

Assembly Bill No. 287—Assemblywomen
Monroe-Moreno; Peters and Thomas

CHAPTER.....

AN ACT relating to health care; revising certain terminology relating to pregnancy and birth; providing for the licensing and regulation of freestanding birthing centers; requiring a freestanding birthing center to perform certain screening, report certain information to the local health officer and make certain information available to the Chief Medical Officer; authorizing the Maternal Mortality Review Committee to access certain information; eliminating the licensing and regulation of obstetric centers; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires a midwife to perform certain duties relating to the registration of a birth and the care of a person who is pregnant or a newborn infant. (NRS 440.280, 440.340, 440.740, 440.770, 442.008, 442.030-442.110, 442.600-442.680) **Sections 1.1 and 3** of this bill define the term “midwife” for those purposes to include a Certified Professional Midwife, a Certified Nurse-Midwife or any other type of midwife. **Sections 1.3-2.9, 4-9.7, 29.5 and 33.5** of this bill replace the term “mother” and similar terms with references to a person who is pregnant, a person giving birth, a person who gave birth or a person who has given birth, as appropriate, for purposes relating to vital statistics, maternal and child health and medical facilities and related entities. **Section 22** of this bill replaces the term “gender transition” with the term “gender-affirming surgery.” **Section 23** of this bill replaces a reference to lesbian, gay, bisexual, transgender and questioning persons with a reference to persons with various sexual orientations and gender identities and expressions.

Existing law: (1) defines the term “obstetric center” to mean a facility that is not part of a hospital and provides services for normal, uncomplicated births; and (2) provides for the regulation of an obstetric center as a medical facility. (NRS 449.0155, 449.0302) **Sections 1, 1.9, 2, 4, 5, 36.3 and 36.7** of this bill replace the term “obstetric center” with the term “freestanding birthing center.” **Sections 3 and 11** of this bill define the term “freestanding birthing center” to mean a facility that provides maternity care and birthing services in a location similar to a residence. **Section 13** of this bill makes a conforming change to indicate the proper placement of **section 11** in the Nevada Revised Statutes. **Sections 13.5 and 34.5** of this bill require a freestanding birthing center to be licensed as a medical facility and comply with provisions governing medical facilities. **Section 36.5** of this bill declares existing regulations governing obstetric centers void, and **sections 16.5 and 36.5** of this bill require the State Board of Health to adopt specific regulations governing the licensure and operation of freestanding birthing centers. **Section 29.5** of this bill: (1) requires a freestanding birthing center to meet certain requirements currently applicable to obstetric centers; (2) requires a freestanding birthing center to be located within 30 miles of a hospital that offers services relating to pregnancy and newborn infants; (3) prohibits the performance of surgery at a freestanding birthing center; and (4) requires a freestanding birthing center to have a director who possesses certain qualifications. **Section 36.7** of this bill repeals certain



unnecessary definitions, and **sections 34.2, 34.7 and 34.9** of this bill make conforming changes to add or remove references to those definitions.

Existing law: (1) requires the Maternal Mortality Review Committee to investigate each case of maternal mortality in this State; and (2) authorizes the Committee to access certain information in the performance of its duties. (NRS 442.767, 442.774) Existing law requires the Chief Medical Officer to establish and maintain a system for the reporting of information on cancer and other neoplasms. (NRS 457.230) **Section 9.7** of this bill authorizes the Committee to access information in that system.

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

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

Section 1. NRS 439.805 is hereby amended to read as follows:
439.805 “Medical facility” means:

1. A hospital, as that term is defined in NRS 449.012 and 449.0151;

2. ~~An obstetric center;~~ *A freestanding birthing center*, as that term is defined in ~~[NRS 449.0151 and 449.0155;]~~ *section 11 of this act;*

3. A surgical center for ambulatory patients, as that term is defined in NRS 449.0151 and 449.019; and

4. An independent center for emergency medical care, as that term is defined in NRS 449.013 and 449.0151.

Sec. 1.1. Chapter 440 of NRS is hereby amended by adding thereto a new section to read as follows:

As used in this chapter, “midwife” means:

1. A person certified as:

(a) A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or

(b) A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or

2. Any other type of midwife.

Sec. 1.3. NRS 440.030 is hereby amended to read as follows:

440.030 As used in this chapter, “live birth” means a birth in which the child shows evidence of life after complete birth. A birth is complete when the child is entirely outside the ~~mother;~~ *person giving birth*, even if the cord is uncut and the placenta still attached. The words “evidence of life” include heart action, breathing or coordinated movement of voluntary muscle.

Sec. 1.6. NRS 440.280 is hereby amended to read as follows:

440.280 1. If a birth occurs in a hospital or the ~~mother;~~ *person giving birth* and child are immediately transported to a



hospital, the person in charge of the hospital or his or her designated representative shall obtain the necessary information, prepare a birth certificate, secure the signatures required by the certificate and file it within 10 days with the health officer of the registration district where the birth occurred. The physician in attendance shall provide the medical information required by the certificate and certify to the fact of birth within 72 hours after the birth. If the physician does not certify to the fact of birth within the required 72 hours, the person in charge of the hospital or the designated representative shall complete and sign the certification.

2. If a birth occurs outside a hospital and the **[mother] person giving birth** and child are not immediately transported to a hospital, the birth certificate must be prepared and filed by one of the following persons in the following order of priority:

- (a) The physician in attendance at or immediately after the birth.
- (b) Any other person in attendance at or immediately after the birth.
- (c) The **[father, mother] person giving birth** or **[] other parent, or** if the **[father] other parent** is absent and the **[mother] person giving birth** is incapacitated, the person in charge of the premises where the birth occurred.

3. If a birth occurs in a moving conveyance, the place of birth is the place where the child is removed from the conveyance.

4. In cities, the certificate of birth must be filed sooner than 10 days after the birth if so required by municipal ordinance or regulation.

5. If the **[mother] person giving birth** was:

(a) Married at the time of birth, the name of **[her] the spouse of that person** must be entered on the certificate as the other parent of the child unless:

(1) A court has issued an order establishing that a person other than the **[mother's] spouse of the person giving birth** is the other parent of the child; or

(2) The **[mother] person giving birth** and a person other than the **[mother's] spouse of the person giving birth** have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285.

(b) Widowed at the time of birth but married at the time of conception, the name of **[her] the spouse of the person giving birth** at the time of conception must be entered on the certificate as the other parent of the child unless:



(1) A court has issued an order establishing that a person other than the ~~mother's~~ spouse *of the person giving birth* at the time of conception is the other parent of the child; or

(2) The ~~mother's~~ *person giving birth* and a person other than the ~~mother's~~ spouse *of the person giving birth* at the time of conception have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285.

6. If the ~~mother's~~ *person giving birth* was unmarried at the time of birth, the name of the other parent may be entered on the original certificate of birth only if:

(a) The provisions of paragraph (b) of subsection 5 are applicable;

(b) A court has issued an order establishing that the person is the other parent of the child; or

(c) The parents of the child have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285. If both parents execute a declaration consenting to the use of the surname of one parent as the surname of the child, the name of that parent must be entered on the original certificate of birth and the surname of that parent must be entered thereon as the surname of the child.

7. An order entered or a declaration executed pursuant to subsection 6 must be submitted to the local health officer, the local health officer's authorized representative, or the attending physician or midwife before a proper certificate of birth is forwarded to the State Registrar. The order or declaration must then be delivered to the State Registrar for filing. The State Registrar's file of orders and declarations must be sealed and the contents of the file may be examined only upon order of a court of competent jurisdiction or at the request of either parent or the Division of Welfare and Supportive Services of the Department of Health and Human Services as necessary to carry out the provisions of 42 U.S.C. § 654a. The local health officer shall complete the original certificate of birth in accordance with subsection 6 and other provisions of this chapter.

8. As used in this section, "court" has the meaning ascribed to it in NRS 125B.004.

Sec. 1.9. NRS 440.283 is hereby amended to read as follows:

440.283 1. The Board shall:



(a) Develop a declaration to be signed under penalty of perjury for the voluntary acknowledgment of paternity in this State that complies with the requirements prescribed by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 652(a); and

(b) Distribute the declarations to:

(1) Each hospital or ~~obstetric center~~ *freestanding birthing center* in this State; and

(2) Any other entity authorized to provide services relating to the voluntary acknowledgment of paternity pursuant to the regulations adopted by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 666(a)(5)(C).

2. Subject to the provisions of subsection 3, the State Registrar of Vital Statistics and the entities described in paragraph (b) of subsection 1 shall offer to provide services relating to the voluntary acknowledgment of paternity in the manner prescribed in the regulations adopted by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 666(a)(5)(C).

3. Before providing a declaration for the acknowledgment of paternity to the ~~mother of~~ *person who gave birth to* a child or a person who wishes to acknowledge the paternity of the child, the agencies described in paragraph (b) of subsection 1 shall ensure that the ~~mother~~ *person who gave birth* and the person who wishes to acknowledge paternity are given notice, orally and in writing, of the rights, responsibilities and legal consequences of, and the alternatives to, signing the declaration for the acknowledgment of paternity.

Sec. 2. NRS 440.285 is hereby amended to read as follows:
440.285 1. The Board shall:

(a) Develop a declaration to be signed under penalty of perjury for the voluntary acknowledgment of parentage in this State; and

(b) Distribute the declarations to each hospital or ~~obstetric center~~ *freestanding birthing center* in this State.

2. Before providing a declaration for the acknowledgment of parentage to the ~~mother of~~ *person who gave birth to* a child or a person who wishes to acknowledge the parentage of a child, the agencies described in paragraph (b) of subsection 1 shall ensure that the ~~mother~~ *person who gave birth* and the person who wishes to acknowledge parentage are given notice, orally and in writing, of the rights, responsibilities and legal consequences of, and the alternatives to, signing the declaration for the acknowledgment of parentage.



Sec. 2.3. NRS 440.287 is hereby amended to read as follows:

440.287 1. If a ~~mother~~ *person who has given birth* or a person who has signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285 with the ~~mother~~ *person who has given birth* rescinds the acknowledgment pursuant to subsection 2 of NRS 126.053, the State Registrar shall not issue a new certificate of birth to remove the name of the person who originally acknowledged paternity or parentage, as applicable, unless a court issues an order establishing that the person who acknowledged paternity or parentage, as applicable, is not the father or parent, as applicable, of the child.

2. As used in this section, "court" has the meaning ascribed to it in NRS 125B.004.

Sec. 2.6. NRS 440.325 is hereby amended to read as follows:

440.325 1. In the case of the paternity or parentage of a child being established by the:

(a) ~~Mother~~ *Person who gave birth* and ~~father~~ *other parent* acknowledging paternity of a child by signing a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283;

(b) ~~Mother~~ *Person who gave birth* and another person acknowledging parentage of the child by signing a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285; or

(c) Order of a district court,
→ the State Registrar, upon the receipt of the declaration or court order, shall prepare a new certificate of birth in the name of the child as shown in the declaration or order with no reference to the fact of legitimation.

2. The new certificate must be identical with the certificate registered for the birth of a child born in wedlock.

3. Except as otherwise provided in subsection 4, the evidence upon which the new certificate was made and the original certificate must be sealed and filed and may be opened only upon the order of a court of competent jurisdiction.

4. The State Registrar shall, upon the request of the Division of Welfare and Supportive Services of the Department of Health and Human Services, open a file that has been sealed pursuant to subsection 3 to allow the Division to compare the information contained in the declaration or order upon which the new certificate



was made with the information maintained pursuant to 42 U.S.C. § 654a.

Sec. 2.9. NRS 440.610 is hereby amended to read as follows:

440.610 Each certificate, as provided for in this chapter, filed within 6 months after the time prescribed for their filing, shall be prima facie evidence of the facts therein stated. Data pertaining to the ~~father of~~ *parent who did not give birth to* a child is such evidence if the alleged ~~father~~ *parent* is, or becomes, the ~~husband~~ *spouse* of the ~~mother~~ *person who gave birth to the child* in a legal marriage; if not, the data pertaining to the ~~father of~~ *parent who did not give birth to* a child is not such evidence in any civil or criminal proceeding adverse to the interests of the alleged father, or of his heirs, devisees or other successors in interest, if the paternity is controverted.

Sec. 3. NRS 442.003 is hereby amended to read as follows:

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

1. "Advisory Board" means the Advisory Board on Maternal and Child Health.
2. "Department" means the Department of Health and Human Services.
3. "Director" means the Director of the Department.
4. "Division" means the Division of Public and Behavioral Health of the Department.
5. "Fetal alcohol syndrome" includes fetal alcohol effects.
6. *"Freestanding birthing center" has the meaning ascribed to it in section 11 of this act.*
7. "Laboratory" has the meaning ascribed to it in NRS 652.040.
- ~~7. "Obstetric center" has the meaning ascribed to it in NRS 449.0155.~~
8. *"Midwife" means:*
 - (a) *A person certified as:*
 - (1) *A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or*
 - (2) *A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or*
 - (b) *Any other type of midwife.*
9. "Provider of health care or other services" means:
 - (a) A clinical alcohol and drug counselor who is licensed, or an alcohol and drug counselor who is licensed or certified, pursuant to chapter 641C of NRS;



(b) A physician or a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

- (c) A licensed nurse;
- (d) A licensed psychologist;
- (e) A licensed marriage and family therapist;
- (f) A licensed clinical professional counselor;
- (g) A licensed social worker;
- (h) A licensed dietitian; or
- (i) The holder of a certificate of registration as a pharmacist.

Sec. 4. NRS 442.008 is hereby amended to read as follows:

442.008 1. The State Board of Health shall adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell disease and its variants and sickle cell trait.

2. Except as otherwise provided in this subsection, the examinations and tests required pursuant to subsection 1 must include tests and examinations for each disorder recommended to be screened by the Health Resources and Services Administration of the United States Department of Health and Human Services by not later than 4 years after the recommendation is published. The State Board may exclude any such disorder upon request of the Chief Medical Officer or the person in charge of the State Public Health Laboratory based on:

- (a) Insufficient funding to conduct testing for the disorder; or
- (b) Insufficient resources to address the results of the examination and test.

3. Any examination or test required by the regulations adopted pursuant to subsection 1 which must be performed by a laboratory must be sent to the State Public Health Laboratory. If the State Public Health Laboratory increases the amount charged for performing such an examination or test pursuant to NRS 439.240, the Division shall hold a public hearing during which the State Public Health Laboratory shall provide to the Division a written and verbal fiscal analysis of the reasons for the increased charges.

4. Except as otherwise provided in subsection 7, the regulations adopted pursuant to subsection 1 concerning tests for the presence of sickle cell disease and its variants and sickle cell trait must require the screening for sickle cell disease and its variants and sickle cell trait of:



(a) Each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait as determined by regulations of the State Board of Health; and

(b) Each biological parent of a child who wishes to undergo such screening.

5. Any physician, midwife, nurse, ~~[obstetric center]~~ *freestanding birthing center* or hospital of any nature attending or assisting in any way any infant, or the ~~[mother of]~~ *person who gave birth to* any infant, at childbirth shall:

(a) Make or cause to be made an examination of the infant, including standard tests that do not require laboratory services, to the extent required by regulations of the State Board of Health as is necessary for the discovery of conditions indicating such preventable or inheritable disorders.

(b) Collect and send to the State Public Health Laboratory or cause to be collected and sent to the State Public Health Laboratory any specimens needed for the examinations and tests that must be performed by a laboratory and are required by the regulations adopted pursuant to subsection 1.

6. If the examination and tests reveal the existence of such conditions in an infant, the physician, midwife, nurse, ~~[obstetric center]~~ *freestanding birthing center* or hospital attending or assisting at the birth of the infant shall immediately:

(a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the ~~[mother of]~~ *person who gave birth to* the infant resides, and the local health officer of the county or city in which the child is born; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

7. An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests.

8. As used in this section, "sickle cell disease and its variants" has the meaning ascribed to it in NRS 439.4927.

Sec. 5. NRS 442.040 is hereby amended to read as follows:

442.040 1. Any physician, midwife, nurse, ~~[obstetric center]~~ *freestanding birthing center* or hospital of any nature, parent, relative or person attending or assisting in any way any infant, or the ~~[mother of]~~ *person who gave birth to* any infant, at childbirth, or any time within 2 weeks after childbirth, knowing the condition defined in NRS 442.030 to exist, shall immediately report such fact



in writing to the local health officer of the county, city or other political subdivision within which the infant or the ~~[mother of]~~ *person who gave birth to* any infant may reside.

2. Midwives shall immediately report conditions to some qualified practitioner of medicine and thereupon withdraw from the case except as they may act under the physician's instructions.

3. On receipt of such report, the health officer, or the physician notified by a midwife, shall immediately give to the parents or persons having charge of such infant a warning of the dangers to the eye or eyes of the infant, and shall, for indigent cases, provide the necessary treatment at the expense of the county, city or other political subdivision.

Sec. 6. (Deleted by amendment.)

Sec. 6.3. NRS 442.130 is hereby amended to read as follows:

442.130 1. The Department is hereby designated as the agency of this State to administer, through the Division, a maternal and child health program, and to supervise the administration of those services included in the program which are not administered directly by it.

2. The purpose of such program shall be to develop, extend and improve health services, and to provide for development of demonstration services in needy areas for ~~[mothers]~~ *persons who are pregnant, are giving birth or have given birth* and children.

Sec. 6.7. NRS 442.137 is hereby amended to read as follows:

442.137 The purpose of the Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and ~~[mothers,]~~ *persons who are pregnant, are giving birth and have given birth,* and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;
2. Reducing the rate of infant mortality;
3. Reducing the incidence of preventable diseases and handicapping conditions among children;
4. Identifying the most effective methods of preventing fetal alcohol syndrome and collecting information relating to the incidence of fetal alcohol syndrome in this state;
5. Preventing the consumption of alcohol by women during pregnancy;
6. Reducing the need for inpatient and long-term care services;
7. Increasing the number of children who are appropriately immunized against disease;



8. Increasing the number of children from low-income families who are receiving assessments of their health;

9. Ensuring that services to follow up the assessments are available, accessible and affordable to children identified as in need of those services;

10. Assisting the Division in developing a program of public education that it is required to develop pursuant to NRS 442.385, including, without limitation, preparing and obtaining information relating to fetal alcohol syndrome;

11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to NRS 442.390; and

12. Promoting the health of infants and ~~mothers~~ *persons who are pregnant, are giving birth or have given birth* by ensuring the availability and accessibility of affordable perinatal services.

Sec. 7. (Deleted by amendment.)

Sec. 7.2. NRS 442.400 is hereby amended to read as follows:

442.400 The agency which provides child welfare services or a licensed child-placing agency shall inquire, during its initial contact with a natural parent of a child who is to be placed for adoption, about consumption of alcohol by or any substance use disorder of the ~~mother-of~~ *person who gave birth to* the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report provided to the adopting parents of the child pursuant to NRS 127.152; and

2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

Sec. 7.5. NRS 442.405 is hereby amended to read as follows:

442.405 1. The agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child who is to be placed in a family foster home, about consumption of alcohol by or any substance use disorder of the ~~mother-of~~ *person who gave birth to* the child during pregnancy. The information obtained from the inquiry must be:

(a) Provided to the provider of foster care pursuant to NRS 424.038; and

(b) Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

2. As used in this section, “family foster home” has the meaning ascribed to it in NRS 424.013.



Sec. 7.7. NRS 442.410 is hereby amended to read as follows:

442.410 An agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child whom a court has determined must be kept in temporary or permanent custody, about consumption of alcohol by or any substance use disorder of the ~~[mother of]~~ *person who gave birth to the child during pregnancy.* The information obtained from the inquiry must be:

1. Included in the report the agency is required to make pursuant to NRS 432B.540; and
2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

Sec. 8. (Deleted by amendment.)

Sec. 8.5. NRS 442.650 is hereby amended to read as follows:

442.650 A provider of health care who attends or assists at the delivery of a child shall, if the ~~[mother]~~ *person giving birth* has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available, ensure that a rapid test for the human immunodeficiency virus is performed on the child unless a parent or legal guardian of the child objects to the performance of the test because it is contrary to the religious beliefs of the parent or legal guardian.

Sec. 9. (Deleted by amendment.)

Sec. 9.3. NRS 442.761 is hereby amended to read as follows:

442.761 “Severe maternal morbidity” means an unexpected incident during childbirth that has a serious negative effect on the short-term or long-term health of the ~~[mother-]~~ *person who is giving birth or has given birth to a child.*

Sec. 9.7. NRS 442.774 is hereby amended to read as follows:

442.774 1. The Committee is entitled to access to:

(a) All final investigative information of law enforcement agencies regarding a maternal death or incident of severe maternal morbidity being investigated by the Committee for which the investigation by the law enforcement agency has been closed;

(b) Any autopsy and coroner’s investigative records relating to the death or incident;

(c) Any medical or mental health records of the ~~[mother;]~~ *person who gave birth to a child;*

(d) Any records of social and rehabilitative services or of any other social service agency which has provided services to the ~~[mother]~~ *person who gave birth to a child* or the ~~[mother’s]~~ family ~~[; and]~~ *of the person who gave birth to a child;*



(e) *The system for the reporting of information on cancer and other neoplasms established pursuant to NRS 457.230; and*

(f) Any other records determined by the Committee to be necessary to perform its duties, except for records of a law enforcement agency not described in paragraph (a).

2. The Committee may, if appropriate, meet and share information with:

(a) A multidisciplinary team to review the death of the victim of a crime that constitutes domestic violence organized or sponsored pursuant to NRS 217.475; or

(b) The Committee on Domestic Violence appointed pursuant to NRS 228.470.

3. The Committee may petition the district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers described in subsection 1 that are relevant to the cause of any death or incident of severe maternal morbidity being investigated by the Committee. Except as otherwise provided in NRS 239.0115, any books, records or papers received by the Committee pursuant to the subpoena shall be deemed confidential and privileged and not subject to disclosure.

4. The Committee may use data collected concerning a maternal death or incident of severe maternal morbidity for the purpose of research or to prevent future maternal mortality and severe maternal morbidity if the data is aggregated and does not allow for the identification of any person.

5. Except as otherwise provided in this section, information acquired by, and the records of, the Committee are confidential, are not public records, must not be disclosed, and are not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding.

6. The meetings of the Committee are closed to the public.

Sec. 10. (Deleted by amendment.)

Sec. 11. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

“Freestanding birthing center” means a facility that provides maternity care and birthing services using a family-centered approach in which births are planned to occur in a location similar to a residence that is not the usual place of residence of the person giving birth to a child.

Sec. 12. (Deleted by amendment.)

Sec. 13. NRS 449.001 is hereby amended to read as follows:

449.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 449.0015 to



449.0195, inclusive, *and section 11 of this act* have the meanings ascribed to them in those sections.

Sec. 13.5. NRS 449.0151 is hereby amended to read as follows:

449.0151 "Medical facility" includes:

1. A surgical center for ambulatory patients;
2. ~~An obstetric center;~~ *A freestanding birthing center;*
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

Secs. 14-16. (Deleted by amendment.)

Sec. 16.5. NRS 449.0302 is hereby amended to read as follows:

449.0302 1. The Board shall adopt:

(a) Licensing standards for each class of medical facility or facility for the dependent covered by NRS 449.029 to 449.2428, inclusive, and for programs of hospice care.

(b) Regulations governing the licensing of such facilities and programs.

(c) Regulations governing the procedure and standards for granting an extension of the time for which a natural person may provide certain care in his or her home without being considered a residential facility for groups pursuant to NRS 449.017. The regulations must require that such grants are effective only if made in writing.

(d) Regulations establishing a procedure for the indemnification by the Division, from the amount of any surety bond or other obligation filed or deposited by a facility for refractive surgery pursuant to NRS 449.068 or 449.069, of a patient of the facility who has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.



(e) Regulations that prescribe the specific types of discrimination prohibited by NRS 449.101.

(f) Any other regulations as it deems necessary or convenient to carry out the provisions of NRS 449.029 to 449.2428, inclusive.

2. The Board shall adopt separate regulations governing the licensing and operation of:

(a) Facilities for the care of adults during the day; and

(b) Residential facilities for groups,

↳ which provide care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845.

3. The Board shall adopt separate regulations for:

(a) The licensure of rural hospitals which take into consideration the unique problems of operating such a facility in a rural area.

(b) The licensure of facilities for refractive surgery which take into consideration the unique factors of operating such a facility.

(c) The licensure of mobile units which take into consideration the unique factors of operating a facility that is not in a fixed location.

4. The Board shall require that the practices and policies of each medical facility or facility for the dependent provide adequately for the protection of the health, safety and physical, moral and mental well-being of each person accommodated in the facility.

5. In addition to the training requirements prescribed pursuant to NRS 449.093, the Board shall establish minimum qualifications for administrators and employees of residential facilities for groups. In establishing the qualifications, the Board shall consider the related standards set by nationally recognized organizations which accredit such facilities.

6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:

(a) The ultimate user's physical and mental condition is stable and is following a predictable course.

(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.

(c) A written plan of care by a physician or registered nurse has been established that:



(1) Addresses possession and assistance in the administration of the medication; and

(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.

(d) Except as otherwise authorized by the regulations adopted pursuant to NRS 449.0304, the prescribed medication is not administered by injection or intravenously.

(e) The employee has successfully completed training and examination approved by the Division regarding the authorized manner of assistance.

7. The Board shall adopt separate regulations governing the licensing and operation of residential facilities for groups which provide assisted living services. The Board shall not allow the licensing of a facility as a residential facility for groups which provides assisted living services and a residential facility for groups shall not claim that it provides "assisted living services" unless:

(a) Before authorizing a person to move into the facility, the facility makes a full written disclosure to the person regarding what services of personalized care will be available to the person and the amount that will be charged for those services throughout the resident's stay at the facility.

(b) The residents of the facility reside in their own living units which:

(1) Except as otherwise provided in subsection 8, contain toilet facilities;

(2) Contain a sleeping area or bedroom; and

(3) Are shared with another occupant only upon consent of both occupants.

(c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:

(1) The facility is designed to create a residential environment that actively supports and promotes each resident's quality of life and right to privacy;

(2) The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the resident to meet the resident's individual needs;

(3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident's personal choice of lifestyle;



(4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident's need for autonomy and the right to make decisions regarding his or her own life;

(5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community;

(6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time; and

(7) The facility is operated in such a manner as to foster a culture that provides a high-quality environment for the residents, their families, the staff, any volunteers and the community at large.

8. The Division may grant an exception from the requirement of subparagraph (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential facility for groups on or before July 1, 2005, and which is authorized to have 10 or fewer beds and was originally constructed as a single-family dwelling if the Division finds that:

(a) Strict application of that requirement would result in economic hardship to the facility requesting the exception; and

(b) The exception, if granted, would not:

(1) Cause substantial detriment to the health or welfare of any resident of the facility;

(2) Result in more than two residents sharing a toilet facility;

or

(3) Otherwise impair substantially the purpose of that requirement.

9. The Board shall, if it determines necessary, adopt regulations and requirements to ensure that each residential facility for groups and its staff are prepared to respond to an emergency, including, without limitation:

(a) The adoption of plans to respond to a natural disaster and other types of emergency situations, including, without limitation, an emergency involving fire;

(b) The adoption of plans to provide for the evacuation of a residential facility for groups in an emergency, including, without limitation, plans to ensure that nonambulatory patients may be evacuated;

(c) Educating the residents of residential facilities for groups concerning the plans adopted pursuant to paragraphs (a) and (b); and



(d) Posting the plans or a summary of the plans adopted pursuant to paragraphs (a) and (b) in a conspicuous place in each residential facility for groups.

10. The regulations governing the licensing and operation of facilities for transitional living for released offenders must provide for the licensure of at least three different types of facilities, including, without limitation:

(a) Facilities that only provide a housing and living environment;

(b) Facilities that provide or arrange for the provision of supportive services for residents of the facility to assist the residents with reintegration into the community, in addition to providing a housing and living environment; and

(c) Facilities that provide or arrange for the provision of programs for alcohol and other substance use disorders, in addition to providing a housing and living environment and providing or arranging for the provision of other supportive services.

↳ The regulations must provide that if a facility was originally constructed as a single-family dwelling, the facility must not be authorized for more than eight beds.

11. The Board shall adopt regulations applicable to providers of community-based living arrangement services which:

(a) Except as otherwise provided in paragraph (b), require a natural person responsible for the operation of a provider of community-based living arrangement services and each employee of a provider of community-based living arrangement services who supervises or provides support to recipients of community-based living arrangement services to complete training concerning the provision of community-based living arrangement services to persons with mental illness and continuing education concerning the particular population served by the provider;

(b) Exempt a person licensed or certified pursuant to title 54 of NRS from the requirements prescribed pursuant to paragraph (a) if the Board determines that the person is required to receive training and continuing education substantially equivalent to that prescribed pursuant to that paragraph;

(c) Require a natural person responsible for the operation of a provider of community-based living arrangement services to receive training concerning the provisions of title 53 of NRS applicable to the provision of community-based living arrangement services; and

(d) Require an applicant for a license to provide community-based living arrangement services to post a surety bond in an amount equal to the operating expenses of the applicant for 2



months, place that amount in escrow or take another action prescribed by the Division to ensure that, if the applicant becomes insolvent, recipients of community-based living arrangement services from the applicant may continue to receive community-based living arrangement services for 2 months at the expense of the applicant.

12. *The Board shall adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must:*

(a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and

(b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

13. As used in this section, "living unit" means an individual private accommodation designated for a resident within the facility.

Secs. 17-21. (Deleted by amendment.)

Sec. 22. NRS 449.102 is hereby amended to read as follows:

449.102 A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall:

1. Maintain the confidentiality of personally identifiable information concerning the sexual orientation of a patient or resident, whether the patient or resident is transgender or has undergone ~~[a gender transition]~~ *gender-affirming surgery* and the human immunodeficiency virus status of the patient or resident and take reasonable actions to prevent the unauthorized disclosure of such information;

2. Prohibit employees or independent contractors of the facility who are not performing a physical examination or directly providing care to a patient or resident from being present during any portion of the physical examination or care, as applicable, during which the patient or resident is fully or partially unclothed without the express permission of the patient or resident or the authorized representative of the patient or resident;

3. Use visual barriers, including, without limitation, doors, curtains and screens, to provide privacy for patients or residents who are fully or partially unclothed; and

4. Allow a patient or resident to refuse to be examined, observed or treated by an employee or independent contractor of the



facility for a purpose that is primarily educational rather than therapeutic.

Sec. 23. NRS 449.103 is hereby amended to read as follows:

449.103 1. To enable an agent or employee of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who provides care to a patient or resident of the facility to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are:

- (a) From various ~~{gender,}~~ racial and ethnic backgrounds;
- (b) From various religious backgrounds;
- (c) ~~{Lesbian, gay, bisexual, transgender and questioning persons;}~~ *Persons with various sexual orientations and gender identities or expressions;*
- (d) Children and senior citizens;
- (e) Persons with a mental or physical disability; and
- (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board.

2. The training relating specifically to cultural competency conducted by a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed pursuant to subsection 1 must be provided through a course or program that is approved by the Department of Health and Human Services.

Secs. 24-29. (Deleted by amendment.)

Sec. 29.5. NRS 449.198 is hereby amended to read as follows:

449.198 ~~{An obstetric}~~

1. A freestanding birthing center must:

~~{1.}~~ *(a) Provide sufficient space for members of the family of the pregnant {woman} person and other persons chosen by the {woman} pregnant person to assist {her} with the birth; {and*

~~—2.}~~ *(b) Have obstetrical services available to meet the needs of an acute patient {1.}; and*

(c) Be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services relating to pregnancy.



2. *Surgery, including, without limitation, the use of forceps, vacuum extractions, cesarean sections and tubal ligations, must not be performed at a freestanding birthing center.*

3. *A freestanding birthing center must have a director who is responsible for the operation of the freestanding birthing center. The director of a freestanding birthing center must be:*

(a) *A physician;*

(b) *A person who:*

(1) *Is certified as a Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; and*

(2) *Has successfully completed a program of education and training in midwifery that:*

(I) *Is accredited by the Midwifery Education Accreditation Council, or its successor organization; and*

(II) *Provides instruction and training in the Essential Competencies for Midwifery Practice prescribed by the International Confederation of Midwives, or its successor organization; or*

(c) *A certified nurse-midwife.*

4. *As used in this section, “certified nurse-midwife” means a person who is:*

(a) *Certified as a Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; and*

(b) *Licensed as an advanced practice registered nurse pursuant to NRS 632.237.*

Secs. 30-33. (Deleted by amendment.)

Sec. 33.5. NRS 449.245 is hereby amended to read as follows:

449.245 1. No hospital licensed under the provisions of NRS 449.029 to 449.2428, inclusive, may release from the hospital or otherwise surrender physical custody of any child under 6 months of age, whose living parent or guardian is known to the hospital, to any person other than a parent, guardian or relative by blood or marriage of that child, without a written authorization signed by a living parent, who must be the ~~mother~~ *person who gave birth to the child* if unwed, or guardian specifying the particular person or agency to whom the child may be released and the permanent address of that person or agency.

2. Upon the release or other surrender of physical custody of the child, the hospital shall require from the person to whom the child is released such reasonable proof of identity as the hospital may deem necessary for compliance with the provisions of this section. The hospital shall furnish a true copy of the written



authorization to the Division of Child and Family Services of the Department of Health and Human Services before the release or other surrender by it of physical custody of the child. The copy must be furnished to the Division immediately upon receipt by the hospital.

3. Any person to whom any such child is released who thereafter surrenders physical custody of that child to any other person or agency shall, upon demand by the Division of Child and Family Services, disclose to the Division the name and permanent address of the person or agency to whom physical custody of the child was delivered.

4. Except as otherwise provided in NRS 239.0115, all information received by the Division of Child and Family Services pursuant to the provisions of this section is confidential and must be protected from disclosure in the same manner that information is protected under NRS 432.035.

5. Compliance with the provisions of this section is not a substitute for compliance with NRS 127.220 to 127.310, inclusive, governing placements for adoption and permanent free care.

6. A violation of any provision of this section is a misdemeanor.

Sec. 34. (Deleted by amendment.)

Sec. 34.2. NRS 449A.001 is hereby amended to read as follows:

449A.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS ~~449A.003~~ **449A.007** to 449A.081, inclusive, have the meanings ascribed to them in those sections.

Sec. 34.5. NRS 449A.050 is hereby amended to read as follows:

449A.050 "Medical facility" ~~includes:~~

- ~~—1. A surgical center for ambulatory patients;~~
- ~~—2. An obstetric center;~~
- ~~—3. An independent center for emergency medical care;~~
- ~~—4. An agency to provide nursing in the home;~~
- ~~—5. A facility for intermediate care;~~
- ~~—6. A facility for skilled nursing;~~
- ~~—7. A facility for hospice care;~~
- ~~—8. A hospital;~~
- ~~—9. A psychiatric hospital;~~
- ~~—10. A facility for the treatment of irreversible renal disease;~~
- ~~—11. A rural clinic;~~
- ~~—12. A nursing pool;~~



~~—13. A facility for modified medical detoxification;~~
~~—14. A facility for refractive surgery;~~
~~—15. A mobile unit; and~~
~~—16. A community triage center.]~~ *has the meaning ascribed to it in NRS 449.0151.*

Sec. 34.7. NRS 449A.114 is hereby amended to read as follows:

449A.114 1. Except as otherwise provided in subsection 2, before a facility for intermediate care, facility for skilled nursing or residential facility for groups transfers a patient to another medical facility or facility for the dependent or discharges the patient from the facility, the facility shall:

(a) At least 30 calendar days before transferring or discharging the patient, provide the patient and the Ombudsman with written notice of the intent to transfer or discharge the patient; and

(b) Within 10 calendar days after providing written notice to the patient and the Ombudsman pursuant to paragraph (a), allow the patient and any person authorized by the patient the opportunity to meet in person with the administrator of the facility to discuss the proposed transfer or discharge.

2. The provisions of this section do not apply to:

(a) A voluntary discharge or transfer of a patient to another medical facility or facility for the dependent at the request of the patient; or

(b) The transfer of a patient to another facility because the condition of the patient necessitates an immediate transfer to a facility for a higher level of care.

3. As used in this section **[]**:

(a) *“Facility for intermediate care” has the meaning ascribed to it in NRS 449.0038.*

(b) *“Facility for skilled nursing” has the meaning ascribed to it in NRS 449.0039.*

(c) “Ombudsman” means the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125.

(d) *“Residential facility for groups” had the meaning ascribed to it in NRS 449.017.*

Sec. 34.9. NRS 449A.218 is hereby amended to read as follows:

449A.218 “Facility” means a facility licensed pursuant to chapter 449 of NRS that is a psychiatric hospital, *as defined in NRS 449.0165*, or a unit of a hospital that is specifically designated to provide care and services to persons with psychiatric or developmental disabilities.



Sec. 35. (Deleted by amendment.)

Sec. 36. Any valid license as an obstetric center issued before January 1, 2022, shall be deemed to be a license as a freestanding birthing center and remains valid until its date of expiration.

Sec. 36.3. The Legislative Counsel shall:

1. In preparing the Nevada Revises Statutes, use the authority set forth in subsection 10 of NRS 220.120 to substitute appropriately the term “freestanding birthing center” for the term “obstetric center” as previously used; and

2. In preparing supplements to the Nevada Administrative Code, substitute appropriately the term “freestanding birthing center” for the term “obstetric center” as previously used.

Sec. 36.5. The regulations adopted by the State Board of Health pursuant to NRS 439.200 and 449.0302 which are codified as NAC 449.6113 to 449.61178, inclusive, are hereby declared void. In preparing the supplements to the Nevada Administrative Code on or after January 1, 2022, the Legislative Counsel shall remove those regulations.

Sec. 36.7. NRS 449.0155, 449A.003, 449A.005, 449A.009, 449A.011, 449A.013, 449A.015, 449A.019, 449A.021, 449A.023, 449A.025, 449A.027, 449A.029, 449A.033, 449A.035, 449A.037, 449A.039, 449A.041, 449A.043, 449A.047, 449A.052, 449A.054, 449A.056, 449A.058, 449A.060, 449A.062, 449A.066, 449A.068, 449A.073, 449A.075, 449A.077 and 449A.079 are hereby repealed.

Sec. 37. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 36.7, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose 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.

