of this bill change the term "controlled fire" to "prescribed fire."

Section 6 of this bill defines "ground-based equipment" to refer to certain mobile logging equipment including tractors.

Section 29 of this bill eliminates the definition of "tractor." Sections 19-24 of this bill make conforming changes.

Existing law defines the term "adequately stocked" as having sound thrifty trees well distributed over the growing area and meeting certain criteria for tree growth and size. (NRS 528.013) Sections 7, 12 and 29 of this bill replace "adequately stocked" with the term "minimally stocked" and revise the criteria to be considered minimally stocked.

Under existing law, "slash" means split product material, branches, limbs or stems of any species left in the harvest area as a result of current timber harvesting. (NRS 528.024) Section 9 of this bill eliminates split product material from the definition and expands the scope of the term to include forest management activities.

Under existing law, "stream" means a natural watercourse designated by certain symbols in the most recent United States Geological Survey. (NRS 528.0255) Section 10 of this bill revises the definition to mean a perennial or intermittent natural watercourse that supports riparian vegetation.

Under existing law, "thrifty trees" means trees with usually long, full, pointed tops and lower limbs frequently dead, but containing very few dead limbs in the upper green portion of the crown. (NRS 528.026) Section 11 of this bill defines

“thrifty trees” as trees with healthy foliage, at least 40-percent live crown ratio and a generally healthy appearance.

Existing law provides that a timber owner or operator must submit an application and secure a logging permit from the State Forester Firewarden prior to any logging or cutting operation. (NRS 528.042, 528.043) Section 14 of this bill requires a timber owner or operator to submit a statement of the objectives of the harvest and the conditions of the stand as part of the logging permit application and makes other changes to the application requirements.

Under existing law, a logging permit may be suspended or revoked under certain circumstances. (NRS 528.047) Section 15 of this bill provides that a logging permit may also be suspended or revoked for operating ground-based equipment on saturated soil.

Under existing law, no person may engage in tractor logging on a slope whose gradient is 30 percent or more without first obtaining a variance from the State Forester Firewarden. (NRS 528.048) Section 16 of this bill changes the restriction so that use of ground-based equipment on a slope greater than 30 percent is prohibited.

Existing law restricts the cutting practices of every timber owner or operator conducting logging operations within this State. (NRS 528.050) Section 17 of this bill makes various changes to those restrictions, including adding a requirement that the logging harvest area be minimally stocked not later than 5 years after completion of the logging operations.

Under existing law, felling of trees, skidding, rigging and construction of tractor or truck roads or landings, and the operation of such vehicles during a logging operation, is prohibited within 200 feet of the high-water mark of certain bodies of water, with limited exceptions. (NRS 528.053) Section 18 of this bill reduces the prohibited area to 50 feet but also authorizes a committee composed of the State Forester Firewarden, the Director of the Department of Wildlife and the State Engineer to prohibit such activities in an area greater than 50 feet when site conditions warrant.

Under existing law, upon completion of a logging or cutting operation, the timber owner or operator is required to sow suitable grass seed in the spring when moisture conditions are favorable on skid trails, skid roads, unmaintained tractor and truck roads and landings. (NRS 528.057) Section 23 of this bill provides that the seed may be sowed when moisture conditions are favorable regardless of the season.

Under existing law, a timber owner or operator conducting logging operations in the State is required to undertake certain fire prevention and suppression measures. (NRS 528.070) Section 25 of this bill removes the requirement that timber owners or operators fell certain dead trees and standing dead tree sections as part of those fire prevention and suppression practices.

Under existing law, a timberland conversion certificate from the State Forester Firewarden is required to convert timber lands for other use and a performance bond is required as part of the application for a conversion

certificate. (NRS 528.082, 528.083) Section 26 of this bill amends the list of types of acceptable performance bonds.

Under existing law, the State Forester Firewarden shall, in coordination and cooperation with the Tahoe Regional Planning Agency and the fire chiefs within the Lake Tahoe Basin, submit a report concerning fire prevention and forest health in the Nevada portion of the Lake Tahoe Basin to certain governmental agencies. (NRS 528.150) Section 27 of this bill revises the required contents of this report.

Under existing law, the State Forester Firewarden must cause a report on certain renewable natural resources in the State to be created at least every 10 years. (NRS 527.310) Further, the State Forester Firewarden may enter into cooperative agreements with certain entities to collect and publish data related to the report. (NRS 527.320) Section 29 of this bill eliminates the reporting requirement and the authority of the State Forester Firewarden to enter into cooperative agreements related to the report.

Section 29 also eliminates the authority of the State Forester Firewarden to reduce a performance bond required to secure a timberland conversion certificate or logging permit.

Existing law defines various terms related to forest practice and reforestation (NRS 528.013-528.027) Section 29 removes the definitions for “old-growth,” “prior-cut,” “seed tree,” “snag” and “young-growth.”

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

Section 1. NRS 527.050 is hereby amended to read as follows:

527.050 1. It is unlawful for any person, firm, company or corporation, his, her, its or their agent or agents, willfully or negligently:

(a) To cut, destroy, mutilate, pick or remove any tree, shrub, plant, fern, wild flower, cacti, desert or montane flora, or any seeds, roots or bulbs of either or any of the foregoing from any private lands, without ~~the~~ obtaining:

(1) A written permit therefor from the owner or occupant or the duly authorized agent of the owner or occupant ~~[-]~~; and

(2) If the flora has been placed on the list of fully protected species pursuant to NRS 527.270, a special permit from the State Forester Firewarden.

(b) To cut, destroy, mutilate, pick or remove any flora on any state lands under the jurisdiction of the Division of State Parks of the State Department of Conservation and Natural Resources ~~[except in accordance]~~ without:

(1) Complying with regulations of the Division ~~[-]~~ of State Parks; and

(2) If the flora has been placed on the list of fully protected species pursuant to NRS 527.270, obtaining a special permit from the State Forester Firewarden.

(c) To cut, destroy, mutilate, pick or remove any flora ~~[declared endangered by the State Forester Firewarden]~~ that has been placed on the list of fully protected species pursuant to NRS 527.270 from any lands ~~[-, other than state park lands provided for in paragraph (b), owned by or under the control of]~~

within the State of Nevada ~~for the United States~~ not otherwise described in paragraphs (a) and (b) without obtaining a ~~written~~ special permit ~~therefor~~ from the State Forester Firewarden . ~~for the State Forester Firewarden's designate.~~

↪ For the purposes of this subsection, the State Forester Firewarden may establish regulations for enforcement, including the issuance of collecting permits and the designation of state and federal agencies from which such permits may be obtained.

2. Every person violating the provisions of this section is guilty of a public offense proportionate to the value of the plants, flowers, trees, seeds, roots or bulbs cut, destroyed, mutilated, picked or removed, and in no event less than a misdemeanor.

3. The State Forester Firewarden and his or her representatives, public officials charged with the administration of reserved and unreserved lands belonging to the United States, and peace officers shall enforce the provisions of this section.

4. Except as to flora ~~declared endangered by the State Forester Firewarden~~ that has been placed on the list of fully protected species of native flora pursuant to NRS 527.270 or as to flora on state park lands regulated by the Division of State Parks, the provisions of this section do not apply to Indians, native to Nevada, who gather any such article for food or medicinal use for themselves or for any other person being treated by Indian religious ceremony.

Sec. 2. NRS 527.122 is hereby amended to read as follows:

527.122 As used in NRS 527.122 to 527.128, inclusive, unless the context otherwise requires:

1. "Authority" means the State Forester Firewarden, or a local government, whichever is charged with responsibility for fire protection in the area where a ~~controlled~~ prescribed fire is to take place.

2. ~~Controlled~~ "Prescribed fire" means the ~~controlled~~ prescribed application of fire to natural vegetation under specified conditions and after precautionary actions have been taken to ensure that the fire is confined to a predetermined area.

Sec. 3. NRS 527.126 is hereby amended to read as follows:

527.126 1. The authority may authorize an agency of this state or any political subdivision of this state to commence a ~~controlled~~ prescribed fire.

2. A ~~controlled~~ prescribed fire must be conducted:

(a) Pursuant to a written plan which has been submitted to and authorized by the authority; and

(b) Under the direct supervision of at least one person who is qualified to oversee such fires and who remains on-site for the duration of the fire.

3. A ~~controlled~~ prescribed fire which is commenced pursuant to this section and which complies with laws relating to air pollution shall be deemed in the best interest of the public and not to constitute a public or private nuisance.

4. The State of Nevada, an agency of this state or any political subdivision or local government of this state, or any officer or employee thereof, is not liable for any damage or injury to property or persons, including death, which is caused by a ~~controlled~~ *prescribed* fire that is authorized pursuant to this section, unless the fire was conducted in a grossly negligent manner.

Sec. 4. NRS 527.128 is hereby amended to read as follows:

527.128 1. The written plan required by NRS 527.126 must remain on-site for the duration of the fire. The plan must be prepared ~~approved~~ by a person qualified to oversee a ~~controlled~~ *prescribed* fire and contain at least:

- (a) A description and map of the area to be burned;
- (b) A list of the personnel and equipment necessary to commence and control the fire;
- (c) A description of the meteorological factors that must be present before commencing a ~~controlled~~ *prescribed* fire, including surface wind speed and direction, transport wind speed and direction, minimum mixing height, minimum relative humidity, maximum temperature and fine fuel moisture;
- (d) A description of considerations related to common behavioral patterns of fires in the area to be burned, including various burning techniques, the anticipated length of the flame and the anticipated speed of the fire; and
- (e) The signature of the person who prepared ~~approved~~ the plan.

2. Before signing the written plan, the person qualified to oversee the fire must evaluate and approve the anticipated impact of the fire on surrounding areas which are sensitive to smoke.

3. The State Forester Firewarden shall establish the qualifications for a person to oversee a ~~controlled~~ *prescribed* fire.

Sec. 5. Chapter 528 of NRS is hereby amended by adding thereto the provisions set forth as sections 6 and 7 of this act.

Sec. 6. *“Ground-based equipment” means mobile equipment, including, without limitation, tractors, dozers, skidders, excavators, loaders, mechanized harvesters and forwarders, that are used for harvesting, site preparation or slash hazard reduction.*

Sec. 7. *“Minimally stocked” means having sound, thrifty trees distributed over the growing area, excluding rocky areas, meadows and bodies of water, in which:*

1. *There are 250 trees per acre, at least 6 inches in height, but less than 4 inches d.b.h.;*
2. *There are 150 trees per acre, 4 to 6 inches d.b.h.;*
3. *There are 75 trees per acre, 8 to 10 inches d.b.h.;*
4. *There are 40 trees per acre, 12 inches d.b.h. or larger; or*
5. *Any other minimum stocking levels of the area as set forth in a logging plan that were approved by the State Forester Firewarden are satisfied.*

Sec. 8. NRS 528.012 is hereby amended to read as follows:



528.012 As used in this chapter, unless the context otherwise requires, the terms defined in NRS ~~[528.013]~~ 528.014 to ~~[528.027,]~~ 528.0263, inclusive, and sections 6 and 7 of this act have the meanings ascribed to them in such sections.

Sec. 9. NRS 528.024 is hereby amended to read as follows:

528.024 “Slash” means ~~[split product material,]~~ branches, limbs or stems of any species left in the harvest area as a result of current ~~[timber harvesting.]~~ forest management activities.

Sec. 10. NRS 528.0255 is hereby amended to read as follows:

528.0255 “Stream” means a *perennial or intermittent* natural watercourse ~~[designated by a solid line or dash and three dot symbol shown in blue on the most recently published United States Geological Survey 7.5 minute series topographic map.]~~ that supports riparian vegetation.

Sec. 11. NRS 528.026 is hereby amended to read as follows:

528.026 “Thrifty trees” means trees with ~~[usually long, full, pointed tops and lower limbs frequently dead, but containing very few dead limbs in the upper green portion of the crown. Such trees usually fall within Dunning’s tree classes 1 and 2, and Keen’s tree classes 1a, 1b, 2a and 2b.]~~ healthy foliage, a live crown ratio of at least 40 percent and a generally healthy appearance.

Sec. 12. NRS 528.0263 is hereby amended to read as follows:

528.0263 “Timber owner” means a person or entity who owns a tree-dominated landscape which is naturally capable of supporting ~~[adequately]~~ minimally stocked stands of native trees in perpetuity, and is not otherwise devoted to nonforestry commercial or urban uses.

Sec. 13. NRS 528.030 is hereby amended to read as follows:

528.030 1. NRS 528.010 to 528.090, inclusive, and sections 6 and 7 of this act are adopted:

(a) To establish minimum standards of forest practice and to require compliance therewith by every timber owner or operator.

(b) To promote the sustained productivity of the forests of the Sierra Nevada Mountains in Nevada.

(c) To preserve the natural water supply of the State in the interests of the economic welfare of the State.

2. The provisions of NRS 528.010 to 528.090, inclusive, and sections 6 and 7 of this act shall not be construed in any way to condone any activity which causes significant degradation of water quality.

Sec. 14. NRS 528.043 is hereby amended to read as follows:

528.043 An application for a logging permit shall be accompanied by:

1. A logging plan including, ~~[but not limited to,]~~ without limitation, the following information:

(a) An accurate topographical map showing exterior boundaries of the areas to be logged and the roads, structures and landings, existing and proposed.

(b) A statement that contains the objectives of the harvest and the conditions of the stand, including, without limitation:

(1) The current species composition and density of the stand;

(2) *The anticipated species composition and density of the stand post treatment; and*

(3) *The current insects and diseases present at the stand.*

(c) The volume of timber to be removed.

~~[(e)]~~ (d) The time required for removal of such volume.

~~[(d)] The specification as to the percentage of merchantable volume to be removed and the composition of any residual stand.]~~

(e) The revegetation plan, if applicable.

(f) The slash-disposal and cleanup plans ~~[-]~~, *including, without limitation, the timing and the methods of the disposal of the slash.*

(g) The road construction specifications and erosion control measures.

(h) *The spill prevention plan.*

(i) An outline of the fire prevention and protection plans and procedures.

~~[(i)]~~ (j) A description of tools and equipment suitable and available for fire fighting, and the number of persons normally available for fire fighting.

(k) *The minimum stocking levels of the area as approved by the State Forester Firewarden.*

2. If a variance is requested pursuant to NRS 528.048, the applicant shall also furnish the State Forester Firewarden with information and data regarding:

(a) Soil characteristics;

(b) Reproduction capability of the area;

(c) Ground and litter cover;

(d) Soil erosion hazards;

(e) Natural drainage features;

(f) Percent of gradient and aspect of slopes;

(g) Description of the method of logging and equipment to be used; and

(h) Such other information as the State Forester Firewarden may require.

3. A performance bond in an amount set by the State Forester Firewarden, ~~[and based upon the contract price or value of the timber to be cut,]~~ which shall be conditioned upon compliance with all provisions of the logging permit, and shall be approved as to form and sufficiency by the State Forester Firewarden.

Sec. 15. NRS 528.047 is hereby amended to read as follows:

528.047 Any logging permit may be suspended or revoked for any of the following reasons:

1. Failure to comply with:

(a) The forest practice rules or regulations;

(b) The conditions of the permit;

(c) The original logging plan; or

(d) Any accepted alternate logging plan.

2. Refusal to allow any inspection by the State Forester Firewarden or the agent of the State Forester Firewarden.

3. Inadequate performance bond.

4. *Operating ground-based equipment on saturated soil.*

Sec. 16. NRS 528.048 is hereby amended to read as follows:

528.048 1. No person may ~~engage in tractor logging~~ operate ground-based equipment on a slope ~~whose gradient~~ that is greater than 30 percent ~~or more~~ without first obtaining a variance from the State Forester Firewarden.

2. The State Forester Firewarden shall act on a request for a variance within 45 days after receipt of a proper application, which shall include the information required by subsection 2 of NRS 528.043. If a variance is granted, it is subject to such conditions and requirements as the State Forester Firewarden may prescribe.

3. In acting on a request for a variance, the State Forester Firewarden shall consider the following factors:

(a) The extent to which ~~tractor logging~~ ground-based equipment may destroy advanced regeneration and litter cover;

(b) The extent to which ~~tractor logging~~ ground-based equipment may cause soils to be displaced or erode; and

(c) The extent to which ~~tractor logging~~ ground-based equipment may cause siltation and eroded soils to infiltrate the ~~200-foot~~ 50-foot stream buffer.

4. An applicant may request a hearing before the State Forester Firewarden within 10 days after the denial of a request for a variance.

5. Upon any final denial, any performance bond shall be returned to the applicant.

Sec. 17. NRS 528.050 is hereby amended to read as follows:

528.050 ~~The cutting practices of~~

1. *Except as otherwise provided in subsection 2, every timber owner or operator conducting logging operations within this state shall ~~conform to the following:~~*

~~—1.— Areas of old growth timber shall have reserved and left uncut for future crops all sound, immature trees 18 inches d.b.h. or less, with an average of not less than 10 satisfactorily located seed trees 18 inches d.b.h. or larger to be left per acre, and no area will be more than one eighth mile from seed source unless the area is adequately stocked. Seed trees shall be approved by the State Forester Firewarden.]~~ *cause the harvest area to be minimally stocked not later than 5 years after completion of the logging operations.*

2. ~~[Areas of young growth and prior cut timber harvested for saw logs and veneer logs shall have reserved and left uncut for future crops all sound, immature trees of 18 inches d.b.h. or less, with an average of not less than 10 satisfactorily located seed trees 18 inches d.b.h. or larger to be left per acre, and no area will be more than one eighth mile from the seed source unless the area is adequately stocked. Seed trees shall be approved by the State Forester Firewarden.]~~

~~—3.— On areas of young growth and prior cut timber where forest products other than saw logs and veneer logs are being harvested an adequately stocked stand shall be left.~~

~~—4.— The following may be cut regardless of size:~~

- ~~—(a) Trees with dead tops.~~
- ~~—(b) Trees with butt burns, with over half of the circumference burned and exposed wood showing decay.~~
- ~~—(c) Trees with bad lightning scars.~~
- ~~—(d) Trees infested with insects or disease.~~
- ~~—(e) Trees injured or broken during operations.~~
- ~~—(f) Trees to be removed for purpose of clearing of rights of way, landings, campsites or firebreaks.~~
- ~~—(g) Excessively crooked trees.~~
- ~~—(h) Suppressed trees with less than 25 percent crown.~~
- ~~—5. No tractor logging shall be conducted on saturated soils.~~

→} The provisions of ~~[this section]~~ *subsection 1* do not apply ~~[if]~~ :

(a) *If* trees are being removed to change the use of the land from forest production to another use, but the timber owner or the agent of the timber owner shall obtain a timberland conversion certificate as provided in this chapter ~~[ ]~~ ;

*or*

(b) *To a logging operation that only involves the salvage of dead timber.*

Sec. 18. NRS 528.053 is hereby amended to read as follows:

528.053 1. No felling of trees, skidding, rigging or construction of ~~[tractor or truck]~~ roads or landings, or the operation of ~~[such]~~ vehicles, may take place during a logging operation within ~~[200]~~ 50 feet, measured on the slope, of the high-water mark of any lake, reservoir, stream or other body of water unless a variance is first obtained *pursuant to subsection 2* from a committee composed of the State Forester Firewarden, the Director of the Department of Wildlife and the State Engineer.

2. The committee may grant a variance authorizing any of the activities prohibited by subsection 1 within a ~~[200-foot]~~ 50-foot buffer area if the committee determines that the goals of conserving forest resources and achieving forest regeneration, preserving watersheds, reaching or maintaining water quality standards adopted by federal and state law, continuing water flows, preserving and providing for the propagation of fish life and stream habitat and preventing significant soil erosion will not be compromised.

3. In acting on a request for such variances, the committee shall consider the following factors:

(a) The extent to which such requested activity is consistent with good forestry management for the harvesting of timber;

(b) The extent to which such requested activity significantly impedes or interrupts the natural volume and flow of water;

(c) The extent to which such requested activity significantly affects a continuation of the natural quality of the water pursuant to state and federal water quality standards;

(d) The extent to which such requested activity is consistent with the prevention of significant soil erosion;

(e) The extent to which such requested activity may significantly obstruct fish passage, cause sedimentation in fish spawning areas, infringe on feeding and nursing areas and cause variations of water temperatures; and

(f) The filtration of sediment-laden water as a consequence of timber harvesting on adjacent slopes.

4. *The committee may prohibit a logging operation from felling trees, skidding, rigging or constructing roads or landings, or operating vehicles, in an area greater than 50 feet, measured on the slope, from the high-water mark of any lake, reservoir, stream or other body of water if the committee determines that the site conditions of the logging operation warrant such prohibition.*

Sec. 19. NRS 528.055 is hereby amended to read as follows:

528.055 1. ~~{Tractor-skid}~~ Skid trails, landings, logging ~~{truck}~~ roads and firebreaks shall be so located, constructed, used and left after timber harvesting that erosion caused by water flow therefrom and water flow in natural watercourses shall be limited to a reasonable minimum that will not impair the productivity of the soil or appreciably diminish the quality of the water.

2. Roadside berms shall be constructed where necessary to guide surface water flow to the point of planned diversion required by NRS 528.0551 and 528.0552, and to prevent unnecessary erosion of fills and side cast material.

Sec. 20. NRS 528.0551 is hereby amended to read as follows:

528.0551 1. Except as provided in NRS 528.0552, 528.0553 and 528.0554, water breaks or culverts, or both, shall be constructed for all logging ~~{truck}~~ roads, ~~{tractor}~~ skid trails and firebreaks no later than November 15 of each year. Water breaks or culverts, or both, shall:

- (a) Be located in minimal fill areas;
- (b) Be effective in diverting surface water from logging ~~{truck}~~ roads, ~~{tractor}~~ skid trails and firebreaks;
- (c) Provide unrestricted discharge into an area having sufficient filter capacity to effectively remove water-borne sediment to prevent a serious risk of causing significant degradation of water quality; and
- (d) Be installed at such intervals as are necessary to reasonably prevent surface water on or from such logging ~~{truck}~~ roads, ~~{tractor}~~ skid trails and firebreaks from accumulating in sufficient volume or accelerating to sufficient velocity to cause excessive erosion. The following guidelines shall be considered in determining reasonable water break or culvert intervals:
  - (1) On grades of 10 percent or less, intervals of 100 to 200 feet;
  - (2) On grades of 11 to 25 percent, intervals of 75 to 150 feet;
  - (3) On grades of 26 to 49 percent, intervals of 50 to 100 feet; and
  - (4) On grades of 50 percent or more, intervals of 30 to 75 feet.

2. Advance flagging of water break or culvert locations shall be provided wherever necessary to insure that the location and spacing of the water breaks or culverts, or both, is adequate to prevent water flow from creating a serious risk of causing significant degradation of water quality.

3. On permanent ~~{truck}~~ roads, water breaks or culverts, or both, shall be cut a minimum of 12 inches into the firm road surface and shall be constructed so that they will not be rendered ineffective by the passage of motorized vehicles.

Sec. 21. NRS 528.0553 is hereby amended to read as follows:

528.0553 If weather or soil conditions, or both, prevent installation of water breaks, culverts or outsloped drainage structures, or any combination thereof, prior to November 15 of each year as required by NRS 528.0551 and 528.0552, the drainage of ~~{truck}~~ roads, ~~{tractor}~~ skid trails and firebreaks shall be maintained by hand to prevent excessive erosion until permanent facilities can be installed.

Sec. 22. NRS 528.0554 is hereby amended to read as follows:

528.0554 Wherever terrain or any other factor precludes proper diversion of water flow from ~~{tractor}~~ skid trails as required by NRS 528.0551 and 528.0552, slash shall be scattered on such ~~{tractor}~~ skid trails in sufficient quantity to retard water flow thereon and hold erosion to a minimum.

Sec. 23. NRS 528.057 is hereby amended to read as follows:

528.057 1. Every timber owner or operator, upon completion of his or her logging or cutting operation, shall sow suitable grass seed on skid trails, skid roads, unmaintained ~~{tractor and truck}~~ roads and landings to help maintain the productive condition of the cut-over timberlands. Drill seedings shall be done where feasible.

2. The seed shall:

- (a) Be approved by the State Forester Firewarden;
- (b) Not be sown during windy weather or when the ground is frozen or under any other unsuitable conditions; and
- (c) Be spread evenly at not less than 12 pounds per acre ~~{in the spring}~~ when moisture conditions are favorable.

Sec. 24. NRS 528.060 is hereby amended to read as follows:

528.060 For the purpose of protecting from damage those trees required to be left for reserve and to leave cut-over timberland in a productive condition and to regulate timberland conversion, the State Forester Firewarden:

1. Shall make reasonable rules in relation to stump heights, felling of trees, skid trails and skid roads, ~~{tractor and truck}~~ other roads, landings and rigging as the State Forester Firewarden deems wise and necessary.

2. May adopt such regulations as are necessary to carry out the provisions of NRS 528.010 to 528.090, inclusive.

Sec. 25. NRS 528.070 is hereby amended to read as follows:

528.070 The fire prevention and suppression practices of every timber owner or operator conducting logging operations in this State ~~{shall conform to the following:~~

~~1. All such timber owners or operators shall fell all snags over 20 feet in height which are 16 inches d.b.h. or larger concurrently with the felling of live merchantable timber on forest lands in this State. However, in salvaging~~

~~fire killed or insect killed timber where the average number of snags, after logging, will be greater than four per acre, the timber owner or operator shall dispose of only an average of four snags per acre.~~

~~2. All~~ *must include, without limitation, lopping and scattering* limbs from unutilized portions of trees and reproduction, felled or knocked down by logging or construction, within 100 feet of the traveled surface of any public road and main logging roads. ~~shall be lopped and scattered~~ *Such lopping and scattering must be performed* currently in the course of operations. In areas where a timber owner or operator chooses to pile and burn lopped slash, the slash ~~shall~~ *must* be piled and burned where the burning will not damage residual trees or reproduction. The piled slash ~~shall~~ *must* be burned at a safe time as determined by the State Forester Firewarden. Piles that fail to burn clean ~~shall~~ *must* be repiled and burned. All reasonable precautions ~~shall~~ *must* be taken to confine such burning to the piled slash.

Sec. 26. NRS 528.083 is hereby amended to read as follows:

528.083 An application for a timberland conversion certificate shall be accompanied by the following:

1. A conversion plan on a form prescribed by the State Forester Firewarden, which shall set forth in detail information pertaining to:

- (a) The present and future use of such land;
- (b) The soil and topography of such land;
- (c) The conversion techniques;
- (d) The conversion time schedule; and
- (e) Such other information as the State Forester Firewarden may require.

2. An affidavit on a form prescribed by the State Forester Firewarden, which shall include:

- (a) The name of the applicant;
- (b) The nature of the use to which such land is to be devoted;
- (c) The dates when such conversion is to commence and be completed; and
- (d) The signature of the applicant.

3. A performance bond of not less than an amount equal to \$75 for each acre of the land to be converted, which shall be conditioned on compliance with the provisions of the timberland conversion certificate, and shall insure the cost of any needed stabilization, revegetation or rehabilitation work. Such performance bond shall be in one of the following forms:

- (a) A surety bond with a surety qualified to do business in this state ~~[-]~~ ; *or*
- (b) A personal bond accompanied by a ~~deposit of~~

~~(1) Cash, a cashier's check or a money order~~ *surety bond, certificate of deposit or treasury note* in the required amount. ~~[-] or~~

~~(2) Negotiable securities acceptable to the State Forester Firewarden in the required amount together with a power of attorney in favor of the State Forester Firewarden to sell such securities in the event of default.~~

~~—(c) An individual surety executed on a form prescribed by the State Forester Firewarden and guaranteed by at least two persons of financial standing acceptable to the State Forester Firewarden.]~~

4. Such additional information as the applicant may desire to submit or as the State Forester Firewarden may require.

Sec. 27. NRS 528.150 is hereby amended to read as follows:

528.150 1. On or before January 1 of each year, the State Forester Firewarden shall, in coordination and cooperation with the Tahoe Regional Planning Agency and the fire chiefs within the Lake Tahoe Basin, submit a report concerning fire prevention and forest health in the Nevada portion of the Lake Tahoe Basin to:

(a) The Legislative Committee for the Review and Oversight of the Tahoe Regional Planning Agency and Marlette Lake Water System created by NRS 218E.555 and to the Director of the Legislative Counsel Bureau for transmittal to the Legislature;

(b) The Governor;

(c) The Tahoe Regional Planning Agency; and

(d) Each United States Senator and Representative in Congress who is elected to represent the State of Nevada.

2. The report submitted by the State Forester Firewarden pursuant to subsection 1 must address, without limitation:

(a) The status of:

(1) The implementation of plans for the prevention of fires in the Nevada portion of the Lake Tahoe Basin, including, without limitation, plans relating to the reduction of fuel for fires;

(2) Efforts concerning forest restoration in the Nevada portion of the Lake Tahoe Basin; and

(3) Efforts concerning rehabilitation of vegetation, if any, as a result of *a fire or other event which significantly disturbs the vegetation* in the Nevada portion of the Lake Tahoe Basin.

(b) Compliance with:

(1) The goals and policies for fire prevention and forest health in the Nevada portion of the Lake Tahoe Basin; and

(2) Any recommendations concerning fire prevention or public safety made by any fire department or fire protection district in the Nevada portion of the Lake Tahoe Basin.

(c) Any efforts to:

(1) Increase public awareness in the Nevada portion of the Lake Tahoe Basin regarding fire prevention and public safety; and

(2) Coordinate with other federal, state, local and private entities with regard to projects to reduce fire hazards in the Nevada portion of the Lake Tahoe Basin.



Sec. 28. Any agreement entered into pursuant to NRS 527.320 before the effective date of this act is not affected by the provisions of section 29 of this act.

Sec. 29. NRS 527.310, 527.320, 528.013, 528.019, 528.022, 528.023, 528.025, 528.0265, 528.027, 528.046 and 528.087 are hereby repealed.

Sec. 30. This act becomes effective upon passage and approval.

#### LEADLINES OF REPEALED SECTIONS

527.310 Decennial report: Preparation; contents; financing.

527.320 Cooperative agreements; annual reports; demonstrations.

528.013 “Adequately stocked” defined.

528.019 “Old growth” defined.

528.022 “Prior-cut” defined.

528.023 “Seed tree” defined.

528.025 “Snag” defined.

528.0265 “Tractor” defined.

528.027 “Young growth” defined.

528.046 Logging permit: Reduction of performance bond.

528.087 Timberland conversion certificate: Reduction of performance bond.

Senator Scheible moved the adoption of the amendment.

Remarks by Senator Scheible.

Amendment No. 101 makes two changes to Senate Bill No. 56. In section 4, the amendment clarifies a written plan for a prescribed fire must be prepared by a person qualified to oversee a prescribed fire and must be signed by the person who prepared the plan. It changes the stream buffer, referenced in section 16, from a 200-foot to a 50-foot buffer.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 186.

Bill read second time.

The following amendment was proposed by the Committee on Commerce and Labor:

Amendment No. 86.

SUMMARY—Enacts provisions governing the interstate practice of physical therapy. (BDR 54-514)

AN ACT relating to physical therapy; enacting and entering into the Physical Therapy Licensure Compact; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

The Physical Therapy Licensure Compact is an interstate compact that allows a person who is licensed as a physical therapist or physical therapist assistant in a state that is a member of the Compact to practice as a physical therapist or physical therapist assistant in other states that are members of the Compact. The Compact only authorizes a physical therapist or physical therapist assistant to provide services in person in a state in which he or she is not licensed. Before

practicing as a physical therapist or physical therapist assistant under the Compact, the Compact requires a physical therapist or physical therapist assistant to: (1) hold a license in his or her home state; (2) have no encumbrances on his or her license; (3) be eligible to practice under the Compact; (4) have had no adverse actions taken against any license or authority to practice under the Compact within the previous 2 years; (5) notify the Physical Therapy Compact Commission that he or she is seeking to practice under the Compact within the other state; (6) pay any applicable fees; (7) meet any requirements in the state in which he or she seeks to practice under the Compact; and (8) report any adverse action taken against him or her within 30 days from the date the adverse action is taken. The Compact requires that the states who are members of the Compact create and establish a joint public agency called the Physical Therapy Compact Commission. The Commission is authorized to: (1) establish bylaws; (2) make rules that facilitate and coordinate implementation and administration of the Compact; (3) hold meetings, including closed meetings; (4) levy on and collect an annual assessment from each state that is a member of the Compact; (5) develop, maintain and utilize a coordinated database and reporting system; and (6) resolve disputes related to the Compact among states that are members of the Compact. Section 2 of this bill enacts the Physical Therapy Licensure Compact. Sections 3-5 of this bill set forth various provisions that incorporate the Compact into existing law.

The Compact requires a participating state to comply with various rules. To ensure this State's compliance with these rules, section 3 of this bill requires the Nevada Physical Therapy Board to ~~administer~~ carry out the State's compliance with the Compact in this State.

The Compact authorizes a state that is a member of the Compact to charge a fee for granting a compact privilege. Existing law requires all fees that relate to physical therapists, physical therapist assistants and physical therapist technicians which are collected to be deposited by the Board in banks, credit unions, savings and loan associations or savings banks in this State. (NRS 640.070) Section 4 of this bill authorizes the Board to adopt regulations to ~~implement~~ carry out the State's compliance with the Compact ~~in~~ in this State, including regulations that establish such fees. If the Board establishes such fees by regulation, section 4 requires the Board to deposit the money collected from such fees in ~~the State General Fund~~ banks, credit unions, savings and loan associations or savings banks in this State and authorizes the Board to present claims to the State Board of Examiners for recommendation to the Interim Finance Committee to spend money if the money is needed to meet the financial obligations imposed on this State as a result of participating in the Compact.

The Compact authorizes the Commission, the Executive Board of the Commission or other committees of the Commission to convene a closed, nonpublic meeting to discuss certain topics or disclose certain information. Section 5 of this bill provides that if such a closed meeting occurs, any record

created as a result of such a meeting shall not be considered a public record. Section 30 of this bill makes a conforming change.

Sections 6-29 and 31-38 of this bill make conforming changes by clarifying that a physical therapist or physical therapist assistant can be: (1) licensed to practice or to assist in the practice of physical therapy in this State; or (2) authorized to practice or to assist in the practice of physical therapy in this State under the Compact. Additionally, section 25 of this bill defines the term “licensed physical therapist” for the entirety of the Nevada Revised Statutes to mean a physical therapist who is: (1) licensed under existing law; or (2) authorized to practice physical therapy in this State under the Compact.

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

Section 1. Chapter 640 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this act.

Sec. 2. *The Physical Therapy Licensure Compact, set forth in this section, is hereby enacted into law and entered into with all other jurisdictions legally joining the Compact, in substantially the form set forth in this section:*

*PHYSICAL THERAPY LICENSURE COMPACT*

*ARTICLE I. PURPOSE*

*The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient or client is located at the time of the patient or client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.*

*This Compact is designed to achieve the following objectives:*

- 1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;*
- 2. Enhance the states’ ability to protect the public’s health and safety;*
- 3. Encourage the cooperation of member states in regulating multistate physical therapy practice;*
- 4. Support spouses of relocating military members;*
- 5. Enhance the exchange of licensure, investigative and disciplinary information between member states; and*
- 6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state’s practice standards.*

*ARTICLE II. DEFINITIONS*

*As used in this Compact, and except as otherwise provided, the following definitions apply:*

- 1. “Active Duty Military” means full-time duty status in the active uniformed service of the United States, including, without limitation, members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. §§ 1209 and 1211.*

2. *“Adverse Action” means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance or a combination of both.*

3. *“Alternative Program” means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, without limitation, substance abuse issues.*

4. *“Compact privilege” means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient or client is located at the time of the patient or client encounter.*

5. *“Continuing competence” means a requirement, as a condition of license renewal, to provide evidence of participation in, or completion of, educational and professional activities relevant to practice or area of work.*

6. *“Data system” means a repository of information about licensees, including, without limitation, examination, licensure, investigative, compact privilege and adverse action.*

7. *“Encumbered license” means a license that a physical therapy licensing board has limited in any way.*

8. *“Executive Board” means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.*

9. *“Home state” means the member state that is the licensee’s primary state of residence.*

10. *“Investigative information” means information, records and documents received or generated by a physical therapy licensing board pursuant to an investigation.*

11. *“Jurisprudence requirement” means the assessment of an individual’s knowledge of the laws and rules governing the practice of physical therapy in a state.*

12. *“Licensee” means an individual who currently holds an authorization from the State to practice as a physical therapist or to work as a physical therapist assistant.*

13. *“Member state” means a state that has enacted the Compact.*

14. *“Party state” means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.*

15. *“Physical therapist” means an individual who is licensed by a state to practice physical therapy.*

16. *“Physical therapist assistant” means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.*

17. *“Physical therapy,” “physical therapy practice” or “the practice of physical therapy” means the care and services provided by or under the direction and supervision of a licensed physical therapist.*

18. “Physical Therapy Compact Commission” or “Commission” means the national administrative body whose membership consists of all states that have enacted the Compact.

19. “Physical therapy licensing board” or “licensing board” means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

20. “Remote state” means a member state, other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

21. “Rule” means a regulation, principle or directive promulgated by the Commission that has the force of law.

22. “State” means any state, commonwealth, district or territory of the United States of America that regulates the practice of physical therapy.

#### ARTICLE III. STATE PARTICIPATION IN THE COMPACT

1. To participate in the Compact, a state must:

(a) Participate fully in the Commission’s data system, including, without limitation, using the Commission’s unique identifier as defined in rules;

(b) Have a mechanism in place for receiving and investigating complaints about licensees;

(c) Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(d) Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection 2;

(e) Comply with the rules of the Commission;

(f) Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and

(g) Have continuing competence requirements as a condition for license renewal.

2. Upon adoption of this Compact, the member state may obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. § 534 and 34 U.S.C. § 40316.

3. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

4. Member states may charge a fee for granting a compact privilege.

#### ARTICLE IV. COMPACT PRIVILEGE

1. To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:

(a) Hold a license in the home state;

(b) Have no encumbrance on any state license;

(c) Be eligible for a compact privilege in any member state in accordance with subsections 4, 7 and 8;

(d) Have not had any adverse action against any license or compact privilege within the previous 2 years;

(e) Notify the Commission that the licensee is seeking the compact privilege within a remote state;

(f) Pay any applicable fees, including, without limitation, any state fee, for the compact privilege;

(g) Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege; and

(h) Report to the Commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

2. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of subsection 1 to maintain the compact privilege in the remote state.

3. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

4. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

5. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(a) The home state license is no longer encumbered; and

(b) Two years have elapsed from the date of the adverse action.

6. Once an encumbered license in the home state is restored to good standing, the licensee shall meet the requirements of subsection 1 to obtain a compact privilege in any remote state.

7. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

(a) The specific period of time for which the compact privilege was removed has ended;

(b) All fines have been paid; and

(c) Two years have elapsed from the date of the adverse action.

8. Once the requirements of subsection 7 have been met, the licensee shall meet the requirements in subsection 1 to obtain a compact privilege in a remote state.

*ARTICLE V. ACTIVE DUTY MILITARY  
PERSONNEL OR THEIR SPOUSES*

*A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:*

- 1. Home of record;*
- 2. Permanent change of station; or*
- 3. State of current residence if it is different from the permanent change of station state or home of record.*

*ARTICLE VI. ADVERSE ACTIONS*

*1. A home state has the exclusive power to impose adverse action against a license issued by the home state.*

*2. A home state may take adverse action based on the investigative information of a remote state, if the home state follows its own procedures for imposing adverse action.*

*3. This Compact does not override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation must remain nonpublic if required by the member state's laws. Member states shall require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.*

*4. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.*

*5. A remote state may:*

*(a) Take adverse actions as set forth in subsection 4 of article IV against a licensee's compact privilege in the state.*

*(b) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state must be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located.*

*(c) If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.*

*6. Joint Investigations.*

*(a) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.*

*(b) Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.*

*ARTICLE VII. ESTABLISHMENT OF THE PHYSICAL  
THERAPY COMPACT COMMISSION*

*1. The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission:*

*(a) The Commission is an instrumentality of the Compact member states.*

*(b) Venue is proper and judicial proceedings by or against the Commission must be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.*

*(c) This Compact must not be construed to be a waiver of sovereign immunity.*

*2. Membership, voting and meetings.*

*(a) Each member state is limited to one delegate selected by that member state's licensing board.*

*(b) The delegate shall be a current member of the licensing board and be a physical therapist, physical therapist assistant, public member or the board administrator.*

*(c) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.*

*(d) The member state board shall fill any vacancy occurring in the Commission.*

*(e) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.*

*(f) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.*

*(g) The Commission shall meet at least once during each calendar year. Additional meetings must be held as set forth in the bylaws.*

*3. The Commission shall have the following powers and duties:*

*(a) Establish the fiscal year of the Commission;*

*(b) Establish bylaws;*

*(c) Maintain its financial records in accordance with the bylaws;*

*(d) Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;*

*(e) Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact with such rules having the force and effect of law and being binding in all member states;*



*(f) Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;*

*(g) Purchase and maintain insurance and bonds;*

*(h) Borrow, accept or contract for services of personnel, including, without limitation, employees of a member state;*

*(i) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;*

*(j) Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services and receive, utilize and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;*

*(k) Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed, provided that at all times the Commission shall avoid any appearance of impropriety;*

*(l) Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;*

*(m) Establish a budget and make expenditures;*

*(n) Borrow money;*

*(o) Appoint committees, including, without limitation, standing committees composed of members, state regulators, state legislators or their representatives, consumer representatives and such other interested persons as may be designated in this Compact and the bylaws;*

*(p) Provide and receive information from, and cooperate with, law enforcement agencies;*

*(q) Establish and elect an Executive Board; and*

*(r) Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.*

*4. The Executive Board may act on behalf of the Commission according to the terms of this Compact:*

*(a) The Executive Board shall be composed of nine members:*

*(1) Seven voting members who are elected by the Commission from the current membership of the Commission;*

*(2) One ex-officio, nonvoting member from the recognized national physical therapy professional association; and*

*(3) One ex-officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.*

*(b) The ex-officio members shall be selected by their respective organizations.*

(c) *The Commission may remove any member of the Executive Board as provided in the bylaws.*

(d) *The Executive Board shall meet at least annually.*

(e) *The Executive Board shall:*

(1) *Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states, including, without limitation, annual dues, and any Commission Compact fee charged to licensees for the compact privilege;*

(2) *Ensure Compact administration services are appropriately provided, contractual or otherwise;*

(3) *Prepare and recommend the budget;*

(4) *Maintain financial records on behalf of the Commission;*

(5) *Monitor Compact compliance of member states and provide compliance reports to the Commission;*

(6) *Establish additional committees as necessary; and*

(7) *Other duties as provided in the rules or bylaws.*

5. *Meetings of the Commission.*

(a) *All meetings shall be open to the public, and public notice of meetings must be given in the same manner as required under the rulemaking provisions in article IX.*

(b) *The Commission or the Executive Board or other committees of the Commission may convene in a closed, nonpublic meeting if the Commission or Executive Board or other committees of the Commission must discuss:*

(1) *Noncompliance of a member state with its obligations under the Compact;*

(2) *The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;*

(3) *Current, threatened or reasonably anticipated litigation;*

(4) *Negotiation of contracts for the purchase, lease or sale of goods, services or real estate;*

(5) *Accusing any person of a crime or formally censuring any person;*

(6) *Disclosure of trade secrets or commercial or financial information that is privileged or confidential;*

(7) *Disclosure of information of a personal nature if the disclosure would constitute a clearly unwarranted invasion of personal privacy;*

(8) *Disclosure of investigative records compiled for law enforcement purposes;*

(9) *Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or*

(10) *Matters specifically exempted from disclosure by federal or member state statute.*

*(c) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.*

*(d) The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including, without limitation, a description of the views expressed. All documents considered in connection with an action must be identified in such minutes. All minutes and documents of a closed meeting must remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.*

*6. Financing of the Commission.*

*(a) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.*

*(b) The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.*

*(c) The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount must be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.*

*(d) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.*

*(e) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission are subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission must be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.*

*7. Qualified immunity, defense and indemnification.*

*(a) The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from*

*suit or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.*

*(b) The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that this paragraph may not be construed to prohibit that person from retaining his or her own counsel, and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.*

*(c) The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.*

#### ARTICLE VIII. DATA SYSTEM

*1. The Commission shall provide for the development, maintenance and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.*

*2. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including, without limitation:*

- (a) Identifying information;*
- (b) Licensure data;*
- (c) Adverse actions against a license or compact privilege;*
- (d) Nonconfidential information related to alternative program participation;*
- (e) Any denial of application for licensure and the reason for such denial; and*
- (f) Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.*

*3. Investigative information pertaining to a licensee in any member state will only be available to other party states.*

*4. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse*

action information pertaining to a licensee in any member state will be available to any other member state.

5. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

6. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

#### ARTICLE IX. RULEMAKING

1. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted pursuant to this article. Rules and amendments shall become binding as of the date specified in each rule or amendment.

2. If a majority of the legislatures of the member states rejects a rule by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

3. Rules or amendments to the rules must be adopted at a regular or special meeting of the Commission.

4. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

(a) On the website of the Commission or other publicly accessible platform; and

(b) On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

5. The Notice of Proposed Rulemaking must include, without limitation:

(a) The proposed time, date and location of the meeting in which the rule will be considered and voted upon;

(b) The text of the proposed rule or amendment and the reason for the proposed rule;

(c) A request for comments on the proposed rule from any interested person; and

(d) The manner in which interested persons may submit notice to the Commission of the interested persons' intentions to attend the public hearing and any written comments.

6. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which must be made available to the public.

7. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(a) At least twenty-five persons;

*(b) A state or federal governmental subdivision or agency; or*

*(c) An association having at least twenty-five members.*

8. *If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.*

*(a) All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than 5 business days before the scheduled date of the hearing.*

*(b) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.*

*(c) All hearings must be recorded. A copy of the recording must be made available on request.*

*(d) This article may not be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this article.*

9. *Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.*

10. *If written notice of intent to attend the public hearing by interested parties is not received, the Commission may proceed with promulgation of the proposed rule without a public hearing.*

11. *By majority vote of all members, the Commission shall take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.*

12. *Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in the Compact and in this article must be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this subsection, an emergency rule is one that must be adopted immediately in order to:*

*(a) Meet an imminent threat to public health, safety or welfare;*

*(b) Prevent a loss of Commission or member state funds;*

*(c) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or*

*(d) Protect public health and safety.*

13. *The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions must be posted on the website of the Commission. The revision shall be subject to challenge by any*

person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge must be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If a challenge is not made, the revision must take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE X. OVERSIGHT, DISPUTE RESOLUTION AND  
ENFORCEMENT

1. Oversight.

(a) The executive, legislative and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated under this Compact have standing as statutory law.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

(c) The Commission is entitled to receive service of process in any such proceeding and has standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

2. Default, technical assistance and termination.

(a) If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(1) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and any other action to be taken by the Commission; and

(2) Provide remedial training and specific technical assistance regarding the default.

(b) If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(c) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature and each of the member states.

(d) A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination,

including, without limitation, obligations that extend beyond the effective date of termination.

(e) The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

(f) The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including, without limitation, reasonable attorney's fees.

### 3. Dispute resolution.

(a) Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

(b) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

### 4. Enforcement.

(a) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

(b) By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. If judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including, without limitation, reasonable attorney's fees.

(c) The remedies herein are not the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

## ARTICLE XI. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

1. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, are limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

2. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.



3. Any member state may withdraw from this Compact by enacting a statute repealing the same.

(a) A member state's withdrawal shall not take effect until 6 months after enactment of the repealing statute.

(b) Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

4. This Compact shall not be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

5. This Compact may be amended by the member states. An amendment to this Compact shall not become effective and binding upon any member state until it is enacted into the laws of all member states.

#### ARTICLE XII. CONSTRUCTION AND SEVERABILITY

This Compact must be liberally construed so as to effectuate the purposes of the Compact. The provisions of this Compact are severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability of the remainder of this Compact to any government, agency, person or circumstance shall not be affected thereby. If this Compact is held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Sec. 3. The Board shall ~~administer~~ carry out the State's compliance with the provisions of the Physical Therapy Licensure Compact enacted in section 2 of this act.

Sec. 4. 1. The Board may adopt regulations necessary to ~~implement~~ carry out the State's compliance with the provisions of the Physical Therapy Licensure Compact enacted in section 2 of this act, including, without limitation, regulations that establish fees for physical therapists and physical therapist assistants seeking authorization to practice or to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact.

2. If the Board establishes fees pursuant to subsection 1, the Board shall deposit the money collected from the imposition of the fees ~~in the State General Fund~~ pursuant to NRS 640.070. The Board may present a claim to the State Board of Examiners for recommendation to the Interim Finance Committee if money is needed to meet the financial obligations imposed on this State as a result of participation in the Physical Therapy Licensure Compact.

Sec. 5. *If a meeting, or a portion of a meeting, of the Physical Therapy Compact Commission is closed pursuant to subsection 5 of article VII of the Physical Therapy Licensure Compact enacted in section 2 of this act, any record created pursuant to such a closed meeting shall not be considered a public record pursuant to NRS 239.010.*

Sec. 6. NRS 640.021 is hereby amended to read as follows:

640.021 “Physical therapist” means a person who is ~~licensed~~ :

1. *Licensed* as such in accordance with the provisions of this chapter ~~[-]~~ ; or
2. *Authorized to the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.*

Sec. 7. NRS 640.0213 is hereby amended to read as follows:

640.0213 “Physical therapist assistant” means a person who assists in the practice of physical therapy under the supervision of a ~~licensed~~ physical therapist and who is ~~licensed~~ :

1. *Licensed* under the provisions of this chapter ~~[-]~~ ; or
2. *Authorized to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.*

Sec. 8. NRS 640.030 is hereby amended to read as follows:

640.030 1. The Nevada Physical Therapy Board, consisting of five members appointed by the Governor, and any nonvoting advisory members appointed by the Board pursuant to NRS 640.055, is hereby created.

2. The Governor shall appoint:

(a) Three members who are ~~licensed~~ physical therapists ~~[in the State of Nevada]~~, *licensed as such in accordance with the provisions of this chapter.*

(b) One member who is a licensed physical therapist assistant in the State of Nevada.

(c) One member who is a representative of the general public. This member must not be:

(1) A physical therapist or a physical therapist assistant; or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a physical therapist or a physical therapist assistant.

3. No member of the Board may serve more than two consecutive terms.

4. The Governor may remove any voting member of the Board for incompetency, neglect of duty, gross immorality or malfeasance in office.

5. A majority of the voting members of the Board constitutes a quorum.

6. No member of the Board may be held liable in a civil action for any act which he or she has performed in good faith in the execution of his or her duties under this chapter.

7. The Board shall comply with the provisions of chapter 241 of NRS, and all meetings of the Board must be conducted in accordance with that chapter.

Sec. 9. NRS 640.050 is hereby amended to read as follows:

640.050 1. The Board shall:

(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto;

(b) Evaluate the qualifications and determine the eligibility of an applicant for a license as a physical therapist or physical therapist assistant and, upon payment of the applicable fee, issue the appropriate license to a qualified applicant;

~~(c) Determine if an applicant for authorization to practice or to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act holds a valid and unencumbered license in another state that is a member of the Physical Therapy Licensure Compact and otherwise complies with the Physical Therapy Licensure Compact and any regulations adopted pursuant to section 4 of this act;~~

~~(d)~~ Investigate any complaint filed with the Board against a ~~licensee;~~ physical therapist or physical therapist assistant; and

~~(e)~~ Unless the Board determines that extenuating circumstances exist, forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices as a physical therapist or physical therapist assistant without a license ~~or without authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.~~

2. The Board may adopt reasonable regulations to carry this chapter into effect, including, but not limited to, regulations concerning the:

(a) Issuance and display of licenses ~~or authorizations to practice or to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.~~

(b) Supervision of physical therapist assistants and physical therapist technicians.

3. The Board shall prepare and maintain a record of its proceedings, including, without limitation, any disciplinary proceedings.

4. The Board shall maintain a list of licensed physical therapists ~~authorized to~~ who practice physical therapy in this State and physical therapist assistants ~~licensed to~~ who assist in the practice of physical therapy in this State.

5. The Board may:

(a) Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

(b) Employ attorneys, investigators and other professional consultants and clerical personnel necessary to the discharge of its duties.

(c) Adopt a seal of which a court may take judicial notice.

6. Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter or who holds an authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure

*Compact enacted in section 2 of this act practices physical therapy or as a physical therapist assistant and inspect the premises to determine whether a violation of any provision of this chapter or any regulation adopted pursuant thereto has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing physical therapy or as a physical therapist assistant without the appropriate license issued pursuant to the provisions of this chapter ~~[-]~~ or without authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.*

7. Any voting member of the Board may administer an oath to a person testifying in a matter that relates to the duties of the Board.

Sec. 10. NRS 640.070 is hereby amended to read as follows:

640.070 1. All fees collected under this chapter must be deposited by the Board in banks, credit unions, savings and loan associations or savings banks in the State of Nevada.

2. All expenses incident to the operation of this chapter must be paid from the revenue derived therefrom.

3. In a manner consistent with the provisions of chapter 622A of NRS, the Board may delegate to a hearing officer or panel its authority to take any disciplinary action pursuant to this chapter and impose and collect administrative fines therefor. If the Board so delegates its authority, the Board may deposit the money from the fines in banks, credit unions, savings and loan associations or savings banks in this State for the support of the Board. In addition, the hearing officer or panel may assess a ~~[licensee]~~ *physical therapist or physical therapist assistant* against whom disciplinary action is taken any costs and fees incurred by the Board as a result of the hearing. The money from the reimbursed costs and fees may also be deposited for use by the Board.

4. If a hearing officer or panel is not authorized to take disciplinary action pursuant to subsection 3, the Board shall deposit the money collected from the imposition of administrative fines in the State General Fund. The Board may present a claim to the State Board of Examiners for recommendation to the Interim Finance Committee if money is needed to pay attorney's fees or the costs of an investigation, or both.

Sec. 11. NRS 640.155 is hereby amended to read as follows:

640.155 1. After conducting an inspection pursuant to NRS 640.050, a member or agent of the Board may issue a citation to a ~~[licensee]~~ *physical therapist or physical therapist assistant* if the member or agent concludes that, based on a preponderance of the evidence, the ~~[licensee]~~ *physical therapist or physical therapist assistant* has violated:

(a) Subsection 3 of NRS 640.110;

(b) Any regulation of the Board that requires a ~~[licensee]~~ *physical therapist or physical therapist assistant* to provide his or her address to the Board, display his or her license or authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact

enacted in section 2 of this act or a copy thereof, practice only under the name listed on his or her license, authorization or document in the record of a patient any treatment provided to the patient; or

(c) Any regulation of the Board establishing requirements for the supervision of an unlicensed person by a physical therapist or limiting the number of persons who may be supervised by a physical therapist.

2. A citation issued pursuant to this section may include, without limitation, an order to:

(a) Take action to correct any condition resulting from any act that constitutes a violation of a provision set forth in subsection 1, at the cost of the person who committed the violation. If the citation contains such an order, the citation must:

(1) State the time permitted for compliance, which must be not less than 5 business days after the date the person receives the citation; and

(2) Specifically describe the corrective action to be taken.

(b) Pay an administrative fine not to exceed the amount prescribed pursuant to subsection 3.

(c) Reimburse the Board for any expenses incurred to investigate the violation, in an amount not to exceed \$150.

3. Any administrative fine imposed pursuant to this section must be:

(a) For a first violation, in the amount prescribed by regulation of the Board, which must be not less than \$100 or more than \$500;

(b) For a second violation, in the amount prescribed by regulation of the Board, which must be not less than \$250 or more than \$1,000; and

(c) For a third violation and for each additional violation, in the amount determined by the Board after the ~~licensee~~ *physical therapist or physical therapist assistant* appears before the Board.

4. The sanctions authorized by this section are separate from, and in addition to, any other remedy, civil or criminal, authorized by this chapter.

Sec. 12. NRS 640.157 is hereby amended to read as follows:

640.157 1. Except as otherwise provided in this subsection, to contest a citation issued pursuant to NRS 640.155, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation. The Board may, for good cause shown, extend the time to submit a request for a hearing.

2. If the person to whom a citation is issued files a timely written request for a hearing to contest the citation:

(a) The Board shall provide notice of and conduct the hearing in accordance with this chapter and the provisions of chapters 233B and 622A of NRS governing the adjudication of contested cases.

(b) At the hearing, the ~~licensee~~ *physical therapist or physical therapist assistant* may contest, without limitation:

(1) The facts forming the basis for the determination that the ~~licensee~~ *physical therapist or physical therapist assistant* has committed an act which constitutes a violation of a provision described in NRS 640.155;

(2) The time allowed to take any corrective action ordered;

(3) The amount of any administrative fine ordered;

(4) The amount of any payment ordered to reimburse the Board for the expenses incurred to investigate the violation; and

(5) Whether any corrective action described in the citation is reasonable.

3. If a person to whom a citation is issued pursuant to NRS 640.155 does not file timely a written request for a hearing to contest the citation, the citation shall be deemed a final order of the Board and any assessed fine deemed due and payable and any corrective action deemed required.

4. For the purposes of this section, a citation issued pursuant to NRS 640.155 shall be deemed to have been received by a person:

(a) On the date on which the citation is personally delivered to the person; or

(b) If the citation is mailed, 3 business days after the date on which the citation is mailed by certified mail to the last known business or residential address of the person.

Sec. 13. NRS 640.160 is hereby amended to read as follows:

640.160 1. The Board, after notice and a hearing as required by law, and upon any ground enumerated in subsection 2, may take one or more of the following actions:

(a) Refuse to issue a license or temporary license *or grant an authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* to any applicant.

(b) Refuse to renew the license or temporary license of any person.

(c) Suspend or revoke the license, ~~or~~ temporary license *or authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* of any person.

(d) Place any person who has been issued a license or temporary license *or who has been granted an authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* on probation.

(e) Impose an administrative fine which does not exceed \$5,000 on any person who has been issued a license ~~or~~ *or who has been authorized to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act*.

2. The Board may take action pursuant to subsection 1 if an applicant or person who has been licensed pursuant to this chapter ~~or~~ *or who has been authorized to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act*:

- (a) Is habitually drunk or is addicted to the use of a controlled substance.
- (b) Has been convicted of violating any state or federal law relating to controlled substances.
- (c) Is, in the judgment of the Board, guilty of immoral or unprofessional conduct.
- (d) Has been convicted of any crime involving moral turpitude.
- (e) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.
- (f) Is guilty, in the judgment of the Board, of gross negligence in his or her practice as a physical therapist which may be evidenced by claims of malpractice settled against a practitioner.
- (g) Has obtained or attempted to obtain a license by fraud or material misrepresentation.
- (h) Has been declared insane by a court of competent jurisdiction and has not thereafter been lawfully declared sane.
- (i) Has entered into any contract or arrangement which provides for the payment of an unearned fee to any person following his or her referral of a patient.
- (j) Has employed as a physical therapist any unlicensed *or unauthorized* physical therapist or physical therapist whose license *or authorization* has been suspended.
- (k) Has had a license to practice physical therapy suspended, revoked or in any way limited by another jurisdiction.
- (l) Is determined to be professionally incompetent by the Board.
- (m) Has violated any provision of this chapter or the Board's regulations.
- (n) Has operated a medical facility, as defined in NRS 449.0151, at any time during which:
  - (1) The license of the facility was suspended or revoked; or
  - (2) An act or omission occurred which resulted in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This paragraph applies to an owner or other principal responsible for the operation of the facility.

Sec. 14. NRS 640.169 is hereby amended to read as follows:

640.169 1. Except as otherwise provided in NRS 629.091 and 640.120, it is unlawful for any person to practice physical therapy in this State unless the person holds a license or a temporary license issued pursuant to this chapter ~~or~~ *or the person is authorized to practice physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.* A person who violates the provisions of this subsection is guilty of a gross misdemeanor.

2. In addition to any criminal penalty that may be imposed for a violation of subsection 1, the Board, after notice and hearing, may:

- (a) Issue an order against any person who has violated subsection 1 imposing an administrative penalty of not more than \$5,000 for each violation. Any

administrative penalty collected pursuant to this paragraph must be deposited in the State General Fund.

(b) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license *or authorization* or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(c) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 15. NRS 640.1695 is hereby amended to read as follows:

640.1695 Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice physical therapy or as a physical therapist assistant without the appropriate license issued pursuant to the provisions of this chapter ~~[-]~~ *or without an authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.*

Sec. 16. NRS 640.170 is hereby amended to read as follows:

640.170 1. A person who is licensed under this chapter as a physical therapist *or authorized to practice physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* shall use the words or letters "P.T." or "Physical Therapist" immediately following his or her name when representing himself or herself as a licensed physical therapist.

2. A person who is not licensed under this chapter as a physical therapist ~~[-]~~ *or not authorized to practice physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act*, or whose license *or authorization* has been suspended, revoked or has expired and who uses in connection with his or her name the words or letters "L.P.T.," "Licensed Physical Therapist," "R.P.T.," "Registered Physical Therapist," "P.T.," "Physical Therapist," or any other letters, words or insignia indicating or implying that the person is a licensed physical therapist, or who in any other way, orally, or in writing, or in print, by sign, directly or by implication, represents himself or herself as a licensed physical therapist, is guilty of a misdemeanor.



3. A sole proprietorship, corporation, limited-liability company, association, partnership or other form of business organization shall not:

(a) Use in connection with its name or business activities the words or letters “L.P.T.,” “Licensed Physical Therapist,” “R.P.T.,” “Registered Physical Therapist,” “P.T.,” “Physical Therapist,” “physical therapy,” or any other letters, words or insignia indicating or implying that the sole proprietorship, corporation, limited-liability company, association, partnership or other form of business organization provides, through employees, agents, independent contractors or representatives, services constituting the practice of physical therapy; or

(b) Represent in any other way, orally, or in writing, or in print, by sign, directly or by implication, that the sole proprietorship, corporation, limited-liability company, association or partnership provides services constituting the practice of physical therapy,

↳ unless the services constituting the practice of physical therapy are provided by or under the supervision of a licensed *or authorized* physical therapist. A sole proprietorship, corporation, limited-liability company, association, partnership or other form of business organization that violates this subsection is guilty of a misdemeanor.

4. In addition to any criminal penalty that may be imposed for a violation of subsection 2 or 3, the Board, after notice and hearing, may:

(a) Issue an order against any person who has violated subsection 2 or 3 imposing an administrative penalty of not more than \$5,000 for each violation. Any administrative penalty collected pursuant to this paragraph must be deposited in the State General Fund.

(b) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license *or authorization* or otherwise demonstrates that he or she is no longer in violation of subsection 2 or 3. An order to cease and desist must include a telephone number with which the person may contact the Board.

(c) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 17. NRS 640.175 is hereby amended to read as follows:

640.175 1. A person who is licensed under NRS 640.092, 640.093 and 640.094 as a physical therapist assistant *or authorized to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* shall use the words or letters “P.T.A.”

or “Physical Therapist Assistant” immediately following his or her name when representing himself or herself as a ~~licensed~~ physical therapist assistant.

2. Any person:

(a) Who is not licensed as a physical therapist assistant ~~;~~ *or authorized to assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act;*

(b) Whose license *or authorization* has been suspended or revoked; or

(c) Whose license *or authorization* has expired and has not been reinstated, and who uses in connection with his or her name the words or letters “P.T.A.” or “Physical Therapist Assistant,” or any other letters, words or insignia indicating or implying that he or she is a ~~licensed~~ physical therapist assistant, or who in any other way, orally, or in writing, or in print, by sign, directly, or by implication, represents himself or herself as a ~~licensed~~ physical therapist assistant, is guilty of a misdemeanor.

3. In addition to any criminal penalty that may be imposed for a violation of subsection 2, the Board, after notice and hearing, may:

(a) Issue an order against any person who has violated subsection 2 imposing an administrative penalty of not more than \$5,000 for each violation. Any administrative penalty collected pursuant to this paragraph must be deposited in the State General Fund.

(b) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license *or authorization* or otherwise demonstrates that he or she is no longer in violation of subsection 2. An order to cease and desist must include a telephone number with which the person may contact the Board.

(c) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 18. NRS 640.180 is hereby amended to read as follows:

640.180 A person who makes a willfully false oath or affirmation in any case in which an oath or affirmation is required by this chapter, or who obtains or attempts to obtain a license *or authorization to practice or assist in the practice of physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act* by any fraudulent representation, is guilty of a misdemeanor.

Sec. 19. NRS 640.190 is hereby amended to read as follows:

640.190 This chapter does not authorize a physical therapist ~~[, whether licensed or not,]~~ to practice medicine, osteopathic medicine, homeopathic medicine, chiropractic or any other form or method of healing.

Sec. 20. NRS 640A.070 is hereby amended to read as follows:

640A.070 This chapter does not apply to a person:

1. Holding a current license, *authorization* or certificate issued pursuant to chapter 391, 630 to 637B, inclusive, 640 or 640B to 641B, inclusive, of NRS, who practices within the scope of that license, *authorization* or certificate.

2. Employed by the Federal Government who practices occupational therapy within the scope of that employment.

3. Enrolled in an educational program approved by the Board which is designed to lead to a certificate or degree in occupational therapy, if the person is designated by a title which clearly indicates that he or she is a student.

4. Obtaining the supervised fieldwork experience necessary to satisfy the requirements of subsection 3 of NRS 640A.120.

Sec. 21. NRS 640B.145 is hereby amended to read as follows:

640B.145 The provisions of this chapter do not apply to:

1. A person who is licensed *or authorized* pursuant to chapters 630 to 637, inclusive, or chapter 640 or 640A of NRS, when acting within the scope of that license ~~[,]~~ *or authorization*.

2. A person who is employed by the Federal Government and engages in the practice of athletic training within the scope of that employment.

3. A person who is temporarily exempt from licensure pursuant to NRS 640B.335 and is practicing athletic training within the scope of the exemption.

Sec. 22. ~~[NRS 640B.170 is hereby amended to read as follows:~~

~~640B.170 1. The Board of Athletic Trainers is hereby created.~~

~~2. The Governor shall appoint to the Board:~~

~~(a) Three members who:~~

~~(1) Are licensed as athletic trainers pursuant to the provisions of this chapter; and~~

~~(2) Have engaged in the practice of athletic training or taught or conducted research concerning the practice of athletic training for the 5 years immediately preceding their appointment;~~

~~(b) One member who is [licensed as] a licensed physical therapist [pursuant to chapter 640 of NRS] and who is also licensed as an athletic trainer pursuant to this chapter; and~~

~~(c) One member who is a representative of the public.~~

~~3. Each member of the Board:~~

~~(a) Must be a resident of this State; and~~

~~(b) May not serve more than two consecutive terms.~~

~~4. After the initial terms, the members of the Board must be appointed to terms of 3 years.~~

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

~~6. The Governor may remove a member of the Board for incompetence, neglect of duty, moral turpitude or malfeasance in office.~~

~~7. No member of the Board may be held liable in a civil action for any act he or she performs in good faith in the execution of his or her duties pursuant to the provisions of this chapter.] (Deleted by amendment.)~~

Sec. 23. NRS 640C.100 is hereby amended to read as follows:

640C.100 1. The provisions of this chapter do not apply to:

(a) A person licensed *or authorized* pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 640, 640A or 640B of NRS if the massage therapy, reflexology or structural integration is performed in the course of the practice for which the person is licensed ~~[-] or authorized.~~

(b) A person licensed as a barber or apprentice pursuant to chapter 643 of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for a barber or apprentice pursuant to that chapter.

(c) A person licensed or registered as an esthetician, esthetician's apprentice, hair designer, hair designer's apprentice, hair braider, shampoo technologist, cosmetologist or cosmetologist's apprentice pursuant to chapter 644A of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for an esthetician, esthetician's apprentice, hair designer, hair designer's apprentice, hair braider, shampoo technologist, cosmetologist or cosmetologist's apprentice pursuant to that chapter.

(d) A person licensed or registered as a nail technologist or nail technologist's apprentice pursuant to chapter 644A of NRS if the person is massaging, cleansing or stimulating the hands, forearms, feet or lower legs within the permissible scope of practice for a nail technologist or nail technologist's apprentice.

(e) A person who is an employee of an athletic department of any high school, college or university in this State and who, within the scope of that employment, practices massage therapy, reflexology or structural integration on athletes.

(f) Students enrolled in a school of massage therapy, reflexology or structural integration recognized by the Board.

(g) A person who practices massage therapy, reflexology or structural integration solely on members of his or her immediate family.

(h) A person who performs any activity in a licensed brothel.

2. Except as otherwise provided in subsection 3 and NRS 640C.330, the provisions of this chapter preempt the licensure and regulation of a massage therapist, reflexologist or structural integration practitioner by a county, city or town, including, without limitation, conducting a criminal background investigation and examination of a massage therapist, reflexologist or structural

integration practitioner or applicant for a license to practice massage therapy, reflexology or structural integration.

3. The provisions of this chapter do not prohibit a county, city or town from requiring a massage therapist, reflexologist or structural integration practitioner to obtain a license or permit to transact business within the jurisdiction of the county, city or town, if the license or permit is required of other persons, regardless of occupation or profession, who transact business within the jurisdiction of the county, city or town.

4. As used in this section, “immediate family” means persons who are related by blood, adoption or marriage, within the second degree of consanguinity or affinity.

Sec. 24. NRS 640E.090 is hereby amended to read as follows:

640E.090 1. The provisions of this chapter do not apply to:

(a) Any person who is licensed, *authorized* or registered in this State as a physician pursuant to chapter 630, 630A or 633 of NRS, dentist, nurse, dispensing optician, optometrist, occupational therapist, practitioner of respiratory care, *licensed* physical therapist, podiatric physician, psychologist, marriage and family therapist, chiropractor, athletic trainer, massage therapist, reflexologist, structural integration practitioner, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician or pharmacist who:

(1) Practices within the scope of that license, *authorization* or registration;

(2) Does not represent that he or she is a licensed dietitian or registered dietitian; and

(3) Provides nutrition information incidental to the practice for which he or she is licensed, *authorized* or registered.

(b) A student enrolled in an educational program accredited by the ~~[Commission on]~~ Accreditation ~~[for Dietetics]~~ *Council for Education in Nutrition and Dietetics* of the Academy of Nutrition and Dietetics, if the student engages in the practice of dietetics under the supervision of a licensed dietitian or registered dietitian as part of that educational program.

(c) A registered dietitian employed by the Armed Forces of the United States, the United States Department of Veterans Affairs or any division or department of the Federal Government in the discharge of his or her official duties, including, without limitation, the practice of dietetics or providing nutrition services.

(d) A person who furnishes nutrition information, provides recommendations or advice concerning nutrition, or markets food, food materials or dietary supplements and provides nutrition information, recommendations or advice related to that marketing, if the person does not represent that he or she is a licensed dietitian or registered dietitian. While performing acts described in this paragraph, a person shall be deemed not to be engaged in the practice of dietetics or the providing of nutrition services.

(e) A person who provides services relating to weight loss or weight control through a program reviewed by and in consultation with a licensed dietitian or physician or a dietitian licensed or registered in another state which has equivalent licensure requirements as this State, as long as the person does not change the services or program without the approval of the person with whom he or she is consulting.

2. As used in this section, “nutrition information” means information relating to the principles of nutrition and the effect of nutrition on the human body, including, without limitation:

- (a) Food preparation;
- (b) Food included in a normal daily diet;
- (c) Essential nutrients required by the human body and recommended amounts of essential nutrients, based on nationally established standards;
- (d) The effect of nutrients on the human body and the effect of deficiencies in or excess amounts of nutrients in the human body; and
- (e) Specific foods or supplements that are sources of essential nutrients.

Sec. 25. The Preliminary Chapter of NRS is hereby amended by adding thereto a new section to read as follows:

*Except as otherwise expressly provided in a particular statute or required by the context, “licensed physical therapist” means a physical therapist who is:*

- 1. *Licensed pursuant to chapter 640 of NRS; or*
- 2. *Authorized to practice physical therapy in this State pursuant to the Physical Therapy Licensure Compact enacted in section 2 of this act.*

Sec. 26. NRS 7.095 is hereby amended to read as follows:

7.095 1. An attorney shall not contract for or collect a fee contingent on the amount of recovery for representing a person seeking damages in connection with an action for injury or death against a provider of health care based upon professional negligence in excess of:

- (a) Forty percent of the first \$50,000 recovered;
- (b) Thirty-three and one-third percent of the next \$50,000 recovered;
- (c) Twenty-five percent of the next \$500,000 recovered; and
- (d) Fifteen percent of the amount of recovery that exceeds \$600,000.

2. The limitations set forth in subsection 1 apply to all forms of recovery, including, without limitation, settlement, arbitration and judgment.

3. For the purposes of this section, “recovered” means the net sum recovered by the plaintiff after deducting any disbursements or costs incurred in connection with the prosecution or settlement of the claim. Costs of medical care incurred by the plaintiff and general and administrative expenses incurred by the office of the attorney are not deductible disbursements or costs.

4. As used in this section:

(a) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which

the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(b) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, registered nurse, dispensing optician, optometrist, ~~registered~~ licensed physical therapist, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 27. NRS 41A.017 is hereby amended to read as follows:

41A.017 “Provider of health care” means a physician licensed pursuant to chapter 630 or 633 of NRS, physician assistant, dentist, licensed nurse, dispensing optician, optometrist, ~~registered~~ licensed physical therapist, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine, medical laboratory director or technician, licensed dietitian or a licensed hospital, clinic, surgery center, physicians’ professional corporation or group practice that employs any such person and its employees.

Sec. 28. NRS 42.021 is hereby amended to read as follows:

42.021 1. In an action for injury or death against a provider of health care based upon professional negligence, if the defendant so elects, the defendant may introduce evidence of any amount payable as a benefit to the plaintiff as a result of the injury or death pursuant to the United States Social Security Act, any state or federal income disability or worker’s compensation act, any health, sickness or income-disability insurance, accident insurance that provides health benefits or income-disability coverage, and any contract or agreement of any group, organization, partnership or corporation to provide, pay for or reimburse the cost of medical, hospital, dental or other health care services. If the defendant elects to introduce such evidence, the plaintiff may introduce evidence of any amount that the plaintiff has paid or contributed to secure the plaintiff’s right to any insurance benefits concerning which the defendant has introduced evidence.

2. A source of collateral benefits introduced pursuant to subsection 1 may not:

- (a) Recover any amount against the plaintiff; or
- (b) Be subrogated to the rights of the plaintiff against a defendant.

3. In an action for injury or death against a provider of health care based upon professional negligence, a district court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000 in future damages.

4. In entering a judgment ordering the payment of future damages by periodic payments pursuant to subsection 3, the court shall make a specific finding as to the dollar amount of periodic payments that will compensate the judgment creditor for such future damages. As a condition to authorizing periodic payments of future damages, the court shall require a judgment debtor

who is not adequately insured to post security adequate to assure full payment of such damages awarded by the judgment. Upon termination of periodic payments of future damages, the court shall order the return of this security, or so much as remains, to the judgment debtor.

5. A judgment ordering the payment of future damages by periodic payments entered pursuant to subsection 3 must specify the recipient or recipients of the payments, the dollar amount of the payments, the interval between payments, and the number of payments or the period of time over which payments will be made. Such payments must only be subject to modification in the event of the death of the judgment creditor. Money damages awarded for loss of future earnings must not be reduced or payments terminated by reason of the death of the judgment creditor, but must be paid to persons to whom the judgment creditor owed a duty of support, as provided by law, immediately before the judgment creditor's death. In such cases, the court that rendered the original judgment may, upon petition of any party in interest, modify the judgment to award and apportion the unpaid future damages in accordance with this subsection.

6. If the court finds that the judgment debtor has exhibited a continuing pattern of failing to make the periodic payments as specified pursuant to subsection 5, the court shall find the judgment debtor in contempt of court and, in addition to the required periodic payments, shall order the judgment debtor to pay the judgment creditor all damages caused by the failure to make such periodic payments, including, but not limited to, court costs and attorney's fees.

7. Following the occurrence or expiration of all obligations specified in the periodic payment judgment, any obligation of the judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

(a) "Future damages" includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.

(b) "Periodic payments" means the payment of money or delivery of other property to the judgment creditor at regular intervals.

(c) "Professional negligence" means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(d) "Provider of health care" means a physician licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, ~~registered~~ licensed physical therapist, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine, medical



laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 29. NRS 52.320 is hereby amended to read as follows:

52.320 As used in NRS 52.320 to 52.375, inclusive, unless the context otherwise requires:

1. “Custodian of medical records” means a chiropractor, physician, ~~registered~~ licensed physical therapist or licensed nurse who prepares and maintains medical records, or any employee or agent of such a person or a facility for convalescent care, medical laboratory or hospital who has care, custody and control of medical records for such a person or institution.

2. “Medical records” includes bills, ledgers, statements and other accounts which show the cost of medical services or care provided to a patient.

Sec. 30. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698, 394.447, 394.460, 394.465,

396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902, 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140, 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125, 632.405, 633.283, 633.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170, 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320, 704B.325, 706.1725, 706A.230, 710.159, 711.600, and section 6 of this act, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential.

4. A person may request a copy of a public record in any medium in which the public record is readily available. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in a readily available medium because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 31. NRS 372.7285 is hereby amended to read as follows:

372.7285 1. In administering the provisions of NRS 372.325, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, ~~registered~~ *licensed* physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional

counselor, chiropractor, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 32. NRS 374.731 is hereby amended to read as follows:

374.731 1. In administering the provisions of NRS 374.330, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, ~~registered~~ *licensed* physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 33. NRS 385B.080 is hereby amended to read as follows:

385B.080 1. The Nevada Interscholastic Activities Association shall adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a pupil's participation in interscholastic activities and events, including, without limitation, a concussion of the brain. The policy must provide information concerning the nature and risk of injuries to the head which may occur during a pupil's participation in interscholastic activities and events, including, without limitation, the risks associated with continuing to participate in the activity or event after sustaining such an injury.

2. The policy adopted pursuant to subsection 1 must require that if a pupil sustains or is suspected of sustaining an injury to the head while participating in an interscholastic activity or event, the pupil:

(a) Must be immediately removed from the activity or event; and

(b) May return to the activity or event if the parent or legal guardian of the pupil provides a signed statement of a provider of health care indicating that the pupil is medically cleared for participation in the activity or event and the date on which the pupil may return to the activity or event.

3. Before a pupil participates in an interscholastic activity or event, and on an annual basis thereafter, the pupil and his or her parent or legal guardian:

(a) Must be provided with a copy of the policy adopted pursuant to subsection 1; and

(b) Must sign a statement on a form prescribed by the Nevada Interscholastic Activities Association acknowledging that the pupil and his or her parent or guardian have read and understand the terms and conditions of the policy.

4. As used in this section, "provider of health care" means ~~[a]~~ :

(a) A physician licensed under chapter 630 or 633 of NRS ~~[a]~~ ;

(b) A licensed physical therapist ; ~~[licensed under chapter 640 of NRS]~~ or ~~[an]~~

(c) An athletic trainer licensed under chapter 640B of NRS.

Sec. 34. NRS 392.452 is hereby amended to read as follows:

392.452 1. For those competitive sports not governed by the Nevada Interscholastic Activities Association pursuant to chapter 385B of NRS, the board of trustees of each school district shall adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a pupil's participation in competitive sports within the school district, including, without limitation, a concussion of the brain. To the extent practicable, the policy must be consistent with the policy adopted by the Nevada Interscholastic Activities Association pursuant to NRS 385B.080. The policy must provide information concerning the nature and risk of injuries to the head which may occur during a pupil's participation in competitive sports, including, without limitation, the risks associated with continuing to participate in competitive sports after sustaining such an injury.

2. The policy adopted pursuant to subsection 1 must require that if a pupil sustains or is suspected of sustaining an injury to the head while participating in competitive sports, the pupil:

(a) Must be immediately removed from the competitive sport; and

(b) May return to the competitive sport if the parent or legal guardian of the pupil provides a signed statement of a provider of health care indicating that the pupil is medically cleared for participation in the competitive sport and the date on which the pupil may return to the competitive sport.

3. Before a pupil participates in competitive sports within a school district, and on an annual basis thereafter, the pupil and his or her parent or legal guardian:

(a) Must be provided with a copy of the policy adopted pursuant to subsection 1; and

(b) Must sign a statement on a form prescribed by the board of trustees acknowledging that the pupil and his or her parent or guardian have read and understand the terms and conditions of the policy.

4. As used in this section, "provider of health care" means ~~[a]~~ :

(a) A physician licensed under chapter 630 or 633 of NRS ~~[, a]~~ ;

(b) A licensed physical therapist ; ~~[licensed under chapter 640 of NRS]~~ or ~~[an]~~

(c) An athletic trainer licensed under chapter 640B of NRS.

Sec. 35. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

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

(a) A person providing services *authorized pursuant to section 2 of this act or services* licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B or 641C of NRS.

(b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of such a medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility.

(c) A coroner.

(d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A person employed by a public school or private school and any person who serves as a volunteer at such a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed pursuant to chapter 424 of NRS to conduct a foster home.

(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.

(i) Except as otherwise provided in NRS 432B.225, an attorney.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.

(k) Any person who is employed by or serves as a volunteer for a youth shelter. As used in this paragraph, "youth shelter" has the meaning ascribed to it in NRS 244.427.

(l) Any adult person who is employed by an entity that provides organized activities for children, including, without limitation, a person who is employed by a school district or public school.

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

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical

examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State shall, at the time of initial licensure, certification or endorsement:

- (a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is licensed, certified or endorsed in this State.

8. The employer of a person who is described in subsection 4 and who is not required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State must, upon initial employment of the person:

- (a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is employed by the employer.

9. Before a person may serve as a volunteer at a public school or private school, the school must:

- (a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section and NRS 392.303;
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section and NRS 392.303; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person serves as a volunteer at the school.

10. As used in this section:

- (a) "Private school" has the meaning ascribed to it in NRS 394.103.
- (b) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 36. NRS 439A.0195 is hereby amended to read as follows:

439A.0195 "Practitioner" means a physician licensed under chapter 630, 630A or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, ~~registered~~ licensed physical therapist, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine in any form, medical



laboratory director or technician, pharmacist or other person whose principal occupation is the provision of services for health.

Sec. 37. NRS 455A.200 is hereby amended to read as follows:

455A.200 1. Each organization for youth sports that sanctions or sponsors competitive sports for youths in this State shall adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in those competitive sports, including, without limitation, a concussion of the brain. To the extent practicable, the policy must be consistent with the policy adopted by the Nevada Interscholastic Activities Association pursuant to NRS 385B.080. The policy must provide information concerning the nature and risk of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, the risks associated with continuing to participate in competitive sports after sustaining such an injury.

2. The policy adopted pursuant to subsection 1 must require that if a youth sustains or is suspected of sustaining an injury to the head while participating in competitive sports, the youth:

- (a) Must be immediately removed from the competitive sport; and
- (b) May return to the competitive sport if the parent or legal guardian of the youth provides a signed statement of a provider of health care indicating that the youth is medically cleared for participation in the competitive sport and the date on which the youth may return to the competitive sport.

3. Before a youth participates in competitive sports sanctioned or sponsored by an organization for youth sports in this State, the youth and his or her parent or legal guardian:

- (a) Must be provided with a copy of the policy adopted pursuant to subsection 1; and
- (b) Must sign a statement on a form prescribed by the organization for youth sports acknowledging that the youth and his or her parent or legal guardian have read and understand the terms and conditions of the policy.

4. As used in this section:

- (a) "Provider of health care" means ~~[a]~~:
  - (1) A physician licensed under chapter 630 or 633 of NRS ~~[, an]~~;
  - (2) An advanced practice registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to NRS 632.237 ~~[, a]~~;
  - (3) A licensed physical therapist; ~~[licensed under chapter 640 of NRS]~~ or ~~[an]~~
  - (4) An athletic trainer licensed under chapter 640B of NRS.

- (b) "Youth" means a person under the age of 18 years.

Sec. 38. NRS 679B.440 is hereby amended to read as follows:

679B.440 1. The Commissioner may require that reports submitted pursuant to NRS 679B.430 include, without limitation, information regarding:

- (a) Liability insurance provided to:

(1) Governmental agencies and political subdivisions of this State, reported separately for:

- (I) Cities and towns;
- (II) School districts; and
- (III) Other political subdivisions;

(2) Public officers;

(3) Establishments where alcoholic beverages are sold;

(4) Facilities for the care of children;

(5) Labor, fraternal or religious organizations; and

(6) Officers or directors of organizations formed pursuant to title 7 of NRS, reported separately for nonprofit entities and entities organized for profit;

(b) Liability insurance for:

(1) Defective products;

(2) Medical or dental malpractice of:

(I) A practitioner licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639 or 640 of NRS ~~or~~ *or authorized to practice physical therapy pursuant to section 2 of this act;*

(II) A hospital or other health care facility; or

(III) Any related corporate entity.

(3) Malpractice of attorneys;

(4) Malpractice of architects and engineers; and

(5) Errors and omissions by other professionally qualified persons;

(c) Vehicle insurance, reported separately for:

(1) Private vehicles;

(2) Commercial vehicles;

(3) Liability insurance; and

(4) Insurance for property damage;

(d) Workers' compensation insurance; and

(e) In addition to any information provided pursuant to subparagraph (2) of paragraph (b) or NRS 690B.260, a policy of insurance for medical malpractice. As used in this paragraph, "policy of insurance for medical malpractice" has the meaning ascribed to it in NRS 679B.144.

2. The Commissioner may require that the report include, without limitation, information specifically pertaining to this State or to an insurer in its entirety, in the aggregate or by type of insurance, and for a previous or current year, regarding:

(a) Premiums directly written;

(b) Premiums directly earned;

(c) Number of policies issued;

(d) Net investment income, using appropriate estimates when necessary;

(e) Losses paid;

(f) Losses incurred;

(g) Loss reserves, including:

(1) Losses unpaid on reported claims; and

- (2) Losses unpaid on incurred but not reported claims;
- (h) Number of claims, including:
  - (1) Claims paid; and
  - (2) Claims that have arisen but are unpaid;
- (i) Expenses for adjustment of losses, including allocated and unallocated losses;
- (j) Net underwriting gain or loss;
- (k) Net operation gain or loss, including net investment income; and
- (l) Any other information requested by the Commissioner.

3. The Commissioner may also obtain, based upon an insurer in its entirety, information regarding:

- (a) Recoverable federal income tax;
- (b) Net unrealized capital gain or loss; and
- (c) All other expenses not included in subsection 2.

Sec. 39. This act becomes effective on July 1, 2019.

Senator Spearman moved the adoption of the amendment.

Remarks by Senator Spearman.

Amendment No. 86 makes five changes to Senate Bill No. 186. It clarifies the Nevada Physical Therapy Board must carry out the State's compliance with the Physical Therapy Licensure Compact. It clarifies the Board may adopt regulations to comply with the Compact and requires the Board to deposit money collected from the fees established for physical therapists. The bill clarifies the Physical Therapy Compact Commission is responsible for verifying that an applicant holds a valid and unencumbered license, and it deletes section 22 in its entirety, concerning a member appointed to the Board of Athletic Trainers.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 198.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 61.

SUMMARY—Revises provisions governing eligibility for Medicaid. (BDR 38-744)

AN ACT relating to Medicaid; prescribing the manner in which the time period for which a child is eligible for coverage under the Medicaid program must be calculated; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law: (1) requires the Department of Health and Human Services to administer the Medicaid program; and (2) requires the State Plan for Medicaid to include certain provisions. (NRS 422.270, 422.2717-422.27242) Section 1 of this bill requires the State Plan to include a requirement that a child remain continuously eligible for coverage under the Medicaid program until ~~the~~ the earliest of: (1) 12 months after the ~~last day of the month in~~ date on which the child is enrolled; (2) the child ceases to reside in this State; ~~for~~ (3) the child's 19th birthday ~~;~~ (4) a voluntary request by the child or his or her representative

to terminate the coverage of the child; (5) a determination by the Department that the child was found eligible because of an error, fraud, abuse or perjury; or (6) the death of the child. Section 1 also requires the State Plan to limit the period of continuous eligibility for coverage to not more than 12 months. Section 2 of this bill makes a conforming change.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

*The Director shall include in the State Plan for Medicaid ~~the requirements~~ requirements that ~~are~~:*

1. A child under 19 years of age who is enrolled in Medicaid must remain continuously eligible for coverage under the Medicaid program until the earliest of:

~~1.1~~ (a) Twelve months after the ~~last day of the month in~~ date on which the child is enrolled in Medicaid;

~~1.2~~ (b) The date on which the child ceases to reside in this State; ~~or~~

~~1.3~~ (c) The child's 19th birthday ~~or~~;

(d) A voluntary request by the child or his or her representative to terminate the coverage of the child;

(e) A determination by the Department that the child was found eligible because of an error by the Department or fraud, abuse or perjury by the child or his or her representative; or

(f) The death of the child.

2. The period of continuous eligibility for coverage under the Medicaid program must not exceed 12 months.

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 Division of Welfare and Supportive Services;

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

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

(5) The Administrator of the Division of 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, *and section 1 of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.002 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 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 State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

Sec. 3. This act becomes effective on July 1, 2019.

Senator Ratti moved the adoption of the amendment.

Remarks by Senator Ratti.

Amendment No. 61 revises Senate Bill No. 198 to clarify the conditions under which the bill requires a child enrolled in Medicaid to remain continuously eligible and clarifies that the period of continuous eligibility for coverage must not exceed 12 months.

Amendment adopted.

Senator Woodhouse moved that the bill be re-referred to the Committee on Finance, upon return from reprint.

Motion carried.

Bill ordered reprinted, engrossed and to the Committee on Finance.

Senate Bill No. 234.

Bill read second time.

The following amendment was proposed by the Committee on Commerce and Labor:

Amendment No. 90.

SUMMARY—Makes various changes relating to ~~collection of data concerning~~ the participation of providers of health care ~~in network plans of insurers.~~ (BDR ~~[54-527]~~ 57-527)

AN ACT relating to health care; ~~requiring the Commissioner of Insurance to collect certain information from providers of health care, establish a database comprised of such information and compile an annual report concerning such information;~~ requiring the Commissioner of Insurance to develop a form letter to provide certain notice to providers of health care relating to participation in the network of a health carrier; requiring the Commissioner of Insurance to publish an annual report concerning certain trends relating to the participation of providers of health care in the network of a health carrier; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Commissioner of Insurance to enforce the Nevada Insurance Code and investigate insurance matters as he or she deems proper. (NRS 679B.120) ~~Section 27 of this bill requires the Commissioner to develop an electronic data request to obtain information, including demographic information and certain other information concerning the practice of a provider of health care, from applicants for the issuance or renewal of a license, certificate or registration as a provider of health care. Section 27 requires the Commissioner to: (1) maintain a database comprised of such information; and (2) compile an annual public report of such information that is aggregated for each type of license, certificate or registration issued to providers of health care in this State. Section 27 authorizes the Commissioner to provide individualized information, with identifying information removed, only to other governmental entities. Sections 23 and 27 of this bill provide that personally identifiable information contained in the database is confidential. Sections 1-22 and 24 of this bill require a provider of health care to complete the electronic data request as a condition for the issuance or renewal of a license, certificate or registration.~~ Section 26 of this bill requires the Commissioner to develop a form letter that a health carrier must use to notify a provider of health care and the Commissioner of the denial of ~~his or her~~ an application by the provider of health care to be included in the health carrier's network of providers. Sections 26 and 27.3 of this bill provide for the confidentiality of such form letters that are submitted to the Commissioner. Section 26 also requires the Commissioner to compile,

publish and submit to the Governor and the Legislature an annual report concerning trends in the denial of applications of providers of health care to be included in the network of providers of a health carrier.

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

Section 1. ~~{Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a physician, physician assistant, perfusionist or practitioner of respiratory care or a biennial registration pursuant to NRS 630.267 shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.*~~ (Deleted by amendment.)

Sec. 2. ~~{Chapter 630A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice homeopathic medicine shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.*~~ (Deleted by amendment.)

Sec. 3. ~~{Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice dentistry shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.*~~ (Deleted by amendment.)

Sec. 4. ~~{Chapter 632 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice as a professional or practical nurse shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.*~~ (Deleted by amendment.)

Sec. 5. ~~{Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a physician or physician assistant shall submit to the*~~

~~Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 6. [Chapter 634 of NRS is hereby amended by adding thereto a new section to read as follows:

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice chiropractic shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 7. [Chapter 634A of NRS is hereby amended by adding thereto a new section to read as follows:

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice as a doctor of oriental medicine shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 8. [Chapter 635 of NRS is hereby amended by adding thereto a new section to read as follows:

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a podiatric physician shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 9. [Chapter 636 of NRS is hereby amended by adding thereto a new section to read as follows:

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license to practice optometry shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 10. [Chapter 637 of NRS is hereby amended by adding thereto a new section to read as follows:

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a dispensing optician shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)



Sec. 11. ~~[Chapter 637B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an audiologist or speech-language pathologist shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 12. ~~[Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of registration as a pharmacist shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 13. ~~[Chapter 640 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a physical therapist shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 14. ~~[Chapter 640A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an occupational therapist shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 15. ~~[Chapter 640B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an athletic trainer shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 16. ~~[Chapter 640D of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or~~

~~renewal of a license to practice music therapy shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 17. ~~[Chapter 640E of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a dietitian shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 18. ~~[Chapter 641 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a psychologist shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 19. ~~[Chapter 641A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as a marriage and family therapist or clinical professional counselor shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 20. ~~[Chapter 641B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an associate in social work, a social worker, an independent social worker or a clinical social worker shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.] (Deleted by amendment.)~~

Sec. 21. ~~[Chapter 641C of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~—In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an alcohol and drug abuse counselor or clinical alcohol and drug abuse counselor or a certificate as an alcohol and drug abuse counselor or problem gambling counselor shall submit to the Board an~~

~~automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 22. ~~[Chapter 652 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license or certificate as a laboratory director or laboratory personnel shall submit to the Board an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.~~ (Deleted by amendment.)

Sec. 23. ~~[NRS 239.010 is hereby amended to read as follows:~~

~~239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1370, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698, 394.447, 394.460, 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885,~~

~~408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902, 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140, 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125, 632.405, 633.283, 633.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170, 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320, 704B.325, 706.1725, 706A.230, 710.159, 711.600, and section 27 of this act, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.~~

~~2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.~~

~~3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential.~~

~~4. A person may request a copy of a public record in any medium in which the public record is readily available. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:~~

~~(a) Shall not refuse to provide a copy of that public record in a readily available medium because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.~~

~~(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself. (Deleted by amendment.)~~

Sec. 24. ~~[Chapter 450B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~*In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the issuance or renewal of a license as an attendant or certification as an emergency medical technician, advanced emergency medical technician or paramedic shall submit to the health authority an automated letter from the Commissioner of Insurance evidencing that the applicant has completed the data request developed pursuant to section 27 of this act.* (Deleted by amendment.)~~

Sec. 25. ~~[Chapter 679B of NRS is hereby amended by adding thereto the provisions set forth as sections 26 and 27 of this act.] (Deleted by amendment.)~~

Sec. 26. Chapter 679B of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Commissioner shall:

(a) Develop, prescribe and make available on an Internet website maintained by the Division a form letter that a health carrier must use to notify a provider of health care of the denial of his or her application to be included in the network of providers of the health carrier. The form letter must include, without limitation, a place for the health carrier to explain the reason for the denial of the application.

(b) Hold hearings to solicit public input when developing the form letter described in paragraph (a) and consider such input when developing the form letter.

2. A health carrier shall submit to the Commissioner a copy of each form letter sent to a provider of health care pursuant to subsection 1 at the same time

the letter is sent to the provider of health care. Except as otherwise provided in subsection 3, the forms submitted pursuant to the Commissioner pursuant to this subsection and the information contained therein are confidential.

3. The Commissioner shall:

(a) Annually compile a report using aggregated data from the forms collected pursuant to subsection 2 concerning trends in the denial of applications of providers of health care to be included in the network of providers of a health carrier. The report must include, without limitation, the number of total denials, the number of denials for different types of providers of health care, the number of denials by different carriers and the reasons for such denials.

(b) Post the report on an Internet website maintained by the Division.

(c) Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Legislature.

4. As used in this section, "health carrier" means an entity subject to the insurance laws and regulations of this State, or subject to the jurisdiction of the Commissioner, that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services, including, without limitation, a sickness and accident health insurance company, a health maintenance organization, a nonprofit hospital and health service corporation or any other entity providing a plan of health insurance, health benefits or health care services.

~~Sec. 27. [1. The Commissioner shall develop and make available on an Internet website maintained by the Division an electronic data request to be completed by an applicant for the issuance or renewal of a license, certificate or registration as a provider of health care. The data request must:~~

~~(a) Solicit from each such applicant:~~

~~(1) His or her name, gender, race, ethnicity, specialty area, mailing address and electronic mail address;~~

~~(2) The status of his or her license, certificate or registration;~~

~~(3) The address of each location where the provider of health care practices or intends to practice and the percentage of time spent by the provider at each location;~~

~~(4) Any language, other than English, in which the provider of health care is fluent; and~~

~~(5) Any other information prescribed by regulation of the Commissioner; and~~

~~(b) Provide to an applicant for a license, certificate or registration who completes the data request an automated letter that may be submitted by the provider of health care with his or her application for the issuance or renewal of his or her license, certificate or registration as proof of completion.~~

~~2. The Commissioner shall establish and maintain a database of information collected pursuant to subsection 1. Any personally identifiable~~

~~information contained in the database is confidential and must not be disclosed to any person or entity;~~

~~3. The Commissioner may provide to other governmental entities individual data from the database if the information does not contain any information that could be used to identify an applicant for or holder of a license, certificate or registration as a provider of health care. Individualized information contained in the database is otherwise confidential.~~

~~4. The Commissioner shall annually compile a report containing information from the database that is aggregated for each type of license, certificate or registration and make the report available to the public. No personally identifiable information may be included in such a report.~~

~~5. The Commissioner may:~~

~~(a) Enter into any contracts or agreements necessary to carry out the requirements of this section; and~~

~~(b) Apply for and accept any gifts, grants and donations to carry out the requirements of this section.~~

~~6. As used in this section, "provider of health care" means:~~

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

~~(b) A physician assistant;~~

~~(c) A dentist;~~

~~(d) A licensed nurse;~~

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

~~(f) A dispensing optician;~~

~~(g) An optometrist;~~

~~(h) A speech language pathologist;~~

~~(i) An audiologist;~~

~~(j) A practitioner of respiratory care;~~

~~(k) A licensed physical therapist;~~

~~(l) An occupational therapist;~~

~~(m) A podiatric physician;~~

~~(n) A licensed psychologist;~~

~~(o) A licensed marriage and family therapist;~~

~~(p) A licensed clinical professional counselor;~~

~~(q) A music therapist;~~

~~(r) A chiropractor;~~

~~(s) An athletic trainer;~~

~~(t) A perfusionist;~~

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

~~(v) A medical laboratory director or technician;~~

~~(w) A pharmacist;~~

~~(x) A licensed dietitian;~~

~~(y) An associate in social work, a social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;~~  
~~(z) An alcohol and drug abuse counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS; or~~  
~~(aa) An alcohol and drug abuse counselor or a clinical alcohol and drug abuse counselor who is licensed pursuant to chapter 641C of NRS.] (Deleted by amendment.)~~

Sec. 27.3. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698, 394.447, 394.460, 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902, 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170, 441A.195,



441A.220, 441A.230, 442.330, 442.395, 442.735, 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140, 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125, 632.405, 633.283, 633.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170, 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320, 704B.325, 706.1725, 706A.230, 710.159, 711.600, and section 26 of this act, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested

public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential.

4. A person may request a copy of a public record in any medium in which the public record is readily available. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in a readily available medium because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 27.5. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 28. This act becomes effective on July 1, 2019.

Senator Spearman moved the adoption of the amendment.

Remarks by Senator Spearman.

Amendment No. 90 makes three changes to Senate Bill No. 234. It deletes all sections of the bill but retains section 26, which requires the commissioner to develop a form letter that a health carrier must use to notify a provider of healthcare of the denial of his or her application to be included in the network of providers of the health carrier. It amends the bill to require a health carrier that uses the form letter developed by the commissioner to send a copy of the letter to the commissioner at the same time. Finally, it amends the bill to require the Division of Insurance of the Department of Business and Industry to compile an annual report on trends including, without limitation, information such as the number of and reasons for application denials. The report must be provided to the Legislature, the Governor, and posted publicly on the Division's website.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 235.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 62.

SUMMARY—Revises provisions relating to health insurance coverage. (BDR 57-734)

AN ACT relating to insurance; requiring insurers to offer and issue a health benefit plan regardless of the health status of a person; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits an insurer from denying, limiting or excluding a benefit provided by a health care plan in certain limited circumstances, including, without limitation, when a person has contracted for a blanket policy of accident or health insurance or in certain cases relating to adoption.

(NRS 689B.0265, 689B.500, 689C.190, 695A.159, 695B.193, 695C.173, 695F.480) The federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148, as amended) prohibits an insurer from establishing rules that limit eligibility for a health care plan based on certain health status factors, including, without limitation, preexisting conditions, claims history or genetic information of the insured and also prohibits an insurer from charging a higher premium, deductible or copay based on those health status factors. (42 U.S.C. § 300gg-4) Sections 1, 6, 9, 13, 14, 18, 19 ~~and 23-26~~ 23-25 and 26 of this bill: (1) align Nevada law with federal law and require all insurers to offer ~~health insurance coverage~~ a health benefit plan regardless of the health status of a person ~~or group~~, as applicable; and (2) prohibit an insurer from denying, limiting or excluding a covered benefit or requiring an insured to pay a higher premium, deductible, coinsurance or copay based on the health status of the insured or the covered spouse or dependent of the insured. Sections 3, 4, 7, 10-12, 15, 17, 20, 21 and 29 of this bill remove partially duplicative provisions from existing law.

Federal regulations authorize a group health benefit plan to include a wellness program that offers discounts based on health status under certain conditions. (45 C.F.R. § 146.121) Sections 6, 9, 14, 18, 23 and 24 of this bill authorize group health benefit plans issued in this State to include such wellness programs under the same conditions as prescribed by federal regulations.

Existing law authorizes certain public officers and employees or the surviving spouse of such a retired officer or employee who is deceased to reinstate health insurance provided by the employer. If such an insurance plan is considered a grandfathered plan under the Patient Protection and Affordable Care Act, existing law authorizes such reinstatement to exclude claims for expenses for certain preexisting conditions. (NRS 287.0205) The Patient Protection and Affordable Care Act prohibits a grandfathered group plan from imposing such an exclusion. (42 U.S.C. §§ 300gg-3, 18011(a)(4)(B)) Section 27 of this bill removes authorization for certain government insurance plans to exclude claims for preexisting conditions for reinstated coverage in conformance with federal law and sections 6 and 25 of this bill. Section 25.5 of this bill authorizes such an insurance plan for only retired officers and employees to exclude claims for preexisting conditions under the same conditions as previously authorized for grandfathered plans. Sections 5, 8, 16 and 29 of this bill remove other provisions of existing law that reference exclusions based on a preexisting condition. Sections 2 and 22 of this bill make other conforming changes.

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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. *An insurer shall offer and issue a ~~policy of health insurance~~ health benefit plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:*

(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;

(b) The claims history of the person, including, without limitation, any prior health care services received by the person;

(c) Genetic information relating to the person; and

(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.

2. An insurer that offers or issues a ~~policy of health insurance~~ health benefit plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. An insurer that offers or issues a ~~policy of health insurance~~ health benefit plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 2. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~[-]~~, and section 1 of this act.

Sec. 3. NRS 689A.417 is hereby amended to read as follows:

689A.417 1. Except as otherwise provided in subsection 2, an insurer who provides health insurance shall not:

(a) Require an insured person or any member of the family of the insured person to take a genetic test;

(b) Require an insured person to disclose whether the insured person or any member of the family of the insured person has taken a genetic test or any genetic information of the insured person or a member of the family of the insured person; or

(c) Determine the rates or any other aspect of the coverage or benefits for health care provided to an insured person based on ~~[-]~~

~~(1) Whether~~ whether the insured person or any member of the family of the insured person has taken a genetic test. ~~[-] or~~

~~—(2) Any genetic information of the insured person or any member of the family of the insured person.]~~

2. The provisions of this section do not apply to an insurer who issues a policy of health insurance that provides coverage for long-term care or disability income.

3. As used in this section:

(a) “Genetic information” means any information that is obtained from a genetic test.

(b) “Genetic test” means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

(1) Are linked to physical or mental disorders or impairments; or

(2) Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

Sec. 4. NRS 689B.069 is hereby amended to read as follows:

689B.069 1. Except as otherwise provided in subsection 2, an insurer who provides group health insurance shall not:

(a) Require an insured person or any member of the family of the insured person to take a genetic test;

(b) Require an insured person to disclose whether the insured person or any member of the family of the insured person has taken a genetic test or any genetic information of the insured person or a member of the family of the insured person; or

(c) Determine the rates or any other aspect of the coverage or benefits for health care provided to an insured person based on ~~the~~

~~—(1) Whether] whether~~ the insured person or any member of the family of the insured person has taken a genetic test. ~~the~~ or

~~—(2) Any genetic information of the insured person or any member of the family of the insured person.]~~

2. The provisions of this section do not apply to an insurer who issues a policy of group health insurance that provides coverage for long-term care or disability income.

3. As used in this section:

(a) “Genetic information” means any information that is obtained from a genetic test.

(b) “Genetic test” means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

(1) Are linked to physical or mental disorders or impairments; or

(2) Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

Sec. 5. NRS 689B.275 is hereby amended to read as follows:

689B.275 1. An insurer shall provide to each policyholder, or producer of insurance acting on behalf of a policyholder, on a form approved by the Commissioner, a summary of the coverage provided by each policy of group or blanket health insurance offered by the insurer. The summary must disclose any:

- (a) Significant exception, reduction or limitation that applies to the policy;
- (b) Restriction on payment for care in an emergency, including related definitions of emergency and medical necessity;
- (c) Right of the insurer to change the rate of premium and the factors, other than claims experienced, which affect changes in rate;
- (d) Provisions relating to renewability; *and*
- (e) ~~Provisions relating to preexisting conditions; and~~
- ~~(f)~~ Other information that the Commissioner finds necessary for full and fair disclosure of the provisions of the policy.

2. The language of the disclosure must be easily understood. The disclosure must state that it is only a summary of the policy and that the policy should be read to ascertain the governing contractual provisions.

3. The Commissioner shall not approve a proposed disclosure that does not satisfy the requirements of this section and of applicable regulations.

4. In addition to the disclosure, the insurer shall provide information about guaranteed availability of basic and standard plans for benefits to an eligible person.

5. The insurer shall provide the summary before the policy is issued.

Sec. 6. NRS 689B.500 is hereby amended to read as follows:

689B.500 ~~[A carrier that issues a group health plan or coverage under blanket accident and health insurance or group health insurance shall not deny, exclude or limit a benefit for a preexisting condition.]~~

1. A carrier shall offer and issue a ~~(policy of group health insurance)~~ health benefit plan to any ~~(person)~~ group regardless of the health status of the ~~(person)~~ group, any member of the group or any dependent of ~~(the person)~~ a member of the group. Such health status includes, without limitation:

- (a) Any preexisting medical condition of ~~(the)~~ a person, including, without limitation, any physical or mental illness;
- (b) The claims history of ~~(the person)~~ an insured, including, without limitation, any prior health care services received by the ~~(person)~~ insured;
- (c) Genetic information relating to the ~~(person)~~ insured; and
- (d) Any increased risk for illness, injury or any other medical condition of the ~~(person)~~ insured, including, without limitation, any medical condition caused by an act of domestic violence.

2. A carrier that offers or issues a ~~(policy of group health insurance)~~ health benefit plan shall not:

- (a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. A carrier that offers or issues a ~~policy of group health insurance~~ health benefit plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. A carrier that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:

(a) An insured who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year:

(b) The amount of all discounts provided pursuant to such a wellness program does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an insured or an insured and his or her dependents, as applicable, under the plan;

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The carrier ensures that the full discount under the wellness program is available to all similarly situated insureds by providing a reasonable alternative standard by which an insured may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the insured; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an insured did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

5. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 7. NRS 689B.550 is hereby amended to read as follows:

689B.550 1. A carrier shall not place any restriction on a person or a dependent of the person as a condition of being a participant in or a beneficiary of a policy of blanket accident and health insurance or group health insurance that is inconsistent with the provisions of this chapter.

2. A carrier that offers coverage under a policy of blanket accident and health insurance or group health insurance pursuant to this chapter shall not establish rules of eligibility ~~that~~ which conflict with the provisions of NRS 689B.500, including rules which define applicable waiting periods, for the initial or continued enrollment under a group health plan offered by the carrier that are based on the following factors relating to the employee or a dependent of the employee:

(a) Health status.

- (b) Medical condition, including physical and mental illnesses, or both.
- (c) Claims experience.
- (d) Receipt of health care.
- (e) Medical history.
- (f) Genetic information.
- (g) Evidence of insurability, including conditions which arise out of acts of domestic violence.
- (h) Disability.

3. Except as otherwise provided in NRS 689B.500, the provisions of subsection 1 do not:

(a) Require a carrier to provide particular benefits other than those that would otherwise be provided under the terms of the blanket health and accident insurance or group health insurance or coverage; or

(b) Prevent a carrier from establishing limitations or restrictions on the amount, level, extent or nature of the benefits or coverage for similarly situated persons.

~~[4.— As a condition of enrollment or continued enrollment under a policy of blanket accident and health insurance or group health insurance, a carrier shall not require an employee to pay a premium or contribution that is greater than the premium or contribution for a similarly situated person covered by similar coverage on the basis of any factor described in subsection 2 in relation to the employee or a dependent of the employee.~~

~~—5.]~~ 4. This section does not:

(a) Restrict the amount that an employer or employee may be charged for coverage by a carrier;

(b) Prevent a carrier from establishing premium discounts or rebates or from modifying otherwise applicable copayments or deductibles in return for adherence by the insured person to programs of health promotion and disease prevention; or

(c) Preclude a carrier from establishing rules relating to employer contribution or group participation when offering health insurance coverage to small employers in this state.

Sec. 8. NRS 689C.159 is hereby amended to read as follows:

689C.159 The provisions of NRS 689C.156 ~~[and 689C.190]~~ do not apply to health benefit plans offered by a carrier if the carrier makes the health benefit plan available in the small employer market only through a bona fide association.

Sec. 9. NRS 689C.190 is hereby amended to read as follows:

689C.190 1. A carrier ~~[serving small employers]~~ that issues a health benefit plan shall ~~[not deny, exclude or limit a benefit for a preexisting condition.]~~ *offer and issue a health benefit plan to any ~~[person]~~ small employer regardless of the health status of the ~~[person or any dependent]~~ employees of the ~~[person]~~ small employer. Such health status includes, without limitation:*



(a) Any preexisting medical condition of ~~the person,~~ an insured, including, without limitation, any physical or mental illness;

(b) The claims history of the ~~person,~~ insured, including, without limitation, any prior health care services received by the ~~person,~~ insured;

(c) Genetic information relating to the ~~person,~~ insured; and

(d) Any increased risk for illness, injury or any other medical condition of the ~~person,~~ insured, including, without limitation, any medical condition caused by an act of domestic violence.

2. A carrier that offers or issues a health benefit plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. A carrier that offers or issues a health benefit plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. A carrier that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:

(a) An insured who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year;

(b) The amount of all discounts provided pursuant to such a wellness program does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an insured or an insured and his or her dependents, as applicable, under the plan;

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The carrier ensures that the full discount under the wellness program is available to all similarly situated insureds by providing a reasonable alternative standard by which an insured may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the insured; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an insured did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

Sec. 10. NRS 689C.193 is hereby amended to read as follows:

689C.193 1. A carrier shall not place any restriction on a small employer or an eligible employee or a dependent of the eligible employee as a condition

of being a participant in or a beneficiary of a health benefit plan that is inconsistent with NRS 689C.015 to 689C.355, inclusive.

2. A carrier that offers health insurance coverage to small employers pursuant to this chapter shall not establish rules of eligibility ~~that~~ *which conflict with the provisions of NRS 689B.550*, including, but not limited to, rules which define applicable waiting periods, for the initial or continued enrollment under a health benefit plan offered by the carrier that are based on the following factors relating to the eligible employee or a dependent of the eligible employee:

- (a) Health status.
- (b) Medical condition, including physical and mental illnesses, or both.
- (c) Claims experience.
- (d) Receipt of health care.
- (e) Medical history.
- (f) Genetic information.
- (g) Evidence of insurability, including conditions which arise out of acts of domestic violence.
- (h) Disability.

3. Except as otherwise provided in NRS 689C.190, the provisions of subsection 1 do not require a carrier to provide particular benefits other than those that would otherwise be provided under the terms of the health benefit plan or coverage.

4. ~~As a condition of enrollment or continued enrollment under a health benefit plan, a carrier shall not require any person to pay a premium or contribution that is greater than the premium or contribution for a similarly situated person covered by similar coverage on the basis of any factor described in subsection 2 in relation to the person or a dependent of the person.~~

~~5.~~ Nothing in this section:

- (a) Restricts the amount that a small employer may be charged for coverage by a carrier;
- (b) Prevents a carrier from establishing premium discounts or rebates or from modifying otherwise applicable copayments or deductibles in return for adherence by the insured person to programs of health promotion and disease prevention; or
- (c) Precludes a carrier from establishing rules relating to employer contribution or group participation when offering health insurance coverage to small employers in this State.

~~6.~~ 5. As used in this section:

(a) "Contribution" means the minimum employer contribution toward the premium for enrollment of participants and beneficiaries in a health benefit plan.

(b) "Group participation" means the minimum number of participants or beneficiaries that must be enrolled in a health benefit plan in relation to a specified percentage or number of eligible persons or employees of the employer.

Sec. 11. NRS 689C.198 is hereby amended to read as follows:

689C.198 1. Except as otherwise provided in subsection 2, a carrier serving small employers shall not:

(a) Require an insured person or any member of the family of the insured person to take a genetic test;

(b) Require an insured person to disclose whether the insured person or any member of the family of the insured person has taken a genetic test or any genetic information of the insured person or a member of the family of the insured person; or

(c) Determine the rates or any other aspect of the coverage or benefits for health care provided to an insured person based on ~~the~~:

~~—(1) Whether~~ *whether* the insured person or any member of the family of the insured person has taken a genetic test. ~~the~~

~~—(2) Any genetic information of the insured person or any member of the family of the insured person.~~

2. The provisions of this section do not apply to a carrier serving small employers who issues a policy of health insurance that provides coverage for long-term care or disability income.

3. As used in this section:

(a) “Genetic information” means any information that is obtained from a genetic test.

(b) “Genetic test” means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

(1) Are linked to physical or mental disorders or impairments; or

(2) Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

Sec. 12. NRS 689C.220 is hereby amended to read as follows:

689C.220 A carrier serving small employers shall not charge adjustments in rates for ~~claim experience, health status and~~ duration of coverage *or any reason prohibited by NRS 689C.190* to individual employees or dependents. Any such adjustment must be applied uniformly to the rates charged for all employees and dependents of a small employer.

Sec. 13. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. *A society shall offer and issue a health benefit ~~contract~~ plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:*

*(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;*

*(b) The claims history of the person, including, without limitation, any prior health care services received by the person;*

*(c) Genetic information relating to the person; and*

(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.

2. A society that offers or issues a health benefit ~~contract~~ plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. A society that offers or issues a health benefit ~~contract~~ plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 14. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall offer and issue a ~~contract for hospital or medical service~~ health benefit plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:

(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;

(b) The claims history of the person, including, without limitation, any prior health care services received by the person;

(c) Genetic information relating to the person; and

(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.

2. An insurer that offers or issues a ~~contract for hospital or medical service~~ health benefit plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. An insurer that offers or issues a ~~contract for hospital or medical service~~ health benefit plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. An insurer that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:

(a) An insured who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year;

(b) The amount of all discounts provided pursuant to such a wellness program does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an insured or an insured and his or her dependents, as applicable, under the plan;

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The insurer ensures that the full discount under the wellness program is available to all similarly situated insureds by providing a reasonable alternative standard by which an insured may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the insured; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an insured did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

5. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 15. NRS 695B.193 is hereby amended to read as follows:

695B.193 1. All individual and group service or indemnity-type contracts issued by a nonprofit corporation which provide coverage for a family member of the subscriber must as to such coverage provide that the health benefits applicable for children are payable with respect to:

(a) A newly born child of the subscriber from the moment of birth;

(b) An adopted child from the date the adoption becomes effective, if the child was not placed in the home before adoption; and

(c) A child placed with the subscriber for the purpose of adoption from the moment of placement as certified by the public or private agency making the placement. The coverage of such a child ceases if the adoption proceedings are terminated as certified by the public or private agency making the placement.

↪ The contracts must provide the coverage specified in subsection 3, and must not exclude premature births.

2. The contract may require that notification of:

(a) The birth of a newly born child;

(b) The effective date of adoption of a child; or

(c) The date of placement of a child for adoption,

↪ and payments of the required fees, if any, must be furnished to the nonprofit service corporation within 31 days after the date of birth, adoption or placement for adoption in order to have the coverage continue beyond the 31-day period.

3. The coverage for newly born and adopted children and children placed for adoption consists of coverage of injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities and, within the limits of the policy, necessary transportation costs from place of birth to the nearest specialized treatment center under major medical policies, and with respect to basic policies to the extent such costs are charged by the treatment center.

4. ~~{A corporation shall not restrict the coverage of a dependent child adopted or placed for adoption solely because of a preexisting condition the child has at the time the child would otherwise become eligible for coverage pursuant to that contract. Any provision relating to an exclusion for a preexisting condition must comply with NRS 689C.190.~~

~~—5.—~~ For covered services provided to the child, the corporation shall reimburse noncontracted providers of health care to an amount equal to the average amount of payment for which the organization has agreements, contracts or arrangements for those covered services.

Sec. 16. NRS 695B.2555 is hereby amended to read as follows:

695B.2555 A converted contract ~~{must not exclude a preexisting condition not excluded by the group contract, but a converted contract}~~ may provide that any hospital, surgical or medical benefits payable under it may be reduced by the amount of any benefits payable under the group contract after his or her termination. A converted contract may provide that during the first contract year the benefits payable under it, together with the benefits payable under the group contract, must not exceed those that would have been payable if the subscriber's coverage under the group contract had remained in effect.

Sec. 17. NRS 695B.317 is hereby amended to read as follows:

695B.317 1. Except as otherwise provided in subsection 2, a corporation that provides health insurance shall not:

(a) Require an insured person or any member of the family of the insured person to take a genetic test;

(b) Require an insured person to disclose whether the insured person or any member of the family of the insured person has taken a genetic test or any genetic information of the insured person or a member of the family of the insured person; or

(c) Determine the rates or any other aspect of the coverage or benefits for health care provided to an insured person based on ~~{~~

~~—(1) Whether} whether~~ the insured person or any member of the family of the insured person has taken a genetic test. ~~{; or~~

~~—(2) Any genetic information of the insured person or any member of the family of the insured person.}~~

2. The provisions of this section do not apply to a corporation that issues a policy of health insurance that provides coverage for long-term care or disability income.

3. As used in this section:

(a) “Genetic information” means any information that is obtained from a genetic test.

(b) “Genetic test” means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

(1) Are linked to physical or mental disorders or impairments; or

(2) Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

Sec. 18. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. *A health maintenance organization shall offer and issue a health ~~care~~ benefit plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:*

*(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;*

*(b) The claims history of the person, including, without limitation, any prior health care services received by the person;*

*(c) Genetic information relating to the person; and*

*(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.*

2. *A health maintenance organization that offers or issues a health ~~care~~ benefit plan shall not:*

*(a) Deny, limit or exclude a covered benefit based on the health status of an enrollee; or*

*(b) Require an enrollee, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated enrollee ~~for the covered dependent of such an enrollee~~ who does not have such a health status.*

3. *A health maintenance organization that offers or issues a health ~~care~~ benefit plan shall not adjust a premium, deductible, copay or coinsurance for any enrollee on the basis of genetic information relating to the enrollee or the covered dependent of the enrollee.*

4. *A health maintenance organization that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:*

*(a) An enrollee who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year;*

*(b) The amount of all discounts provided pursuant to such a wellness program does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an enrollee or an enrollee and his or her dependents, as applicable, under the plan;*

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The health maintenance organization ensures that the full discount under the wellness program is available to all similarly situated enrollees by providing a reasonable alternative standard by which an enrollee may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the enrollee; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an enrollee did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

5. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 19. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

2. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, must not be construed to violate any provision of law relating to solicitation or advertising by practitioners of a healing art.

3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt from the provisions of chapter 630 of NRS.

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and 695C.1757 and section 18 of this act apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.



Sec. 20. NRS 695C.173 is hereby amended to read as follows:

695C.173 1. All individual and group health care plans which provide coverage for a family member of the enrollee must as to such coverage provide that the health care services applicable for children are payable with respect to:

- (a) A newly born child of the enrollee from the moment of birth;
- (b) An adopted child from the date the adoption becomes effective, if the child was not placed in the home before adoption; and
- (c) A child placed with the enrollee for the purpose of adoption from the moment of placement as certified by the public or private agency making the placement. The coverage of such a child ceases if the adoption proceedings are terminated as certified by the public or private agency making the placement.

↪ The plans must provide the coverage specified in subsection 3, and must not exclude premature births.

2. The evidence of coverage may require that notification of:

- (a) The birth of a newly born child;
- (b) The effective date of adoption of a child; or
- (c) The date of placement of a child for adoption,

↪ and payments of the required charge, if any, must be furnished to the health maintenance organization within 31 days after the date of birth, adoption or placement for adoption in order to have the coverage continue beyond the 31-day period.

3. The coverage for newly born and adopted children and children placed for adoption consists of preventive health care services as well as coverage of injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities and, within the limits of the policy, necessary transportation costs from place of birth to the nearest specialized treatment center under major medical policies, and with respect to basic policies to the extent such costs are charged by the treatment center.

4. ~~{A health maintenance organization shall not restrict the coverage of a dependent child adopted or placed for adoption solely because of a preexisting condition the child has at the time the child would otherwise become eligible for coverage pursuant to that plan. Any provision relating to an exclusion for a preexisting condition must comply with NRS 689B.500 or 689C.190, as appropriate.~~

~~5.}~~ For covered services provided to the child, the health maintenance organization shall reimburse noncontracted providers of health care to an amount equal to the average amount of payment for which the organization has agreements, contracts or arrangements for those covered services.

Sec. 21. NRS 695C.207 is hereby amended to read as follows:

695C.207 1. A health maintenance organization shall not:

- (a) Require an enrollee or any member of the family of the enrollee to take a genetic test;

(b) Require an enrollee to disclose whether the enrollee or any member of the family of the enrollee has taken a genetic test or the genetic information of the enrollee or a member of the family of the enrollee; or

(c) Determine the rates or any other aspect of the coverage or benefits for health care provided to an enrollee based on ~~[-~~

~~(1) Whether] whether the enrollee or any member of the family of the enrollee has taken a genetic test. [- or~~

~~(2) Any genetic information of the enrollee or any member of the family of the enrollee.]~~

2. As used in this section:

(a) “Genetic information” means any information that is obtained from a genetic test.

(b) “Genetic test” means a test, including a laboratory test which uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

(1) Are linked to physical or mental disorders or impairments; or

(2) Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

Sec. 22. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, *and section 18 of this act*, or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees or creditors or to the general public;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or

(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.

Sec. 23. Chapter 695F of NRS is hereby amended by adding thereto a new section to read as follows:

*1. A prepaid limited health service organization shall offer and issue ~~evidence of coverage~~ a health benefit plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:*

*(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;*

*(b) The claims history of the person, including, without limitation, any prior health care services received by the person;*

*(c) Genetic information relating to the person; and*

(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.

2. ~~A prepaid limited health service organization that offers or issues evidence of coverage~~ a health benefit plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an enrollee; or

(b) Require an enrollee, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated enrollee ~~for the covered dependent of such an enrollee~~ who does not have such a health status.

3. ~~A prepaid limited health service organization that offers or issues evidence of coverage~~ a health benefit plan shall not adjust a premium, deductible, copay or coinsurance for any enrollee on the basis of genetic information relating to the enrollee or the covered dependent of the enrollee.

4. A prepaid limited health service organization that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:

(a) An enrollee who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year;

(b) The amount of all discounts provided pursuant to such a wellness program does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an enrollee or an enrollee and his or her dependents, as applicable, under the plan;

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The prepaid limited health service organization ensures that the full discount under the wellness program is available to all similarly situated enrollees by providing a reasonable alternative standard by which an enrollee may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the enrollee; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an enrollee did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

5. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 24. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. A managed care organization shall offer and issue a health ~~care~~ benefit plan to any person regardless of the health status of the person or any dependent of the person. Such health status includes, without limitation:

(a) Any preexisting medical condition of the person, including, without limitation, any physical or mental illness;

(b) The claims history of the person, including, without limitation, any prior health care services received by the person;

(c) Genetic information relating to the person; and

(d) Any increased risk for illness, injury or any other medical condition of the person, including, without limitation, any medical condition caused by an act of domestic violence.

2. A managed care organization that offers or issues a health ~~care~~ benefit plan shall not:

(a) Deny, limit or exclude a covered benefit based on the health status of an insured; or

(b) Require an insured, as a condition of enrollment or renewal, to pay a premium, deductible, copay or coinsurance based on his or her health status which is greater than the premium, deductible, copay or coinsurance charged to a similarly situated insured ~~for the covered dependent of such an insured~~ who does not have such a health status.

3. A managed care organization that offers or issues a health ~~care~~ benefit plan shall not adjust a premium, deductible, copay or coinsurance for any insured on the basis of genetic information relating to the insured or the covered dependent of the insured.

4. A managed care organization that offers or issues a health benefit plan may include in the plan a wellness program that reduces a premium, deductible or copayment based on health status if:

(a) An insured who is eligible to participate in the wellness program is given the opportunity to qualify for the discount at least once each year;

(b) The amount of all discounts provided pursuant to such a wellness program described in this subsection does not exceed 30 percent, or if the program is designed to prevent or reduce tobacco use, 50 percent, of the cost of coverage for an insured or an insured and his or her dependents, as applicable, under the plan;

(c) The wellness program is reasonably designed to promote health or prevent disease;

(d) The managed care organization ensures that the full discount under the wellness program is available to all similarly situated insureds by providing a reasonable alternative standard by which an insured may qualify for the discount which, if based on health status, must accommodate the recommendations of the physician of the insured; and

(e) The plan discloses in all plan materials describing the terms of the wellness program, and in any disclosure that an insured did not satisfy the initial standard to be eligible for the discount, the availability of a reasonable alternative standard described in paragraph (d).

5. As used in this section, "health benefit plan" has the meaning ascribed to it in NRS 687B.470.

Sec. 25. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may:

(a) Adopt and carry into effect a system of group life, accident or health insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.

(b) Purchase group policies of life, accident or health insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, ~~and~~ 689B.287 and 689B.500 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378, ~~and~~ 689B.03785 and 689B.500 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance

exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.

4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and

(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.

5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.

(b) Does not become effective unless approved by the Commissioner.

(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.

6. As used in this section, “legal services organization” means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

*Sec. 25.5. NRS 287.0205 is hereby amended to read as follows:*

287.0205 1. A public officer or employee of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada who has retired pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, or is enrolled in a retirement program provided pursuant to NRS 286.802, or the surviving spouse of such a retired public officer or employee who is deceased, may, except as otherwise provided in NRS 287.0475, in any even-numbered year, reinstate any insurance, except life insurance, that, at the time of reinstatement, is provided by the last public employer of the retired public officer or employee to the active officers and employees and their dependents of that public employer:

(a) Pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025; or

(b) Under the Public Employees’ Benefits Program, if the last public employer of the retired officer or employee participates in the Public

Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025.

2. Reinstatement pursuant to paragraph (a) of subsection 1 must be requested by:

(a) Giving written notice of the intent of the public officer or employee or surviving spouse to reinstate the insurance to the last public employer of the public officer or employee not later than January 31 of an even-numbered year;

(b) Accepting the public employer's current program or plan of insurance and any subsequent changes thereto; and

(c) Except as otherwise provided in paragraph (b) of subsection 4 of NRS 287.023, paying any portion of the premiums or contributions of the public employer's program or plan of insurance, in the manner set forth in NRS 1A.470 or 286.615, which is due from the date of reinstatement and not paid by the public employer.

↪ The last public employer shall give the insurer notice of the reinstatement not later than March 31 of the year in which the public officer or employee or surviving spouse gives notice of the intent to reinstate the insurance.

3. Reinstatement pursuant to paragraph (b) of subsection 1 must be requested pursuant to NRS 287.0475.

4. *If a plan provides coverage only to retired public officers and employees and dependents thereof, reinstatement of insurance pursuant to subsection 1 may exclude claims for expenses related to any condition for which medical advice, treatment or consultation was rendered within 12 months before the reinstatement.*

5. The last public employer of a retired officer or employee who reinstates insurance, except life insurance, which was provided to the retired officer or employee and the retired officer's or employee's dependents at the time of retirement pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 shall, for the purpose of establishing actuarial data to determine rates and coverage for such persons, commingle the claims experience of such persons with the claims experience of active and retired officers and employees and their dependents who participate in that group insurance, plan of benefits or medical and hospital service.

Sec. 26. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 687B.409, 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and section 24 of this act* in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.



Sec. 27. Section 15 of chapter 453, Statutes of Nevada 2011, at page 2746, is hereby amended to read as follows:

Sec. 15. 1. This section and sections 4 and 12 of this act become effective on July 1, 2011.

2. Sections 1, 2, 3, 5 to 11, inclusive, 13 and 14 of this act become effective on October 1, 2011.

3. Section 4.5 of this act becomes effective on ~~{the date on which the provisions of the Patient Protection and Affordable Care Act, Public Law 111-148, cease to allow a grandfathered health plan to exclude claims for preexisting medical conditions.}~~ *January 1, 2020.*

Sec. 28. The provisions of sections 1, 6, 9, 13, 14, 18, 23 and 24 of this act apply to any contract, agreements, network plan, policy of health insurance, policy of group health insurance, health benefit plan, benefit contract, contract for hospital or medical service and health care plan that is delivered, issued for delivery or renewed on or after January 1, 2020.

Sec. 29. NRS 689A.523, 689A.585, 689B.450, 689C.082, 695A.159 and 695F.480 are hereby repealed.

Sec. 30. This act becomes effective:

1. Upon passage and approval for the purpose of performing any preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On January 1, 2020, for all other purposes.

#### LEADLINES OF REPEALED SECTIONS

689A.523 "Exclusion for a preexisting condition" defined.

689A.585 "Preexisting condition" defined.

689B.450 "Preexisting condition" defined.

689C.082 "Preexisting condition" defined.

695A.159 Society prohibited from restricting coverage of child based on preexisting condition when person who is eligible for group coverage adopts or assumes legal obligation for child.

695F.480 Organization prohibited from restricting coverage of child based on preexisting condition if person who is eligible for group coverage adopts or assumes legal obligation for child.

Senator Ratti moved the adoption of the amendment.

Remarks by Senator Ratti.

Amendment No. 62 revises Senate Bill No. 235 to replace various terms for a contract of health insurance with the term "a health benefit plan" and revises various sections of the bill to clarify that insurers shall not "deny, limit or exclude a covered benefit based on the health status of an insured." It authorizes group health-benefit plans issued in this State to include wellness programs that offer discounts based on health status under the same conditions as prescribed by federal regulations. It authorizes certain government insurance plans for only retired officers and employees to exclude claims for preexisting conditions under the same conditions as previously authorized for grandfathered plans. This aligns Senate Bill No. 235 tightly with the Affordable Care Act.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 241.

Bill read second time and ordered to third reading.

Senate Bill No. 267.

Bill read second time.

The following amendment was proposed by the Committee on Education:

Amendment No. 168.

SUMMARY—Makes revisions concerning the effect of social and environmental factors on education. (BDR 34-578)

AN ACT relating to education; requiring the identification of social and environmental factors that affect the educational experience of pupils at each public school; requiring the consideration of those factors in certain circumstances; ~~requiring the development of a plan for each school to mitigate the effect of those factors;~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Education to adopt such regulations as necessary for the execution of the powers and duties conferred on it by law. (NRS 385.080) This bill requires the State Board to adopt regulations that require the board of trustees of each school district and the governing body of each charter school to identify the social and environmental factors that affect the educational experience of pupils at each school in the district or the charter school, as applicable. This bill requires the Department of Education, a board of trustees, a governing body and the staff of a school to consider those factors when making decisions concerning the school or interacting with and making decisions concerning the staff and pupils of a school. ~~[This bill also provides for the development of a plan for each school to mitigate the effect of those factors on the educational experience of pupils at the school.]~~

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

Section 1. Chapter 388 of NRS is hereby amended by adding thereto a new section to read as follows:

~~1.1~~ *The State Board shall adopt regulations that require:*

~~(a)~~ *1. The board of trustees of each school district and the governing body of each charter school to identify the social and environmental factors that affect the educational experience of pupils at each school in the district or the charter school, as applicable, and provide a description of those factors to the Department; and*

~~(b)~~ *2. The Department, the board of trustees of each school district, the governing body of each charter school and the staff of each public school to consider the factors identified pursuant to subsection 1 for a school when making decisions concerning the school or interacting with and making decisions concerning the staff of the school or pupils enrolled at the school. Such decisions include, without limitation, decisions concerning the allocation of money, the provision of integrated student supports pursuant to NRS 388.885,*

*evaluations of members of the staff of the school pursuant to NRS 391.650 to 391.830, inclusive, salaries of members of the staff of the school and the discipline of pupils.*

~~*f 2. The board of trustees of each school district shall establish for each school in the district a site-based team of members of the staff of the school and parents or guardians of pupils enrolled at the school to develop a plan to mitigate the effects of social and environmental factors identified pursuant to paragraph (a) of subsection 1 on the educational experience of pupils at the school. The governing body of each charter school shall establish such a site based team for the charter school.*~~

~~*3. When developing the plan pursuant to subsection 2, the team shall collaborate with nonprofit organizations in the community where the school is located that have resources to provide assistance.*~~

Sec. 2. This act becomes effective on July 1, 2019.

Senator Denis moved the adoption of the amendment.

Remarks by Senator Denis.

Amendment No. 168 to Senate Bill No. 267 removes sections of the bill requiring the site-based team for each school and the team's plan to address the effects of social and environmental factors on a student's educational experience.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 311.

Bill read second time and ordered to third reading.

Senate Bill No. 451.

Bill read second time and ordered to third reading.

Senate Bill No. 477.

Bill read second time and ordered to third reading.

#### MOTIONS, RESOLUTIONS AND NOTICES

Senator Woodhouse moved that Senate Bill No. 241 be taken from the General File and re-referred to the Committee on Finance.

Motion carried.

#### GENERAL FILE AND THIRD READING

Senate Bill No. 32.

Bill read third time.

Remarks by Senator Dondero Loop.

Senate Bill No. 32 defines the terms "applicant," "disciplinary action" and "licensee" and provides that the records and files of the Department of Taxation concerning the imposition of a disciplinary action or the processing of applications for the operation of a marijuana establishment are confidential and privileged, except under certain conditions.

The bill establishes that the records and files concerning marijuana establishment applications and disciplinary actions against the holder of a license, registration, permit or certificate are confidential and privileged to the same extent as the records and files of the Department concerning the administration and collections of taxes and fees.

The bill authorizes certain records and files of the Department to be disclosed to grand juries, to state and local law enforcement agencies and to local regulatory agencies under certain circumstances.

Finally, the bill provides that the records and files of the Department concerning the imposition of a disciplinary action or the processing of applications for the operation of a marijuana establishment submitted on or after May 1, 2017, are not confidential and privileged, except in certain instances as required to protect specified legal, safety-related, personal or proprietary information.

Conflict of interest declared by Senator Ohrenschall.

Roll call on Senate Bill No. 32:

YEAS—20.

NAYS—None.

NOT VOTING—Ohrenschall.

Senate Bill No. 32 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 218.

Bill read third time.

Remarks by Senator Cannizzaro.

I rise in support of Senate Bill No. 218 which relates to protective orders in cases of domestic violence and makes various changes to domestic violence. This is a topic we have all heard much about. One reason is because domestic violence situations are not only the most dangerous for our first responders, law enforcement officers and other responders but also for the individuals who are living in these situations. Senate Bill No. 218 makes important changes to protective orders which are the one thing we generally give to victims to say they are going to be safe from their attacker.

Under current statute, violations of a temporary protective order against domestic violence or an extended protective order for domestic violence are misdemeanor offenses and lack the ability to provide true protection to victims who have asked that their abusers stay away from their home and place of business. Senate Bill No. 218 is a reasonable approach that increases the violation of a temporary protective order from a misdemeanor to a gross misdemeanor and for violating an extended protective order from a misdemeanor to a category C felony.

Additionally, this bill provides that when judges are deciding whether or not to issue an extended order for protection, they may consider only the factors that are indicated in statute, which have been delineated and authorized not only by this Legislature but also in the jurisprudence that currently exists and that truly focus on the safety of the victim and the presence of that domestic violence situation.

Senate Bill No. 218 provides that a person who commits battery constituting domestic violence with the use of a deadly weapon is guilty of a category B felony if the person has previously been convicted of felony battery constituting domestic violence, battery constituting domestic violence including strangulation or a crime in another jurisdiction that would constitute felony domestic violence in Nevada. I urge my colleagues' support.

Roll call on Senate Bill No. 218:

YEAS—21.

NAYS—None.

Senate Bill No. 218 having received a constitutional majority, Madam President declared it passed.

Bill ordered transmitted to the Assembly.

Senate Bill No. 279.

Bill read third time.

Remarks by Senator Kieckhefer.

Senate Bill No. 279 requires the board of trustees of a General Improvement District (GID) to follow certain procedures before selling real property owned by the GID. The board of trustees must obtain two independent appraisals, with limited exceptions, and must not sell the property for less than the highest appraised value of the appraisals obtained. The board must adopt procedures for creating and maintaining a list of qualified appraisers as specified and provides other criteria to follow. This bill ultimately makes GIDs follow the same rules currently in statute for cities and counties when they dispose of real property. It will thoroughly engage the public in the process and ensure there are no surprises.

Roll call on Senate Bill No. 279:

YEAS—21.

NAYS—None.

Senate Bill No. 279 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 341.

Bill read third time.

Remarks by Senator Settelmeyer.

Senate Bill No. 341 exempts an enterprise fund created by a local government for the purposes of providing telecommunication services from certain limitations on the authority of a governing body to loan or transfer money from the enterprise fund to the general fund of the local government and increasing fees imposed for the purpose of the enterprise fund. This bill only applies to telecommunications-based counties that have their own services. There is one in the United States, and that is Churchill County.

Roll call on Senate Bill No. 341:

YEAS—21.

NAYS—None.

Senate Bill No. 341 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 350.

Bill read third time.

Remarks by Senator Denis.

Senate Bill No. 350 transfers the authority governing the awarding of Nevada Promise Scholarships from each Nevada community college to the Board of Regents and requires that entity to administer the Program. The measure removes several statutory provisions and deadlines to receive the scholarship and instead requires the Board of Regents to adopt related regulations. A student who meets certain requirements may remain eligible for the scholarship each year and not be required to renew the scholarship each year.

The bill revises several existing scholarship requirements. It first decreases the number of required community-service hours prior to receiving the scholarship from 20 hours to 8 hours. One of the challenges we found was that there were 12,000 students apply for this scholarship and having that many need to do 20 hours of community service was appropriate for high school but not for college. Some kids missed out on the scholarship because they could not complete this requirement. This bill also decreases the number of community-service hours needed to retain the

scholarship while in college. It also decreases the number of training meetings a student must attend from two to one. It changes requirements for the student to attend the meeting prior to enrolling in a community college. The challenge there was students had to meet with a mentor. We had 1,100 mentors who signed up, but one-on-one mentoring is not allowed to occur with high school students unless the mentor has been fingerprinted so students are met with in a group setting. This required adjusting this requirement so students did not miss out on the scholarship because they could not fulfill this part of the requirement. The bill also requires a student obtain a high school diploma or equivalent by 20 years of age.

Finally, Senate Bill No. 350 provides that a student may be granted a leave of absence from the program and remains eligible for the scholarship. This allows students who enter the military or go on a mission to still maintain their scholarship. This has been a successful program, and it just requires a few changes. This year, we had 14,000 applicants for the scholarship. We were leaving \$82 million on the table because they were not applying for Free Application for Federal Student Aid. Now, millions of dollars have come in, and kids who did not think they could go to college are now going to college. I urge your support.

Roll call on Senate Bill No. 350:

YEAS—21.

NAYS—None.

Senate Bill No. 350 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 460.

Bill read third time.

Remarks by Senator Goicoechea.

Senate Bill No. 460 authorizes the board of county commissioners in a county whose population is less than 100,000, which are currently all counties other than Clark and Washoe Counties, to abolish, by ordinance, the office of public administrator. If such a county abolishes the office of public administrator, the person who was elected, appointed or serves as *ex officio* public administrator may serve out the remainder of his or her term of office. The board of county commissioners in that county must employ or contract with a person to perform the duties and functions of a public administrator within the county. Such a board of county commissioners may amend or repeal an ordinance adopted to resume the election of a public administrator or the person who is *ex officio* public administrator serving as public administrator in the county.

The best part of this bill is it requires all proceeds from an estate sale to go through the county general fund before they are dispersed. We had problems in Elko and Lyon County in the past. Lyon County had to reimburse an estate by \$2.1 million because their elected public administrator failed to act properly. There are two counties in the State, Elko and Lyon, who are functioning under a contracted public administrator. This bill allows a county to appoint one if no one runs for the office and to establish this by ordinance. If this does not work out, the county can always go back to the election process. This is a good bill, and it will solve some problems in the rural counties. I urge your support.

Roll call on Senate Bill No. 460:

YEAS—21.

NAYS—None.

Senate Bill No. 460 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 473.

Bill read third time.

Remarks by Senator Ratti.

Senate Bill No. 473 revises certain definitions relating to affordable housing to establish three tiers of affordable housing and define "affordable housing" as housing that falls within any of the three tiers. These revised definitions are applied throughout various statutes. Housing at all three tiers is required to cost a household with an income at the maximum amount for the tier not more than 30 percent of the total monthly gross household income of the household.

The bill replaces certain references to housing for "low-income households" with references to the revised definition of affordable housing. Finally, the bill specifies that cities and counties may use certain revenue from the real property transfer tax to develop tier one and tier two affordable housing. This was available already. This is revising the definitions to make it clear where it can be used.

Roll call on Senate Bill No. 473:

YEAS—21.

NAYS—None.

Senate Bill No. 473 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 182.

Bill read third time.

Remarks by Senators Seevers Gansert, Denis and Kieckhefer.

SENATOR SEEVERS GANSERT:

Assembly Bill No. 182 designates the chemical element known as "Neon" as the official State element of the State of Nevada. We would be the first state in the Nation to have its own official element under this bill. The Carson City Montessori School brought this legislation forward to us. I urge your support.

SENATOR DENIS:

I stand in support of Assembly Bill No. 182. Neon is an iconic part of our history, and I am reminded daily as I drive by the Neon Museum of the history we have in our State. This is an amazing opportunity for us to be able to celebrate this. I urge your support.

SENATOR KIECKHEFER:

I had serious questions about the bill in front of us when I first heard about it. I thought, "Why not silver? We are the Silver State." A group of students from my district explained to me that we already recognize silver by calling ourselves the Silver State in our own motto. They were persuasive in their efforts to convince me to support this bill and eventually won me over because they were good at what they were doing. They were well-researched, well-spoken and knew exactly what they were proposing. They knew why they were doing it and had answers to all of my questions. I would like to thank those students for being so engaged in this process and congratulate them on the success they will hopefully witness shortly.

Roll call on Assembly Bill No. 182:

YEAS—21.

NAYS—None.

Assembly Bill No. 182 having received a constitutional majority, Madam President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

## GUESTS EXTENDED PRIVILEGE OF SENATE FLOOR

On request of Senator Brooks, the privilege of the floor of the Senate Chamber for this day was extended to Sadie Brown, Devyn Kellner and Tyler Varner.

On request of Senator Cancela, the privilege of the floor of the Senate Chamber for this day was extended to Savannah Guzman, Tammy Westergard and Alizee Zambrano.

On request of Senator Cannizzaro, the privilege of the floor of the Senate Chamber for this day was extended to Tod Colegrove, Stephanie Heyroth, Ali Jobe and Theresa Wilt.

On request of Senator Denis, the privilege of the floor of the Senate Chamber for this day was extended to Danielle Milam and Shelia Moulton.

On request of Senator Goicoechea, the privilege of the floor of the Senate Chamber for this day was extended to Kasie Antonucci.

On request of Senator Hammond, the privilege of the floor of the Senate Chamber for this day was extended to Alexa Ailes, Samantha Badger, Maeva Bayer-Boss, Rylee Beach, Jadyn Beauchamp, Allison Boyer, Karla Brena-Gutierrez, Sadie Brown, Aiden Carstens, Joseph Casillas, Bella Chavez, Christian Cherpeski, Daelen Clark, Xavier Coberly, Lasade Conti, Asher Cranston, Sydney Crumbley, Violet Foley, Hannah Gerow, Kylie Green, Savannah Guzman, Audrey Hawkins, Chloe Hughes, Devyn Kellner, Cassidy Leatham, James Linn, Garrison Maddox, Anthony Martinez, Lilliahna McColl, Arianna Memije, Cashel Mitchell, Anna Nelson, Adriana Olivas, Sienna Omohundro, Lily Perez-Martell, Kai Pieretti, Julian Pineda-Hernandez, Joseph Porcello, Braelyn Rhoades, Callie May Robinson, Leah Rodriguez, Adrianna Rogacs, Mason Rogers, Urieluis Rojas, Giovanni Romo-Graf, Elliot Ruffner, Zachary Salvo, Mallorie Sheley-Brendel, Lola Simpson, Jaedyn Thompson, Tyler Varner, Diego Villalobos, Gemma Kunow Wayne and Alizee Zambrano.

On request of Senator Hansen, the privilege of the floor of the Senate Chamber for this day was extended to Joan Dalusung.

On request of Senator Hardy, the privilege of the floor of the Senate Chamber for this day was extended to Sandra Ramaker.

On request of Senator Kieckhefer, the privilege of the floor of the Senate Chamber for this day was extended to Amanda Campbell and Morgan Tiar.

On request of Senator Ohrenschall, the privilege of the floor of the Senate Chamber for this day was extended to Marcie Smedley.

On request of Senator Parks, the privilege of the floor of the Senate Chamber for this day was extended to Chad Lenzini.



On request of Senator Pickard, the privilege of the floor of the Senate Chamber for this day was extended to Kip Noschese.

On request of Senator Ratti, the privilege of the floor of the Senate Chamber for this day was extended to Englisia Parker and Jeff Scott.

On request of Senator Seevers Gansert, the privilege of the floor of the Senate Chamber for this day was extended to Jonnica Bowen and Sara Stewart.

On request of Senator Settelmeyer, the privilege of the floor of the Senate Chamber for this day was extended to Luise Davis and Carol Lloyd.

On request of Senator Spearman, the privilege of the floor of the Senate Chamber for this day was extended to Lauren Esparza.

On request of Senator Washington, the privilege of the floor of the Senate Chamber for this day was extended to Tom Sommer.

On request of Senator Woodhouse, the privilege of the floor of the Senate Chamber for this day was extended to Mark McGinty.

Senator Cannizzaro moved that the Senate, in conformance with Article 4, Section 15, of the *Constitution of the State of Nevada*, with the consent of the Assembly, adjourn until Monday, April 15, 2019, at 11:00 a.m. in order to allow the Senate's Standing Committees adequate opportunity to hear Senate measures before the Committee Passage Deadline.

Motion carried.

Senate adjourned at 1:08 p.m.

Approved:

KATE MARSHALL  
*President of the Senate*

Attest: CLAIRE J. CLIFT  
*Secretary of the Senate*