

Senate Bill No. 70—Committee on  
Health and Human Services

CHAPTER.....

AN ACT relating to mental health; revising provisions governing the use of chemical restraints on persons with disabilities; establishing procedures for placing a person on and releasing a person from a mental health crisis hold; revising provisions governing the emergency admission of a person to a mental health facility or hospital; revising provisions governing involuntary court-ordered admission to a mental health facility and assisted outpatient treatment; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law defines the term “chemical restraint” to mean the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. (NRS 388.476, 394.355, 433.5456, 449A.206) Existing law prescribes the conditions under which a medical facility, facility for the dependent, psychiatric hospital or psychiatric unit of a hospital or public or private school may use a chemical restraint on a person with a disability and prohibits the use of a chemical restraint on such a person under certain circumstances. (NRS 388.473, 388.497, 394.354, 394.366, 433.5486, 433.549, 433.5503, 449A.236, 449A.245, 449A.248) **Sections 2, 65, 66 and 68** of this bill redefine the term “chemical restraint” for those purposes.

Existing law uses the term “consumer” to describe persons who receive various mental health services. (Chapter 433A of NRS) **Section 3.5** of this bill specifically defines that term to mean any person who voluntarily or involuntarily seeks and may benefit from certain mental health services.

Existing law authorizes an officer authorized to make arrests in this State, certain providers of health care, or the spouse, parent, adult child or legal guardian of a person alleged to be a person in a mental health crisis to apply for the emergency admission of a person alleged to be a person in a mental health crisis to a mental health facility or hospital. (NRS 433A.160) Existing law requires the release of a person admitted under an emergency admission within 72 hours after the submission of the application for emergency admission unless: (1) a petition is filed for the involuntary court-ordered admission of the person; or (2) the admission is changed to a voluntary admission. (NRS 433A.145, 433A.150, 433A.200)

**Section 6** of this bill defines the term “mental health crisis hold” to mean the detention of a person alleged to be a person in a mental health crisis for transport to, and assessment, evaluation, intervention and treatment at, a public or private mental health facility or hospital. **Section 4** of this bill defines the term “emergency admission” to mean the involuntary admission of a person who has been placed on a mental health crisis hold to a public or private mental health facility or a hospital. **Sections 9, 10 and 28-35** of this bill prescribe separate processes for the detention of a person on a mental health crisis hold and the emergency admission of such a person. Specifically, **section 30** of this bill authorizes an officer authorized to make arrests in this State or certain providers of health care to place a person alleged to be a person who is in a mental health crisis on a mental health crisis hold. **Section 9** of this bill authorizes such an officer or provider of health care, certain family



members, a person who is providing case management, support and supervision to a person who has been conditionally released from a mental health facility or any other person with a legitimate interest in a person alleged to be a person in a mental health crisis to petition for a court order to place a person alleged to be a person with a mental illness on a mental health crisis hold. **Section 29** of this bill prescribes the conditions under which a person may be detained if the person is placed on a mental health crisis hold. **Section 35** of this bill prescribes the requirements for releasing a person from a mental health crisis hold. **Sections 10, 28, 31 and 32** of this bill prescribe the procedure for admitting a person to a mental health facility or hospital under an emergency admission. **Sections 10, 28 and 29** require the release of a person placed on a mental health crisis hold within 72 hours after the initiation of the hold, regardless of whether the person is admitted under an emergency admission, unless: (1) a petition is filed for the involuntary court-ordered admission of the person; or (2) the admission is changed to a voluntary admission. **Sections 1, 23, 37, 40, 55, 64, 67 and 70-72** of this bill make conforming changes.

Existing law establishes a procedure for the involuntary court-ordered admission of a person to a mental health facility or a program of community-based or outpatient services. (NRS 433A.200-433A.330) **Section 24** of this bill replaces the term “program of community-based or outpatient services” with the term “assisted outpatient treatment,” which is defined to mean outpatient services provided pursuant to a court order to a person with a mental illness for the purpose of treating the mental illness, assisting the person to live and function in the community or prevent a relapse or deterioration. **Sections 11-21** of this bill prescribe a separate process for the issuance of a court order requiring a person to receive assisted outpatient treatment. Specifically, **section 11** of this bill authorizes: (1) the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services, certain providers of health care and certain persons who have an interest in a person to petition the district court to commence a proceeding for the issuance of a court order requiring assisted outpatient treatment of the person; and (2) a criminal defendant or the district attorney to make a motion to the district court to commence a proceeding for the issuance of a court order requiring assisted outpatient treatment of the defendant or the district court to commence such a proceeding on its own motion. **Section 11** prescribes the criteria for determining whether a person may be ordered to receive assisted outpatient treatment. **Section 13** of this bill requires certain persons who have evaluated a person who is the subject of a petition or motion for assisted outpatient treatment to submit to the court a recommended treatment plan for the person. **Section 14** of this bill requires a person who is the subject of a petition or motion for assisted outpatient treatment to be represented by counsel at all stages of the proceedings. **Section 18** of this bill authorizes a court to order a person to receive assisted outpatient treatment if: (1) at the conclusion of the proceedings, there is clear and convincing evidence that the person to be treated meets the applicable criteria for the initiation or renewal of such treatment; and (2) a person professionally qualified in the field of psychiatric mental health is able to treat the person in the county where the person to receive the treatment resides. If a person who has been ordered to receive assisted outpatient treatment fails to comply with the order after reasonable efforts to solicit compliance and, as a result, may harm himself or herself or others, **section 20.5** of this bill authorizes the person responsible for providing the outpatient treatment to submit a petition for a court to order that the person be taken into custody to determine whether he or she is a person in a mental health crisis. **Section 21** of this bill prescribes a procedure for renewing an order for assisted outpatient treatment. **Section 23.5** of this bill revises



the definition of “person professionally qualified in the field of psychiatric mental health” for purposes relating to eligibility to provide assisted outpatient treatment and certain other purposes. **Sections 1, 27, 38, 41, 44, 45, 49, 51-54, 57-63, 69 and 72-75** of this bill make conforming changes.

**Section 26** of this bill requires the Division and the Attorney General to approve all forms for the detainment, evaluation, treatment and conditional release of any person under chapter 433A of NRS and furnish the forms to the clerks of district courts in each county. **Section 36** of this bill revises requirements governing a petition for involuntary court-ordered admission. **Section 39** of this bill requires a person who submits such a petition to notify the court if the subject of the petition is currently admitted to a mental health facility or hospital and is transferred to another mental health facility or hospital.

Existing law: (1) requires the transfer of proceedings for the involuntary admission of a person if professionals who are qualified to examine the person are not available in the county where the petition is filed; and (2) provides that the expense of proceedings for involuntary admission are to be paid by the county where the petition is filed or, if the subject of the petition does not reside in that county, the county of the State where he or she last resided. (NRS 433A.260) **Section 41.5** of this bill imposes specific requirements for the transfer of proceedings from a county where qualified professionals are not available to conduct the examination to a county where qualified professionals are available. **Section 41.5** also revises requirements governing the payment of the cost of proceedings for involuntary admission to require such cost to be paid by the county in which the subject of the petition resides. **Section 42** of this bill removes a requirement that the same counsel must continue to represent a person who is involuntarily admitted to a program of community-based or outpatient services until the person is unconditionally released. **Section 43** of this bill provides that, once a person is involuntarily admitted to a mental health facility: (1) the admitting court is prohibited from transferring the case; and (2) the mental health facility is required to notify the court if the person is transferred. **Section 50** of this bill prohibits the transfer of a consumer who has been admitted to a mental health facility or required to receive assisted outpatient treatment to another facility or provider of treatment, as applicable, unless arrangements relating to the costs of treatment are made between the facility or provider and the consumer or the person who requested the admission or treatment.

**Section 47** of this bill: (1) requires the notification of the court when a person who has been involuntarily admitted to a mental health facility is conditionally released; (2) revises the criteria for determining whether such a person may be conditionally released; and (3) authorizes the court to periodically review the terms of the conditional release. **Sections 39 and 47** of this bill revise the procedure for admitting a person who has been conditionally released to a mental health facility or hospital when conditional release is no longer appropriate. **Section 48** of this bill: (1) abolishes a requirement that an evaluation team evaluate a person who is involuntarily admitted by court order to a mental health facility or required to receive assisted outpatient treatment before the person may be unconditionally released before the expiration of the order; and (2) makes certain other minor revisions concerning unconditional release. **Sections 39, 47, 48 and 48.5** of this bill impose specific requirements concerning notification of the guardian of a person who is released from a mental health facility or assisted outpatient treatment under certain circumstances.

Existing law requires a court to seal all records related to the admission and treatment of any person admitted to a mental health facility or a program of community-based or outpatient services. (NRS 433A.715) **Section 56** of this bill



additionally requires a court to seal records governing any other proceedings conducted under chapter 433A of NRS.

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

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

**Section 1.** NRS 433.4295 is hereby amended to read as follows:

433.4295 1. Each policy board shall:

(a) Advise the Department, Division and Commission regarding:

(1) The behavioral health needs of adults and children in the behavioral health region;

(2) Any progress, problems or proposed plans relating to the provision of behavioral health services and methods to improve the provision of behavioral health services in the behavioral health region;

(3) Identified gaps in the behavioral health services which are available in the behavioral health region and any recommendations or service enhancements to address those gaps;

(4) Any federal, state or local law or regulation that relates to behavioral health which it determines is redundant, conflicts with other laws or is obsolete and any recommendation to address any such redundant, conflicting or obsolete law or regulation; and

(5) Priorities for allocating money to support and develop behavioral health services in the behavioral health region.

(b) Promote improvements in the delivery of behavioral health services in the behavioral health region.

(c) Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, Division and Commission regarding behavioral health services in the behavioral health region.

(d) Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.

(e) To the extent feasible, establish an organized, sustainable and accurate electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region that is accessible to members of the public on an Internet website maintained by the policy board. A policy board may collaborate with an existing community-based organization to establish the repository.



(f) To the extent feasible, track and compile data concerning *persons placed on a mental health crisis hold pursuant to NRS 433A.160*, persons admitted to mental health facilities and hospitals *under an emergency admission* pursuant to ~~[NRS 433A.145 to 433A.197, inclusive, and]~~ *section 10 of this act, persons admitted* to mental health facilities ~~[and programs of community-based or outpatient services]~~ *under an involuntary court-ordered admission* pursuant to NRS 433A.200 to 433A.330, inclusive, *and persons ordered to receive assisted outpatient treatment pursuant to sections 11 to 21, inclusive, of this act* in the behavioral health region, including, without limitation:

(1) The outcomes of treatment provided to such persons; and

(2) Measures taken upon and after the release of such persons to address behavioral health issues and prevent future *mental health crisis holds and admissions*.

(g) Identify and coordinate with other entities in the behavioral health region and this State that address issues relating to behavioral health to increase awareness of such issues and avoid duplication of efforts.

(h) In coordination with existing entities in this State that address issues relating to behavioral health services, submit an annual report to the Commission which includes, without limitation:

(1) The specific behavioral health needs of the behavioral health region;

(2) A description of the methods used by the policy board to collect and analyze data concerning the behavioral health needs and problems of the behavioral health region and gaps in behavioral health services which are available in the behavioral health region, including, without limitation, a list of all sources of such data used by the policy board;

(3) A description of the manner in which the policy board has carried out the requirements of paragraphs (c) and (g) of subsection 1 and the results of those activities; and

(4) The data compiled pursuant to paragraph (f) and any conclusions that the policy board has derived from such data.

2. A report described in paragraph (h) of subsection 1 may be submitted more often than annually if the policy board determines that a specific behavioral health issue requires an additional report to the Commission.

**Sec. 2.** NRS 433.5456 is hereby amended to read as follows:

433.5456 “Chemical restraint” means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places*



*the person or others at a risk of harm* when *less restrictive* alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[,]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

**Sec. 3.** Chapter 433A of NRS is hereby amended by adding thereto the provisions set forth as sections 3.5 to 22, inclusive, of this act.

**Sec. 3.5.** *“Consumer” means any person who, whether voluntarily or involuntarily, seeks and can benefit from care, treatment and training:*

*1. In a public or private mental health facility or other public or private facility offering mental health services; or*

*2. From a person professionally qualified in the field of psychiatric mental health who provides assisted outpatient treatment.*

**Sec. 4.** *“Emergency admission” means the involuntary admission of a person who has been placed on a mental health crisis hold to a public or private mental health facility or hospital pursuant to section 10 of this act.*

**Sec. 5.** *“Involuntary court-ordered admission” means the admission of a person in a mental health crisis to a public or private mental health facility ordered by a court pursuant to NRS 433A.200 to 433A.330, inclusive.*

**Sec. 6.** *“Mental health crisis hold” means the detention of a person alleged to be a person in a mental health crisis for transport, assessment, evaluation, intervention and treatment pursuant to NRS 433A.160.*

**Sec. 7.** *“Supporter” has the meaning ascribed to it in NRS 162C.090.*

**Sec. 8.** *“Voluntary admission” means the admission of a person to a public or private mental health facility or a division facility pursuant to NRS 433A.140 as a voluntary consumer for the purposes of observation, diagnosis, care and treatment.*

**Sec. 9.** *1. A person listed in subsection 2 may petition a district court for an order requiring any peace officer to place a person alleged to be in a mental health crisis on a mental health crisis hold pursuant to NRS 433A.160.*

*2. A petition pursuant to subsection 1 may be made by:*



*(a) An officer authorized to make arrests in the State of Nevada;*

*(b) A physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse;*

*(c) The spouse, parent, adult child or legal guardian of a person alleged to be a person in a mental health crisis;*

*(d) A person who is providing case management, support and supervision to a person who has been conditionally released pursuant to NRS 433A.380, including, without limitation, a member of the staff of a community treatment program, social services agency, mobile crisis team or multi-disciplinary team that is providing case management, support and supervision to the person who is the subject of the petition; or*

*(e) Any other person who has a legitimate interest in a person alleged to be a person in a mental health crisis.*

*3. The district court may issue an order to place a person alleged to be in a mental health crisis on a mental health crisis hold only if it is satisfied that there is probable cause to believe that the person who is the subject of the petition is a person in a mental health crisis. If the district court issues such an order, the court shall ensure the delivery of the order to the sheriff of the county. The sheriff shall:*

*(a) Provide the order to the public or private mental health facility or hospital to which the person placed on a mental health crisis hold is transported; or*

*(b) Arrange for the person who transports the person placed on a mental health crisis hold to a public or private mental health facility or hospital to provide the order to the facility or hospital.*

**Sec. 10. 1.** *A public or private mental health facility or hospital may admit a person who has been placed on a mental health crisis hold under an emergency admission if:*

*(a) After conducting an examination pursuant to NRS 433A.165, a physician, physician assistant or advanced practice registered nurse determines that the person does not have a medical condition, other than a psychiatric condition, which requires immediate treatment;*

*(b) A psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing*



*pursuant to NRS 632.120, who is employed by the public or private mental health facility or hospital completes a certificate pursuant to NRS 433A.170;*

*(c) A psychiatrist or a psychologist or, if a psychiatrist or a psychologist is not available, a physician or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, evaluates the person at the time of admission and determines that the person is a person in a mental health crisis; and*

*(d) A psychiatrist approves the admission.*

*2. The provisions of subsections 2 and 3 of NRS 433A.150 continue to apply to a person who is admitted to a public or private mental health facility or hospital under an emergency admission pursuant to this section.*

**Sec. 11.** *1. A proceeding for an order requiring any person in the State of Nevada to receive assisted outpatient treatment may be commenced by the filing of a petition for such an order with the clerk of the district court of the county where the person who is to be treated is present. The petition may be filed by:*

*(a) Any person who is at least 18 years of age and resides with the person to be treated;*

*(b) The spouse, parent, adult sibling, adult child or legal guardian of the person to be treated;*

*(c) A physician, physician assistant, psychologist, social worker or registered nurse who is providing care to the person to be treated;*

*(d) The Administrator or his or her designee; or*

*(e) The medical director of a division facility in which the person is receiving treatment or the designee of the medical director of such a division facility.*

*2. A proceeding to require a person who is the defendant in a criminal proceeding in the district court to receive assisted outpatient treatment may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:*

*(a) The defendant has been examined in accordance with NRS 178.415;*

*(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and*

*(c) The Division makes a clinical determination that assisted outpatient treatment is appropriate.*



3. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must allege the following concerning the person to be treated:

(a) The person is at least 18 years of age.

(b) The person has a mental illness.

(c) The person has a history of poor compliance with treatment for his or her mental illness that has resulted in at least one of the following circumstances:

(1) At least twice during the immediately preceding 48 months, poor compliance with mental health treatment has been a significant factor in causing the person being hospitalized or receiving services in the behavioral health unit of a detention facility or correctional facility. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(2) Poor compliance with mental health treatment has been a significant factor in causing the person to commit, attempt to commit or threaten to commit serious physical harm to himself or herself or others during the immediately preceding 48 months. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(3) Poor compliance with mental health treatment has resulted in the person being hospitalized, incarcerated or detained for a cumulative period of at least 6 months and the person:

(I) Is scheduled to be discharged or released from such hospitalization, incarceration or detention during the 30 days immediately following the date of the petition; or

(II) Has been discharged or released from such hospitalization, incarceration or detention during the 60 days immediately preceding the date of the petition.

(d) Because of his or her mental illness, the person is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without the supervision of the court.

(e) Assisted outpatient treatment is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis.

4. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must be accompanied by:



*(a) A sworn statement or a declaration that complies with the provisions of NRS 53.045 by a physician, a psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, stating that he or she:*

*(1) Evaluated the person who is the subject of the petition or motion not earlier than 10 days before the filing of the petition or making of the motion;*

*(2) Recommends that the person be ordered to receive assisted outpatient treatment; and*

*(3) Is willing and able to testify at a hearing on the petition or motion; and*

*(b) A sworn statement or a declaration that complies with the provisions of NRS 53.045 from a person professionally qualified in the field of psychiatric mental health stating that he or she is willing to provide assisted outpatient treatment for the person in the county where the person resides.*

*5. A copy of the petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must be served upon the person who is the subject of the petition or motion or his or her counsel and, if applicable, his or her legal guardian.*

**Sec. 12. 1.** *Immediately after the clerk of the district court receives a petition filed pursuant to subsection 1 of section 11 of this act or section 21 of this act, the clerk shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. Immediately after a motion is made pursuant to subsection 2 of section 11 of this act, the district judge shall set a time, date and place for its hearing. The date must be:*

*(a) Within 30 judicial days after the date on which the petition is received by the clerk or the motion is made, as applicable; or*

*(b) If the person who is the subject of the petition or motion is hospitalized at the time of the petition or motion, before that person is to be discharged and within a sufficient time to arrange for a continuous transition from inpatient treatment to assisted outpatient treatment.*

*2. If the Chief Judge, if any, of the district court has assigned a district court judge or hearing master to preside over hearings pursuant to this section, that judge or hearing master must preside over the hearing.*



3. *The court shall give notice of the petition or motion and of the time, date and place of any proceedings thereon to the person who is the subject of the petition or motion, his or her attorney, if known, the person's legal guardian, the petitioner, if applicable, the district attorney of the county in which the court has its principal office, the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons with a mental illness and the administrative office of any public or private mental health facility or hospital in which the subject of the petition or motion is detained.*

**Sec. 13.** 1. *Before the date of a hearing on a petition or motion for assisted outpatient treatment, the person who made the sworn statement or declaration pursuant to paragraph (a) of subsection 4 of section 11 of this act, the personnel of the Division who made the clinical determination concerning the appropriateness of assisted outpatient treatment pursuant to paragraph (c) of subsection 2 of section 11 of this act or the person or entity who submitted the petition pursuant to section 21 of this act, as applicable, shall submit to the court a proposed written treatment plan created by a person professionally qualified in the field of psychiatric mental health who is familiar with the person who is the subject of the petition or motion, as applicable. The proposed written treatment plan must set forth:*

*(a) The services and treatment recommended for the person who is the subject of the petition or motion; and*

*(b) The person who will provide such services and treatment and his or her qualifications.*

2. *Services and treatment set forth in a proposed written treatment plan must include, without limitation:*

*(a) Case management services to coordinate the assisted outpatient treatment recommended pursuant to paragraph (b); and*

*(b) Assisted outpatient treatment which may include, without limitation:*

*(1) Medication;*

*(2) Periodic blood or urine testing to determine whether the person is receiving such medication;*

*(3) Individual or group therapy;*

*(4) Full-day or partial-day programming activities;*

*(5) Educational activities;*

*(6) Vocational training;*

*(7) Treatment and counseling for a substance use disorder;*



(8) *If the person has a history of substance use, periodic blood or urine testing for the presence of alcohol or other recreational drugs;*

(9) *Supervised living arrangements; and*

(10) *Any other services determined necessary to treat the mental illness of the person, assist the person in living or functioning in the community or prevent a deterioration of the mental or physical condition of the person.*

3. *A person professionally qualified in the field of psychiatric mental health who is creating a proposed written treatment plan pursuant to subsection 1 shall:*

(a) *Consider any wishes expressed by the person who is to be treated in an advance directive for psychiatric care executed pursuant to NRS 449A.600 to 449A.645, inclusive; and*

(b) *Consult with the person who is to be treated, any providers of health care who are currently treating the person, any supporter or legal guardian of the person, and, upon the request of the person, any other person concerned with his or her welfare, including, without limitation, a relative or friend.*

4. *If a proposed written treatment plan includes medication, the plan must specify the type and class of the medication and state whether the medication is to be self-administered or administered by a specific provider of health care. A proposed written treatment plan must not recommend the use of physical force or restraints to administer medication.*

5. *If a proposed written treatment plan includes periodic blood or urine testing for the presence of alcohol or other recreational drugs, the plan must set forth sufficient facts to support a clinical determination that the person who is to be treated has a history of substance use disorder.*

6. *If the person who is to be treated has executed an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, a copy of the advance directive must be attached to the proposed written treatment plan.*

7. *As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.*

**Sec. 14.** 1. *The person who is the subject of a petition filed or motion made pursuant to section 11 or 21 of this act or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to assisted outpatient treatment. If he or she fails or refuses to obtain counsel, the court must advise the person and his or her guardian or next of kin, if known, of such right to*



*counsel and must appoint counsel, who may be the public defender or his or her deputy. The person must be represented by counsel at all stages of the proceedings.*

*2. The court shall award compensation to any counsel appointed pursuant to subsection 1 for his or her services in an amount determined by the court to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person who is the subject of the petition or motion last resided.*

*3. The court shall, at the request of counsel representing the subject of the petition or motion in proceedings before the court relating to assisted outpatient treatment, grant a recess in the proceedings for the shortest time possible, but for not more than 7 days, to give the counsel an opportunity to prepare his or her case.*

*4. If the person who is the subject of the petition or motion is ordered to receive assisted outpatient treatment, counsel must continue to represent the person until the person is released from the program. The court shall serve notice upon such counsel of any action that is taken involving the person while the person is required by the order to receive assisted outpatient treatment.*

**Sec. 15.** *1. The district attorney of a county in which a petition is filed or motion is made pursuant to section 11 or 21 of this act or his or her deputy:*

*(a) Must appear and represent the State in the proceedings for assisted outpatient treatment if:*

*(1) The proceedings were initiated by:*

*(I) A petition filed pursuant to subsection 1 of section 11 of this act or section 21 of this act by the Administrator or his or her designee or the medical director of a division facility or his or her designee; or*

*(II) A motion made pursuant to subsection 2 of section 11 of this act; and*

*(2) The district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, are met.*

*(b) May appear and represent the State in the proceedings for assisted outpatient treatment in any other case where the district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, are met.*



2. *If the district attorney does not appear and represent the State in a proceeding for assisted outpatient treatment, the petitioner is responsible for presenting the case in support of the petition.*

**Sec. 16.** 1. *In proceedings for assisted outpatient treatment, the court shall hear and consider all relevant testimony, including, without limitation:*

(a) *The testimony of the person who made a sworn statement or declaration pursuant to paragraph (a) of subsection 4 of section 11 of this act, any personnel of the Division responsible for a clinical determination made pursuant to paragraph (c) of subsection 2 of section 11 of this act or the person or entity responsible for the decision to submit a petition pursuant to section 21 of this act, as applicable;*

(b) *The testimony of any supporter or legal guardian of the person who is the subject of the proceedings, if that person wishes to testify; and*

(c) *If the proposed written treatment plan submitted pursuant to section 13 of this act recommends medication and the person who is the subject of the petition or motion objects to the recommendation, the testimony of the person professionally qualified in the field of psychiatric mental health who prescribed the recommendation.*

2. *The court may consider testimony relating to any past actions of the person who is the subject of the petition or motion if such testimony is probative of the question of whether the person currently meets the criteria prescribed by subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable.*

**Sec. 17.** 1. *Except as otherwise provided in subsection 2, the person who is the subject of a petition or motion for assisted outpatient treatment must be present at the proceedings on the petition or motion, as applicable, and may, at the discretion of the court, testify.*

2. *The court may conduct the hearing on a petition or motion for assisted outpatient treatment in the absence of the person who is the subject of the petition or motion if:*

(a) *The person has waived his or her right to attend the hearing after receiving notice pursuant to section 12 of this act and being advised of his or her right to be present and the potential consequences of failing to attend; and*

(b) *The counsel for the person is present.*



**Sec. 18. 1. If the district court finds, after proceedings for the assisted outpatient treatment of a person:**

*(a) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable, is not able to provide treatment to the person who is the subject of the proceedings in the county where he or she resides or that there is not clear and convincing evidence that the person who is the subject of the proceedings meets the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court must enter its finding to that effect and the person must not be ordered to receive assisted outpatient treatment.*

*(b) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable, is able to provide treatment to the person who is the subject of the proceedings in the county where he or she resides and that there is clear and convincing evidence that the person who is the subject of the proceedings meets the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court may order the person to receive assisted outpatient treatment. The order of the court must be interlocutory and must not become final if, within 30 days after the issuance of the order, the person is unconditionally released pursuant to NRS 433A.390.*

**2. If the district court finds, after proceedings for the assisted outpatient treatment of a defendant in a criminal proceeding pursuant to subsection 2 of section 11 of this act:**

*(a) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable, is not able to provide treatment to the defendant in the county where he or she resides or that there is not clear and convincing evidence that the defendant meets the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, the court must enter its finding to that effect and the defendant must not be ordered to receive assisted outpatient treatment.*



*(b) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable, is able to provide treatment to the defendant in the county where he or she resides and that there is clear and convincing evidence that the defendant meets the criteria prescribed in subsection 3 of section 11 of this act or subsection 1 of section 21 of this act, as applicable, except as otherwise provided in this paragraph, the court must order the defendant to receive assisted outpatient treatment and suspend further proceedings in the criminal proceeding against the defendant until the defendant completes the treatment or the treatment is terminated. If the offense allegedly committed by the defendant is a category A or B felony or involved the use or threatened use of force or violence, the court must not order the defendant to receive assisted outpatient treatment pursuant to this paragraph unless the prosecuting attorney stipulates to the assignment. The order of the court must be interlocutory and must not become final if, within 30 days after the issuance of the order, the person is unconditionally released pursuant to NRS 433A.390. If the defendant successfully completes the assisted outpatient treatment to the satisfaction of the court, the court must dismiss the criminal charges against the defendant with prejudice.*

*3. An order for a person to receive assisted outpatient treatment must:*

*(a) Provide for a period of assisted outpatient treatment that does not exceed 6 months unless the order is renewed or extended pursuant to section 21 of this act;*

*(b) Specify the services that the person who is to be treated must receive; and*

*(c) Direct the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable, to provide the services pursuant to paragraph (b) for the duration of the order.*

*4. If an order for a person to receive assisted outpatient treatment requires the administration of medication, the order must state the classes of medication and the reasons for ordering the medication, which must be based on the proposed written treatment plan submitted pursuant to section 13 of this act. The order may require the person who is to be treated to*



*self-administer the medication or accept the administration of the medication by a specified person. The court shall not order the use of physical force or restraints to administer medication.*

*5. An order for a person to receive assisted outpatient treatment must not prescribe treatment that is not recommended by the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of section 11 of this act or submitted the petition pursuant to section 21 of this act, as applicable.*

*6. If the court issues an order requiring a person to receive assisted outpatient treatment, the court must, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:*

*(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and*

*(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.*

*7. A court may periodically review an order for a person to receive assisted outpatient treatment to determine whether there is an available alternative treatment that is the least restrictive treatment that is appropriate for the person, is in the best interest of the person and will not be detrimental to the public welfare. If the court determines that such a treatment is available, the court must amend the order to require such treatment.*

*8. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.*

**Secs. 19 and 20.** (Deleted by amendment.)

**Sec. 20.5. 1.** *A person professionally qualified in the field of psychiatric mental health who is responsible for providing assisted outpatient treatment to a person ordered by a court to receive assisted outpatient treatment pursuant to section 18 of this act may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for a prompt evaluation by the professional to*



*determine whether the person is a person in a mental health crisis if:*

*(a) The person who is the subject of the petition has failed to comply with the plan of assisted outpatient treatment ordered pursuant to section 18 of this act;*

*(b) The petitioner has made reasonable efforts to solicit such compliance; and*

*(c) The failure to comply with the plan of assisted outpatient treatment may cause the person who is the subject of the petition to harm himself or herself or others.*

*2. A petition pursuant to subsection 1 must set forth:*

*(a) The specific provisions of the plan of assisted outpatient treatment which the subject of the petition has failed to carry out;*

*(b) The efforts made by the petitioner to solicit compliance; and*

*(c) The basis for the petitioner's belief that the failure to comply with the plan of assisted outpatient treatment may cause the subject of the petition to harm himself or herself or others.*

*3. If the court determines that there is probable cause to believe that the conditions described in paragraphs (a), (b) and (c) of subsection 1 have been satisfied, the court may issue an order requiring a peace officer to take into custody and deliver the person who is the subject of the petition to an appropriate location for a prompt evaluation by the petitioner to determine whether the person is a person in a mental health crisis.*

*4. As used in this section, "appropriate location" means any location identified by a petitioner but does not include a jail or prison.*

**Sec. 21.** *1. Not later than 7 judicial days before the end of a period of assisted outpatient treatment ordered by a court pursuant to section 18 of this act, the Administrator or his or her designee, the medical director of a division facility through which the person who is the subject of the order is receiving assisted outpatient treatment or his or her designee or another person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment may petition to renew the order for assisted outpatient treatment for an additional period that does not exceed 6 months. The petition for renewal must allege that:*

*(a) Because of his or her mental illness, the person to be treated is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without the supervision of the court; and*



*(b) Assisted outpatient treatment is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person to be treated becoming a person in a mental health crisis.*

2. A copy of a petition filed pursuant to subsection 1 must be served upon the person who is the subject of the petition or his or her counsel and, if applicable, his or her legal guardian.

3. Upon receiving a petition filed pursuant to subsection 1, the court shall schedule a hearing on the petition pursuant to section 12 of this act. If the order for assisted outpatient treatment that is effective at the time of the petition is scheduled to expire before the hearing, the order is extended and remains in effect until the date of the hearing.

**Sec. 22.** (Deleted by amendment.)

**Sec. 23.** NRS 433A.011 is hereby amended to read as follows:

433A.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 433A.012 to 433A.019, inclusive, *and sections 3.5 to 8, inclusive, of this act* have the meanings ascribed to them in those sections.

**Sec. 23.5.** NRS 433A.018 is hereby amended to read as follows:

433A.018 “Person professionally qualified in the field of psychiatric mental health” means:

1. A psychiatrist licensed to practice medicine in this State ; ~~[who is certified by the American Board of Psychiatry and Neurology;]~~

2. A psychologist licensed to practice in this State;

3. A social worker who holds a master’s degree in social work ~~[ ]~~ *and* is licensed by the State as a clinical social worker ; ~~[and is employed by the Division;]~~

4. A registered nurse who:

(a) Is licensed to practice professional nursing in this State; *and*

(b) Holds a master’s degree in the field of psychiatric nursing; ~~[and~~

~~—(c) Is employed by the Division;]~~

5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; or

6. A clinical professional counselor licensed pursuant to chapter 641A of NRS.

**Sec. 24.** NRS 433A.019 is hereby amended to read as follows:

433A.019 ~~[“Program of community based or outpatient services”]~~ *“Assisted outpatient treatment”* means ~~[care, treatment~~



~~and training] outpatient services~~ provided *pursuant to a court order* to ~~[persons in a mental health crisis, including, without limitation:~~

- ~~— 1. A program or service for the treatment of alcohol or other substance use disorders;~~
- ~~— 2. A program of general education or vocational training;~~
- ~~— 3. A program or service that assists in the dispensing or monitoring of medication;~~
- ~~— 4. A program or service that provides counseling or therapy;~~
- ~~— 5. A service which provides screening tests to detect the presence of alcohol or drugs;~~
- ~~— 6. A program of supervised living; or~~
- ~~— 7. Any combination of programs and services for persons with mental illness.~~

*↪ a person with a mental illness for the purpose of treating the mental illness, assisting the person to live and function in the community or to prevent a relapse or deterioration that may reasonably be predicted to result in harm to the person or another person if the person with a mental illness is not treated.* The term does not include ~~[care, treatment and training] services~~ provided to residents of a mental health facility.

**Sec. 25.** (Deleted by amendment.)

**Sec. 26.** NRS 433A.130 is hereby amended to read as follows:

433A.130 All applications, ~~[and]~~ certificates *and other forms* for the *detainment, evaluation,* admission, *treatment and conditional release* of any person in the State of Nevada ~~[to a mental health facility or to a program of community-based or outpatient services]~~ under the provisions of this chapter shall be made on forms approved by the Division and the Office of the Attorney General and furnished by the clerks of the district courts in each county.

**Sec. 27.** NRS 433A.140 is hereby amended to read as follows:

433A.140 1. Any person may apply to:

(a) A public or private mental health facility in the State of Nevada for admission to the facility; or

(b) A division facility to receive care, treatment or training provided by the Division,

*↪ as a voluntary consumer for the purposes of observation, diagnosis, care and treatment. In the case of a person who has not attained the age of majority, application for voluntary admission or care, treatment or training may be made on his or her behalf by the person's spouse, parent or legal guardian.*

2. If the application is for admission to a division facility, or for care, treatment or training provided by the Division, the



applicant must be admitted or provided such services as a voluntary consumer if an examination by personnel of the facility qualified to make such a determination reveals that the person needs and may benefit from services offered by the mental health facility.

3. Any person admitted to a public or private mental health facility as a voluntary consumer must be released immediately after the filing of a written request for release with the responsible physician or that physician's designee within the normal working day, unless the facility changes the status of the person to an emergency admission pursuant to NRS 433A.145. When a person is released pursuant to this subsection, the facility and its agents and employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

4. Any person admitted to a public or private mental health facility as a voluntary consumer who has not requested release may nonetheless be released by the medical director of the facility when examining personnel at the facility determine that the consumer has recovered or has improved to such an extent that the consumer is not considered a danger to himself or herself or others and that the services of that facility are no longer beneficial to the consumer or advisable.

5. A person who requests care, treatment or training from the Division pursuant to this section must be evaluated by the personnel of the Division to determine whether the person is eligible for the services offered by the Division. The evaluation must be conducted:

(a) Within 72 hours if the person has requested inpatient services; or

(b) Within 72 regular operating hours, excluding weekends and holidays, if the person has requested ~~community-based or outpatient services.~~ *assisted outpatient treatment.*

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

**Sec. 28.** NRS 433A.145 is hereby amended to read as follows:

433A.145 1. If a person in a mental health crisis is admitted to a public or private mental health facility or hospital as a voluntary consumer, the facility or hospital shall not change the status of the person to an emergency admission unless ~~the hospital or facility receives, before the change in status is made, an application for an emergency admission pursuant to~~ :

*(a) A person described in NRS 433A.160 places the person in a mental health crisis hold; and [the certificate of a]*



(b) ~~psychiatrist, psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse pursuant to NRS 433A.170.~~ *The requirements prescribed by section 10 of this act have been met.*

2. ~~[A]~~ *Except as otherwise provided in subsection 3, a person whose status is changed pursuant to subsection 1 must not be detained in excess of 72 hours, including weekends and holidays, after the ~~[change in status is made]~~ person is placed on a mental health crisis hold pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200 ~~[ ]~~, including, without limitation, the documents required pursuant to NRS 433A.210.*

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

**Sec. 29.** NRS 433A.150 is hereby amended to read as follows:

433A.150 1. ~~[Except as otherwise provided in this subsection, a]~~ *A person alleged to be a person in a mental health crisis ~~[may, upon application]~~ who is placed on a mental health crisis hold pursuant to NRS 433A.160 ~~[and]~~ may, subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital ~~[under an emergency admission]~~ for *assessment*, evaluation, ~~[observation]~~ *intervention* and treatment, regardless of whether any parent or legal guardian of the person has consented to the ~~[admission.]~~ *mental health crisis hold.**

2. Except as otherwise provided in subsection 3, a person detained pursuant to subsection 1 must be released within 72 hours, including weekends and holidays, after the ~~[application for emergency admission or any part of such an application is made]~~ *person is placed on a mental health crisis hold* pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200, including, without limitation, the documents required pursuant to NRS 433A.210, or the status of the person is changed to a voluntary admission.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.



**Sec. 30.** NRS 433A.160 is hereby amended to read as follows:  
433A.160 1. ~~Except as otherwise provided in subsection 2,~~

~~an application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment may only be made by an~~ An officer authorized to make arrests in the State of Nevada or a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse ~~[- The officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:~~

— (a) ~~Without a warrant:~~

— (1) ~~Take~~ *who, based on his or her personal observation of a person or the issuance of a court order pursuant to section 9 of this act, has probable cause to believe that the person is* a person ~~alleged to be a person~~ in a mental health crisis, *may place the person on a mental health crisis hold by:*

(a) *Taking the person* into custody ~~to apply for the emergency admission of the person for evaluation, observation and treatment; and~~

— (2) ~~Transport the~~ *without a warrant for assessment, evaluation, intervention and treatment at a public or private mental health facility or hospital; and*

(b) *Completing and providing to the public or private mental health facility or hospital the form prescribed pursuant to NRS 433A.130 for the placement of a person on a mental health crisis hold. The form must set forth the circumstances under which the person was taken into custody and the reasons therefor.*

2. *A person who places another person on a mental health crisis hold pursuant to subsection 1 may transport that person* ~~alleged to be a person in a mental health crisis~~ to a public or private mental health facility or hospital ~~for that purpose,~~ or arrange for the person to be transported by:

~~(I)~~ (a) A local law enforcement agency;

~~(II)~~ (b) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

~~(III)~~ (c) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421;

~~(IV)~~ (d) An accredited agent of the Division;

~~(V)~~ (e) A provider of nonemergency secure behavioral health transport services licensed under the regulations adopted pursuant to NRS 433.3317; or



~~[(VI)]~~ (f) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS . ~~†~~

~~→ only if the officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse, based upon his or her personal observation of the person, has probable cause to believe that the person is a person in a mental health crisis:~~

~~— (b) Apply to a district court for an order requiring:~~

~~— (1) Any peace officer to take a person alleged to be a person in a mental health crisis into custody to allow the applicant for the order to apply for the emergency admission of the person for evaluation, observation and treatment; and~~

~~— (2) Any agency, system, provider, agent or service described in subparagraph (2) of paragraph (a) to transport the person alleged to be a person in a mental health crisis to a public or private mental health facility or hospital for that purpose.~~

~~→ The district court may issue such an order only if it is satisfied that there is probable cause to believe that the person is a person in a mental health crisis.~~

~~— 2. An application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment may be made by a spouse, parent, adult child or legal guardian of the person. The spouse, parent, adult child or legal guardian and any other person who has a legitimate interest in the person alleged to be a person in a mental health crisis may apply to a district court for an order described in paragraph (b) of subsection 1.~~

~~— 3. The application for the emergency admission of a person alleged to be a person in a mental health crisis for evaluation, observation and treatment must reveal the circumstances under which the person was taken into custody and the reasons therefor.~~

~~— 4.]~~ **3.** To the extent practicable, a person ~~[who applies for the emergency admission of a person who is less than 18 years of age to a public or private mental health facility or hospital, other than a parent or guardian,]~~ *described in subsection 1* shall attempt to obtain the consent of the parent or guardian *of an unemancipated person who is less than 18 years of age* before ~~[making the application.]~~ *placing the person on a mental health crisis hold.* The person who ~~[applies for the emergency admission]~~ *places an unemancipated person who is less than 18 years of age on a mental health crisis hold* or, if the person ~~[makes the application]~~ *is acting* within the scope of his or her employment, the employer of



the person, shall maintain documentation of each such attempt until the person who is ~~[the subject of the application]~~ *placed on a mental health crisis hold* reaches at least 23 years of age.

~~[5. Except as otherwise provided in this subsection, each person admitted to a public or private mental health facility or hospital under an emergency admission must be evaluated at the time of admission by a psychiatrist or a psychologist. If a psychiatrist or a psychologist is not available to conduct an evaluation at the time of admission, a physician or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 may conduct the evaluation. Each such emergency admission must be approved by a psychiatrist.~~

~~—6.]~~ 4. The State Board of Health shall adopt regulations governing the manner in which:

(a) A person may apply to become an accredited agent of the Division; and

(b) Accredited agents of the Division will be monitored and disciplined for professional misconduct.

~~[7.]~~ 5. As used in this section, “an accredited agent of the Division” means any person authorized by the Division to transport to a mental health facility pursuant to ~~[subparagraph 2 of]~~ paragraph ~~[(a)]~~ (d) of subsection ~~[H]~~ 2 those persons ~~[in need of emergency admission.]~~ *being placed on a mental health crisis hold.*

**Sec. 31.** NRS 433A.165 is hereby amended to read as follows:

433A.165 1. Before a person alleged to be a person in a mental health crisis may be admitted to a public or private mental health facility *or hospital under an emergency admission* pursuant to ~~[NRS 433A.160.]~~ *section 10 of this act*, the person must:

(a) First be examined by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 at any location where such a physician, physician assistant or advanced practice registered nurse is authorized to conduct such an examination to determine whether the person has a medical condition, other than a psychiatric condition, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.



2. If a person *alleged to be a person* in a mental health crisis has a medical condition in addition to a psychiatric condition which requires medical treatment that requires more than 72 hours to complete, the licensed physician, physician assistant or advanced practice registered nurse who examined the person must:

(a) On the first business day after determining that such medical treatment is necessary, file with the clerk of the district court a written petition ~~[to admit]~~ *for the involuntary court-ordered admission of* the person to a public or private mental health facility pursuant to NRS ~~[433A.160]~~ *433A.200* after the medical treatment has been completed. The petition must:

(1) Include, without limitation, the medical condition of the person and the purpose for continuing the medical treatment of the person; and

(2) Be accompanied by a copy of ~~[the application for the emergency admission of the person required]~~ :

*(I) The form for the placement of a person on a mental health crisis hold completed* pursuant to NRS 433A.160 ; and ~~[the]~~

*(II) The certificate [required] completed* pursuant to NRS 433A.170 ~~[ ]~~ , *unless the medical condition prevents the completion of such a certificate.*

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person in a mental health crisis resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person in a mental health crisis or, on the person's behalf, by his or her insurer or by a state or federal program of medical assistance.

5. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;



- (b) The estate of that person; or
- (c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

6. The cost of treatment, including hospitalization, for a person who is indigent must be paid pursuant to NRS 428.010 by the county in which the person alleged to be a person in a mental health crisis resides.

7. The provisions of this section do not require the Division to provide examinations required pursuant to subsection 1 at a division facility if the Division does not have the:

- (a) Appropriate staffing levels of physicians, physician assistants, advanced practice registered nurses or other appropriate staff available at the facility as the Division determines is necessary to provide such examinations; or

- (b) Appropriate medical laboratories as the Division determines is necessary to provide such examinations.

8. The State Board of Health shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

- (a) Define “emergency services or care” as that term is used in this section;

- (b) Prescribe a procedure to ensure that an examination is performed pursuant to paragraph (a) of subsection 1; and

- (c) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

9. As used in this section, “medical facility” has the meaning ascribed to it in NRS 449.0151.

**Sec. 32.** NRS 433A.170 is hereby amended to read as follows:

433A.170 Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept ~~[an application]~~ **a person** for an emergency admission under ~~[NRS 433A.160]~~ **section 10 of this act** unless ~~[that application is accompanied by a certificate of]~~ a ~~[licensed]~~ psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, **completes a certificate** stating that he or she has examined the person alleged to be a person in a mental health crisis and that he or



she has concluded that the person is a person in a mental health crisis. The certificate required by this section may be obtained from a ~~[licensed]~~ psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is employed by the public or private mental health facility or hospital to which the ~~[application is made.]~~ *person alleged to be a person in a mental health crisis is to be admitted.*

**Sec. 33.** NRS 433A.185 is hereby amended to read as follows:

433A.185 As soon as practicable but not more than ~~[24]~~ *8* hours after ~~[the emergency admission of a person alleged to be a]~~ *an unemancipated* person ~~[in a mental health crisis]~~ who is under 18 years of age ~~[.]~~ *is placed on a mental health crisis hold*, the administrative officer of the public or private mental health facility *or hospital in which the person is being held or his or her designee* shall *attempt to* give notice of ~~[such admission]~~ *the mental health crisis hold* in person, by telephone or facsimile and by certified mail to the parent or legal guardian of that person ~~[.]~~ *and shall maintain documentation of each such attempt until the person who is placed on a mental health crisis hold reaches at least 23 years of age.*

**Sec. 34.** NRS 433A.190 is hereby amended to read as follows:

433A.190 1. The administrative officer of a public or private mental health facility *or hospital* shall ensure that, within 24 hours of the emergency admission of a person alleged to be a person in a mental health crisis ~~[pursuant to NRS 433A.150]~~ who is at least 18 years of age, *pursuant to section 10 of this act*, the person is asked to give permission to provide notice of the emergency admission to a family member, friend or other person identified by the person.

2. If a person alleged to be a person in a mental health crisis who is at least 18 years of age gives permission to notify a family member, friend or other person of the emergency admission, the administrative officer shall ensure that:

(a) The permission is recorded in the medical record of the person; and

(b) Notice of the admission is promptly provided to the family member, friend or other person in person or by telephone, facsimile, other electronic communication or certified mail.

3. Except as otherwise provided in subsections 4 and 5, if a person alleged to be a person in a mental health crisis who is at least 18 years of age does not give permission to notify a family member, friend or other person of the emergency admission of the person, notice of the emergency admission must not be provided until permission is obtained.



4. If a person alleged to be a person in a mental health crisis who is at least 18 years of age is not able to give or refuse permission to notify a family member, friend or other person of the emergency admission, the administrative officer of the mental health facility *or hospital* may cause notice as described in paragraph (b) of subsection 2 to be provided if the administrative officer determines that it is in the best interest of the person in a mental health crisis.

5. If a guardian has been appointed for a person alleged to be a person in a mental health crisis who is at least 18 years of age or the person has executed a durable power of attorney for health care pursuant to NRS 162A.700 to 162A.870, inclusive, or appointed an attorney-in-fact using an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, the administrative officer of the mental health facility *or hospital* must ensure that the guardian, agent designated by the durable power of attorney or the attorney-in-fact, as applicable, is promptly notified of the admission as described in paragraph (b) of subsection 2, regardless of whether the person alleged to be a person in a mental health crisis has given permission to the notification.

**Sec. 35.** NRS 433A.195 is hereby amended to read as follows:

433A.195 *1.* A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person ~~admitted pursuant to NRS 433A.160~~ *from a mental health crisis hold* upon completion of a certificate which meets the requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital, a physician assistant under the supervision of a psychiatrist, psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person in a mental health crisis.

*2. A psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 on the medical staff of a facility*



*operated by the Division or of any other public or private mental health facility or hospital who has personally assessed an unemancipated person who is less than 18 years of age after the person was placed on a mental health crisis hold may release the person from the hold if the parent or guardian of the person agrees to treatment or accepts physical custody of the person.*

**Sec. 35.5.** NRS 433A.197 is hereby amended to read as follows:

433A.197 1. ~~[An—application]~~ *A form* or certificate authorized under subsection 1 of NRS 433A.160 or NRS 433A.170 or 433A.195 must not be *accepted or* considered if made by a psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is related by blood or marriage within the second degree of consanguinity or affinity to the person alleged to be a person in a mental health crisis, or who is financially interested in the facility in which the person alleged to be a person in a mental health crisis is to be detained.

2. An application or certificate of any examining person authorized under NRS 433A.170 must not be considered unless it is based on personal observation and examination of the person alleged to be a person in a mental health crisis made by such examining person not more than 72 hours prior to the making of the application or certificate. The certificate required pursuant to NRS 433A.170 must set forth in detail the facts and reasons on which the examining person based his or her opinions and conclusions.

3. A certificate authorized pursuant to NRS 433A.195 must not be considered unless it is based on personal observation and examination of the person alleged to be a person in a mental health crisis made by the examining physician, physician assistant, psychologist, clinical social worker or advanced practice registered nurse. The certificate authorized pursuant to NRS 433A.195 must describe in detail the facts and reasons on which the examining physician, physician assistant, psychologist, clinical social worker or advanced practice registered nurse based his or her opinions and conclusions.

**Sec. 36.** NRS 433A.200 is hereby amended to read as follows:

433A.200 1. Except as otherwise provided in ~~[subsection 3 and]~~ NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility ~~[or to a program of community-based or outpatient services]~~ with the clerk of the district court of the county where the person who is to be treated resides ~~[.]~~ *or the county where a mental*



*health facility that is willing to admit the person is located.* The petition may be filed by ~~the spouse, parent, adult children or legal guardian of the person to be treated or by~~ any physician, physician assistant, psychologist, social worker or registered nurse or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a ~~licensed~~ psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has examined the person alleged to be a person in a mental health crisis and has concluded that the person is a person in a mental health crisis; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person in a mental health crisis, probable cause to believe that the person is a person in a mental health crisis ~~;~~ and

~~(2) The~~ *the* person alleged to be a person in a mental health crisis has refused to submit to examination or treatment by a physician, psychiatrist, ~~licensed~~ psychologist or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 ~~;~~; or

*(2) The person alleged to be a person in a mental health crisis has been placed on a mental health crisis hold pursuant to NRS 433A.160 and the physician, physician assistant or advanced practice registered nurse who examined the person alleged to be a person with a mental health crisis pursuant to NRS 433A.165 determined that the person has a medical condition, other than a psychiatric condition, which requires immediate treatment.*

2. Except as otherwise provided in NRS 432B.6075, if the person to be treated is ~~a~~ *an unemancipated* minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

~~3.—A proceeding for the involuntary court ordered admission of a person who is the defendant in a criminal proceeding in the~~



~~district court to a program of community based or outpatient services may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:~~

~~—(a) The defendant has been examined in accordance with NRS 178.415;~~

~~—(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and~~

~~—(c) The Division makes a clinical determination that placement in a program of community based or outpatient services is appropriate.]~~

**Sec. 37.** NRS 433A.210 is hereby amended to read as follows:

433A.210 In addition to the requirements of NRS 433A.200, a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.145 or 433A.150 must include *documentation of the results of the medical examination conducted pursuant to NRS 433A.165 and a [certified] copy of:*

1. The ~~[application for the emergency admission of the person made]~~ *form for the placement of the person on a mental health crisis hold* pursuant to NRS 433A.160; and

2. A petition executed by a psychiatrist, ~~[licensed]~~ psychologist, physician or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, including, without limitation, a sworn statement that:

(a) He or she has examined the person alleged to be a person in a mental health crisis;

(b) In his or her opinion, there is a reasonable degree of certainty that the person alleged to be a person in a mental health crisis suffers from a mental illness;

(c) Based on his or her personal observation of the person alleged to be a person in a mental health crisis and other facts set forth in the petition, the person presents a substantial risk of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195; and

(d) In his or her opinion, involuntary admission of the person alleged to be a person in a mental health crisis to a mental health facility or hospital is medically necessary to prevent the person from harming himself or herself or others.

**Sec. 38.** NRS 433A.215 is hereby amended to read as follows:

433A.215 If an application for a writ of habeas corpus is made by, or on behalf of, a person in a mental health crisis or who is alleged to be a person in a mental health crisis before the initial



hearing on a petition for the involuntary court-ordered admission of the person to a mental health facility, ~~for a program of community-based or outpatient services,~~ the court ~~shall~~ **must** conduct a hearing on the application as soon as practicable.

**Sec. 39.** NRS 433A.220 is hereby amended to read as follows:

433A.220 1. Immediately after the clerk of the district court receives any petition filed pursuant to NRS 433A.200 and 433A.210, the clerk shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. ~~Immediately after a motion is made pursuant to subsection 3 of NRS 433A.200, the district judge shall set a time, date and place for its hearing.~~ The date must be within 6 judicial days after the date on which the petition is received by the clerk ~~for the motion is made, as applicable,~~ unless otherwise stipulated by an attorney representing the person alleged to be a person in a mental health crisis and the district attorney. If the Chief Judge, if any, of the district court has assigned a district court judge or hearing master to preside over such hearings, that judge or hearing master must preside over the hearing.

2. The court shall give notice of the petition ~~for motion~~ and of the time, date and place of any proceedings thereon to the subject of the petition, ~~for motion,~~ his or her attorney, if known, the person's legal guardian, the petitioner, ~~if applicable,~~ the district attorney of the county in which the court has its principal office, the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons in a mental health crisis and the administrative office of any public or private mental health facility **or hospital** in which the subject of the petition ~~for motion~~ is detained.

3. The provisions of this section do not preclude a facility **or hospital** from discharging a person before the time set pursuant to this section for the hearing concerning the person, if appropriate. If the person has a legal guardian, the facility **or hospital** shall notify the guardian prior to discharging the person from the facility ~~or~~ **or hospital**. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility **or hospital** assessment team. If the legal guardian does not inform the facility **or hospital** as to where the person will be released within 3 days after the date of notification, the facility **or hospital** shall discharge the person according to its proposed discharge plan. **Notification of a guardian pursuant to this subsection must be provided:**

**(a) In person or by telephone; or**



*(b) If the mental health facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.*

*4. If the person who is the subject of the petition is currently admitted to a mental health facility or hospital and is transferred to another mental health facility or hospital, the petitioner must notify the court before the next scheduled hearing related to the petition and not more than 24 hours after the transfer.*

*5. If the person who is the subject of the petition is currently on conditional release pursuant to NRS 433A.380:*

*(a) The court may provide information on the conditional release to any public or private mental health facility or hospital in which the person is receiving treatment; and*

*(b) The court may, with the consent of the parties, set a hearing before or concurrent with the hearing scheduled pursuant to subsection 1 to determine whether conditional release remains appropriate. If the court sets a hearing to resolve the conditional release, the parties may stipulate to continue the matter of the petition for involuntary court-ordered admission pending resolution of the conditional release. If the court determines by clear and convincing evidence that conditional release is no longer appropriate, the court may order the admission of the person to a mental health facility or hospital pending the resolution of the petition for involuntary court-ordered admission.*

**Sec. 40.** NRS 433A.240 is hereby amended to read as follows:

433A.240 1. After the filing of a petition to commence proceedings for the involuntary court-ordered admission of a person pursuant to NRS 433A.200 and 433A.210, the court shall promptly cause two or more physicians, ~~licensed~~ psychologists or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, one of whom must always be a physician, to examine the person alleged to be a person in a mental health crisis, or request an evaluation by an evaluation team from the Division of the person alleged to be a person in a mental health crisis.

2. Subject to the provisions in subsection 1, the judge assigned to hear a proceeding brought pursuant to NRS 433A.200 to 433A.330, inclusive, shall have complete discretion in selecting the medical professionals to conduct the examination required pursuant to subsection 1.

~~3. After the filing of a motion pursuant to subsection 3 of NRS 433A.200, the court shall promptly request an evaluation by an~~



~~evaluation team from the Division of the person alleged to be a person in a mental health crisis.~~

~~—4.]~~ To conduct the examination of a person who is not being detained at a mental health facility or hospital under ~~{emergency admission}~~ **a mental health crisis hold** pursuant to ~~{an application made pursuant to}~~ NRS 433A.160, the court may order a peace officer to take the person into protective custody and transport the person to a mental health facility or hospital where the person may be detained until a hearing is had upon the petition or motion, as applicable.

~~{5.]~~ **4.** If the person is not being detained under ~~{an emergency admission}~~ **a mental health crisis hold** pursuant to ~~{an application made pursuant to}~~ NRS 433A.160, the person may be allowed to remain in his or her home or other place of residence pending an ordered examination or examinations and to return to his or her home or other place of residence upon completion of the examination or examinations. The person may be accompanied by one or more of his or her relations or friends to the place of examination.

~~{6.]~~ **5.** Each physician, ~~{licensed}~~ psychologist and advanced practice registered nurse who examines a person pursuant to subsection 1 ~~{or 3}~~ shall, in conducting such an examination, consider the least restrictive treatment appropriate for the person.

~~{7.]~~ **6.** Each physician, ~~{licensed}~~ psychologist and advanced practice registered nurse who examines a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to **subsection 1 of** NRS 433A.220, submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to be a person in a mental health crisis.

**Sec. 41.** NRS 433A.250 is hereby amended to read as follows:

433A.250 1. The Administrator shall establish such evaluation teams as are necessary to aid the courts under NRS 433A.240 ~~{,} and~~ 433A.310. ~~{, 433A.315 and 433A.323.}~~

2. Each team must be composed of a psychiatrist and other persons professionally qualified in the field of psychiatric mental health who are representative of the Division, selected from personnel in the Division.

3. Fees for the evaluations must be established and collected as set forth in NRS 433.414 or 433B.260, as appropriate.

**Sec. 41.5.** NRS 433A.260 is hereby amended to read as follows:

433A.260 1. ~~{In counties}~~ **If a petition is filed pursuant NRS 433A.200 with the clerk of the district court in a county** where the



examining personnel required pursuant to NRS 433A.240 are not available, ~~[proceedings for involuntary court ordered admission shall be conducted in]~~ *the district court must transfer the case to the nearest county having such examining personnel available [in order that there be minimum delay.] before any hearing on the petition and not later than 1 judicial day after the petition was filed. Not later than 6 days after a case is transferred to a district court pursuant to this subsection, that district court shall:*

*(a) Set a time, date and place for its hearing in accordance with NRS 433A.220; and*

*(b) Appoint counsel for the person, if required by NRS 433A.270.*

2. The entire expense of proceedings for involuntary court-ordered admission shall be paid by the county ~~[in which the application is filed, except that]~~ where the person to be admitted ~~[last resided in another county of the state the expense shall be charged to and payable by such county of residence.] resides.~~

**Sec. 42.** NRS 433A.270 is hereby amended to read as follows:

433A.270 1. The person alleged to be a person in a mental health crisis or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered admission, and if he or she fails or refuses to obtain counsel, the court ~~[shall]~~ **must** advise the person and the person's guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.

2. ~~[Any]~~ **The court shall award any** counsel appointed pursuant to subsection 1 ~~[must be awarded]~~ compensation ~~[by the court]~~ for his or her services in an amount determined by it to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person in a mental health crisis last resided.

3. The court shall, at the request of counsel representing the person alleged to be a person in a mental health crisis in proceedings before the court relating to involuntary court-ordered admission, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. ~~[If the person alleged to be a person in a mental health crisis is involuntarily admitted to a program of community based or outpatient services, counsel shall continue to represent the person until the person is released from the program. The court shall serve~~



~~notice upon such counsel of any action that is taken involving the person while the person is admitted to the program of community-based or outpatient services.~~

~~—5.]~~ Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered admission proceedings in the district attorney's county. The district attorney is responsible for the presentation of evidence, if any, in support of the involuntary court-ordered admission of a person to a mental health facility ~~[or to a program of community-based or outpatient services]~~ in proceedings held pursuant to NRS 433A.200 and 433A.210.

**Sec. 43.** NRS 433A.310 is hereby amended to read as follows:

433A.310 1. Except as otherwise provided in ~~[subsection 2 and]~~ NRS 432B.6076 and 432B.6077, if the district court finds, after proceedings for the involuntary court-ordered admission of a person:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court ~~[shall]~~ **must** enter its finding to that effect and the person must not be involuntarily admitted to a public or private mental health facility . ~~[or to a program of community-based or outpatient services.]~~ ***If the person has been [admitted to] detained in a public or private mental health facility or hospital under a mental health crisis hold pursuant to NRS 433A.160, including, without limitation, where the person has been admitted under an emergency admission pursuant to [NRS 433A.160,] section 10 of this act,*** the court must issue a written order requiring the facility or hospital to release the person not later than 24 hours after the court issues the order, unless the person applies for admission as a voluntary consumer pursuant to NRS 433A.140.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court may order the involuntary admission of the person ~~[for the most appropriate course of treatment, including, without limitation, admission]~~ to a public or private mental health facility . ~~[or participation in a program of community-based or outpatient services.]~~ The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390.

2. ~~[If the district court finds, after proceedings for the involuntary court-ordered admission of a defendant in a criminal proceeding pursuant to subsection 3 of NRS 433A.200:~~



~~—(a) That there is not clear and convincing evidence that the defendant with respect to whom the hearing was held is a person in a mental health crisis, the court shall enter its finding to that effect and the person must not be involuntarily admitted to a program of community based or outpatient services.~~

~~—(b) That there is clear and convincing evidence that the defendant with respect to whom the hearing was held is a person in a mental health crisis, except as otherwise provided in this paragraph, the court shall order the involuntary admission of the defendant for participation in a program of community based or outpatient services and suspend further proceedings in the criminal proceeding against the defendant until the defendant completes or is removed from the program. If the offense allegedly committed by the defendant is a category A or B felony or involved the use or threatened use of force or violence, the court may not order the involuntary admission of the defendant for participation in a program pursuant to this paragraph unless the prosecuting attorney stipulates to the assignment. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390. If the defendant successfully completes a program of community based or outpatient services to the satisfaction of the court, the court shall dismiss the criminal charges against the defendant with prejudice.~~

~~—3. If, pursuant to NRS 176A.400, the district court issues an order granting probation to a defendant in a criminal proceeding with a condition that the defendant submit to mental health treatment and comply with instructions, admission to a program of community based or outpatient services may be used to satisfy such a condition if the Division makes a clinical determination that placement in a program of community based or outpatient services is appropriate.~~

~~—4. A court shall not admit a person to a program of community based or outpatient services unless:~~

~~—(a) A program of community based or outpatient services is available in the community in which the person resides or is otherwise made available to the person;~~

~~—(b) The person is 18 years of age or older;~~

~~—(c) The person has a history of noncompliance with treatment for mental illness;~~

~~—(d) The person is capable of surviving safely in the community in which he or she resides with available supervision;~~



~~—(e) The court determines that, based on the person’s history of treatment for mental illness, the person needs to be admitted to a program of community based or outpatient services to prevent further disability or deterioration of the person which presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195;~~

~~—(f) The current mental status of the person or the nature of the person’s illness limits or negates his or her ability to make an informed decision to seek treatment for mental illness voluntarily or to comply with recommended treatment for mental illness;~~

~~—(g) The program of community based or outpatient services is the least restrictive treatment which is in the best interest of the person; and~~

~~—(h) The court has approved a plan of treatment developed for the person pursuant to NRS 433A.315.~~

~~—5.]~~ Except as otherwise provided in NRS 432B.608, an involuntary admission pursuant to paragraph (b) of subsection 1 ~~[or paragraph (b) of subsection 2]~~ automatically expires at the end of 6 months if not terminated previously by the medical director of the public or private mental health facility *after a determination by the physician primarily responsible for treating the patient, a psychiatrist or an advanced practice registered nurse* as provided for in subsection ~~[2]~~ 3 of NRS 433A.390 . ~~[or by the professional responsible for providing or coordinating the program of community based or outpatient services as provided for in subsection 3 of NRS 433A.390.]~~ Except as otherwise provided in NRS 432B.608, at the end of the *involuntary* court-ordered ~~[period of treatment,]~~ *admission*, the Division ~~[.]~~ *or* any mental health facility that is not operated by the Division ~~[for a program of community based or outpatient services]~~ may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must include evidence which meets the same standard set forth in subsection 1 ~~[or 2]~~ that was required for the initial period of admission of the person to a public or private mental health facility . ~~[or to a program of community based or outpatient services.]~~

~~—6.]~~ 3. Before issuing an order for involuntary admission or a renewal thereof, the court shall explore other alternative courses of treatment within the least restrictive appropriate environment, including ~~[involuntary admission to a program of community based or outpatient services,]~~ *assisted outpatient treatment*, as suggested by the evaluation team who evaluated the person, or other persons



professionally qualified in the field of psychiatric mental health, which the court believes may be in the best interests of the person.

~~[7.]~~ **4.** If the court issues an order involuntarily admitting a person to a public or private mental health facility ~~for to a program of community-based or outpatient services~~ pursuant to this section, the court ~~[shall,]~~ **must**, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and

(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

~~[8.]~~ **5.** *After issuing an order pursuant to this section, a court shall not transfer the case to another court.*

**6.** *A public or private mental health facility to which a person is involuntarily admitted pursuant to this section shall notify the court and the counsel for the person if the person is transferred to another facility.*

**7.** As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

**Sec. 44.** NRS 433A.320 is hereby amended to read as follows:  
433A.320 The order for involuntary ~~court]~~ **court-ordered** admission of any person to a public or private mental health facility ~~for to a program of community-based or outpatient services~~ must be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

**Sec. 45.** NRS 433A.350 is hereby amended to read as follows:  
433A.350 1. Upon admission to any public or private mental health facility or to ~~fa program of community-based or outpatient services.]~~ **assisted outpatient treatment**, each consumer and the consumer's spouse and legal guardian, if any, must receive a written statement outlining in simple, nontechnical language all procedures for release provided by this chapter, setting out all rights accorded to such a consumer by this chapter and chapters 433 and 433B of NRS and, if the consumer has no legal guardian, describing procedures



provided by law for adjudication of incapacity and appointment of a guardian for the consumer.

2. Written information regarding the services provided by and means of contacting the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons in a mental health crisis must be posted in each public and private mental health facility and in each location in which ~~fa program of community-based or outpatient services~~ **assisted outpatient treatment** is provided and must be provided to each consumer upon admission.

**Sec. 46.** NRS 433A.360 is hereby amended to read as follows:

433A.360 1. A clinical record for each consumer must be diligently maintained by any division facility, private institution, facility offering mental health services or ~~program of community-based or outpatient services~~ **person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment**. The record must include information pertaining to the consumer's admission, legal status, treatment and individualized plan for habilitation. The clinical record is not a public record and no part of it may be released, except as otherwise provided in subsection 2 or except:

(a) If the release is authorized or required pursuant to NRS 439.538.

(b) The record must be released to physicians, advanced practice registered nurses, attorneys and social agencies as specifically authorized in writing by the consumer, the consumer's parent, guardian or attorney.

(c) The record must be released to persons authorized by the order of a court of competent jurisdiction.

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the consumer.

(e) Information from the clinical records may be used for statistical and evaluative purposes if the information is abstracted in such a way as to protect the identity of individual consumers.

(f) To the extent necessary for a consumer to make a claim, or for a claim to be made on behalf of a consumer for aid, insurance or



medical assistance to which the consumer may be entitled, information from the records may be released with the written authorization of the consumer or the consumer's guardian.

(g) The record must be released without charge to any member of the staff of an agency in Nevada which has been established pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et seq. if:

(1) The consumer is a consumer of that office and the consumer or the consumer's legal representative or guardian authorizes the release of the record; or

(2) A complaint regarding a consumer was received by the office or there is probable cause to believe that the consumer has been abused or neglected and the consumer:

(I) Is unable to authorize the release of the record because of the consumer's mental or physical condition; and

(II) Does not have a guardian or other legal representative or is a ward of the State.

(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. A division facility, private institution, facility offering mental health services or ~~{program of community-based or outpatient services}~~ *person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment* and any other person or entity having information concerning a consumer, including, without limitation, a clinical record, any part thereof or any information contained therein, may disclose such information to a provider of health care to assist with treatment provided to the consumer.

3. As used in this section ~~{~~:

—(a) ~~“Consumer” includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a private institution or facility offering mental health services, from treatment to competency in a private institution or facility offering mental health services, or from a program of community-based or outpatient services.~~

—(b) ~~“Provider”~~, *“provider”* of health care” has the meaning ascribed to it in NRS 629.031.

**Sec. 47.** NRS 433A.380 is hereby amended to read as follows:

433A.380 1. ~~{Except as otherwise provided in subsection 4, any}~~ *Any* person involuntarily admitted by a court may be conditionally released from a public or private mental health facility when, in the judgment of the medical director of the facility ~~{, the}~~:



(a) *The conditional release is in the best interest of the person , will provide the least restrictive treatment that is appropriate for the person and will not be detrimental to the public welfare* ~~[ ]~~;

(b) *A community treatment program, social services agency, mobile crisis team or multi-disciplinary team has agreed to provide case management, support and supervision to the person to ensure his or her compliance with the conditions of the release; and*

(c) *The person qualifies to receive case management, support and supervision from the community treatment program, social services agency, mobile crisis team or multi-disciplinary team.*

2. The medical director of the facility or the medical director's designee shall prescribe the period for which the conditional release is effective. The period must not extend beyond the last day of the court-ordered period of ~~[treatment]~~ admission pursuant to NRS 433A.310. If the person has a legal guardian, the facility ~~[shall]~~ *must* notify the guardian *at least 3 days* before discharging the person from the facility ~~[ ]~~ *or, if the person will be released in less than 3 days, as soon as practicable. Notification of the legal guardian must be provided:*

(a) *In person or by telephone; or*

(b) *If the facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.*

3. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility ~~[shall]~~ *must* discharge the person according to its proposed discharge plan.

~~[2.]~~ 4. *Before conditionally releasing a person from a public or private mental health facility pursuant to this section, the medical director of the facility must notify the court that ordered the involuntary admission. The court may periodically review the appropriateness of the conditional release and the terms thereof, but the court may not terminate the conditional release except through proceedings for involuntary admission pursuant to NRS 433A.200 to 433A.330, inclusive.*

5. When a person is conditionally released pursuant to ~~[subsection 1,]~~ *this section*, the State or any of its agents or employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

~~[3.]~~ 6. When a person who has been adjudicated by a court to be incapacitated is conditionally released from a mental health



facility, the administrative officer of the mental health facility shall petition the court for restoration of full civil and legal rights as deemed necessary to facilitate the incapacitated person's rehabilitation. If the person has a legal guardian, the petition must be filed with the court having jurisdiction over the guardianship.

~~[4. A person who was involuntarily admitted by a court because he or she was likely to present a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195, may be conditionally released only if, at the time of the release, written notice is given to the court which admitted him or her, to the person's legal guardian and to the district attorney of the county in which the proceedings for admission were held.~~

~~—5. Except as otherwise provided in subsection 7, the administrative officer of a public or private mental health facility or the administrative officer's designee shall order a person who is conditionally released from that facility pursuant to this section to return to the facility if a psychiatrist and a member of that person's treatment team who is professionally qualified in the field of psychiatric mental health determine that the conditional release is no longer appropriate because that person presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195. Except as otherwise provided in this subsection, the administrative officer or the designee shall, at least 3 days before the issuance of the order to return, give written notice of the order to the court that admitted the person to the facility and to the person's legal guardian. If an emergency exists in which the person presents a substantial likelihood of harm to himself or herself or others, as determined pursuant to NRS 433A.0195, the order must be submitted to the court and the legal guardian not later than 1 business day after the order is issued.~~

~~—6. The court shall review an order submitted pursuant to subsection 5 and the current condition of the person who was ordered to return to the facility at its next regularly scheduled hearing for the review of petitions for involuntary court-ordered admissions, but in no event later than 5 judicial days after the person is returned to the facility. The administrative officer or the administrative officer's designee shall give written notice to the person who was ordered to return to the facility, to the person's legal guardian and to the person's attorney, if known, of the time, date and place of the hearing and of the facts necessitating that person's return to the facility.~~



~~—7. The provisions of subsection 5 do not apply if the period of conditional release has expired.~~

**Sec. 48.** NRS 433A.390 is hereby amended to read as follows:

433A.390 1. When a consumer, involuntarily admitted to a mental health facility or ~~[to a program of community-based or outpatient services]~~ *required to receive assisted outpatient treatment* by court order, is released at the end of the period specified pursuant to NRS 433A.310 ~~[.]~~ *or section 18 of this act, as applicable*, written notice must be given to the ~~[admitting]~~ *court* ~~[and to the consumer's legal guardian at least 10]~~ *that issued the order not later than 3 judicial* days ~~[before]~~ *after* the release of the consumer. The consumer may ~~[then]~~ be released without requiring further orders of the court. If the consumer has a legal guardian, the facility or the ~~[professional]~~ *person professionally qualified in the field of psychiatric mental health* responsible for providing ~~[or coordinating]~~ the ~~[program of community-based or outpatient services]~~ *assisted outpatient treatment* shall notify the guardian *in the manner prescribed by subsection 6 at least 3 days* before discharging the consumer from the facility or ~~[program.]~~ *treatment or, if the consumer will be released in less than 3 days, as soon as practicable.*

2. The legal guardian *of a consumer involuntarily admitted to a mental health facility, if applicable*, has discretion to determine where the consumer will be released ~~[.]~~ *pursuant to subsection 1*, taking into consideration any discharge plan proposed by the facility assessment team . ~~[or the professional responsible for providing or coordinating the program of community-based or outpatient services.]~~ If the legal guardian does not inform the facility ~~[or professional]~~ as to where the consumer will be released within 3 days after the date of notification, the facility ~~[or professional shall]~~ *must* discharge the consumer according to its proposed discharge plan.

~~[2.]~~ 3. A consumer who is involuntarily admitted to a mental health facility may be unconditionally released before the period specified in NRS 433A.310 when ~~[.]~~

~~—(a) An evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a]~~ *the physician* ~~[.]~~ *primarily responsible for treating the patient, a psychiatrist or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120* determines that the consumer is no longer a person in a mental health crisis . ~~[.]~~ *and*



~~—(b) Under advisement from the evaluation team or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the medical director of the mental health facility authorizes the release and gives written notice to the admitting court and to the consumer's legal guardian at least 10 days before the release of the consumer.]~~ If the consumer has a legal guardian, the facility shall notify the guardian *in the manner prescribed by subsection 6 at least 3 days* before discharging the consumer from the facility ~~];~~ *or, if the consumer will be released in less than 3 days, as soon as practicable.* The legal guardian, *if applicable,* has discretion to determine where the consumer will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility shall discharge the consumer according to its proposed discharge plan.

~~[3.]~~ **4.** A consumer who is ~~[involuntarily admitted to a program of community-based or outpatient services]~~ *required to receive assisted outpatient treatment* may be unconditionally released before the period specified in ~~[NRS 433A.310]~~ *section 18 of this act* when ~~[-~~

~~—(a) The]~~ *the [professional] person professionally qualified in the field of psychiatric mental health* responsible for providing ~~[or coordinating]~~ the ~~[program of community-based or outpatient services]~~ *assisted outpatient treatment* for the consumer determines that ~~[the consumer is no longer a person in a mental health crisis; and~~

~~—(b) Under advisement from an evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the professional responsible for providing or coordinating the program of community-based or outpatient services for the consumer authorizes the release and gives written notice to the admitting court at least 10 days before the release of the consumer from the program.] :~~

*(a) The consumer no longer requires assisted outpatient treatment to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis;*

*(b) The consumer is willing and likely to voluntarily participate in outpatient treatment that enables the person to live safely in the community without the supervision of the court; or*



*(c) After the order for assisted outpatient treatment has been effective for at least 30 days, the assisted outpatient treatment is not meeting the needs of the consumer.*

*5. If a consumer who will be released from assisted outpatient treatment pursuant to subsection 4 has a legal guardian, the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment to the consumer shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the treatment or, if the consumer will be released in less than 3 days, as soon as practicable.*

*6. Notification of a guardian pursuant to subsection 1, 3 or 5 must be provided:*

*(a) In person or by telephone; or*

*(b) If the mental health facility or the person professionally qualified in the field of psychiatric mental health, as applicable, is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.*

*7. A mental health facility or a person professionally qualified in the field of psychiatric mental health responsible for providing treatment to a consumer shall provide written notice to the court that issued the order not later than 3 judicial days after unconditionally releasing a consumer pursuant to subsection 3 or 4.*

**Sec. 48.5.** NRS 433A.400 is hereby amended to read as follows:

433A.400 1. An indigent resident of this state discharged as having been determined to no longer be a person in a mental health crisis, but having a residual medical or surgical disability which prevents him or her from obtaining or holding remunerative employment, must be returned to the county of his or her last residence, except as otherwise provided pursuant to subsections 2 and 3. A nonresident indigent with such disabilities must be returned to the county from which he or she was involuntarily court-admitted, except as otherwise provided in subsections 2 and 3. The administrative officer of the mental health facility shall first give notice in writing, not less than 10 days before discharge, to the board of county commissioners of the county to which the person will be returned and to the person's legal guardian.

2. Delivery of the indigent person must be made to an individual or agency authorized to provide further care. If the person has a legal guardian, the facility shall notify the guardian before discharging the person from the facility. The legal guardian has



discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility shall discharge the person according to its proposed discharge plan. *Notification of a guardian pursuant to this subsection must be provided:*

(a) *In person or by telephone; or*

(b) *If the mental health facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.*

3. An indigent person may be delivered to a state that is a party to the Interstate Compact on Mental Health ratified and enacted in NRS 433.4543 regardless of residency in the manner provided in the Compact.

4. This section does not authorize the release of any person held upon an order of a court or judge having criminal jurisdiction arising out of a criminal offense.

**Sec. 49.** NRS 433A.460 is hereby amended to read as follows:

433A.460 No person admitted to a public or private mental health facility or ~~[to a program of community based or outpatient services]~~ *who receives assisted outpatient treatment* pursuant to this chapter shall, by reason of such admission ~~[;]~~ *or treatment*, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incapacitated by a court of competent jurisdiction and has not been restored to legal capacity.

**Sec. 50.** NRS 433A.580 is hereby amended to read as follows:

433A.580 No person may be admitted *or transferred* to a private hospital ~~[;]~~ *or* a division mental health facility ~~[or a program of community based or outpatient services]~~ *, ordered to receive assisted outpatient treatment or transferred to a different person professionally qualified in the field of psychiatric mental health to provide assisted outpatient treatment* pursuant to the provisions of this chapter unless mutually agreeable financial arrangements relating to the costs of treatment are made between the private hospital, division facility or ~~[professional]~~ *person professionally qualified in the field of psychiatric mental health* responsible for providing ~~[or coordinating a program of community based or outpatient services]~~ *assisted outpatient treatment* and the consumer or person requesting his or her admission.



**Sec. 51.** NRS 433A.600 is hereby amended to read as follows:  
433A.600 1. A person who is admitted to a division facility or ~~to a program of community-based or outpatient services~~ **who receives assisted outpatient treatment** operated by the Division and not determined to be indigent and every responsible relative pursuant to NRS 433A.610 of the person shall be charged for the cost of treatment and is liable for that cost. If after demand is made for payment the person or his or her responsible relative fails to pay that cost, the administrative officer or ~~professional~~ **person professionally qualified in the field of psychiatric mental health** responsible for providing ~~or coordinating~~ the ~~program of community-based or outpatient services,~~ **assisted outpatient treatment**, as applicable, may recover the amount due by civil action.

2. All sums received pursuant to subsection 1 must be deposited in the State Treasury and may be expended by the Division for the support of that facility or ~~program~~ **of assisted outpatient treatment** in accordance with the allotment, transfer, work program and budget provisions of NRS 353.150 to 353.245, inclusive.

**Sec. 52.** NRS 433A.640 is hereby amended to read as follows:  
433A.640 1. Once a court has ordered the admission of a person to a division facility, the administrative officer ~~shall~~ **must** make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

2. If a person is admitted to a division facility or ~~program of community-based or outpatient services~~ **required to receive assisted outpatient treatment** pursuant to a court order, that person and his or her responsible relatives are responsible for the payment of the actual cost of the treatment and services rendered during his or her admission to the division facility or ~~program~~ **while he or she is receiving assisted outpatient treatment** unless the investigation reveals that the person and his or her responsible relatives are not capable of paying the full amount of the costs.

3. Once a court has ordered ~~the admission of a person to a program of community-based or outpatient services~~ **a person to receive assisted outpatient treatment** operated by the Division, the ~~professional~~ **person professionally qualified in the field of psychiatric mental health** responsible for providing ~~or coordinating~~ the ~~program shall~~ **assisted outpatient treatment must** make an investigation, pursuant to the provisions of this



chapter, to determine whether the person *receiving the treatment* or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of ~~[admission.]~~ *treatment*.

**Sec. 53.** NRS 433A.650 is hereby amended to read as follows:

433A.650 Determination of ability to pay pursuant to NRS 433A.640 ~~[shall]~~ *must* include investigation of whether the consumer has benefits due and owing to the consumer for the cost of his or her treatment from third-party sources, such as Medicare, Medicaid, social security, medical insurance benefits, retirement programs, annuity plans, government benefits or any other financially responsible third parties. The administrative officer of a division mental health facility or ~~[professional]~~ *person professionally qualified in the field of psychiatric mental health* responsible for providing ~~[or coordinating a program of community-based or outpatient services]~~ *the assisted outpatient treatment* may accept payment for the cost of a consumer's treatment from the consumer's insurance company, Medicare or Medicaid and other similar third parties.

**Sec. 54.** NRS 433A.660 is hereby amended to read as follows:

433A.660 1. If the consumer, his or her responsible relative pursuant to NRS 433A.610, guardian or the estate neglects or refuses to pay the cost of treatment to the division facility or to the ~~[program of community based or outpatient services]~~ *person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment* operated by the Division rendering service pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate, the State is entitled to recover by appropriate legal action all sums due, plus interest.

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

**Sec. 55.** NRS 433A.713 is hereby amended to read as follows:

433A.713 1. Each public or private mental health facility and hospital in this State shall, in the manner and time prescribed by regulation of the State Board of Health, report to the Division:

(a) The number of ~~[applications for emergency admission received by]~~ *persons placed on a mental health crisis hold at* the mental health facility or hospital pursuant to NRS 433A.160 during the immediately preceding quarter; and



(b) Any other information prescribed by regulation of the State Board of Health.

2. The State Board of Health may adopt regulations that require a public or private mental health facility or hospital to adopt a plan for the discharge of a person admitted to the facility or hospital in accordance with the provisions of this chapter and that prescribe the contents of such a plan.

**Sec. 56.** NRS 433A.715 is hereby amended to read as follows:

433A.715 1. A court shall seal all court records relating to ~~the admission and treatment of any person who was admitted, voluntarily or as the result of a noncriminal proceeding, to a public or private hospital, a mental health facility or a program of community based or outpatient services in this State for the purpose of obtaining mental health treatment.~~ *proceedings under this chapter.*

2. Except as otherwise provided in subsections 4, 5 and 6, a person or governmental entity that wishes to inspect records that are sealed pursuant to this section must file a petition with the court that sealed the records. Upon the filing of a petition, the court shall fix a time for a hearing on the matter. The petitioner must provide notice of the hearing and a copy of the petition to the person who is the subject of the records. If the person who is the subject of the records wishes to oppose the petition, the person must appear before the court at the hearing. If the person appears before the court at the hearing, the court must provide the person an opportunity to be heard on the matter.

3. After the hearing described in subsection 2, the court may order the inspection of records that are sealed pursuant to this section if:

(a) A law enforcement agency must obtain or maintain information concerning persons who have been admitted to a public or private hospital ~~or~~ *or* a mental health facility or ~~a program of community based or outpatient services~~ *received assisted outpatient treatment* in this State pursuant to state or federal law;

(b) A prosecuting attorney or an attorney who is representing the person who is the subject of the records in a criminal action requests to inspect the records; or

(c) The person who is the subject of the records petitions the court to permit the inspection of the records by a person named in the petition.

4. A governmental entity is entitled to inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if:



(a) The governmental entity has made a conditional offer of employment to the person who is the subject of the records;

(b) The position of employment conditionally offered to the person concerns public safety, including, without limitation, employment as a firefighter or peace officer;

(c) The governmental entity is required by law, rule, regulation or policy to obtain the mental health records of each individual conditionally offered the position of employment; and

(d) An authorized representative of the governmental entity presents to the court a written authorization signed by the person who is the subject of the records and notarized by a notary public or judicial officer in which the person who is the subject of the records consents to the inspection of the records.

5. Upon the request of a public or private hospital or a mental health facility to which a person has been admitted in this State, the court shall:

(a) Authorize the release of a copy of any order which was entered by the court pursuant to paragraph (b) of subsection 1 of NRS 433A.310 *or paragraph (b) of subsection 1 of section 18 of this act* if:

(1) The request is in writing and includes the name and date of birth of the person who is the subject of the requested order; and

(2) The hospital or facility certifies that:

(I) The person who is the subject of the requested order is, at the time of the request, admitted to the hospital or facility and is being treated for an alleged mental illness; and

(II) The requested order is necessary to improve the care which is being provided to the person who is the subject of the order.

(b) Place the request in the record under seal.

6. Upon its own order, any court of this State may inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if the records are necessary and relevant for the disposition of a matter pending before the court. The court may allow a party in the matter to inspect the records without following the procedure described in subsection 2 if the court deems such inspection necessary and appropriate.

7. Following the sealing of records pursuant to this section, the admission of the person who is the subject of the records to the public or private hospital ~~[.]~~ *or* mental health facility or ~~[program of community-based or outpatient services.]~~ *the assisted outpatient treatment of the person who is the subject of the records* is deemed



never to have occurred, and the person may answer accordingly any question related to its occurrence, except in connection with:

(a) An application for a permit to carry a concealed firearm pursuant to the provisions of NRS 202.3653 to 202.369, inclusive;

(b) A transfer of a firearm; or

(c) An application for a position of employment described in subsection 4.

8. A court may disclose information contained in a record sealed pursuant to this section to a provider of health care to assist with treatment provided to the consumer.

9. As used in this section:

(a) "Firefighter" means a person who is a salaried employee of a fire-fighting agency and whose principal duties are to control, extinguish, prevent and suppress fires. As used in this paragraph, "fire-fighting agency" means a public fire department, fire protection district or other agency of this State or a political subdivision of this State, the primary functions of which are to control, extinguish, prevent and suppress fires.

(b) "Peace officer" has the meaning ascribed to it in NRS 289.010.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Seal" means placing records in a separate file or other repository not accessible to the general public.

**Sec. 57.** NRS 433A.750 is hereby amended to read as follows:  
433A.750 1. A person who:

(a) Without probable cause for believing a person is a person in a mental health crisis causes or conspires with or assists another to cause the involuntary court-ordered admission of the person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to the person under this chapter,

↳ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. Unless a greater penalty is provided in subsection 1, a person who knowingly and willfully violates any provision of this chapter regarding the admission of a person to, or discharge of a person from, a public or private mental health facility or ~~the commencement or termination of a program of community-based or outpatient services~~ *the commencement or termination of assisted outpatient treatment* is guilty of a gross misdemeanor.



3. A person who, without probable cause for believing another person is a person in a mental health crisis, executes a petition, application or certificate pursuant to this chapter, by which the person secures or attempts to secure the apprehension, hospitalization, detention, admission or restraint of the person alleged to be a person in a mental health crisis, or any physician, psychiatrist, ~~licensed~~ psychologist, advanced practice registered nurse or other person professionally qualified in the field of psychiatric mental health who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

**Sec. 58.** NRS 3.0105 is hereby amended to read as follows:

3.0105 1. There is hereby established, in each judicial district that includes a county whose population is 100,000 or more, a family court as a division of the district court.

2. If the caseload of the family court so requires, the Chief Judge may assign one or more district judges of the judicial district to act temporarily as judges of the family court.

3. If for any reason a judge of the family court is unable to act, any other district judge of the judicial district may be assigned as provided in subsection 2 to act temporarily as judge of the family court.

4. A district judge assigned to the family court pursuant to subsection 2 or 3 for a period of 90 or more days, except for a district judge or hearing master assigned to hear proceedings brought pursuant to NRS 433A.200 to 433A.330, inclusive, *or sections 11 to 21, inclusive, of this act* must attend the instruction required pursuant to subsection 1 of NRS 3.028. District judges must not be assigned to the family court pursuant to subsections 2 and 3 on a rotating basis.

**Sec. 59.** NRS 3.223 is hereby amended to read as follows:

3.223 1. Except if the child involved is subject to the jurisdiction of an Indian tribe pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901 et seq., in each judicial district in which it is established, the family court has original, exclusive jurisdiction in any proceeding:

(a) Brought pursuant to title 5 of NRS or chapter 31A, 123, 125, 125A, 125B, 125C, 126, 127, 128, 129, 130, 159A, 425 or 432B of NRS, except to the extent that a specific statute authorizes the use of any other judicial or administrative procedure to facilitate the collection of an obligation for support.



(b) Brought pursuant to NRS 442.255 and 442.2555 to request the court to issue an order authorizing an abortion.

(c) For judicial approval of the marriage of a minor.

(d) Otherwise within the jurisdiction of the juvenile court.

(e) To establish the date of birth, place of birth or parentage of a minor.

(f) To change the name of a minor.

(g) For a judicial declaration of the sanity of a minor.

(h) To approve the withholding or withdrawal of life-sustaining procedures from a person as authorized by law.

(i) Brought pursuant to NRS 433A.200 to 433A.330, inclusive, for an involuntary court-ordered admission to a mental health facility.

(j) *Brought pursuant to sections 11 to 21, inclusive, of this act to require a person to receive assisted outpatient treatment.*

(k) Brought pursuant to NRS 441A.510 to 441A.720, inclusive, for an involuntary court-ordered isolation or quarantine.

2. The family court, where established and, except as otherwise provided in paragraph (m) of subsection 1 of NRS 4.370, the justice court have concurrent jurisdiction over actions for the issuance of a temporary or extended order for protection against domestic violence.

3. The family court, where established, and the district court have concurrent jurisdiction over any action for damages brought pursuant to NRS 41.134 by a person who suffered injury as the proximate result of an act that constitutes domestic violence.

**Sec. 60.** NRS 178.460 is hereby amended to read as follows:

178.460 1. If requested by the district attorney or counsel for the defendant within 10 days after the report by the Administrator or the Administrator's designee is sent to them, the judge shall hold a hearing within 10 days after the request at which the district attorney and the defense counsel may examine the members of the treatment team on their report.

2. If the judge orders the appointment of a licensed psychiatrist or psychologist who is not employed by the Division to perform an additional evaluation and report concerning the defendant, the cost of the additional evaluation and report is a charge against the county.

3. Within 10 days after the hearing or 10 days after the report is sent, if no hearing is requested, the judge shall make and enter a finding of competence or incompetence, and if the judge finds the defendant to be incompetent:



(a) Whether there is substantial probability that the defendant can receive treatment to competency and will attain competency to stand trial or receive pronouncement of judgment in the foreseeable future; and

(b) Whether the defendant is at that time a danger to himself or herself or to society.

4. If the judge finds the defendant:

(a) Competent, the judge shall, within 10 days, forward the finding to the prosecuting attorney and counsel for the defendant. Upon receipt thereof, the prosecuting attorney shall notify the sheriff of the county or chief of police of the city that the defendant has been found competent and prearrange with the facility for the return of the defendant to that county or city for trial upon the offense there charged or the pronouncement of judgment, as the case may be.

(b) Incompetent, but there is a substantial probability that the defendant can receive treatment to competency and will attain competency to stand trial or receive pronouncement of judgment in the foreseeable future and finds that the defendant is dangerous to himself or herself or to society, the judge shall recommit the defendant and may order the involuntary administration of medication for the purpose of treatment to competency.

(c) Incompetent, but there is a substantial probability that the defendant can receive treatment to competency and will attain competency to stand trial or receive pronouncement of judgment in the foreseeable future and finds that the defendant is not dangerous to himself or herself or to society, the judge shall order that the defendant remain an outpatient or be transferred to the status of an outpatient under the provisions of NRS 178.425.

(d) Incompetent, with no substantial probability of attaining competency in the foreseeable future, the judge shall order the defendant released from custody or, if the defendant is an outpatient, released from any obligations as an outpatient if, within 10 judicial days, the prosecuting attorney has not filed a motion pursuant to NRS 178.461 or if, within 10 judicial days, a petition is not filed ~~to~~ **commit** *for the involuntary court-ordered admission of the person to a mental health facility* pursuant to NRS 433A.200. After the initial 10 judicial days, the person may remain an outpatient or in custody under the provisions of this chapter only as long as the motion or petition is pending unless the person is committed to the custody of the Administrator pursuant to NRS 178.461 or involuntarily ~~committed~~ **admitted to a mental health facility** pursuant to chapter 433A of NRS.



5. Except as otherwise provided in subsections 4 and 7 of NRS 178.461, no person who is committed under the provisions of this chapter may be held in the custody of the Administrator or the Administrator's designee longer than the longest period of incarceration provided for the crime or crimes with which the person is charged or 10 years, whichever period is shorter. Upon expiration of the applicable period provided in this section, subsection 4 or 7 of NRS 178.461 or subsection 4 of NRS 178.463, the person must be returned to the committing court for a determination as to whether or not involuntary commitment pursuant to chapter 433A of NRS is required.

**Sec. 61.** NRS 179A.163 is hereby amended to read as follows:

179A.163 1. Upon receiving a record transmitted pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~§~~ *or section 18 of this act*, the Central Repository:

(a) Shall take reasonable steps to ensure that the information reported in the record is included in each appropriate database of the National Instant Criminal Background Check System; and

(b) May take reasonable steps to ensure that the information reported in the record is included in each appropriate database of the National Crime Information Center.

2. Except as otherwise provided in subsection 3, if the Central Repository receives a record described in subsection 1, the person who is the subject of the record may petition the court for an order declaring that:

(a) The basis for the adjudication reported in the record no longer exists;

(b) The adjudication reported in the record is deemed not to have occurred for purposes of 18 U.S.C. § 922(d)(4) and (g)(4) and NRS 202.360; and

(c) The information reported in the record must be removed from the National Instant Criminal Background Check System and the National Crime Information Center.

3. To the extent authorized by federal law, if the record concerning the petitioner was transmitted to the Central Repository pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~§~~ *or section 18 of this act*, the petitioner may not file a petition pursuant to subsection 2 until 3 years after the date of the order transmitting the record to the Central Repository.

4. A petition filed pursuant to subsection 2 must be:

(a) Filed in the court which made the adjudication or finding pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~§~~ *or section 18 of this act*; and



(b) Served upon the district attorney for the county in which the court described in paragraph (a) is located.

5. The Nevada Rules of Civil Procedure govern all proceedings concerning a petition filed pursuant to subsection 2.

6. The court shall grant the petition and issue the order described in subsection 2 if the court finds that the petitioner has established that:

(a) The basis for the adjudication or finding made pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 *or section 18 of this act* concerning the petitioner no longer exists;

(b) The petitioner's record and reputation indicate that the petitioner is not likely to act in a manner dangerous to public safety; and

(c) Granting the relief requested by the petitioner pursuant to subsection 2 is not contrary to the public interest.

7. Except as otherwise provided in this subsection, the petitioner must establish the provisions of subsection 6 by a preponderance of the evidence. If the adjudication or finding concerning the petitioner was made pursuant to NRS 159.0593 or 433A.310, the petitioner must establish the provisions of subsection 6 by clear and convincing evidence.

8. The court, upon entering an order pursuant to this section, shall cause, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to the Central Repository.

9. Within 5 business days after receiving a record of an order transmitted pursuant to subsection 8, the Central Repository shall take reasonable steps to ensure that information concerning the adjudication or finding made pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 *or section 18 of this act* is removed from the National Instant Criminal Background Check System and the National Crime Information Center, if applicable.

10. If the Central Repository fails to remove a record as provided in subsection 9, the petitioner may bring an action to compel the removal of the record. If the petitioner prevails in the action, the court may award the petitioner reasonable attorney's fees and costs incurred in bringing the action.

11. If a petition brought pursuant to subsection 2 is denied, the person who is the subject of the record may petition for a rehearing not sooner than 2 years after the date of the denial of the petition.

**Sec. 62.** NRS 179A.165 is hereby amended to read as follows:

179A.165 1. Any record described in NRS 179A.163 is confidential and is not a public book or record within the meaning



of NRS 239.010. A person may not use the record for any purpose other than for a purpose related to criminal justice, including, without limitation, inclusion in the appropriate database of the National Instant Criminal Background Check System and the National Crime Information Center, if applicable. The Central Repository may disclose the record to any agency of criminal justice.

2. If a person or governmental entity is required to transmit, report or take any other action concerning a record pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425, 179A.163 or 433A.310 ~~or~~ *or section 18 of this act*, no action for damages may be brought against the person or governmental entity for:

(a) Transmitting or reporting the record or taking any other required action concerning the record;

(b) Failing to transmit or report the record or failing to take any other required action concerning the record;

(c) Delaying the transmission or reporting of the record or delaying in taking any other required action concerning the record;  
or

(d) Transmitting or reporting an inaccurate or incomplete version of the record or taking any other required action concerning an inaccurate or incomplete version of the record.

**Sec. 63.** NRS 179A.167 is hereby amended to read as follows:

179A.167 1. The Central Repository shall permit a person who is or believes he or she may be the subject of information relating to records of mental health held by the Central Repository to inspect and correct any information contained in such records.

2. The Central Repository shall adopt regulations and make available necessary forms to permit inspection, review and correction of information relating to records of mental health by those persons who are the subjects thereof. The regulations must specify:

(a) The requirements for proper identification of the persons seeking access to the records; and

(b) The reasonable charges or fees, if any, for inspecting records.

3. The Director of the Department shall adopt regulations governing:

(a) All challenges to the accuracy or sufficiency of information or records of mental health by the person who is the subject of the allegedly inaccurate or insufficient record;



(b) The correction of any information relating to records of mental health found by the Director to be inaccurate, insufficient or incomplete in any material respect;

(c) The dissemination of corrected information to those persons or agencies which have previously received inaccurate or incomplete information; and

(d) A reasonable time limit within which inaccurate or insufficient information relating to records of mental health must be corrected and the corrected information disseminated.

4. As used in this section, "information relating to records of mental health" means information contained in a record:

(a) Transmitted to the Central Repository pursuant to NRS 159.0593, 174.035, 175.533, 175.539, 178.425 or 433A.310 ~~§~~ *or section 18 of this act*; or

(b) Transmitted to the National Instant Criminal Background Check System or the National Crime Information Center pursuant to NRS 179A.163.

**Sec. 64.** NRS 388.253 is hereby amended to read as follows:

388.253 1. The Department shall, with assistance from other state agencies, including, without limitation, the Division of Emergency Management, the Investigation Division, and the Nevada Highway Patrol Division of the Department of Public Safety, develop a model plan for the management of:

(a) A suicide; or

(b) A crisis or emergency that involves a public school or a private school and that requires immediate action.

2. The model plan must include, without limitation, a procedure for:

(a) In response to a crisis or emergency:

(1) Coordinating the resources of local, state and federal agencies, officers and employees, as appropriate;

(2) Accounting for all persons within a school;

(3) Assisting persons within a school in a school district, a charter school or a private school to communicate with each other;

(4) Assisting persons within a school in a school district, a charter school or a private school to communicate with persons located outside the school, including, without limitation, relatives of pupils and relatives of employees of such a school, the news media and persons from local, state or federal agencies that are responding to a crisis or an emergency;

(5) Assisting pupils of a school in the school district, a charter school or a private school, employees of such a school and relatives of such pupils and employees to move safely within and



away from the school, including, without limitation, a procedure for evacuating the school and a procedure for securing the school;

(6) Reunifying a pupil with his or her parent or legal guardian;

(7) Providing any necessary medical assistance;

(8) Recovering from a crisis or emergency;

(9) Carrying out a lockdown at a school;

(10) Providing shelter in specific areas of a school; and

(11) Providing disaster behavioral health related to a crisis, emergency or suicide;

(b) Providing specific information relating to managing a crisis or emergency that is a result of:

(1) An incident involving hazardous materials;

(2) An incident involving mass casualties;

(3) An incident involving an active shooter;

(4) An incident involving a fire, explosion or other similar situation;

(5) An outbreak of disease;

(6) Any threat or hazard identified in the hazard mitigation plan of the county in which the school district is located, if such a plan exists; or

(7) Any other situation, threat or hazard deemed appropriate;

(c) Providing pupils and staff at a school that has experienced a crisis or emergency with access to counseling and other resources to assist in recovering from the crisis or emergency;

(d) Evacuating pupils and employees of a charter school to a designated space within an identified public middle school, junior high school or high school in a school district that is separate from the general population of the school and large enough to accommodate the charter school, and such a space may include, without limitation, a gymnasium or multipurpose room of the public school;

(e) Selecting an assessment tool which assists in responding to a threat against the school by a pupil or pupils;

(f) On an annual basis, providing drills to instruct pupils in the appropriate procedures to be followed in response to a crisis or an emergency. Such drills must occur:

(1) At different times during normal school hours; and

(2) In cooperation with other state agencies, pursuant to this section.

(g) Responding to a suicide or attempted suicide to mitigate the effects of the suicide or attempted suicide on pupils and staff at the school, including, without limitation, by making counseling and



other appropriate resources to assist in recovering from the suicide or attempted suicide available to pupils and staff;

(h) Providing counseling and other appropriate resources to pupils and school staff who have contemplated or attempted suicide;

(i) Outreach to persons and organizations located in the community in which a school that has had a suicide by a pupil, including, without limitation, religious and other nonprofit organizations, that may be able to assist with the response to the suicide;

(j) Addressing the needs of pupils at a school that has experienced a crisis, emergency or suicide who are at a high risk of suicide, including, without limitation, pupils who are members of the groups described in subsection 3 of NRS 388.256; and

(k) Responding to a pupil who is determined to be a person in mental health crisis, as defined in NRS 433A.0175, including, without limitation:

(1) Utilizing mobile mental health crisis response units, where available, before transporting the pupil to a public or private mental health facility pursuant to subparagraph (2); and

(2) Transporting the pupil to a public or private mental health facility or hospital for ~~admission~~ *placement on a mental health crisis hold* pursuant to NRS ~~433A.150.~~ *433A.160.*

3. In developing the model plan, the Department shall consider the plans developed pursuant to NRS 388.243 and 394.1687 and updated pursuant to NRS 388.245 and 394.1688.

4. The Department shall require a school district to ensure that each public school in the school district identified pursuant to paragraph (d) of subsection 2 is prepared to allow a charter school to evacuate to the school when necessary in accordance with the procedure included in the model plan developed pursuant to subsection 1. A charter school shall hold harmless, indemnify and defend the school district to which it evacuates during a crisis or an emergency against any claim or liability arising from an act or omission by the school district or an employee or officer of the school district.

5. The Department may disseminate to any appropriate local, state or federal agency, officer or employee, as the Department determines is necessary:

(a) The model plan developed by the Department pursuant to subsection 1;

(b) A plan developed pursuant to NRS 388.243 or updated pursuant to NRS 388.245;



(c) A plan developed pursuant to NRS 394.1687 or updated pursuant to NRS 394.1688; and

(d) A deviation approved pursuant to NRS 388.251 or 394.1692.

6. The Department shall, at least once each year, review and update as appropriate the model plan developed pursuant to subsection 1.

**Sec. 65.** NRS 388.476 is hereby amended to read as follows:

388.476 “Chemical restraint” means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places the person or others at a risk of harm* when *less restrictive* alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[.]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

**Sec. 66.** NRS 394.355 is hereby amended to read as follows:

394.355 “Chemical restraint” means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places the person or others at a risk of harm* when *less restrictive* alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[.]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

**Sec. 67.** NRS 449.0915 is hereby amended to read as follows:

449.0915 1. The Division may issue an endorsement as a crisis stabilization center to the holder of a license to operate a psychiatric hospital that meets the requirements of this section.

2. A psychiatric hospital that wishes to obtain an endorsement as a crisis stabilization center must submit an application in the form prescribed by the Division which must include, without limitation, proof that the applicant meets the requirements of subsection 3.

3. An endorsement as a crisis stabilization center may only be issued if the psychiatric hospital to which the endorsement will apply:

(a) Does not exceed a capacity of 16 beds or constitute an institution for mental diseases, as defined in 42 U.S.C. § 1396d;



(b) Operates in accordance with established administrative protocols, evidenced-based protocols for providing treatment and evidence-based standards for documenting information concerning services rendered and recipients of such services in accordance with best practices for providing crisis stabilization services;

(c) Delivers crisis stabilization services:

(1) To patients for not less than 24 hours in an area devoted to crisis stabilization or detoxification before releasing the patient into the community, referring the patient to another facility or transferring the patient to a bed within the hospital for short-term treatment, if the psychiatric hospital has such beds;

(2) In accordance with best practices for the delivery of crisis stabilization services; and

(3) In a manner that promotes concepts that are integral to recovery for persons with mental illness, including, without limitation, hope, personal empowerment, respect, social connections, self-responsibility and self-determination;

(d) Employs qualified persons to provide peer support services, as defined in NRS 449.01566, when appropriate;

(e) Uses a data management tool to collect and maintain data relating to admissions, discharges, diagnoses and long-term outcomes for recipients of crisis stabilization services;

(f) Accepts all patients, without regard to:

(1) The race, ethnicity, gender, socioeconomic status, sexual orientation or place of residence of the patient;

(2) Any social conditions that affect the patient;

(3) The ability of the patient to pay; or

(4) Whether the patient is admitted voluntarily to the psychiatric hospital pursuant to NRS 433A.140 or admitted to the psychiatric hospital under an emergency admission pursuant to ~~NRS 433A.150;~~ **section 10 of this act;**

(g) Performs an initial assessment on any patient who presents at the psychiatric hospital, regardless of the severity of the behavioral health issues that the patient is experiencing;

(h) Has the equipment and personnel necessary to conduct a medical examination of a patient pursuant to NRS 433A.165; and

(i) Considers whether each patient would be better served by another facility and transfer a patient to another facility when appropriate.

4. Crisis stabilization services that may be provided pursuant to paragraph (c) of subsection 3 may include, without limitation:



(a) Case management services, including, without limitation, such services to assist patients to obtain housing, food, primary health care and other basic needs;

(b) Services to intervene effectively when a behavioral health crisis occurs and address underlying issues that lead to repeated behavioral health crises;

(c) Treatment specific to the diagnosis of a patient; and

(d) Coordination of aftercare for patients, including, without limitation, at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.

5. An endorsement as a crisis stabilization center must be renewed at the same time as the license to which the endorsement applies. An application to renew an endorsement as a crisis stabilization center must include, without limitation:

(a) The information described in subsection 3; and

(b) Proof that the psychiatric hospital is accredited by the Commission on Accreditation of Rehabilitation Facilities, or its successor organization, or the Joint Commission, or its successor organization.

6. As used in this section, “crisis stabilization services” means behavioral health services designed to:

(a) De-escalate or stabilize a behavioral crisis, including, without limitation, a behavioral health crisis experienced by a person with a co-occurring substance use disorder; and

(b) When appropriate, avoid admission of a patient to another inpatient mental health facility or hospital and connect the patient with providers of ongoing care as appropriate for the unique needs of the patient.

**Sec. 68.** NRS 449A.206 is hereby amended to read as follows:

449A.206 “Chemical restraint” means the administration of drugs *to a person* for the specific and exclusive purpose of controlling an acute or episodic ~~[aggressive]~~ behavior *that places the person or others at a risk of harm* when *less restrictive* alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs ~~[on a regular basis, as]~~ prescribed by a physician, ~~[to treat the symptoms of]~~ *physician assistant or advanced practice registered nurse as standard treatment for the* mental ~~[.]~~ or physical ~~[, emotional or behavioral disorders and for assisting a person in gaining self-control over his or her impulses.]~~ *condition of the person.*

**Sec. 69.** NRS 449A.636 is hereby amended to read as follows:

449A.636 1. When acting under the authority of an advance directive for psychiatric care, an attending physician or other



provider of health care shall comply with the advance directive unless:

(a) Compliance, in the opinion of the attending physician or other provider, is not consistent with generally accepted standards of care for the provision of psychiatric care for the benefit of the principal;

(b) Compliance is not consistent with the availability of psychiatric care requested;

(c) Compliance is not consistent with applicable law;

(d) The principal is admitted to a mental health facility or hospital pursuant to NRS 433A.145 to 433A.330, inclusive, *or required to receive assisted outpatient treatment pursuant to sections 11 to 21, inclusive, of this act* and a course of treatment is required pursuant to those provisions; or

(e) Compliance, in the opinion of the attending physician or other provider, is not consistent with appropriate psychiatric care in case of an emergency endangering the life or health of the principal or another person.

2. In the event that one part of the advance directive is unable to be followed because of any of the circumstances set forth in subsection 1, all other parts of the advance directive must be followed.

**Sec. 70.** NRS 450.470 is hereby amended to read as follows:

450.470 1. If the county hospital is located at the county seat, the board of hospital trustees shall, at all times, provide a suitable room that may be used for the examination of persons who are alleged to ~~[have mental illness]~~ *be persons in a mental health crisis* and who are to be brought before the judge of the district court for proceedings to determine the issue of involuntary court-ordered admission as provided in chapter 433A of NRS. This section does not prohibit or limit the examination of persons alleged to ~~[have mental illness]~~ *be persons in a mental health crisis* at a private hospital as provided in chapter 433A of NRS.

2. The board of trustees of such a county hospital, in cooperation with the local law enforcement agencies, may provide a suitable room that may be used for the custodial supervision of persons who are alleged to:

(a) ~~[Have mental illness;]~~ *Be persons in a mental health crisis;*  
or

(b) Be dangerous to themselves or others.

**Sec. 71.** NRS 629.550 is hereby amended to read as follows:

629.550 1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or



death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall ~~[apply for the emergency admission of]~~ *place* the patient ~~[to a mental health facility]~~ *on a mental health crisis hold* pursuant to NRS 433A.160 , *petition for a court to order the placement of the patient on a mental health crisis hold pursuant to section 9 of this act* or make a reasonable effort to communicate the threat in a timely manner to:

- (a) The person who is the subject of the threat;
- (b) The law enforcement agency with the closest physical location to the residence of the person; and
- (c) If the person is a minor, the parent or guardian of the person.

2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if:

(a) The mental health professional actually communicates the threat in a timely manner; or

(b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional.

3. A mental health professional who exercises reasonable care in determining that he or she:

(a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information.

(b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient.

4. The provisions of this section do not:

(a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to NRS 432B.220 or the commercial sexual exploitation of a child pursuant to NRS 432C.110; or

(b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient:

(1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or

(2) Who is being discharged from such a facility.



5. As used in this section, “mental health professional” includes:

(a) A physician or psychiatrist licensed to practice medicine in this State pursuant to chapter 630 or 633 of NRS;

(b) A psychologist who is licensed to practice psychology pursuant to chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;

(c) A social worker who:

(1) Holds a master’s degree in social work;

(2) Is licensed as a clinical social worker pursuant to chapter 641B of NRS; and

(3) Is employed by the Division of Public and Behavioral Health of the Department of Health and Human Services;

(d) A registered nurse who:

(1) Is licensed to practice professional nursing pursuant to chapter 632 of NRS; and

(2) Holds a master’s degree in psychiatric nursing or a related field;

(e) A marriage and family therapist licensed pursuant to chapter 641A of NRS;

(f) A clinical professional counselor licensed pursuant to chapter 641A of NRS; and

(g) A person who is working in this State within the scope of his or her employment by the Federal Government, including, without limitation, employment with the Department of Veterans Affairs, the military or the Indian Health Service, and is:

(1) Licensed or certified as a physician, psychologist, marriage and family therapist, clinical professional counselor, alcohol and drug counselor or clinical alcohol and drug counselor in another state;

(2) Licensed as a social worker in another state and holds a master’s degree in social work; or

(3) Licensed to practice professional nursing in another state and holds a master’s degree in psychiatric nursing or a related field.

**Sec. 72.** NRS 632.120 is hereby amended to read as follows:

632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing or a certificate to practice as a nursing assistant or medication aide - certified.

(2) Of professional conduct for the practice of nursing.



(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(4) For the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to make the diagnoses, evaluations and examinations described in NRS ~~433A.160,~~ 433A.240, **433A.390**, 433A.430, 484C.300, 484C.320, 484C.330, 484C.340 and 484C.350 and **sections 10 and 11 of this act**, the certifications described in NRS 433A.170, 433A.195 and 433A.200 ~~]~~ **and the sworn statements or declarations described in NRS 433A.210 and section 11 of this act.**

(b) Prepare and administer examinations for the issuance of a license or certificate under this chapter.

(c) Investigate and determine the eligibility of an applicant for a license or certificate under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

(e) Develop and disseminate annually to each registered nurse who cares for children information concerning the signs and symptoms of pediatric cancer.

2. The Board may adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license or certificate under this chapter.

(b) Standards for the continuing professional competence of licensees or holders of a certificate. The Board may evaluate licensees or holders of a certificate periodically for compliance with those standards.

3. The Board may adopt regulations establishing a schedule of reasonable fees and charges, in addition to those set forth in NRS 632.345, for:

(a) Investigating licensees or holders of a certificate and applicants for a license or certificate under this chapter;

(b) Evaluating the professional competence of licensees or holders of a certificate;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the Board; and

(e) Surveying, evaluating and approving schools of practical nursing, and schools and courses of professional nursing,

↳ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term “in the process of obtaining accreditation.”

5. The Board may adopt such other regulations, not inconsistent with state or federal law, as may be necessary to carry



out the provisions of this chapter relating to nursing assistant trainees, nursing assistants and medication aides - certified.

6. The Board may adopt such other regulations, not inconsistent with state or federal law, as are necessary to enable it to administer the provisions of this chapter.

**Sec. 73.** NRS 641B.160 is hereby amended to read as follows:

641B.160 1. The Board shall adopt:

(a) Such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter;

(b) Regulations establishing reasonable standards for the psychiatric training and experience necessary for a clinical social worker to be authorized to make the certifications described in NRS 433A.170, 433A.195 and 433A.200 ~~§~~ *and section 10 of this act, make a sworn statement or declaration described in NRS 433A.210 and section 11 of this act and perform an evaluation described in section 11 of this act;*

(c) Regulations prescribing uniform standards concerning the locations at which interns provide services;

(d) Regulations prescribing standards concerning the electronic supervision of interns working at remote sites; and

(e) Regulations prescribing the manner by which the qualifications for the issuance or renewal of a license under the provisions of this chapter will be made available to the public such that those qualifications are clearly defined and easily understood.

2. On the date that the Board gives notice pursuant to NRS 233B.060 of its intent to adopt, amend or repeal a regulation, the Board shall submit the regulation to the Commission on Behavioral Health for review. The Commission shall review the regulation and make recommendations to the Board concerning the advisability of adopting, amending or repealing the regulation and any changes that the Commission deems advisable.

**Sec. 74.** 1. The amendatory provisions of NRS 433A.145, as amended by section 28 of this act, apply to any person:

(a) Who has been admitted to a public or private mental facility; and

(b) Whose status is that of a voluntary consumer on or after October 1, 2021, regardless of the date on which he or she was admitted.

2. The amendatory provisions of NRS 433A.165, 433A.185, 433A.195, 433A.200 and 433A.310, as amended by sections 31, 33, 35, 36 and 43 of this act, respectively, apply to any person:

(a) Who has been admitted to a public or private mental facility or hospital; and



(b) Whose status is that of an emergency consumer on or after October 1, 2021, regardless of the date on which he or she was admitted.

3. Any person who was involuntarily admitted to a program of community-based or outpatient services before October 1, 2021, by a court order that remains effective on that date shall be deemed to have been ordered to receive assisted outpatient treatment pursuant to section 18 of this act.

4. The amendatory provisions of NRS 433A.380 and 433A.390, as amended by sections 47 and 48 of this act, respectively, apply to any person who has been admitted to a public or private mental health facility pursuant to a court order that is effective on October 1, 2021, regardless of the date on which he or she was admitted.

5. The amendatory provisions of NRS 433A.220 and 433A.380, as amended by sections 39 and 47 of this act, respectively, apply to any person who has been conditionally released from a public or private mental health facility where the conditional release is effective on October 1, 2021, regardless of the date on which he or she was conditionally released.

6. As used in this section, "assisted outpatient treatment" has the meaning ascribed to it in NRS 433A.019, as amended by section 24 of this act.

**Sec. 75.** NRS 433A.315, 433A.323 and 433A.327 are hereby repealed.

**Sec. 76.** 1. This section becomes effective upon passage and approval.

2. Sections 1 to 75, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting regulations and performing any preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On October 1, 2021, for all other purposes.

