AN ACT relating to mental health; providing for the reporting of certain information by certain providers of health care relating to attempted suicide; requiring certain insurers and other organizations providing health coverage to adhere to certain provisions of federal law; requiring certain insurers and other organizations providing health coverage to submit information demonstrating mental health parity and addiction equity compliance; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:
Existing law requires a provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose to report that fact and certain additional information to the Chief Medical Officer pursuant to procedures adopted by regulation by the State Board of Health. (NRS 441A.120, 441A.150) Existing law: (1) makes it a misdemeanor for a provider of health care to willfully fail to make such a report; and (2) additionally subjects a provider of health care who willfully fails to make such a report to an administrative fine. (NRS 441A.920) Sections 6.2 and 6.4 of this bill additionally require certain providers of health care designated by the State Board of Health who know of, or provide services to, a person who has attempted suicide or is suspected of having attempted suicide to report that fact to the Chief Medical Officer pursuant to procedures adopted by regulation by the State Board of Health. If such a provider of health care provides services in a medical facility, section 6.4 authorizes the medical facility to submit the report on behalf of the provider. Section 6.6 of this bill provides for the confidentiality of personal information concerning an attempted suicide reported to the Chief Medical Officer. Section 6.8 of this bill subjects a provider of health care who willfully fails to make such a report to the same misdemeanor penalty and administrative fine as a provider of health care who willfully fails to report a drug overdose. Section 6.4 requires the Chief Medical Officer to annually compile and submit to the Patient Protection Commission a report summarizing the information he or she receives from providers of health care concerning attempted suicide.

The federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 prohibits group health plans and health insurance issuers that provide benefits for mental health or substance use disorders from imposing less favorable benefit limitations on those benefits than on medical and surgical benefits. (Pub. L. No. 100-343, 122 Stat. 3765) Existing state law requires certain insurers or other organizations providing health coverage to comply with the Act. (NRS 687B.404) Section 9 of this bill additionally requires health insurers regulated under state law, other than state and local governmental entities that provide health coverage for their employees, to comply with the Act. Section 9 requires the Commissioner to annually prescribe and provide to insurers a data request that solicits information necessary to evaluate the compliance of the insurer with those federal requirements. Section 8.3 of this bill exempts the adoption and amendment of the data request from requirements concerning the procedures set forth in existing law for adopting regulations. Section 9 requires an insurer to either complete the data request or submit to the Commissioner a copy of a report.
submitted to the Federal Government demonstrating compliance with those federal requirements. Sections 8.6 and 9 of this bill provide that such information reported by insurers is confidential. Section 9 requires the Commissioner to annually submit a report summarizing the information that he or she receives from insurers to the Patient Protection Commission, the Governor and the Legislature.

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

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

Sections 1-6. (Deleted by amendment.)

Sec. 6.2. NRS 441A.120 is hereby amended to read as follows:

441A.120 1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:
(a) The diseases which are known to be communicable.
(b) The communicable diseases which are known to be sexually transmitted.
(c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.
(d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.
(e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose and attempted suicide to the Chief Medical Officer or his or her designee, including [the], without limitation:
(a) The time within which such reports must be made and the information that such reports must include.
(b) The providers of health care who are required to report a case or suspected case of attempted suicide.

3. The duties set forth in the regulations adopted by the Board pursuant to subsection 1 must be performed by:
(a) In a district in which there is a district health officer, the district health officer or the district health officer’s designee; or
(b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer’s designee.

Sec. 6.4. NRS 441A.150 is hereby amended to read as follows:

441A.150 1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact and the information required by the Board pursuant to NRS 441A.120 to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. The Chief Medical Officer or his or her designee shall upload that information to the database of the program established pursuant to NRS 453.162 if the program allows for the upload of such information.

3. Except as otherwise provided in this subsection, a provider of health care who is required by the regulations adopted pursuant to NRS 441A.120 to report a case or suspected case of attempted suicide and knows of, or provides services to, a person who has attempted suicide or is suspected of having attempted suicide shall report that fact and the information required by the Board pursuant to NRS 441A.120 to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. If such a provider of health care provides services at a medical facility, the medical facility may submit the report on behalf of the provider. The Chief Medical Officer shall annually compile and submit to the Patient Protection Commission created by NRS 439.908 a report summarizing the information reported pursuant to this subsection.

4. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease, or who has suffered or is suspected of having suffered a drug overdose or who has attempted suicide or is suspected of having attempted suicide shall establish administrative procedures to ensure that the health
authority or Chief Medical Officer or his or her designee, as applicable, is notified.

[4.] 5. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

[5.] 6. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

Sec. 6.6. NRS 441A.220 is hereby amended to read as follows:

441A.220 All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease, drug overdose or attempted suicide, or by any person who has a communicable disease, has suffered a drug overdose or has attempted suicide, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:
1. As otherwise provided in NRS 439.538.
2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.
3. In a prosecution for a violation of this chapter.
4. In a proceeding for an injunction brought pursuant to this chapter.
5. In reporting the actual or suspected abuse or neglect of a child or elderly person.
6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.
7. If the person who is the subject of the information consents in writing to the disclosure.
8. Pursuant to subsection 4 of NRS 441A.320 or NRS 629.069.
9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed as having acquired immunodeficiency syndrome.
or an illness related to the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.

10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.

11. If the disclosure is authorized or required by NRS 239.0115 or another specific statute.

Sec. 6.8. NRS 441A.920 is hereby amended to read as follows:

441A.920 Every provider of health care, medical facility or medical laboratory that willfully fails, neglects or refuses to comply with any regulation of the Board relating to the reporting of a communicable disease [or] a drug overdose or an attempted suicide or any requirement of this chapter is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of $1,000 for each violation, as determined by the Board.

Secs. 7 and 8. (Deleted by amendment.)

Sec. 8.3. NRS 233B.039 is hereby amended to read as follows:

233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:

(a) The Governor.
(b) Except as otherwise provided in NRS 209.221, the Department of Corrections.
(c) The Nevada System of Higher Education.
(d) The Office of the Military.
(e) The Nevada Gaming Control Board.
(f) Except as otherwise provided in NRS 368A.140 and 463.765, the Nevada Gaming Commission.
(g) Except as otherwise provided in NRS 425.620, the Division of Welfare and Supportive Services of the Department of Health and Human Services.
(h) Except as otherwise provided in NRS 422.390, the Division of Health Care Financing and Policy of the Department of Health and Human Services.
(i) Except as otherwise provided in NRS 533.365, the Office of the State Engineer.
(j) The Division of Industrial Relations of the Department of Business and Industry acting to enforce the provisions of NRS 618.375.
(k) The Administrator of the Division of Industrial Relations of the Department of Business and Industry in establishing and
adjusting the schedule of fees and charges for accident benefits pursuant to subsection 2 of NRS 616C.260.

(l) The Board to Review Claims in adopting resolutions to carry out its duties pursuant to NRS 445C.310.

(m) The Silver State Health Insurance Exchange.

(n) The Cannabis Compliance Board.

2. Except as otherwise provided in subsection 5 and NRS 391.323, the Department of Education, the Board of the Public Employees’ Benefits Program and the Commission on Professional Standards in Education are subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

3. The special provisions of:

(a) Chapter 612 of NRS for the adoption of an emergency regulation or the distribution of regulations by and the judicial review of decisions of the Employment Security Division of the Department of Employment, Training and Rehabilitation;

(b) Chapters 616A to 617, inclusive, of NRS for the determination of contested claims;

(c) Chapter 91 of NRS for the judicial review of decisions of the Administrator of the Securities Division of the Office of the Secretary of State; and

(d) NRS 90.800 for the use of summary orders in contested cases, prevail over the general provisions of this chapter.

4. The provisions of NRS 233B.122, 233B.124, 233B.125 and 233B.126 do not apply to the Department of Health and Human Services in the adjudication of contested cases involving the issuance of letters of approval for health facilities and agencies.

5. The provisions of this chapter do not apply to:

(a) Any order for immediate action, including, but not limited to, quarantine and the treatment or cleansing of infected or infested animals, objects or premises, made under the authority of the State Board of Agriculture, the State Board of Health, or any other agency of this State in the discharge of a responsibility for the preservation of human or animal health or for insect or pest control;

(b) An extraordinary regulation of the State Board of Pharmacy adopted pursuant to NRS 453.2184;

(c) A regulation adopted by the State Board of Education pursuant to NRS 388.255 or 394.1694;

(d) The judicial review of decisions of the Public Utilities Commission of Nevada;
(e) The adoption, amendment or repeal of policies by the Rehabilitation Division of the Department of Employment, Training and Rehabilitation pursuant to NRS 426.561 or 615.178;

(f) The adoption or amendment of a rule or regulation to be included in the State Plan for Services for Victims of Crime by the Department of Health and Human Services pursuant to NRS 217.130;

(g) The adoption, amendment or repeal of rules governing the conduct of contests and exhibitions of unarmed combat by the Nevada Athletic Commission pursuant to NRS 467.075; [or]

(h) The adoption, amendment or repeal of regulations by the Director of the Department of Health and Human Services pursuant to NRS 447.335 to 447.350, inclusive [or]

(i) The adoption or amendment of a data request by the Commissioner of Insurance pursuant to NRS 687B.404.

6. The State Board of Parole Commissioners is subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

Sec. 8.6. NRS 239.010 is hereby amended to read as follows:

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641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 653.900, 654.110, 656.105, 657A.510, 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, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 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, 687B.404, 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.325, 706.1725, 706A.230, 710.159, 711.600, 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, including, without limitation, electronically, the confidential information from the information included in the public book or record that is not otherwise confidential.

4. If requested, a governmental entity shall provide a copy of a public record in an electronic format by means of an electronic medium. Nothing in this subsection requires a governmental entity
to provide a copy of a public record in an electronic format or by means of an electronic medium if:

(a) The public record:
   (1) Was not created or prepared in an electronic format; and
   (2) Is not available in an electronic format; or

(b) Providing the public record in an electronic format or by means of an electronic medium would:
   (1) Give access to proprietary software; or
   (2) Require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

5. 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 the medium that is requested 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. 9. NRS 687B.404 is hereby amended to read as follows:

687B.404 1. An insurer or other organization providing health coverage pursuant to chapter 689A, 689B, 689C, 695A, 695B, 695C, [or] 695F or 695G of NRS, including, without limitation, a health maintenance organization or managed care organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid, shall [comply with] adhere to the applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Public Law 110-343, Division C, Title V, Subtitle B, and any federal regulations issued pursuant thereto.

2. On or before July 1 of each year, the Commissioner shall prescribe and provide to each insurer or other organization providing health coverage subject to the provisions of subsection 1 a data request that solicits information necessary to evaluate the compliance of an insurer or other organization with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Public Law 110-343, Division C, Title V, Subtitle B, including, without limitation, the comparative analyses specified in 42 U.S.C. § 300gg-26(a)(8).
3. On or before October 1 of each year, each insurer or other organization providing health coverage subject to the provisions of subsection 1 shall:
   
   (a) Complete and submit to the Commissioner the data request prescribed pursuant to subsection 2; or
   
   (b) Submit to the Commissioner a copy of a report submitted by the insurer or other organization to the Federal Government demonstrating compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Public Law 110-343, Division C, Title V, Subtitle B, including, without limitation, the comparative analyses specified in 42 U.S.C. § 300gg-26(a)(8). The Commissioner may request from an insurer or other organization who submits a copy of such a report any supplemental information necessary to determine whether the insurer or other organization is in compliance with that federal law.

4. Any information provided by an insurer or other organization to the Commissioner pursuant to subsection 3 is confidential.

5. On or before December 31 of each year, the Commissioner shall compile a report summarizing the information submitted to the Commissioner pursuant to this section and submit the report to:

   (a) The Patient Protection Commission created by NRS 439.908;
   
   (b) The Governor; and
   
   (c) The Director of the Legislative Counsel Bureau for transmittal to:

      (1) In even-numbered years, the next regular session of the Legislature; and
      
      (2) In odd-numbered years, the Legislative Committee on Health Care.

6. The Commissioner may adopt any regulations necessary to carry out the provisions of this section.

Sec. 10. (Deleted by amendment.)

Sec. 10.5. 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. 11. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 10.5, inclusive, of this act become effective:
(a) 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

(b) On January 1, 2022, for all other purposes.