

# NEVADA LEGISLATURE

Eighty-Second Session, 2023

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## ASSEMBLY DAILY JOURNAL

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### THE ONE HUNDRED AND EIGHTH DAY

CARSON CITY (Wednesday), May 24, 2023

Assembly called to order at 12:57 p.m.

Mr. Speaker presiding.

Roll called.

All present.

Prayer by the Chaplain, Captain Immanuel Beeson.

Dear Heavenly Father, we come before You today with humble hearts, seeking Your guidance and wisdom for the members of our state legislature Assembly. We ask that you grant them the clarity of mind and the courage of heart to make decisions that are in the best interest of the people they serve.

May they be guided by fairness, justice, and compassion, and may they always strive to uphold the values of our great state. We ask that You bless them with the strength and perseverance to tackle the challenges that lie ahead and to work together towards a brighter future for all.

We offer this prayer in gratitude for their service and in faith that together, we can build a better tomorrow.

AMEN.

Pledge of Allegiance to the Flag.

Assemblywoman Jauregui moved that further reading of the Journal be dispensed with and the Speaker and Chief Clerk be authorized to make the necessary corrections and additions.

Motion carried.

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 1:13 p.m.

### ASSEMBLY IN SESSION

At 1:14 p.m.

Mr. Speaker presiding.

Quorum present.

REPORTS OF COMMITTEES

*Mr. Speaker:*

Your Committee on Commerce and Labor, to which was referred Senate Bill No. 336, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

ELAINE MARZOLA, *Chair*

*Mr. Speaker:*

Your Committee on Health and Human Services, to which were referred Senate Bills Nos. 109, 192, 280, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

SARAH PETERS, *Chair*

*Mr. Speaker:*

Your Committee on Judiciary, to which was referred Senate Bill No. 235, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

BRITTNEY MILLER, *Chair*

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 1:20 p.m.

ASSEMBLY IN SESSION

At 1:34 p.m.

Mr. Speaker presiding.

Quorum present.

MOTIONS, RESOLUTIONS AND NOTICES

Senate Joint Resolution No. 3.

Resolution read.

Roll call on Senate Joint Resolution No. 3:

YEAS—42.

NAYS—None.

Senate Joint Resolution No. 3 having received a constitutional majority,

Mr. Speaker declared it passed.

Resolution ordered transmitted to the Senate.

NOTICE OF EXEMPTION

May 23, 2023

The Fiscal Analysis Division, pursuant to Joint Standing Rule No. 14.6, has determined the eligibility for exemption of Senate Bill No. 362.

SARAH COFFMAN  
*Fiscal Analysis Division*

May 24, 2023

The Fiscal Analysis Division, pursuant to Joint Standing Rule No. 14.6, has determined the eligibility for exemption of Senate Bill No. 11.

SARAH COFFMAN  
*Fiscal Analysis Division*

Assemblywoman Jauregui moved that the persons as set forth on the Nevada Legislature's Press Accreditation List of May 24, 2023, be accepted as accredited press representatives, that they be assigned space at the press table in the Assembly Chamber, that they be allowed the use of appropriate broadcasting facilities, and the list be included in this day's Journal:

KTVN: Robert Deiters; TIM MONEY MEDIA: Antonio Eubanks.

Motion carried.

Assemblywoman Monroe-Moreno moved that Senate Bills Nos. 11 and 362 be taken from the General File and rereferred to the Committee on Ways and Means.

Motion carried.

Assemblywoman Jauregui moved that all measures reported out of committee be placed on the appropriate reading file for the balance of the session.

Motion carried.

Assemblywoman Jauregui moved that Assembly Bill No. 497; Senate Bills Nos. 76, 114, 293, and 424 be taken from the General File and placed on the Chief Clerk's Desk.

Motion carried.

Assemblywoman Jauregui moved that Senate Bill No. 92 be taken from its position on the General File and placed at the top of General File.

Motion carried.

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 1:40 p.m.

#### ASSEMBLY IN SESSION

At 1:51 p.m.

Mr. Speaker presiding.

Quorum present.

Assemblywoman Jauregui moved that Senate Bills Nos. 104, 134, 146, 161, 180, 196, 211, 239, 251, 262, 269, 302, 314, 315, 317, 321, 322, 348, 384, 391, 393, and 429 be taken from their positions on the General File and placed at the bottom of General File.

Motion carried.

#### SECOND READING AND AMENDMENT

Senate Bill No. 109.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 646.

AN ACT relating to anatomical gifts; authorizing a coroner or medical examiner to release a body or part of a body that is the subject of an anatomical gift under certain circumstances; prescribing a procedure for a court to appoint a person to make an anatomical gift of part or all of a decedent's body under certain circumstances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

The Revised Uniform Anatomical Gift Act establishes the rights of donors and other persons to affirmatively make anatomical gifts of human bodies and parts for the purpose of transplantation, therapy, research or education. The Uniform Act also sets forth various requirements and procedures for making, amending, revoking and refusing to make anatomical gifts. (NRS 451.500-451.598) The Uniform Act authorizes: (1) a donor, an agent or guardian of a donor or the parent or guardian of a donor who is a minor to make an anatomical gift of the donor's body while the donor is still alive; and (2) certain classes of persons to make an anatomical gift of a decedent's body or part, in order of priority and subject to certain limitations. (NRS 451.556, 451.566)

**Section 1** of this bill authorizes a coroner or medical examiner to release and authorize the removal of part or all of a body in his or her custody for the purpose of transplantation upon the request of a procurement organization if: (1) the part or body is the subject of a valid anatomical gift; (2) the coroner or medical examiner has no evidence of the decedent having communicated a desire that his or her body or part not become anatomical gifts; **(3) the procurement organization demonstrates it has made a reasonable effort to determine whether any other person in a class authorized to make an anatomical gift of the decedent's body or part is reasonably available;** and ~~{(3)}~~ **(4)** no person in a class authorized to make an anatomical gift of the decedent's body or part who is reasonably available objects to the making of an anatomical gift. **Section 1** immunizes a coroner or medical examiner from civil or criminal liability for any act or omission in accordance with the provisions of **section 1. Sections 2-4, 6 and 7** of this bill make conforming changes to indicate the proper placement of **section 1** in the Nevada Revised Statutes.

If no other person authorized to make an anatomical gift of a decedent's body or part for the purpose of transplantation, therapy, research or education is reasonably available, the Uniform Act authorizes any other person having the authority to dispose of the decedent's body to make an anatomical gift. (NRS 451.566) **Section 5** of this bill removes this provision and instead authorizes a procurement organization to petition a district court to appoint a person to make an anatomical gift of a decedent's body or part if no other person authorized to make such an anatomical gift is reasonably available. **Section 5** prohibits the court from granting such a petition unless the procurement organization ~~: has determined that:~~ **(1) demonstrates that it has made a reasonable effort to determine whether any other person in a class authorized to make an anatomical gift of the decedent's body or part**

**is reasonably available; (2) has determined that** no person who is otherwise authorized to make an anatomical gift and is reasonably available objects to the anatomical gift; and ~~[(2)]~~ **(3) has determined that** no evidence exists of the decedent having communicated a desire that his or her body or part not become anatomical gifts.

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

**Section 1.** Chapter 451 of NRS is hereby amended by adding thereto a new section to read as follows:

**1. For the purpose of transplantation only, upon a determination of brain death pursuant to paragraph (b) of subsection 1 of NRS 451.007, the coroner or medical examiner may release and authorize the removal of a decedent's body or part that is in the custody of the coroner or medical examiner if:**

**(a) The coroner or medical examiner has received a request from a procurement organization;**

**(b) The body or part is the subject of a valid anatomical gift;**

**(c) The coroner or medical examiner has no evidence of the decedent having communicated a desire that his or her body or part not become anatomical gifts, including, without limitation, through a refusal that has not been revoked; ~~and~~**

**(d) The procurement organization demonstrates to the satisfaction of the coroner or medical examiner that the procurement organization has made a reasonable effort pursuant to subsection 3 to determine whether any person described in subsection 1 of NRS 451.566 is reasonably available; and**

**(e) No person described in subsection 1 of NRS 451.566 who is reasonably available objects to the making of an anatomical gift.**

**2. A coroner or medical examiner is immune from civil or criminal liability for any act or omission performed in accordance with the provisions of this section.**

**3. Except in the case where the useful life of the body or part does not permit, a reasonable effort shall be deemed to have been made to determine whether any person described in subsection 1 of NRS 451.566 is reasonably available if a search for such persons has been underway for at least 12 hours. Such a search must include, without limitation:**

**(a) A check of any records of missing persons maintained by local law enforcement agencies and the National Crime Information Center;**

**(b) An examination of any personal effects of the decedent; and**

**(c) In order to obtain information that might lead to the location of any persons described in subsection 1 of NRS 451.566, the questioning of any persons known to have:**

**(1) Visited the decedent;**

**(1) Within the month before his or her death; or**

(II) In a medical facility where the decedent was receiving care for the condition that caused his or her death;

(2) Accompanied the body of the decedent; or

(3) Reported the death.

4. As used in this section:

(a) “Local law enforcement agency” means the sheriff’s office of a county, a metropolitan police department or a police department of an incorporated city.

(b) “Medical facility” has the meaning ascribed to it in NRS 449.0151.

**Sec. 2.** NRS 451.010 is hereby amended to read as follows:

451.010 1. The right to dissect the dead body of a human being is limited to cases:

(a) Specially provided by statute or by the direction or will of the deceased.

(b) Where a coroner is authorized under NRS 259.050 or an ordinance enacted pursuant to NRS 244.163 to hold an inquest upon the body, and then only as the coroner may authorize dissection.

(c) Where the spouse or next of kin charged by law with the duty of burial authorize dissection for the purpose of ascertaining the cause of death, and then only to the extent so authorized.

(d) Where authorized by the provisions of NRS 451.350 to 451.470, inclusive.

(e) Where authorized by the provisions of NRS 451.500 to 451.598, inclusive ~~[-]~~, **and section 1 of this act.**

2. Every person who makes, causes or procures to be made any dissection of the body of a human being, except as provided in subsection 1, is guilty of a gross misdemeanor.

**Sec. 3.** NRS 451.503 is hereby amended to read as follows:

451.503 NRS 451.500 to 451.598, inclusive, **and section 1 of this act** apply to an anatomical gift or amendment to, revocation of or refusal to make an anatomical gift, whenever made.

**Sec. 4.** NRS 451.510 is hereby amended to read as follows:

451.510 As used in NRS 451.500 to 451.598, inclusive, **and section 1 of this act**, unless the context otherwise requires, the words and terms defined in NRS 451.511 to 451.5545, inclusive, have the meanings ascribed to them in those sections.

**Sec. 5.** NRS 451.566 is hereby amended to read as follows:

451.566 1. Subject to subsections 2, ~~[and]~~ 3 **and 4** and unless barred by NRS 451.561 or 451.562, an anatomical gift of a decedent’s body or part for the purpose of transplantation, therapy, research or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

(a) An agent of the decedent at the time of death who could have made an anatomical gift under subsection 2 of NRS 451.556 immediately before the decedent’s death;

(b) The spouse of the decedent;

- (c) Adult children of the decedent;
- (d) Parents of the decedent;
- (e) Adult siblings of the decedent;
- (f) Adult grandchildren of the decedent;
- (g) Grandparents of the decedent;
- (h) An adult who exhibited special care and concern for the decedent;
- (i) The persons who were acting as the guardians of the person of the decedent at the time of death; and

(j) ~~[Any other person having the authority to dispose of the decedent's body.]~~ ***A person appointed by a district court pursuant to subsection 4.***

2. If there is more than one member of a class listed in paragraphs (a), (c), (d), (e), (f), (g) or (i) of subsection 1 entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift may pass under NRS 451.571 knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

3. A person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection 1 is reasonably available to make or to object to the making of an anatomical gift.

***4. If a person described in paragraphs (a) to (i), inclusive, of subsection 1 is not available to make an anatomical gift at the time of the decedent's death, a procurement organization may petition a district court to appoint a person to make an anatomical gift pursuant to paragraph (j) of subsection 1. The district court may hear the petition ex parte and grant the petition without a hearing. The district court shall not grant such a petition unless the procurement organization has:*** ~~*determined that:*~~

***(a) ~~No~~ Demonstrated to the satisfaction of the district court that the procurement organization has made a reasonable effort pursuant to subsection 5 to determine whether any person described in paragraphs (a) to (i), inclusive, of subsection 1 is reasonably available;***

***(b) Determined that no person in a prior class under subsection 1 who is reasonably available objects to the making of an anatomical gift; and***

~~***(b) No***~~

***(c) Determined that no evidence exists of the decedent having communicated a desire that his or her body or part not become anatomical gifts, including, without limitation, through a refusal that has not been revoked.***

***5. Except in the case where the useful life of the body or part does not permit, a reasonable effort shall be deemed to have been made to determine whether any person described in paragraphs (a) to (i), inclusive, of subsection 1 is reasonably available if a search for such persons has been underway for at least 12 hours. Such a search must include, without limitation:***

***(a) A check of any records of missing persons maintained by local law enforcement agencies and the National Crime Information Center;***

(b) An examination of any personal effects of the decedent; and  
(c) In order to obtain information that might lead to the location of any persons described in paragraphs (a) to (i), inclusive, of subsection 1, the questioning of any persons known to have:

(1) Visited the decedent:

(I) Within the month before his or her death; or

(II) In a medical facility where the decedent was receiving care for the condition that caused his or her death;

(2) Accompanied the body of the decedent; or

(3) Reported the death.

6. As used in this section:

(a) “Local law enforcement agency” means the sheriff’s office of a county, a metropolitan police department or a police department of an incorporated city.

(b) “Medical facility” has the meaning ascribed to it in NRS 449.0151.

**Sec. 6.** NRS 451.592 is hereby amended to read as follows:

451.592 1. A person that acts in accordance with NRS 451.500 to 451.598, inclusive, **and section 1 of this act** or with the applicable anatomical gift law of another state, or attempts in good faith to do so, is not liable for the act in a civil action, criminal prosecution or administrative proceeding.

2. Neither the person making an anatomical gift nor the donor’s estate is liable for any injury or damage that results from the making or use of the gift.

3. In determining whether an anatomical gift has been made, amended or revoked under NRS 451.500 to 451.598, inclusive, **and section 1 of this act**, a person may rely upon representations of a natural person listed in paragraph (b), (c), (d), (e), (f), (g) or (h) of subsection 1 of NRS 451.566 relating to the natural person’s relationship to the donor or prospective donor unless the person knows that the representation is untrue.

**Sec. 7.** NRS 451.593 is hereby amended to read as follows:

451.593 1. A document of gift is valid if executed in accordance with:

(a) The provisions of NRS 451.500 to 451.598, inclusive ~~[-]~~, **and section 1 of this act;**

(b) The laws of the state or country where it was executed; or

(c) The laws of the state or country where the person making the anatomical gift was domiciled, has a place of residence or was a national at the time the document of gift was executed.

2. If a document of gift is valid under this section, the law of this State governs the interpretation of the document of gift.

3. A person may presume that a document of gift or amendment of an anatomical gift is valid unless that person knows that it was not validly executed or was revoked.

**Sec. 8.** This act becomes effective on July 1, 2023.



Assemblywoman Peters moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Senate Bill No. 192.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 716.

SUMMARY—Revises provisions relating to county hospitals ~~++~~ **and county hospital districts.** (BDR 40-749)

AN ACT relating to ~~county~~ hospitals; **authorizing the board of trustees of a county hospital district to hold closed meetings under certain circumstances;** revising provisions governing meetings of a board of hospital trustees ~~++~~ **of a county hospital;** revising certain provisions related to a hospital advisory board; authorizing a board of hospital trustees or hospital governing board to employ dentists; **revises certain exemptions governing unprofessional conduct by a dentist employed by a board of hospital trustees or hospital governing board;** and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes a county or group of counties to establish a public hospital. (NRS 450.020) Existing law also: (1) provides for a board of hospital trustees for a public hospital, which has general powers and duties relating to establishing and maintaining a public hospital; (2) authorizes the appointment of a hospital advisory board in counties where the board of county commissioners is the board of hospital trustees; and (3) requires such a hospital advisory board to exercise the powers and duties delegated to it by the board of hospital trustees. (NRS 450.070, 450.150, 450.175) **Section 2** of this bill changes the name of a “hospital advisory board” to a “hospital governing board” and requires such a board to adopt bylaws and related policies and procedures.

Existing law requires a board of hospital trustees **of a county hospital** to hold meetings and authorizes the board of hospital trustees to hold a closed meeting to discuss providing or expanding a health care service or acquiring or expanding a facility. (NRS 450.140) **Section ++ 1.5** of this bill also authorizes a board of hospital trustees or a hospital governing board to hold a closed meeting to discuss: (1) privileged or confidential matters before an organized committee of a county hospital in deliberating the character, alleged misconduct, professional competence, or physical or mental health of a provider of health care; and (2) ~~for a report related to the compliance of the county hospital with all laws, regulations and rulemaking guidance of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services or a report related to any conditions of~~

participation in the Medicare or Medicaid programs,] matters related to a medical audit or the quality assurance programs of the county hospital.

Section 1 of this bill authorizes a board of trustees of a county hospital district to hold a closed meeting for the same purposes as a board of hospital trustees of a county hospital. Section 1 also provides that the records of such a closed meeting become public records 5 years after the date of the meeting or when the board of trustees determines that confidentiality is no longer required, whichever is first, and defines the terms “provider of health care” and “review committee” for purposes of section 1.

Section 3 of this bill makes a conforming change to exempt a closed meeting held pursuant to ~~section 1~~ sections 1 and 1.5 from the Open Meeting Law. Sections 2.7 and 2.9 of this bill make conforming changes to indicate the proper placement of section 1 in the Nevada Revised Statutes.

Existing law authorizes a board of hospital trustees of a public hospital to employ physicians and interns on a full-time or part-time basis, and fix their compensations. (NRS 450.180) Section 2.5 of this bill authorizes a board of hospital trustees or any hospital governing board appointed pursuant to section ~~1~~ 2 to employ dentists and fix their compensation. Section 3.5 of this bill exempts such a dentist from a prohibition against associating with or being employed by certain unlicensed persons under certain circumstances.

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

Section 1. Chapter 450 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A board of trustees may hold a closed meeting exempt from the provisions of chapter 241 of NRS to discuss:

(a) Providing a new health care service in the county hospital district or materially expanding a health care service that is currently provided in the county hospital district;

(b) The acquisition of an additional facility by the county hospital district or the material expansion of an existing facility of the county hospital district;

(c) Matters before a review committee to deliberate the character, alleged misconduct, professional competence or physical or mental health of a provider of health care; or

(d) Matters related to a medical audit or the quality assurance programs of the county hospital district.

2. The provisions of subsection 1 must not be construed to:

(a) Authorize the board of trustees to hold a closed meeting to discuss a change of management or ownership or the dissolution of the county hospital district; or

(b) Prohibit the public from obtaining a report that is otherwise available to the public pursuant to state or federal law.

3. Except as otherwise provided in this subsection, minutes of a closed meeting held pursuant to subsection 1, any supporting material and any recording or transcript of the closed meeting become public records 5 years after the date on which the meeting is held or when the board of trustees determines that the matters discussed no longer require confidentiality, whichever occurs first. Minutes of a closed meeting held pursuant to subsection 1, any supporting material and any recording or transcript of the closed meeting that contains privileged information are not public records. Nothing in this section shall be construed to limit the disclosure of information that is discoverable as part of a legal proceeding or pursuant to court order.

4. As used in this section:

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

(b) "Review committee" has the meaning ascribed to it in NRS 49.117.

~~Section 1.1~~ Sec. 1.5. NRS 450.140 is hereby amended to read as follows:

450.140 1. The board of hospital trustees shall hold meetings at least once each month, and shall keep a complete record of all its transactions.

2. Except as otherwise provided in NRS 241.0355:

(a) In counties where three county commissioners are not members of the board, three members of the board constitute a quorum for the transaction of business.

(b) And except as otherwise provided in paragraph (c), in counties where three county commissioners are members of the board, any five of the members constitute a quorum for the transaction of business.

(c) In counties where the board of county commissioners is the board of hospital trustees, a majority of the board constitutes a quorum for the transaction of business.

3. The board of hospital trustees *or any hospital governing board appointed pursuant to NRS 450.175* may hold a closed meeting *exempt from the provisions of chapter 241 of NRS* to discuss:

(a) Providing a new health care service at the county hospital or materially expanding a health care service that is currently provided by the county hospital; ~~or~~

(b) The acquisition of an additional facility by the county hospital or the material expansion of an existing facility of the county hospital ~~;~~

(c) *Matters before a review committee to deliberate the character, alleged misconduct, professional competence or physical or mental health of a provider of health care; or*

(d) ~~A report~~ Matters related to ~~the~~

~~(1) The compliance of the county hospital with all laws, regulations and rulemaking guidance of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; or~~

~~(2) Any conditions of participation in the Medicare or Medicaid programs.] a medical audit or the quality assurance programs of the county hospital.~~

4. ~~[Subsection]~~ The provisions of subsection 3 must not be construed to ~~[authorize]~~ :

(a) Authorize the board of hospital trustees *or the hospital governing board* to hold a closed meeting to discuss a change of management or ownership or the dissolution of the county hospital ~~[.]~~ ; or

(b) Prohibit the public from obtaining a report that is otherwise available to the public pursuant to state or federal law.

5. ~~[Minutes]~~ Except as otherwise provided in this subsection, minutes of a closed meeting held pursuant to subsection 3, any supporting material and any recording or transcript of the closed meeting become public records 5 years after the date on which the meeting is held or when the board of hospital trustees *or hospital governing board, as applicable,* determines that the matters discussed no longer require confidentiality, whichever occurs first. Minutes of a closed meeting held pursuant to subsection 3, any supporting material and any recording or transcript of the closed meeting that contains privileged information are not public records. Nothing in this section shall be construed to limit the disclosure of information that is discoverable as part of a legal proceeding or pursuant to court order.

6. As used in this section:

(a) “Provider of health care” has the meaning ascribed to it in NRS 629.031 . ~~[, and]~~

(b) “Review committee” has the meaning ascribed to it in NRS 49.117.

Sec. 2. NRS 450.175 is hereby amended to read as follows:

450.175 1. In counties where the board of county commissioners is the board of hospital trustees, the board of hospital trustees may appoint a hospital ~~[advisory]~~ governing board which shall exercise *only the* powers and duties delegated to the ~~[advisory]~~ governing board by the board of hospital trustees. In counties in which the board of hospital trustees appoints a hospital governing board, the governing board is the governing body of the county hospital when exercising powers and duties delegated to the governing board pursuant to this chapter.

2. Members of a hospital ~~[advisory]~~ governing board must be appointed by a majority vote of the board of hospital trustees and shall serve at the pleasure of the board.

3. Members of the hospital ~~[advisory]~~ governing board may receive compensation for their services in an amount not to exceed \$500 per month.

4. The hospital governing board shall adopt bylaws and related policies and procedures consistent with this chapter and all applicable ordinances.

**Sec. 2.5.** NRS 450.180 is hereby amended to read as follows:

450.180 The board of hospital trustees *or any hospital governing board appointed pursuant to NRS 450.175* may:

1. Appoint a chief executive officer and necessary assistants, and fix their compensations.
2. Employ physicians , ~~and~~ interns ~~[ ]~~ *and dentists*, either full-time or part-time, as the board determines necessary, and fix their compensations.
3. Remove those appointees and employees.
4. Control the admission of physicians and interns to the staff by promulgating appropriate rules, regulations and standards governing those appointments.
5. Contract with individual physicians or private medical associations for the provision of certain medical services as may be required by the hospital.

**Sec. 2.7. NRS 450.550 is hereby amended to read as follows:**

450.550 As used in NRS 450.550 to 450.760, inclusive, and section 1 of this act, unless the context otherwise requires:

1. “Board of trustees” means:
  - (a) A board of hospital trustees:
    - (1) Elected pursuant to NRS 450.620 and a physician who is appointed pursuant to subsection 1 of NRS 450.640, if applicable; or
    - (2) Appointed pursuant to NRS 450.625 and a physician who is appointed pursuant to subsection 1 of NRS 450.640, if applicable; or
  - (b) A board of county commissioners, if that board enacts an ordinance which provides that the board of county commissioners is, ex officio, the board of hospital trustees, and a physician who is appointed pursuant to subsection 1 of NRS 450.640, if applicable.
2. “District hospital” means a hospital constructed, maintained and governed pursuant to NRS 450.550 to 450.760, inclusive.

**Sec. 2.9. NRS 450.590 is hereby amended to read as follows:**

450.590 1. Except as otherwise provided in subsection 3, if 25 percent or more of the holders of title or evidence of title to lands lying within the proposed district, whose names appear as such upon the last county assessment roll, present a petition to the board of county commissioners of the county in which the land lies, setting forth the exterior boundaries of the proposed district and asking that the district so described be established within a county hospital district pursuant to the provisions of NRS 450.550 to 450.750, inclusive, and section 1 of this act, the board of county commissioners shall adopt a resolution declaring the intention of the board to include the territory within a county hospital district, naming the district and describing its exterior boundaries.

2. The resolution must:
  - (a) Fix a time and place for the hearing of the proposed establishment of the district not less than 30 days after its adoption.
  - (b) Direct the clerk of the board of county commissioners to publish:

(1) The notice of intention of the board of county commissioners to establish the county hospital district; and

(2) The time and place fixed for the hearing.

(c) Designate that the notice must be published in a newspaper of general circulation published in the county and circulated in the proposed county hospital district, or if there is no newspaper so published and circulated, then in a newspaper of general circulation circulated in the proposed district.

3. The provisions of this section do not apply to a proposed hospital district if it includes territory within more than one county.

**Sec. 3.** NRS 241.016 is hereby amended to read as follows:

241.016 1. The meetings of a public body that are quasi-judicial in nature are subject to the provisions of this chapter.

2. The following are exempt from the requirements of this chapter:

(a) The Legislature of the State of Nevada.

(b) Judicial proceedings, including, without limitation, proceedings before the Commission on Judicial Selection and, except as otherwise provided in NRS 1.4687, the Commission on Judicial Discipline.

(c) Meetings of the State Board of Parole Commissioners when acting to grant, deny, continue or revoke the parole of a prisoner or to establish or modify the terms of the parole of a prisoner.

3. Any provision of law, including, without limitation, NRS 91.270, 219A.210, 228.495, 239C.140, 239C.420, 241.028, 281A.350, 281A.690, 281A.735, 281A.760, 284.3629, 286.150, 287.0415, 287.04345, 287.338, 288.220, 288.590, 289.387, 295.121, 315.98425, 360.247, 388.261, 388.385, 388A.495, 388C.150, 388D.355, 388G.710, 388G.730, 392.147, 392.466, 392.467, 392.4671, 394.1699, 396.1415, 396.3295, 414.270, 422.405, 433.534, 435.610, 442.774, **450.140**, 463.110, 480.545, 622.320, 622.340, 630.311, 630.336, 631.3635, 639.050, 642.518, 642.557, 686B.170, 696B.550, 703.196 and 706.1725 ~~and~~ **and section 1 of this act**, which:

(a) Provides that any meeting, hearing or other proceeding is not subject to the provisions of this chapter; or

(b) Otherwise authorizes or requires a closed meeting, hearing or proceeding,

↪ prevails over the general provisions of this chapter.

4. The exceptions provided to this chapter, and electronic communication, must not be used to circumvent the spirit or letter of this chapter to deliberate or act, outside of an open and public meeting, upon a matter over which the public body has supervision, control, jurisdiction or advisory powers.

**Sec. 3.5. NRS 631.3465 is hereby amended to read as follows:**

631.3465 The following acts, among others, constitute unprofessional conduct:

1. Dividing fees or agreeing to divide fees received for services with any person for bringing or referring a patient, without the knowledge of the patient or his or her legal representative, but licensed dentists are not prohibited from:

(a) Practicing in a partnership and sharing professional fees;

(b) Employing another licensed dentist, dental hygienist or dental therapist;  
or

(c) Rendering services as a member of a nonprofit professional service corporation.

2. Associating with or lending his or her name to any person engaged in the illegal practice of dentistry or associating with any person, firm or corporation holding himself, herself or itself out in any manner contrary to the provisions of this chapter.

3. Associating with or being employed by a person not licensed pursuant to this chapter if that person exercises control over the services offered by the dentist, owns all or part of the dentist's practice or receives or shares the fees received by the dentist. The provisions of this subsection do not apply to a dentist who ~~associates~~ :

(a) Associates with or is employed by a person who owns or controls a dental practice pursuant to NRS 631.385 ~~+~~ ; or

(b) Is employed by a board of hospital trustees or a hospital governing board pursuant to NRS 450.180.

4. Using the name "clinic," "institute," "referral services" or other title or designation that may suggest a public or semipublic activity.

5. Practicing under the name of a dentist who has not been in active practice for more than 1 year.

**Sec. 4.** 1. Any administrative regulations adopted by an officer, agency or other entity whose name has changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer, agency or other entity to which the responsibility for the adoption of the regulations has been transferred.

2. Any contracts or other agreements entered into by an officer, agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer, agency or entity are binding upon the officer, agency or other entity to which the responsibility for the administration of the provisions of the contract or other agreement have been transferred. Such contracts and other agreements may be enforced by the officer, agency, or other entity to which the responsibility for enforcement of the provisions of the contract or other agreement has been transferred.

3. Any action taken by an officer, agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer, agency or entity remains in effect as if taken by the officer, agency or other entity to which the responsibility for the enforcement of such actions has been transferred.

**Sec. 5.** The Legislative Counsel shall:

1. In preparing the reprint and supplements to the Nevada Revised Statutes, appropriately change any references to an officer, agency or other entity whose name is changed or whose responsibilities are transferred

pursuant to the provisions of this act to refer to the appropriate officer, agency or entity.

2. In preparing supplements to the Nevada Administrative Code, appropriately change only references to an officer, agency or other entity whose name is changed or whose responsibilities are transferred pursuant to the provisions of this act to refer to the appropriate officer, agency or other entity.

Assemblywoman Peters moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Senate Bill No. 235.

Bill read second time.

The following amendment was proposed by the Committee on Judiciary:

Amendment No. 658.

AN ACT relating to criminal procedure; revising provisions relating to pretrial release hearings; authorizing a court to impose additional conditions of release on a person under certain circumstances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

In general, existing law requires a court to hold a pretrial release hearing to determine the custody status of a person within 48 hours after the person has been taken into custody. However, existing law authorizes a court to continue such a pretrial release hearing if good cause is shown by a party. (NRS 178.4849) **Section ~~1.1~~ 1.2** of this bill instead authorizes the court to continue a pretrial release hearing: (1) at the request of either party or the court and for good cause shown; or (2) upon stipulation of the parties. **Section ~~1.1~~ 1.2** also: **(1) prescribes certain requirements relating to the scheduling of a pretrial release hearing continued by the court ~~1.1~~ ; (2) authorizes the prosecuting attorney, the defendant and the defendant's attorney to appear at a pretrial release hearing by any means of remote communication; and (3) authorizes a magistrate who presides over a pretrial release hearing to do so by means of remote communication.**

**Section 1 of this bill authorizes a district attorney and any attorney employed by a district attorney to prosecute a person in a county other than the county by which the district attorney is employed for the limited purpose of conducting a pretrial release hearing. Section 1 also provides that a public defender and the State Public Defender may, pursuant to an interlocal agreement, authorize the public defender, State Public Defender or any other attorney employed by the public defender or State Public Defender to provide for the representation of a defendant in a pretrial release hearing in any county. Finally, section 1 authorizes: (1) a district attorney, assistant district attorney, deputy district attorney or other attorney employed by a district attorney to receive a stipend for being available on a weekend or holiday to serve as the prosecuting**



**attorney in a pretrial release hearing or for serving as the prosecuting attorney in any such pretrial release hearing conducted on a weekend or holiday; and (2) a public defender, the State Public Defender or any other attorney employed by the public defender or State Public Defender to receive a stipend for being available on a weekend or holiday to represent a defendant in a pretrial release hearing or for representing a defendant in any such pretrial release hearing conducted on a weekend or holiday.**

**Existing law provides that, with certain exceptions, in criminal cases the jurisdiction of a justice of the peace extends to the limits of the county of the justice of the peace. (NRS 4.370) Section 1.7 of this bill authorizes a justice of the peace, pursuant to an interlocal agreement, to conduct a pretrial release hearing in a municipal court.**

**Existing law sets forth the powers and duties of municipal courts. (NRS 5.050) Section 1.9 of this bill authorizes a municipal judge, pursuant to an interlocal agreement, to conduct a pretrial release hearing in a justice court.**

Existing law provides that a court may only impose bail or a condition of release, or both, on a person if the imposition is the least restrictive means necessary to protect the safety of the community or to ensure the appearance of the person in court. Under existing law, if a person fails to comply with a condition of release imposed by the court, the court may, after providing the person with notice and an opportunity for a hearing: (1) deem such conduct contempt; (2) increase the amount of bail; or (3) revoke bail and remand the person into custody. (NRS 178.4851) **Section 1.5** of this bill authorizes the court to impose on a person who fails to comply with a condition of release such additional conditions of release as the court deems necessary to protect the safety of the community or to ensure the person will appear at the times and places ordered by the court.

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

**Section 1. Chapter 178 of NRS is hereby amended by adding thereto a new section to read as follows:**

**Notwithstanding any other provision of law:**

**1. A district attorney, assistant district attorney, deputy district attorney or other attorney employed by a district attorney may:**

**(a) Be deputized to prosecute a person in a county other than the county by which the attorney is employed for the limited purpose of serving as the prosecuting attorney in a pretrial release hearing required by NRS 178.4849. An assistant district attorney, deputy district attorney or other attorney employed by a district attorney must receive the approval of the district attorney of the county in which the attorney is employed before serving as the prosecuting attorney in a pretrial release hearing in a county other than the county by which the attorney is employed.**

(b) Receive a stipend for being available on a weekend or holiday to serve as the prosecuting attorney in a pretrial release hearing required by NRS 178.4849 or for serving as the prosecuting attorney in any such pretrial release hearing conducted on a weekend or holiday.

2. A public defender and the State Public Defender may, pursuant to an interlocal agreement, authorize the public defender, State Public Defender or any other attorney employed by the public defender or State Public Defender to provide for the representation of a defendant in a pretrial release hearing required by NRS 178.4849 in any county.

3. A public defender, the State Public Defender or any other attorney employed by the public defender or State Public Defender may receive a stipend for being available on a weekend or holiday to represent a defendant in a pretrial release hearing required by NRS 178.4849 or for representing a defendant in any such pretrial release hearing conducted on a weekend or holiday.

~~[Section 1.]~~ Sec. 1.2. NRS 178.4849 is hereby amended to read as follows:

178.4849 1. Except as otherwise provided in ~~[this section]~~ subsection 2 and NRS 178.484 and 178.4847, a court shall, within 48 hours after a person has been taken into custody, hold a pretrial release hearing, in open court or by means of remote communication, to determine the custody status of the person.

2. The court may continue a pretrial release hearing ~~[may be continued]~~ :

(a) At the request of either party or the court and for good cause shown.  
~~[A pretrial release hearing so continued must be placed on the next regularly scheduled calendar of the court.]~~

(b) Upon stipulation of the parties. The court shall schedule a hearing continued pursuant to this paragraph for the date specified by stipulation.

3. A stipulation made pursuant to subsection 2 may be:

(a) An oral stipulation; or

(b) A written stipulation communicated by mail, by electronic mail, via the Internet or by other electronic means.

~~[2.]~~ 4. The prosecuting attorney, the defendant and the defendant's attorney may appear at a pretrial release hearing by means of remote communication. An appearance by means of remote communication must be treated in the same manner as an appearance in person.

5. A magistrate who presides over a pretrial release hearing may do so by means of remote communication.

6. As used in this section ~~[, "remote"]~~ :

(a) "Magistrate" means a judicial officer who presides over a pretrial release hearing.

(b) "Remote communication" means communication through telephone or videoconferencing.

**Sec. 1.5.** NRS 178.4851 is hereby amended to read as follows:

178.4851 1. Except as otherwise provided in subsection 4, the court shall only impose bail or a condition of release, or both, on a person as it deems to be the least restrictive means necessary to protect the safety of the community or to ensure that the person will appear at all times and places ordered by the court, with regard to the factors set forth in NRS 178.4853 and 178.498. Such conditions of release may include, without limitation:

(a) Requiring the person to remain in this State or a certain county within this State;

(b) Prohibiting the person from contacting or attempting to contact a specific person or from causing or attempting to cause another person to contact that person on the person's behalf;

(c) Prohibiting the person from entering a certain geographic area;

(d) Prohibiting the person from possessing a firearm during the pendency of the case; or

(e) Prohibiting the person from engaging in specific conduct that may be harmful to the person's own health, safety, or welfare, or the health, safety, or welfare of another person.

2. A prosecuting attorney may request that a court impose bail or a condition of release, or both, on a person. If the request includes the imposition of bail, the prosecuting attorney must prove by clear and convincing evidence that the imposition of bail is necessary to protect the safety of the community or to ensure that the person will appear at all times and places ordered by the court, with regard to the factors set forth in NRS 178.4853 and 178.498.

3. If a court imposes bail or any condition of release, or both, other than release on recognizance with no other conditions of release, the court shall make findings of fact for such a determination and state its reasoning on the record, and, if the determination includes the imposition of a condition of release, the findings of fact must include why the condition of release constitutes the least restrictive means necessary to protect the safety of the community or to ensure that the person will appear at the times and places ordered by the court.

4. A person arrested for murder of the first degree may be admitted to bail unless the proof is evident or the presumption great by any competent court or magistrate authorized by law to do so in the exercise of discretion, giving due weight to the evidence and to the nature and circumstances of the offense.

5. The person must sign a document before the person's release stating that:

(a) The person will appear at all times and places as ordered by the court releasing the person and as ordered by any court before which the charge is subsequently heard;

(b) The person will comply with the other conditions which have been imposed by the court and are stated in the document;

(c) If the person fails to appear when so ordered and is taken into custody outside of this State, the person waives all rights relating to extradition proceedings; and

(d) The person understands that any court of competent jurisdiction may revoke the order of release without bail and may order the person into custody or require the person to furnish bail or otherwise ensure the protection of the safety of the community or the person's appearance, if applicable.

6. The document signed pursuant to subsection 5 must be filed with the clerk of the court of competent jurisdiction and becomes effective upon the signature of the person to be released.

7. If a person fails to comply with a condition of release imposed pursuant to this section, the court may, after providing the person with reasonable notice and an opportunity for a hearing:

(a) Deem such conduct a contempt pursuant to NRS 22.010;

(b) ***Impose such additional conditions of release as the court deems necessary to protect the safety of the community or to ensure the person will appear at the times and places ordered by the court;***

(c) Increase the amount of bail pursuant to NRS 178.499, if applicable; or

~~(e)~~ (d) Revoke bail and remand the person into custody.

8. If a person fails to appear as ordered by the court and a jurisdiction incurs any costs in returning a person to the jurisdiction to stand trial, the person failing to appear is responsible for paying those costs as restitution.

9. An order issued pursuant to this section that imposes a condition on a person must include a provision ordering a law enforcement officer to arrest the person if the law enforcement officer has probable cause to believe that the person has violated a condition of release.

10. Nothing in this section shall be construed to require a court to receive the request of a prosecuting attorney before imposing a condition of release.

**Sec. 1.7. NRS 4.370 is hereby amended to read as follows:**

4.370 1. Except as otherwise provided in subsection 2, justice courts have jurisdiction of the following civil actions and proceedings and no others except as otherwise provided by specific statute:

(a) In actions arising on contract for the recovery of money only, if the sum claimed, exclusive of interest, does not exceed \$15,000.

(b) In actions for damages for injury to the person, or for taking, detaining or injuring personal property, or for injury to real property where no issue is raised by the verified answer of the defendant involving the title to or boundaries of the real property, if the damage claimed does not exceed \$15,000.

(c) Except as otherwise provided in paragraph (1), in actions for a fine, penalty or forfeiture not exceeding \$15,000, given by statute or the ordinance of a county, city or town, where no issue is raised by the answer involving the legality of any tax, impost, assessment, toll or municipal fine.

(d) In actions upon bonds or undertakings conditioned for the payment of money, if the sum claimed does not exceed \$15,000, though the penalty may

exceed that sum. Bail bonds and other undertakings posted in criminal matters may be forfeited regardless of amount.

(e) In actions to recover the possession of personal property, if the value of the property does not exceed \$15,000.

(f) To take and enter judgment on the confession of a defendant, when the amount confessed, exclusive of interest, does not exceed \$15,000.

(g) Of actions for the possession of lands and tenements where the relation of landlord and tenant exists, when damages claimed do not exceed \$15,000 or when no damages are claimed.

(h) Of actions when the possession of lands and tenements has been unlawfully or fraudulently obtained or withheld, when damages claimed do not exceed \$15,000 or when no damages are claimed.

(i) Of suits for the collection of taxes, where the amount of the tax sued for does not exceed \$15,000.

(j) Of actions for the enforcement of mechanics' liens, where the amount of the lien sought to be enforced, exclusive of interest, does not exceed \$15,000.

(k) Of actions for the enforcement of liens of owners of facilities for storage, where the amount of the lien sought to be enforced, exclusive of interest, does not exceed \$15,000.

(l) In actions for a civil penalty imposed for a violation of NRS 484D.680.

(m) Except as otherwise provided in this paragraph, in any action for the issuance of a temporary or extended order for protection against domestic violence pursuant to NRS 33.020. A justice court does not have jurisdiction in an action for the issuance of a temporary or extended order for protection against domestic violence:

(1) In a county whose population is 100,000 or more and less than 700,000;

(2) In any township whose population is 100,000 or more located within a county whose population is 700,000 or more;

(3) If a district court issues a written order to the justice court requiring that further proceedings relating to the action for the issuance of the order for protection be conducted before the district court; or

(4) Where the adverse party against whom the order is sought is under 18 years of age.

(n) Except as otherwise provided in this paragraph, in any action for the issuance of an emergency or extended order for protection against high-risk behavior pursuant to NRS 33.570 or 33.580. A justice court does not have jurisdiction in an action for the issuance of an emergency or extended order for protection against high-risk behavior:

(1) In a county whose population is 100,000 or more but less than 700,000;

(2) In any township whose population is 100,000 or more located within a county whose population is 700,000 or more;

(3) If a district court issues a written order to the justice court requiring that further proceedings relating to the action for the issuance of the order for protection be conducted before the district court; or

(4) Where the adverse party against whom the order is sought is under 18 years of age.

(o) In an action for the issuance of a temporary or extended order for protection against harassment in the workplace pursuant to NRS 33.200 to 33.360, inclusive, where the adverse party against whom the order is sought is 18 years of age or older.

(p) In small claims actions under the provisions of chapter 73 of NRS.

(q) In actions to contest the validity of liens on mobile homes or manufactured homes.

(r) In any action pursuant to NRS 200.591 for the issuance of a protective order against a person alleged to be committing the crime of stalking, aggravated stalking or harassment where the adverse party against whom the order is sought is 18 years of age or older.

(s) In any action pursuant to NRS 200.378 for the issuance of a protective order against a person alleged to have committed the crime of sexual assault where the adverse party against whom the order is sought is 18 years of age or older.

(t) In actions transferred from the district court pursuant to NRS 3.221.

(u) In any action for the issuance of a temporary or extended order pursuant to NRS 33.400.

(v) In any action seeking an order pursuant to NRS 441A.195.

(w) In any action to determine whether a person has committed a civil infraction punishable pursuant to NRS 484A.703 to 484A.705, inclusive.

2. The jurisdiction conferred by this section does not extend to civil actions, other than for forcible entry or detainer, in which the title of real property or mining claims or questions affecting the boundaries of land are involved.

3. Justice courts have jurisdiction of all misdemeanors and no other criminal offenses except as otherwise provided by specific statute. Upon approval of the district court, a justice court may transfer original jurisdiction of a misdemeanor to the district court for the purpose of assigning an offender to a program established pursuant to NRS 176A.250 or, if the justice court has not established a program pursuant to NRS 176A.280, to a program established pursuant to that section.

4. Except as otherwise provided in subsections 5, 6 and 7, in criminal cases the jurisdiction of justices of the peace extends to the limits of their respective counties.

5. A justice of the peace may conduct a pretrial release hearing ~~for~~ :

(a) For a person located outside of the township of the justice of the peace.

(b) Pursuant to an interlocal agreement, in a municipal court.

6. In the case of any arrest made by a member of the Nevada Highway Patrol, the jurisdiction of the justices of the peace extends to the limits of their

respective counties and to the limits of all counties which have common boundaries with their respective counties.

7. Each justice court has jurisdiction of any violation of a regulation governing vehicular traffic on an airport within the township in which the court is established.

**Sec. 1.9. NRS 5.050 is hereby amended to read as follows:**

5.050 1. Municipal courts have jurisdiction of civil actions or proceedings:

(a) For the violation of any ordinance of their respective cities.

(b) To determine whether a person has committed a civil infraction punishable pursuant to NRS 484A.703 to 484A.705, inclusive.

(c) To prevent or abate a nuisance within the limits of their respective cities.

2. Except as otherwise provided in subsection 2 of NRS 173.115, the municipal courts have jurisdiction of all misdemeanors committed in violation of the ordinances of their respective cities. Upon approval of the district court, a municipal court may transfer original jurisdiction of a misdemeanor to the district court for the purpose of assigning an offender to a program established pursuant to NRS 176A.250 or, if the municipal court has not established a program pursuant to NRS 176A.280, to a program established pursuant to that section.

3. The municipal courts have jurisdiction of:

(a) Any action for the collection of taxes or assessments levied for city purposes, when the principal sum thereof does not exceed \$2,500.

(b) Actions to foreclose liens in the name of the city for the nonpayment of those taxes or assessments when the principal sum claimed does not exceed \$2,500.

(c) Actions for the breach of any bond given by any officer or person to or for the use or benefit of the city, and of any action for damages to which the city is a party, and upon all forfeited recognizances given to or for the use or benefit of the city, and upon all bonds given on appeals from the municipal court in any of the cases named in this section, when the principal sum claimed does not exceed \$2,500.

(d) Actions for the recovery of personal property belonging to the city, when the value thereof does not exceed \$2,500.

(e) Actions by the city for the collection of any damages, debts or other obligations when the amount claimed, exclusive of costs or attorney's fees, or both if allowed, does not exceed \$2,500.

(f) Actions seeking an order pursuant to NRS 441A.195.

4. Nothing contained in subsection 3 gives the municipal court jurisdiction to determine any such cause when it appears from the pleadings that the validity of any tax, assessment or levy, or title to real property, is necessarily an issue in the cause, in which case the court shall certify the cause to the district court in like manner and with the same effect as provided by law for certification of causes by justice courts.

5. The municipal courts may hold a jury trial for any matter:

- (a) Within the jurisdiction of the municipal court; and
- (b) Required by the United States Constitution, the Nevada Constitution or statute.

**6. A municipal judge may, pursuant to an interlocal agreement, conduct a pretrial release hearing in a justice court.**

**Sec. 2.** This act becomes effective on July 1, 2023.

Assemblywoman Brittney Miller moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Senate Bill No. 280.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 651.

AN ACT relating to health care; requiring a hospital to provide for the insertion **or injection** of certain long-acting reversible contraception if requested by a patient giving birth at a hospital; limiting the amount a hospital or provider of health care may require an insurer to pay for long-acting reversible contraception under such circumstances; prohibiting an insurer from refusing to cover **a contraceptive injection or** the insertion of certain contraceptive devices at a hospital immediately after an insured gives birth; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law prescribes certain requirements governing the operation of hospitals and other medical facilities. (NRS 449.029-449.2488) **Section 1** of this bill requires a hospital, upon the request of a patient giving birth at the hospital, to provide for the insertion **or injection** of long-acting reversible contraception unless: (1) the contraception is contraindicated for the patient; (2) a physician, physician assistant or advanced practice registered nurse determines that inserting **or injecting** the contraception would create an unreasonable risk of harm to the patient; or (3) the hospital is a religiously affiliated institution that objects to the insertion **or injection** of such contraception on religious grounds. **Section 1** requires a religiously affiliated hospital that objects to the insertion **or injection** of such contraception on religious grounds to notify maternity patients of that objection. **Section 1** also prohibits a hospital from requiring a provider of health care who objects to the insertion **or injection** of such contraception on religious grounds to participate in the insertion **or injection** of such contraception. **Section 1** requires such a provider at a hospital to refer a patient who requests the insertion **or injection** of such contraception to a provider who is willing to provide that service. **Section 1** restricts the amount that a provider of health care or hospital is authorized to require a third party insurer to pay for such contraception, the insertion **or injection** of such contraception or testing associated with such contraception. **Sections 2-7 and 9** of this bill make conforming changes to



provide for the administration and enforcement of the requirements of **section 1** in the same manner as other requirements imposed by existing law on medical facilities.

Existing law requires certain public and private insurers, including, without limitation, Medicaid, to cover certain types of contraception, including certain implantable rods and intrauterine contraceptive devices. (NRS 287.010, 287.04335, 422.27172, 689A.0418, 689B.0378, 689C.1676, 695A.1865, 695B.1919, 695C.1696, 695G.1715) **Sections 8 and 10-16** of this bill prohibit such an insurer from refusing to cover the insertion of such a device **or a contraceptive injection** at a hospital immediately after an insured gives birth.

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

**Section 1.** Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

*1. Except as otherwise provided in subsection 2, if a patient giving birth at a hospital requests the insertion or injection of long-acting reversible contraception, the hospital shall provide for the insertion or injection of the long-acting reversible contraception immediately after the birth unless:*

*(a) The use of the long-acting reversible contraception is contraindicated for the patient; or*

*(b) A physician, physician assistant or advanced practice registered nurse determines that inserting or injecting the long-acting reversible contraception would create an unreasonable risk of harm to the patient.*

*2. A hospital that is affiliated with a religious organization is not required to provide the service described in subsection 1 if the hospital objects on religious grounds. Before scheduling a patient for maternity care or, if such scheduling does not occur, upon admitting a patient to the hospital for maternity care, the hospital shall provide to the patient written notice that the hospital refuses to provide the service required by subsection 1.*

*3. A hospital shall not require a provider of health care who objects to the service described in subsection 1 on religious grounds to participate in the provision of that service. If such a provider of health care at a hospital, other than a hospital described in subsection 2, receives a request for that service, the provider shall refer the patient to a provider of health care who is willing to provide the service.*

*4. A hospital or provider of health care may not require a third party to pay more for:*

*(a) Long-acting reversible contraception inserted or injected pursuant to subsection 1 than the lowest rate prescribed in a contract between the third party and a hospital or a provider of the same type as the provider of health care, as applicable, for the same type of long-acting reversible contraception.*

*(b) The insertion or injection of long-acting reversible contraception pursuant to subsection 1 than the lowest rate prescribed in a contract*

*between the third party and a hospital or a provider of the same type as the provider of health care, as applicable, for insertion or injection of the same type of long-acting reversible contraception.*

*(c) Any testing associated with the insertion or injection of long-acting reversible contraception pursuant to subsection 1 than the lowest rate prescribed in a contract between the third party and a hospital or a provider of health care of the same type as the provider of health care, as applicable, for the same test.*

*5. As used in this section:*

*(a) “Long-acting reversible contraception” means a method of contraception that requires administration less than once per month, including, without limitation:*

*(1) An intrauterine device; ~~and~~*

*(2) A contraceptive implant ~~is~~; and*

*(3) An injectable contraceptive.*

*(b) “Third party” means:*

*(1) An insurer, as that term is defined in NRS 679B.540;*

*(2) A health benefit plan, as that term is defined in NRS 687B.470, for employees which provides coverage for prescription drugs;*

*(3) A participating public agency, as that term is defined in NRS 287.04052, and any other local governmental agency of the State of Nevada which provides a system of health insurance for the benefit of its officers and employees, and the dependents of officers and employees, pursuant to chapter 287 of NRS; or*

*(4) Any other insurer or organization that provides health coverage or benefits in accordance with state or federal law.*

**Sec. 2.** NRS 449.029 is hereby amended to read as follows:

449.029 As used in NRS 449.029 to 449.240, inclusive, **and section 1 of this act**, unless the context otherwise requires, “medical facility” has the meaning ascribed to it in NRS 449.0151 and includes a program of hospice care described in NRS 449.196.

**Sec. 3.** NRS 449.0301 is hereby amended to read as follows:

449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, **and section 1 of this act** do not apply to:

1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.

2. Foster homes as defined in NRS 424.014.

3. Any medical facility, facility for the dependent or facility which is otherwise required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is operated and maintained by the United States Government or an agency thereof.

**Sec. 4.** NRS 449.0302 is hereby amended to read as follows:

449.0302 1. The Board shall adopt:

(a) Licensing standards for each class of medical facility or facility for the dependent covered by NRS 449.029 to 449.2428, inclusive, **and section 1 of this act** and for programs of hospice care.

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

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

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

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

(f) Regulations requiring a hospital or independent center for emergency medical care to provide training to each employee who provides care to victims of sexual assault or attempted sexual assault concerning appropriate care for such persons, including, without limitation, training concerning the requirements of NRS 449.1885.

(g) Any other regulations as it deems necessary or convenient to carry out the provisions of NRS 449.029 to 449.2428, inclusive ~~[-]~~, **and section 1 of this act**.

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

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

(b) Residential facilities for groups,

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

3. The Board shall adopt separate regulations for:

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

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

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

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

5. In addition to the training requirements prescribed pursuant to NRS 449.093, the Board shall establish minimum qualifications for administrators

and employees of residential facilities for groups. In establishing the qualifications, the Board shall consider the related standards set by nationally recognized organizations which accredit such facilities.

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

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

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

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

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

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

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

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

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

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

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

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

(2) Contain a sleeping area or bedroom; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (a) Facilities that only provide a housing and living environment;
- (b) Facilities that provide or arrange for the provision of supportive services for residents of the facility to assist the residents with reintegration into the community, in addition to providing a housing and living environment; and
- (c) Facilities that provide or arrange for the provision of programs for alcohol and other substance use disorders, in addition to providing a housing and living environment and providing or arranging for the provision of other supportive services.

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

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

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

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

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

(d) Require an applicant for a license to provide community-based living arrangement services to post a surety bond in an amount equal to the operating expenses of the applicant for 2 months, place that amount in escrow or take another action prescribed by the Division to ensure that, if the applicant becomes insolvent, recipients of community-based living arrangement services from the applicant may continue to receive community-based living arrangement services for 2 months at the expense of the applicant.

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

(a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor

organization, or another nationally recognized organization for accrediting freestanding birthing centers; and

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

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

**Sec. 5.** NRS 449.160 is hereby amended to read as follows:

449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.029 to 449.2428, inclusive, **and section 1 of this act** upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.029 to 449.245, inclusive, **and section 1 of this act** or of any other law of this State or of the standards, rules and regulations adopted thereunder.

(b) Aiding, abetting or permitting the commission of any illegal act.

(c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.

(d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, **and section 1 of this act** and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required.

(f) Failure to comply with the provisions of NRS 441A.315 and any regulations adopted pursuant thereto or NRS 449.2486.

(g) Violation of the provisions of NRS 458.112.

2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:

(a) Is convicted of violating any of the provisions of NRS 202.470;

(b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or

(c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.

3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:

(a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;

(b) A report of any investigation conducted with respect to the complaint; and

(c) A report of any disciplinary action taken against the facility.

↪ The facility shall make the information available to the public pursuant to NRS 449.2486.

4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:

(a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and

(b) Any disciplinary actions taken by the Division pursuant to subsection 2.

**Sec. 6.** NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, **and section 1 of this act** or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

(a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;

(b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;

(d) Impose an administrative penalty of not more than \$5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

(e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:

(1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or

(2) Improvements are made to correct the violation.

2. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1, the Division may:

(a) Suspend the license of the facility until the administrative penalty is paid; and

(b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.

3. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, **and section 1 of this act** or



any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

4. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, **and section 1 of this act**, 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.

**Sec. 7.** NRS 449.240 is hereby amended to read as follows:

449.240 The district attorney of the county in which the facility is located shall, upon application by the Division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.029 to 449.245, inclusive ~~1~~, **and section 1 of this act**.

**Sec. 8.** NRS 422.27172 is hereby amended to read as follows:

422.27172 1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures incurred for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion or removal of a device for contraception ~~1~~, **including, without limitation, the insertion of such a device at a hospital immediately after a person gives birth;**

(e) **A contraceptive injection, including, without limitation, such an injection immediately after a person gives birth;**

~~(f)~~ (f) Education and counseling relating to the initiation of the use of contraceptives and any necessary follow-up after initiating such use;

~~(g)~~ (g) Management of side effects relating to contraception; and

~~(h)~~ (h) Voluntary sterilization for women.

2. Except as otherwise provided in subsections 4 and 5, to obtain any benefit provided in the Plan pursuant to subsection 1, a person enrolled in Medicaid must not be required to:

(a) Pay a higher deductible, any copayment or coinsurance; or

(b) Be subject to a longer waiting period or any other condition.

3. The Director shall ensure that the provisions of this section are carried out in a manner which complies with the requirements established by the Drug Use Review Board and set forth in the list of preferred prescription drugs established by the Department pursuant to NRS 422.4025.

4. The Plan may require a person enrolled in Medicaid to pay a higher deductible, copayment or coinsurance for a drug for contraception if the person refuses to accept a therapeutic equivalent of the contraceptive drug.

5. For each method of contraception which is approved by the Food and Drug Administration, the Plan must include at least one contraceptive drug or device for which no deductible, copayment or coinsurance may be charged to the person enrolled in Medicaid, but the Plan may charge a deductible, copayment or coinsurance for any other contraceptive drug or device that provides the same method of contraception.

6. As used in this section:

(a) “Drug Use Review Board” has the meaning ascribed to it in NRS 422.402.

(b) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 9.** NRS 654.190 is hereby amended to read as follows:

654.190 1. The Board may, after notice and an opportunity for a hearing as required by law, impose an administrative fine of not more than \$10,000 for each violation on, recover reasonable investigative fees and costs incurred from, suspend, revoke, deny the issuance or renewal of or place conditions on the license of, and place on probation or impose any combination of the foregoing on any licensee who:

(a) Is convicted of a felony relating to the practice of administering a nursing facility or residential facility or of any offense involving moral turpitude.

(b) Has obtained his or her license by the use of fraud or deceit.

(c) Violates any of the provisions of this chapter.

(d) Aids or abets any person in the violation of any of the provisions of NRS 449.029 to 449.2428, inclusive, **and section 1 of this act**, as those provisions pertain to a facility for skilled nursing, facility for intermediate care or residential facility for groups.

(e) Violates any regulation of the Board prescribing additional standards of conduct for licensees, including, without limitation, a code of ethics.

(f) Engages in conduct that violates the trust of a patient or resident or exploits the relationship between the licensee and the patient or resident for the financial or other gain of the licensee.

2. If a licensee requests a hearing pursuant to subsection 1, the Board shall give the licensee written notice of a hearing pursuant to NRS 233B.121 and 241.034. A licensee may waive, in writing, his or her right to attend the hearing.

3. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Chair of the Board may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

4. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

5. The expiration of a license by operation of law or by order or decision of the Board or a court, or the voluntary surrender of a license, does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

**Sec. 10.** NRS 689A.0418 is hereby amended to read as follows:

689A.0418 1. Except as otherwise provided in subsection 7, an insurer that offers or issues a policy of health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration;
- (3) Listed in subsection 10; and
- (4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Listed in subsection 10;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same policy of health insurance;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 8, 9 and 11, an insurer that offers or issues a policy of health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2022,~~ **2024**, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a policy of health insurance must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;

- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;
- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;
- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. An insurer shall not ~~use~~ :

(a) Use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; or

(b) ***Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 10 at a hospital immediately after an insured gives birth.***

13. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 11.** NRS 689B.0378 is hereby amended to read as follows:

689B.0378 1. Except as otherwise provided in subsection 7, an insurer that offers or issues a policy of group health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

(4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same policy of group health insurance;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 9, 10 and 12, an insurer that offers or issues a policy of group health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2022,~~ **2024**, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. If an insurer refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a policy of group health insurance must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;

- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;
- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;
- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not ~~use~~ :

(a) *Use* medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; *or*

(b) ***Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 11 at a hospital immediately after an insured gives birth.***

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a policy of group health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.



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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 12.** NRS 689C.1676 is hereby amended to read as follows:

689C.1676 1. Except as otherwise provided in subsection 7, a carrier that offers or issues a health benefit plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

(4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same health benefit plan;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. A carrier must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the carrier.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the carrier.

4. Except as otherwise provided in subsections 8, 9 and 11, a carrier that offers or issues a health benefit plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health benefit plan pursuant to subsection 1;

(b) Refuse to issue a health benefit plan or cancel a health benefit plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~{2022,}~~ 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A carrier that offers or issues a health benefit plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the carrier objects on religious grounds. Such a carrier shall, before the issuance of a health benefit plan and before the renewal of such a plan, provide to the prospective insured written notice of the coverage that the carrier refuses to provide pursuant to this subsection.

8. A carrier may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a health benefit plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the carrier may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;
- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;

- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;
- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a carrier may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A carrier shall not ~~use~~:

(a) *Use* medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; *or*

(b) *Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 10 at a hospital immediately after an insured gives birth.*

13. A carrier must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the carrier to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a health benefit plan offered by a carrier under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the carrier. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 13.** NRS 695A.1865 is hereby amended to read as follows:

695A.1865 1. Except as otherwise provided in subsection 7, a society that offers or issues a benefit contract which provides coverage for prescription drugs or devices shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration;
- (3) Listed in subsection 10; and
- (4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Listed in subsection 10;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same benefit contract;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. A society must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the society.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the society.

4. Except as otherwise provided in subsections 8, 9 and 11, a society that offers or issues a benefit contract shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage for any benefit included in the benefit contract pursuant to subsection 1;

(b) Refuse to issue a benefit contract or cancel a benefit contract solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~[2022,]~~ 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

7. A society that offers or issues a benefit contract and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the society objects on religious grounds. Such a society shall, before the issuance of a benefit contract and before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the society refuses to provide pursuant to this subsection.

8. A society may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a benefit contract must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the society may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;
- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;
- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;
- (o) Female condoms;
- (p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a society may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A society shall not ~~use~~:

(a) *Use* medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; *or*

(b) *Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 10 at a hospital immediately after an insured gives birth.*

13. A society must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the society to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a benefit contract offered by a society under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the society. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 14.** NRS 695B.1919 is hereby amended to read as follows:

695B.1919 1. Except as otherwise provided in subsection 7, an insurer that offers or issues a contract for hospital or medical service shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration;
- (3) Listed in subsection 11; and
- (4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Listed in subsection 11;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same contract for hospital or medical service;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. An insurer that offers or issues a contract for hospital or medical services must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 9, 10 and 12, an insurer that offers or issues a contract for hospital or medical service shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the contract for hospital or medical service pursuant to subsection 1;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a contract for hospital or medical service subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2022~~, 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. If an insurer refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a contract for hospital or medical service must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;
- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;
- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;



- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer that offers or issues a contract for hospital or medical services may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not ~~use~~ :

(a) *Use* medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; *or*

(b) *Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 11 at a hospital immediately after an insured gives birth.*

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a contract for hospital or medical service offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 15.** NRS 695C.1696 is hereby amended to read as follows:

695C.1696 1. Except as otherwise provided in subsection 7, a health maintenance organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration;
- (3) Listed in subsection 11; and
- (4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Listed in subsection 11;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the enrollee was covered by the same health care plan;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. A health maintenance organization must ensure that the benefits required by subsection 1 are made available to an enrollee through a provider of health care who participates in the network plan of the health maintenance organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the health maintenance organization.

4. Except as otherwise provided in subsections 9, 10 and 12, a health maintenance organization that offers or issues a health care plan shall not:

(a) Require an enrollee to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an enrollee; or

(f) Impose any other restrictions or delays on the access of an enrollee to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an enrollee must be the same as for the enrollee.

6. Except as otherwise provided in subsection 7, a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~[2022,]~~ 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A health maintenance organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the health maintenance organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective enrollee written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection.

8. If a health maintenance organization refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. A health maintenance organization may require an enrollee to pay a higher deductible, copayment or coinsurance for a drug for contraception if the enrollee refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a health care plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the enrollee, but the health maintenance organization may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;
- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;

- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;
- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, a health maintenance organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. A health maintenance organization shall not ~~use~~:

(a) *Use* medical management techniques to require an enrollee to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~[-]~~; *or*

(b) *Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 11 at a hospital immediately after an enrollee gives birth.*

14. A health maintenance organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an enrollee, or the authorized representative of the enrollee, may request an exception relating to any medical management technique used by the health maintenance organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 16.** NRS 695G.1715 is hereby amended to read as follows:

695G.1715 1. Except as otherwise provided in subsection 7, a managed care organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration;
- (3) Listed in subsection 10; and
- (4) Dispensed in accordance with NRS 639.28075;

(b) Any type of device for contraception which is:

- (1) Lawfully prescribed or ordered;
- (2) Approved by the Food and Drug Administration; and
- (3) Listed in subsection 10;

(c) Self-administered hormonal contraceptives dispensed by a pharmacist pursuant to NRS 639.28078;

(d) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same health care plan;

(e) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(f) Management of side effects relating to contraception; and

(g) Voluntary sterilization for women.

2. A managed care organization must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the managed care organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the managed care organization.

4. Except as otherwise provided in subsections 8, 9 and 11, a managed care organization that offers or issues a health care plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefits;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefits;

(d) Penalize a provider of health care who provides any such benefits to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefits to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefits.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~[2022,]~~ 2024, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A managed care organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the managed care organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective insured written notice of the coverage that the managed care organization refuses to provide pursuant to this subsection.

8. A managed care organization may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a health care plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the managed care organization may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

- (a) Voluntary sterilization for women;
- (b) Surgical sterilization implants for women;
- (c) Implantable rods;
- (d) Copper-based intrauterine devices;
- (e) Progesterone-based intrauterine devices;
- (f) Injections;
- (g) Combined estrogen- and progestin-based drugs;
- (h) Progestin-based drugs;
- (i) Extended- or continuous-regimen drugs;
- (j) Estrogen- and progestin-based patches;
- (k) Vaginal contraceptive rings;
- (l) Diaphragms with spermicide;
- (m) Sponges with spermicide;
- (n) Cervical caps with spermicide;

- (o) Female condoms;
- (p) Spermicide;
- (q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
- (r) Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a managed care organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A managed care organization shall not ~~use~~ :

(a) *Use* medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care ~~to~~; *or*

(b) *Refuse to cover a contraceptive injection or the insertion of a device described in paragraph (c), (d) or (e) of subsection 10 at a hospital immediately after an insured gives birth.*

13. A managed care organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the managed care organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) “Medical management technique” means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) “Network plan” means a health care plan offered by a managed care organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the managed care organization. The term does not include an arrangement for the financing of premiums.

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

(d) “Therapeutic equivalent” means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

**Sec. 17.** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

**Sec. 18.** 1. This section becomes effective upon passage and approval.

2. Sections 1 to 7, inclusive, and 9 of this act become effective on October 1, 2023.

3. Sections 8 and 10 to 17, inclusive, of this act become effective:

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

(b) On January 1, 2024, for all other purposes.

Assemblywoman Peters moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Senate Bill No. 336.

Bill read second time.

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

Amendment No. 670.

AN ACT relating to health care; exempting certain conduct of certain practitioners of healing arts practicing within their authorized scope of authority from provisions governing certain practitioners of other healing arts; enacting provisions governing the certification and regulation of certified registered nurse anesthetists; authorizing a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices under certain circumstances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes a physician, physician assistant, dentist, advanced practice registered nurse, podiatric physician or optometrist to prescribe and dispense controlled substances and dangerous drugs under certain circumstances. (NRS 453.226, 454.215, 639.235) Existing law provides that provisions of existing law governing the practice of physicians, physician assistants, perfusionists and practitioners of respiratory care do not apply to any person permitted to practice any other healing art under title 54 of NRS who does so within the scope of that authority. (NRS 630.047) **Sections 1, 2.2 and 3-5** of this bill provide similar exemptions from provisions governing dentists, nurses, osteopathic physicians and physician assistants, podiatrists and optometrists for practitioners of healing arts who are acting within the scope of their authority. **Section 6** of this bill provides that the provisions of **sections 1, 2.2 and 3-5** apply to any conduct by a practitioner of a healing art before, on or after the effective date of this bill which has not been the subject of a final order from the Board of Dental Examiners of Nevada, the State Board of Nursing, the State Board of Osteopathic Medicine, the State Board of Podiatry or the Nevada State Board of Optometry. **Section 6** also requires those boards to terminate any investigation or disciplinary proceedings for conduct that is outside the scope of those boards.



Existing law: (1) provides for the certification of certified registered nurse anesthetists by the State Board of Nursing; and (2) authorizes a certified registered nurse anesthetist to administer anesthetic agents to a person under the care of a licensed physician, dentist or podiatric physician. (NRS 632.014) **Section 2.4** of this bill requires the State Board of Nursing to issue a certificate of registration to practice as a certified registered nurse anesthetist to a registered nurse who meets the requirements prescribed by existing law for such certification and any additional requirements prescribed by the Board. **Section 2.4** also requires the Board to adopt regulations governing certified registered nurse anesthetists.

Existing law authorizes a registered nurse to possess and administer controlled substances and dangerous drugs under certain circumstances. (NRS 453.375, 454.213) **Sections 2.6, 5.1, 5.5 and 5.9** of this bill additionally authorize a certified registered nurse anesthetist working under the supervision of a physician licensed to practice medicine or osteopathic medicine in this State to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a person under the care of a licensed physician in a critical access hospital before, during and after surgery or childbirth. **Sections 5.2-5.4 and 5.6-5.85** of this bill make additional changes necessary to authorize a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in such circumstances. A certified registered nurse anesthetist who unlawfully possesses, prescribes or administers a controlled substance, dangerous drug or poison would be subject to discipline and criminal and civil penalties to the same extent as other practitioners who unlawfully possess, prescribe or administer such drugs. (NRS 453.236, 453.305, 453.326, 453.3363, 453.553, 454.170, 454.356)

**Section 2.8** of this bill makes a conforming change to remove a provision now duplicated in **section 2.4**.

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

**Section 1.** NRS 631.115 is hereby amended to read as follows:

631.115 **1.** Except as otherwise provided in subsection 2 of NRS 631.317, this chapter does not apply to:

~~{1}~~ **(a)** A legally qualified physician or surgeon unless he or she practices dentistry as a specialty.

~~{2}~~ **(b)** A dentist, dental hygienist or dental therapist of the United States Army, Navy, Air Force, Public Health Service, Coast Guard or Department of Veterans Affairs in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

**(c)** *Any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

2. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

Sec. 2. Chapter 632 of NRS is hereby amended by adding thereto the provisions set forth as section 2.2, 2.4 and 2.6 of this act.

Sec. 2.2. 1. *Except as otherwise provided in NRS 632.472, this chapter does not apply to any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

2. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

Sec. 2.4. 1. *The Board shall issue a certificate of registration to practice as a certified registered nurse anesthetist to an applicant who:*

(a) *Has successfully completed a nationally accredited program in the science of anesthesia; and*

(b) *Meets any additional requirements prescribed by the Board pursuant to subsection 2.*

2. *The Board shall adopt regulations to carry out the provisions of this section and section 2.6 of this act, including, without limitation, regulations:*

(a) *Specifying any additional training, education and experience necessary for certification as a certified registered nurse anesthetist;*

(b) *Delineating the authorized scope of practice of a certified registered nurse anesthetist; and*

(c) *Establishing the procedure to apply for certification as a certified registered nurse anesthetist.*

Sec. 2.6. 1. *A certified registered nurse anesthetist may:*

(a) ~~Order,~~ *Under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.*

(b) *Possess and administer controlled substances, poisons, dangerous drugs and devices in other circumstances under which a registered nurse is authorized to possess and administer controlled substances, poisons, dangerous drugs and devices.*

2. *A certified registered nurse anesthetist shall not order or prescribe a controlled substance, poison, dangerous drug or device except as authorized by paragraph (a) of subsection 1.*

3. *As used in this section, “critical access hospital” means a hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. 1395i-4(e).*

Sec. 2.8. NRS 632.014 is hereby amended to read as follows:

632.014 “Certified registered nurse anesthetist” means a registered nurse who ~~is~~

~~1. Has completed a nationally accredited program in the science of anesthesia; and~~

~~2. Is~~ is certified by the Board *pursuant to section 2.4 of this act* to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist or a licensed podiatric physician.

**Sec. 3.** NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

(a) The practice of medicine or perfusion pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry, optometry, respiratory care, faith or Christian Science healing, nursing, veterinary medicine or fitting hearing aids.

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(c) Osteopathic physicians who are called into this State, other than on a regular basis, for consultation or assistance to a physician licensed in this State, and who are legally qualified to practice in the state where they reside.

(d) Osteopathic physicians who are temporarily exempt from licensure pursuant to NRS 633.420 and are practicing osteopathic medicine within the scope of the exemption.

(e) The performance of medical services by a student enrolled in an educational program for a physician assistant which is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, as part of such a program.

(f) A physician assistant of any division or department of the United States in the discharge of his or her official duties unless licensure by a state is required by the division or department of the United States.

**(g) *Any person permitted to practice any other healing art under this title who does so within the scope of that authority.***

2. This chapter does not repeal or affect any law of this State regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services of a person in cases of emergency.

(b) The domestic administration of family remedies.

**Sec. 4.** NRS 635.015 is hereby amended to read as follows:

635.015 1. This chapter does not apply:

(a) To commissioned surgeons of the United States Army, Navy or Marine Hospital Service in the actual performance of their official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(b) To physicians licensed in the State of Nevada.

**(c) *To any person permitted to practice any other healing art under this title who does so within the scope of that authority.***

2. This chapter does not prohibit the manufacture, recommendation, advertisement, demonstration or sale of arch-support shoes, foot appliances or remedies by retail dealers.

3. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

**Sec. 5.** NRS 636.027 is hereby amended to read as follows:

636.027 This chapter:

1. Applies to any person who is licensed to practice optometry pursuant to this chapter and any other person engaged in the practice of optometry in this State.

2. Must not be construed to apply to ~~physicians~~ :

(a) *Physicians* and surgeons duly licensed to practice in this State.

(b) *Any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

3. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

**Sec. 5.1.** NRS 639.0125 is hereby amended to read as follows:

639.0125 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State;

2. A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this State;

3. An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;

4. A physician assistant who:

(a) Holds a license issued by the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of a physician as required by chapter 630 of NRS;

5. A physician assistant who:

(a) Holds a license issued by the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS; or

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification.

7. *A certified registered nurse anesthetist ~~when he or she~~ who orders, prescribes, possesses or administers controlled substances, poisons, dangerous drugs or devices ~~under the conditions prescribed by paragraph (a) of subsection 1 of~~ in accordance with section 2.6 of this act.*

**Sec. 5.2.** Chapter 453 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014.*

**Sec. 5.25.** NRS 453.016 is hereby amended to read as follows:

453.016 As used in this chapter, the words and terms defined in NRS 453.021 to 453.141, inclusive, *and section 5.2 of this act* have the meanings ascribed to them in those sections except in instances where the context clearly indicates a different meaning.

**Sec. 5.3.** NRS 453.038 is hereby amended to read as follows:

453.038 “Chart order” means an order entered on the chart of a patient:

1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department; or

2. Under emergency treatment in a hospital by a physician, advanced practice registered nurse, *certified registered nurse anesthetist*, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse, *certified registered nurse anesthetist*, dentist or podiatric physician authorizing the administration of a drug to the patient.

**Sec. 5.4.** NRS 453.091 is hereby amended to read as follows:

453.091 1. “Manufacture” means the production, preparation, propagation, compounding, conversion or processing of a substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container.

2. “Manufacture” does not include the preparation, compounding, packaging or labeling of a substance by a pharmacist, physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, advanced practice registered nurse, *certified registered nurse anesthetist* or veterinarian:

(a) As an incident to the administering or dispensing of a substance in the course of his or her professional practice; or

(b) By an authorized agent under his or her supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

**Sec. 5.5.** NRS 453.126 is hereby amended to read as follows:

453.126 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.

2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.

3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.

5. A physician assistant who:

(a) Holds a license from the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of a physician as required by chapter 630 of NRS.

6. A physician assistant who:

(a) Holds a license from the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of an osteopathic physician as required by chapter 633 of NRS.

7. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification.

8. ***A certified registered nurse anesthetist ~~when he or she~~ who orders, prescribes, possesses or administers controlled substances ~~under the conditions prescribed by paragraph (a) of subsection 1 of~~ in accordance with section 2.6 of this act.***

**Sec. 5.6.** NRS 453.128 is hereby amended to read as follows:

453.128 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse, ***certified registered nurse anesthetist*** or veterinarian, or his or her agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

(b) A chart order written for an inpatient specifying drugs which he or she is to take home upon his or her discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

**Sec. 5.7.** NRS 453.226 is hereby amended to read as follows:

453.226 1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations. A person must present proof that he or she is authorized to access the database of the program established pursuant to NRS 453.162 before the Board may issue or renew a registration.

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, ***and section 5.2 of this act*** to dispense or

conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive ~~¶~~, **and section 5.2 of this act:**

(a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, **certified registered nurse anesthetist**, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:

(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and

(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

**Sec. 5.75.** NRS 453.336 is hereby amended to read as follows:

453.336 1. Except as otherwise provided in subsection 6, a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse, **certified registered nurse anesthetist** or veterinarian while acting in the course of his or her professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive ~~¶~~, **and section 5.2 of this act.**

2. Except as otherwise provided in subsections 3, 4 and 5 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385 or 453.339, a person who violates this section:

(a) For a first or second offense, if the controlled substance is listed in schedule I or II and the quantity possessed is less than 14 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is less than 28 grams, is guilty of possession of a controlled

substance and shall be punished for a category E felony as provided in NRS 193.130. In accordance with NRS 176.211, the court shall defer judgment upon the consent of the person.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I or II and the quantity possessed is less than 14 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is less than 28 grams, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, is guilty of possession of a controlled substance and shall be punished for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) If the controlled substance is listed in schedule I or II and the quantity possessed is 14 grams or more, but less than 28 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is 28 grams or more, but less than 200 grams, is guilty of low-level possession of a controlled substance and shall be punished for a category C felony as provided in NRS 193.130.

(d) If the controlled substance is listed in schedule I or II and the quantity possessed is 28 grams or more, but less than 42 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is 200 grams or more, is guilty of mid-level possession of a controlled substance and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 10 years and by a fine of not more than \$50,000.

(e) If the controlled substance is listed in schedule I or II and the quantity possessed is 42 grams or more, but less than 100 grams, is guilty of high-level possession of a controlled substance and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 15 years and by a fine of not more than \$50,000.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

4. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of 1 ounce or less of marijuana is guilty of a misdemeanor and shall be punished by:

(a) Performing not more than 24 hours of community service;

(b) Attending the live meeting described in paragraph (a) of subsection 2 of NRS 484C.530 and complying with any other requirements set forth in that section; or



(c) Being required to undergo an evaluation in accordance with subsection 1 of NRS 484C.350,

↳ or any combination thereof.

5. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of more than 1 ounce, but less than 50 pounds, of marijuana or more than one-eighth of an ounce, but less than one pound, of concentrated cannabis is guilty of a category E felony and shall be punished as provided in NRS 193.130.

6. It is not a violation of this section if a person possesses a trace amount of a controlled substance and that trace amount is in or on a hypodermic device obtained from a sterile hypodermic device program pursuant to NRS 439.985 to 439.994, inclusive.

7. The court may grant probation to or suspend the sentence of a person convicted of violating this section.

8. If a person fulfills the terms and conditions imposed for a violation of subsection 4, the court shall, without a hearing, order sealed all documents, papers and exhibits in that person's record, minute book entries and entries on dockets, and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order. The court shall cause a copy of the order to be sent to each agency or officer named in the order. Each such agency or officer shall notify the court in writing of its compliance with the order.

9. As used in this section:

(a) "Controlled substance" includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.

(b) "Marijuana" does not include concentrated cannabis.

(c) "Sterile hypodermic device program" has the meaning ascribed to it in NRS 439.986.

**Sec. 5.8.** NRS 453.381 is hereby amended to read as follows:

453.381 1. In addition to the limitations imposed by NRS 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist* or podiatric physician may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice, and he or she shall not prescribe, administer or dispense a controlled substance listed in schedule II for himself or herself, his or her spouse or his or her children except in cases of emergency.

2. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian.

3. A euthanasia technician, within the scope of his or her license, and not for use by a human being, may possess and administer sodium pentobarbital.

4. A pharmacist shall not fill an order which purports to be a prescription if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian.

5. Any person who has obtained from a physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian any controlled substance for administration to a patient during the absence of the physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian shall return to him or her any unused portion of the substance when it is no longer required by the patient.

6. A manufacturer, wholesale supplier or other person legally able to furnish or sell any controlled substance listed in schedule II shall not provide samples of such a controlled substance to registrants.

7. A salesperson of any manufacturer or wholesaler of pharmaceuticals shall not possess, transport or furnish any controlled substance listed in schedule II.

8. A person shall not dispense a controlled substance in violation of a regulation adopted by the Board.

**Sec. 5.85.** NRS 453.391 is hereby amended to read as follows:

453.391 A person shall not:

1. Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, veterinarian or any other person authorized to administer, dispense or possess controlled substances.

2. While undergoing treatment and being supplied with any controlled substance or a prescription for any controlled substance from one practitioner, knowingly obtain any controlled substance or a prescription for a controlled substance from another practitioner without disclosing this fact to the second practitioner.

**Sec. 5.9.** NRS 454.00958 is hereby amended to read as follows:

454.00958 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.

2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

4. An optometrist who is certified to prescribe and administer pharmaceutical agents pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.

5. *A certified registered nurse anesthetist ~~when he or she~~ who orders, prescribes, possesses or administers poisons, dangerous drugs or devices ~~under the conditions prescribed by paragraph (a) of subsection 1 of~~ in accordance with section 2.6 of this act.*

**Sec. 6.** 1. The provisions of NRS 631.115, 633.171, 635.015 and 636.027, as amended by sections 1, 3, 4 and 5 of this act, respectively, and section 2.2 of this act apply to any conduct that:

- (a) Occurred before, on or after the effective date of this ~~act,~~ **section;** and
- (b) Has not been the subject of a final order of a regulatory body.

2. A regulatory body shall terminate any investigation or disciplinary proceedings:

- (a) Against a person permitted to practice any healing art under title 54 of NRS for conduct outside the scope of the regulatory body; or
- (b) Which are otherwise inconsistent with the amendatory provisions of this act.

3. As used in this section:

(a) “Healing art” has the meaning ascribed to it in NRS 630.0122.

(b) “Regulatory body” means the Board of Dental Examiners of Nevada, the State Board of Nursing, the State Board of Osteopathic Medicine, the State Board of Podiatry and the Nevada State Board of Optometry.

**Sec. 7.** 1. This section and sections 1, 2, 2.2, 3, 4, ~~and~~ **5 and 6** of this act become effective upon passage and approval.

2. Sections 2.4, 2.6, 2.8 and 5.1 to 5.9, inclusive, of this act become effective:

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

(b) On January 1, 2024, for all other purposes.

Assemblywoman Marzola moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

GENERAL FILE AND THIRD READING

Senate Bill No. 92.

Bill read third time.

The following amendment was proposed by Assemblywoman Torres:

Amendment No. 720.

AN ACT relating to sidewalk vendors; establishing certain requirements for the regulation of sidewalk vendors by the governing body of certain counties and cities; requiring a local board of health to adopt certain regulations relating to sidewalk vendors who sell food; creating the Task Force on Safe Sidewalk Vending; setting forth the membership and duties of the Task Force on Safe Sidewalk Vending; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law grants a governing body of a county or city all powers necessary and proper to address matters of local concern. (NRS 244.146, 268.0035) **Sections 1-11 and 15-24.5** of this bill set forth various requirements for the licensing and regulation of sidewalk vendors of food by the governing body of certain counties and cities.

**Sections 2 and 16** of this bill provide that the provisions of **sections 1-10 and 15-25** of this bill apply only to a county whose population is 100,000 or more (currently Clark and Washoe Counties) or to a city in a county whose population is 100,000 or more.

**Sections 3 and 17** of this bill define the term “sidewalk vendor.”

**Sections 7 and 21** of this bill: (1) authorize a governing body of a county or city to adopt an ordinance regulating sidewalk vendors; and (2) require the governing body of a county or city that adopts such an ordinance to post on its Internet website a map of the areas where a person may engage in the act of sidewalk vending. **Sections 7 and 21** also prohibit a governing body of a county or city from, with certain exceptions: (1) enforcing or enacting a complete prohibition on sidewalk vending; (2) imposing criminal penalties for the act of sidewalk vending in a residential area; or (3) regulating sidewalk vendors, except in compliance or substantial compliance with the provisions of this bill.

**Sections 7.5 and 21.5** of this bill prohibit a person, with certain exceptions, from selling food, beverages or merchandise upon a public sidewalk or pedestrian path from a conveyance within 1,500 feet of: (1) a resort hotel; (2) certain event facilities; (3) certain convention facilities; and (4) a median of a highway, if the median is adjacent to a parking lot. **Sections 7.5 and 21.5** authorize, with certain exceptions, a person to sell food, beverages or merchandise within 1,500 feet of such a location if the area is zoned exclusively for residential use.

**Sections 8 and 22** of this bill authorize a governing body of a county or city to require that a sidewalk vendor: (1) hold certain state and local permits or licenses; and (2) submit certain information to the county or city.

**Sections 9 and 23** of this bill provide that an ordinance adopted by a governing body of a county or city may, with certain exceptions, impose additional requirements regulating the time, place and manner of sidewalk vending.

**Sections 10 and 24** of this bill authorize a governing body of a county or city to impose by ordinance certain penalties and fines for a violation of the

provisions of the ordinance regulating sidewalk vendors or for operating without any required license or permit for sidewalk vendors.

**Sections 10.5 and 24.5** of this bill provide that the provisions of this bill governing the regulation of sidewalk vendors by a governing body of a county or city shall not be construed to: (1) exempt a person from complying with any state or local law or regulation; (2) provide a defense to any criminal act that is not related to the act of sidewalk vending; or (3) affect certain rights of a private property owner to use or authorize or limit the use of a privately owned sidewalk.

**Section 11** of this bill makes a conforming change to create an exception to the authority of a board of county commissioners to regulate all character of lawful trades, callings, industries, occupations, professions and business.

Existing law authorizes a local board of health to adopt regulations relating to food establishments. (NRS 446.940) **Section 25** of this bill requires a local board of health to adopt regulations to establish a process for a person to apply for a permit, license or other authorization from the local board of health to operate as a sidewalk vendor and that allow a person applying for any such authorization to operate as a sidewalk vendor to: (1) pay any fees required by the local board of health using a payment plan; and (2) obtain any necessary certification as a food handler if the person does not have a driver's license or identification card.

**Section 13** of this bill creates the Task Force on Safe Sidewalk Vending in the Office of the Secretary of State and requires the Secretary of State to appoint nine members to the Task Force. **Section 14** of this bill requires the Task Force to review existing laws governing sidewalk vending and recommend approaches to improve the laws of this State and cities and counties of this State governing sidewalk vending.

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

**Section 1.** Chapter 244 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10.5, inclusive, of this act.

**Sec. 2.** *The provisions of sections 2 to 10.5, inclusive, of this act apply only to a county whose population is 100,000 or more.*

**Sec. 3.** *As used in sections 2 to 10.5, inclusive, of this act, unless the context otherwise requires, "sidewalk vendor" means a person who sells food upon a public sidewalk or other pedestrian path from a conveyance, including, without limitation, a pushcart, stand, display, pedal-driven cart, wagon, showcase or rack. The term includes, without limitation, a nonstationary sidewalk vendor and a stationary sidewalk vendor.*

**Sec. 4.** (Deleted by amendment.)

**Sec. 5.** (Deleted by amendment.)

**Sec. 6.** (Deleted by amendment.)

Sec. 7. 1. A board of county commissioners may adopt an ordinance regulating sidewalk vendors in accordance with the requirements of sections 2 to 10.5, inclusive, of this act.

2. Except as otherwise provided in sections 2 to 10.5, inclusive, of this act, a board of county commissioners shall not:

(a) Enact or enforce a complete prohibition on sidewalk vendors.

(b) Impose a criminal penalty on the act of sidewalk vending in a residential area.

3. A board of county commissioners that does not adopt an ordinance that complies or substantially complies with sections 2 to 10.5, inclusive, of this act, shall not cite, fine or prosecute a sidewalk vendor for a violation of any rule or regulation that is inconsistent with the provisions of sections 2 to 10.5, inclusive, of this act.

4. If a board of county commissioners adopts an ordinance pursuant to this section, the board of county commissioners shall post on its Internet website a map of the zones where a person may engage in the act of sidewalk vending.

Sec. 7.5. 1. Except as otherwise provided in subsection 4, a person shall not sell food, beverages or merchandise upon a public sidewalk or pedestrian path from a conveyance, including, without limitation, a pushcart, stand, display, pedal-driven cart, wagon, showcase or rack, within 1,500 feet of:

(a) A resort hotel, as defined in NRS 463.01865;

(b) An event facility that has seating capacity for at least 20,000 people and is constructed to accommodate a major or minor league sports team;

(c) A convention facility operated by a county fair and recreation board;

or

(d) A median of a highway, if the median is adjacent to a parking lot.

2. For any violation of subsection 1, a board of county commissioners may impose a criminal, civil or administrative penalty in accordance with an ordinance adopted by the board of county commissioners pursuant to section 7 of this act. The maximum criminal penalty that may be specified in an ordinance adopted pursuant to section 7 of this act is a misdemeanor. A violation of subsection 1 or such an ordinance does not constitute a crime of moral turpitude.

3. Nothing in this section authorizes a person to sell merchandise 1,500 feet or more from:

(a) A resort hotel, as defined in NRS 463.01865;

(b) An event facility that has seating capacity for at least 20,000 people and is constructed to accommodate a major or minor league sports team;

(c) A convention facility operated by a county fair and recreation board;

or

(d) A median of a highway that is adjacent to a parking lot.

4. A person may sell food, beverages or merchandise within 1,500 feet of a location described in subsection 1 if the conveyance from which the

person is selling food, beverages or merchandise is located in an area which is zoned exclusively for residential use, unless the area is on a public sidewalk or pedestrian path that is immediately adjacent to a location described in subsection 1.

Sec. 8. An ordinance adopted by a board of county commissioners regulating sidewalk vendors pursuant to section 7 of this act may require that a sidewalk vendor:

1. Hold:

- (a) A permit or license for sidewalk vending;
- (b) A state business license; and
- (c) Any other licenses issued by a state or local governmental agency to the extent otherwise required by law.

↳ Nothing in this section shall be construed to authorize a sidewalk vendor to not comply with any requirement to obtain a state business license or other license issued by a state agency or any permit or license issued by a local government, agency or board of health to the extent otherwise required by law.

2. Submit information to the designated representative of the county relating to his or her operations, including, without limitation:

- (a) The name and current mailing address of the sidewalk vendor;
- (b) If the sidewalk vendor is an agent of an individual, company, partnership or corporation, the name and business address of the principal office;
- (c) A description of the food offered for sale; and
- (d) A certification by the sidewalk vendor that, to the best of his or her knowledge and belief, the information submitted pursuant to this section is true.

Sec. 9. 1. In addition to the provisions of section 8 of this act, an ordinance adopted by a board of county commissioners that regulates sidewalk vendors may:

(a) Adopt requirements regulating the time, place and manner of sidewalk vending if the requirements are objectively and directly related to the health, safety or welfare concerns of the public, which may include, without limitation:

(1) Restrictions on the hours of operation of a sidewalk vendor, which may not be more restrictive than any restriction imposed by any applicable ordinance regulating noise or any restriction on the hours of operation imposed on home-based businesses that are similar to sidewalk vending; and

(2) Requirements to:

(I) Maintain sanitary conditions and comply with the regulations adopted by a local board of health pursuant to section 25 of this act.

(II) Ensure compliance with the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq.

(b) Restrict or prohibit sidewalk vendors from operating:

(1) *In areas located within the immediate vicinity of a farmers' market licensed pursuant to NRS 244.337 during the operating hours of the farmers' market.*

(2) *Within the immediate vicinity of an area designated for a temporary special event by the board of county commissioners, provided that any notice or other right provided to affected businesses or property owners during the temporary special event is also provided to any sidewalk vendors permitted to operate in the area, if applicable. A prohibition of sidewalk vendors pursuant to this subparagraph must only be effective for the limited duration of the temporary special event.*

(3) *Within a set distance established by the board of county commissioners of:*

(I) *Except as otherwise provided in section 7.5 of this act, an establishment that holds a nonrestricted gaming license described in subsection 1 or 2 of NRS 463.0177;*

(II) *A food establishment;*

(III) *A school, child care facility, community center, polling place, religious institution or place of worship or park or recreational facility owned by the county; or*

(IV) *A highly trafficked pedestrian mall, convention center or designated entertainment district.*

(4) *In residential areas, but must not prohibit nonstationary sidewalk vendors from operating in such areas.*

2. *As used in this section:*

(a) *"Entertainment district" means a contiguous area located within a county that:*

(1) *Is zoned for or customarily used for commercial purposes; and*

(2) *Contains any number and combination of restaurants, bars, entertainment establishments, music venues, theaters, art galleries or studios, dance studios or athletic stadiums.*

(b) *"Pedestrian mall" has the meaning ascribed to it in NRS 268.811.*

Sec. 10. 1. *In accordance with an ordinance adopted pursuant to sections 2 to 10.5, inclusive, of this act, a board of county commissioners or its designee may:*

(a) *Suspend or revoke any permit or license for sidewalk vending for any violation of the ordinance or the terms or conditions of the permit or license in the same manner as such suspensions or revocations are imposed for other types of businesses;*

(b) *Impose a civil penalty on the holder of a permit or license for sidewalk vending that engages in sidewalk vending in a prohibited residential area or for any violation of the terms or conditions of the permit or license in accordance with the schedule of civil penalties set forth in the ordinance, if any;*

(c) *Impose a civil penalty on a person who engages in sidewalk vending without holding a permit or license for sidewalk vending required by the*



*ordinance in accordance with the schedule of civil penalties set forth in the ordinance, if any; and*

*(d) Authorize any other action to prevent the sale or consumption of any food or drink that violates any requirements established by a local board of health pursuant to section 25 of this act.*

*2. For any person who engages in sidewalk vending without holding a permit or license for sidewalk vending or who engages in sidewalk vending in a prohibited area, a board of county commissioners or its designee may also take any other action authorized under existing law to enforce any prohibition on unlicensed business activities, including, without limitation, any action authorized pursuant to section 7.5 of this act.*

**Sec. 10.5.** *The provisions of sections 2 to 10.5, inclusive, of this act shall not be construed to:*

*1. Exempt a person from complying with any state or local law or regulation;*

*2. Provide a defense to any criminal charge unrelated to the act of sidewalk vending; or*

*3. Affect the rights of a private property owner to use or authorize or limit the use of a sidewalk that is owned by the private property owner, including, without limitation, a privately owned sidewalk that is subject to an easement for public access.*

**Sec. 11.** NRS 244.335 is hereby amended to read as follows:

244.335 1. Except as otherwise provided in subsections 2, 3, 4 and 9, and NRS 244.33501, 244.35253, 244.3535 and 244.35351 to 244.35359, inclusive, a board of county commissioners may:

(a) Except as otherwise provided in NRS 244.331 to 244.3345, inclusive, 598D.150 and 640C.100, **and sections 2 to 10.5, inclusive, of this act**, regulate all character of lawful trades, callings, industries, occupations, professions and business conducted in its county outside of the limits of incorporated cities and towns.

(b) Except as otherwise provided in NRS 244.3359 and 576.128, fix, impose and collect a license tax for revenue or for regulation, or for both revenue and regulation, on such trades, callings, industries, occupations, professions and business.

2. The county license boards have the exclusive power in their respective counties to regulate entertainers employed by an entertainment by referral service and the business of conducting a dancing hall, escort service, entertainment by referral service or gambling game or device permitted by law, outside of an incorporated city. The county license boards may fix, impose and collect license taxes for revenue or for regulation, or for both revenue and regulation, on such employment and businesses.

3. A board of county commissioners shall not require that a person who is licensed as a contractor pursuant to chapter 624 of NRS obtain more than one license to engage in the business of contracting or pay more than one license tax related to engaging in the business of contracting, regardless of the number

of classifications or subclassifications of licensing for which the person is licensed pursuant to chapter 624 of NRS.

4. The board of county commissioners or county license board shall not require a person to obtain a license or pay a license tax on the sole basis that the person is a professional. As used in this subsection, “professional” means a person who:

(a) Holds a license, certificate, registration, permit or similar type of authorization issued by a regulatory body as defined in NRS 622.060 or who is regulated pursuant to the Nevada Supreme Court Rules; and

(b) Practices his or her profession for any type of compensation as an employee.

5. The county license board shall provide upon request an application for a state business license pursuant to chapter 76 of NRS. No license to engage in any type of business may be granted unless the applicant for the license:

(a) Signs an affidavit affirming that the business has complied with the provisions of chapter 76 of NRS; or

(b) Provides to the county license board the business identification number of the applicant assigned by the Secretary of State pursuant to NRS 225.082 which the county may use to validate that the applicant is currently in good standing with the State and has complied with the provisions of chapter 76 of NRS.

6. No license to engage in business as a seller of tangible personal property may be granted unless the applicant for the license:

(a) Presents written evidence that:

(1) The Department of Taxation has issued or will issue a permit for this activity, and this evidence clearly identifies the business by name; or

(2) Another regulatory agency of the State has issued or will issue a license required for this activity; or

(b) Provides to the county license board the business identification number of the applicant assigned by the Secretary of State pursuant to NRS 225.082 which the county may use to validate that the applicant is currently in good standing with the State and has complied with the provisions of paragraph (a).

7. Any license tax levied for the purposes of NRS 244.3358 or 244A.597 to 244A.655, inclusive, constitutes a lien upon the real and personal property of the business upon which the tax was levied until the tax is paid. The lien has the same priority as a lien for general taxes. The lien must be enforced:

(a) By recording in the office of the county recorder, within 6 months after the date on which the tax became delinquent or was otherwise determined to be due and owing, a notice of the tax lien containing the following:

(1) The amount of tax due and the appropriate year;

(2) The name of the record owner of the property;

(3) A description of the property sufficient for identification; and

(4) A verification by the oath of any member of the board of county commissioners or the county fair and recreation board; and

(b) By an action for foreclosure against the property in the same manner as an action for foreclosure of any other lien, commenced within 2 years after the date of recording of the notice of the tax lien, and accompanied by appropriate notice to other lienholders.

8. The board of county commissioners may delegate the authority to enforce liens from taxes levied for the purposes of NRS 244A.597 to 244A.655, inclusive, to the county fair and recreation board. If the authority is so delegated, the board of county commissioners shall revoke or suspend the license of a business upon certification by the county fair and recreation board that the license tax has become delinquent, and shall not reinstate the license until the tax is paid. Except as otherwise provided in NRS 239.0115 and 244.3357, all information concerning license taxes levied by an ordinance authorized by this section or other information concerning the business affairs or operation of any licensee obtained as a result of the payment of such license taxes or as the result of any audit or examination of the books by any authorized employee of a county fair and recreation board of the county for any license tax levied for the purpose of NRS 244A.597 to 244A.655, inclusive, is confidential and must not be disclosed by any member, officer or employee of the county fair and recreation board or the county imposing the license tax unless the disclosure is authorized by the affirmative action of a majority of the members of the appropriate county fair and recreation board. Continuing disclosure may be so authorized under an agreement with the Department of Taxation or Secretary of State for the exchange of information concerning taxpayers.

9. Except as otherwise provided by regulations adopted by the Cannabis Compliance Board pursuant to NRS 678B.645, a board of county commissioners shall not license or otherwise allow a person to operate a business that allows cannabis, as defined in NRS 678A.085, or cannabis products, as defined in NRS 678A.120, to be consumed on the premises of the business, other than a cannabis consumption lounge, as defined in NRS 678A.087, in accordance with the provisions of chapter 678B of NRS.

**Sec. 12.** Chapter 225 of NRS is hereby amended by adding thereto the provisions set forth as sections 13 and 14 of this act.

**Sec. 13. 1. *The Task Force on Safe Sidewalk Vending is hereby created within the Office of the Secretary of State.***

**2. *The Task Force consists of the following nine members appointed by the Secretary of State:***

**(a) *A representative of a health district in a county whose population is 100,000 or more;***

**(b) *A representative employed by a county or city whose primary duties are the performance of tasks related to business licensing;***

**(c) *A representative of the gaming or restaurant industries in this State;***

**(d) *A representative from a law enforcement agency in a county whose population is 100,000 or more;***

**(e) *A representative from the Office of the Secretary of State; and***

(f) *Four members at large chosen by the Secretary of State, with priority given to persons who are sidewalk vendors or are affiliated with a community organization that represents and affiliates with sidewalk vendors.*

3. *The members of the Task Force:*

(a) *Shall serve terms of 3 years. A member may be reappointed to the Task Force and any vacancy must be filled in the same manner as the original appointment.*

(b) *Serve without compensation.*

4. *A majority of the members of the Task Force constitutes a quorum for the transaction of business, and a majority of these members present at the meeting is sufficient for any official action taken by the Task Force.*

5. *To support the activities of the Task Force, the Secretary of State may establish an advisory board composed of representatives of counties, cities and businesses, including, without limitation, a member of a health department or health district.*

6. *The Task Force may apply for and accept any gift, donation, bequest, grant or other source of money to carry out the duties of the Task Force.*

Sec. 14. 1. *The Task Force on Safe Sidewalk Vending created by section 13 of this act shall:*

(a) *Review the existing laws of this State, the cities and counties in this State and those of other states and municipalities relating to sidewalk vending; and*

(b) *Recommend approaches to improve the laws of this State and the cities and counties of this State to:*

(1) *Legalize sidewalk vending;*

(2) *Simplify and standardize the laws governing sidewalk vending;*

(3) *Remove unnecessary barriers to sidewalk vending;*

(4) *Protect the public health, safety and welfare by ensuring sidewalk vendors follow clear and narrowly tailored laws which address demonstrable health, safety and welfare risks; and*

(5) *Develop enforcement mechanisms, including, without limitation, civil penalties for sidewalk vendors that operate in authorized areas.*

2. *On or before September 1 of each even-numbered year, the Task Force shall submit to the Director of the Legislative Counsel Bureau for submission to the Legislative Commission a written report. The report must include, without limitation, a summary of the work of the Task Force and any recommendations for legislation and regulations.*

Sec. 15. Chapter 268 of NRS is hereby amended by adding thereto the provisions set forth as sections 16 to 24.5, inclusive, of this act.

Sec. 16. *The provisions of sections 16 to 24.5, inclusive, of this act apply only to a city in a county whose population is 100,000 or more.*

Sec. 17. *As used in sections 16 to 24.5, inclusive, of this act, unless the context otherwise requires, "sidewalk vendor" means a person who sells food upon a public sidewalk or other pedestrian path from a conveyance, including, without limitation, a pushcart, stand, display, pedal-driven cart,*

wagon, showcase or rack. The term includes, without limitation, a nonstationary sidewalk vendor and a stationary sidewalk vendor.

Sec. 18. (Deleted by amendment.)

Sec. 19. (Deleted by amendment.)

Sec. 20. (Deleted by amendment.)

Sec. 21. 1. A city council or other governing body of an incorporated city may adopt an ordinance regulating sidewalk vendors in accordance with the requirements of sections 16 to 24.5, inclusive, of this act.

2. Except as otherwise provided in sections 16 to 24.5, inclusive, of this act, a city council or other governing body of an incorporated city shall not:

(a) Enact or enforce a complete prohibition on sidewalk vendors.

(b) Impose a criminal penalty on the act of sidewalk vending in a residential area.

3. A city council or other governing body of an incorporated city that does not adopt an ordinance that complies or substantially complies with sections 16 to 24.5, inclusive, of this act, shall not cite, fine or prosecute a sidewalk vendor for a violation of any rule or regulation that is inconsistent with the provisions of sections 16 to 24.5, inclusive, of this act.

4. If a city council or other governing body of an incorporated city adopts an ordinance pursuant to this section, the city council or other governing body shall post on its Internet website a map of the zones where a person may engage in the act of sidewalk vending.

Sec. 21.5. 1. Except as otherwise provided in subsection 4, a person shall not sell food, beverages or merchandise upon a public sidewalk or pedestrian path from a conveyance, including, without limitation, a pushcart, stand, display, pedal-driven cart, wagon, showcase or rack, within 1,500 feet of:

(a) A resort hotel, as defined in NRS 463.01865;

(b) An event facility that has seating capacity for at least 20,000 people and is constructed to accommodate a major or minor league sports team;

(c) A convention facility operated by a county fair and recreation board;

or

(d) A median of a highway, if the median is adjacent to a parking lot.

2. For any violation of subsection 1, a city council or other governing body of an incorporated city may impose a criminal, civil or administrative penalty in accordance with an ordinance adopted by the city council or other governing body of an incorporated city pursuant to section 21 of this act. The maximum criminal penalty that may be specified in an ordinance adopted pursuant to section 21 of this act is a misdemeanor. A violation of subsection 1 or such an ordinance does not constitute a crime of moral turpitude.

3. Nothing in this section authorizes a person to sell merchandise 1,500 feet or more from:

(a) A resort hotel, as defined in NRS 463.01865;

(b) *An event facility that has seating capacity for at least 20,000 people and is constructed to accommodate a major or minor league sports team;*

(c) *A convention facility operated by a county fair and recreation board;*  
*or*

(d) *A median of a highway that is adjacent to a parking lot.*

4. *A person may sell food, beverages or merchandise within 1,500 feet of a location described in subsection 1 if the conveyance from which the person is selling food, beverages or merchandise is located in an area which is zoned exclusively for residential use, unless the area is on a public sidewalk or pedestrian path that is immediately adjacent to a location described in subsection 1.*

Sec. 22. *An ordinance adopted by a city council or other governing body of an incorporated city regulating sidewalk vendors pursuant to section 21 of this act may require that a sidewalk vendor:*

1. *Hold:*

(a) *A permit or license for sidewalk vending;*

(b) *A state business license; and*

(c) *Any other licenses issued by a state or local governmental agency to the extent otherwise required by law.*

↳ *Nothing in this section shall be construed to authorize a sidewalk vendor to not comply with any requirement to obtain a state business license or other license issued by a state agency or any permit or license issued by a local government, agency or board of health to the extent otherwise required by law.*

2. *Submit information to the designated representative of the city relating to his or her operations, including, without limitation:*

(a) *The name and current mailing address of the sidewalk vendor;*

(b) *If the sidewalk vendor is an agent of an individual, company, partnership or corporation, the name and business address of the principal office;*

(c) *A description of the food offered for sale; and*

(d) *A certification by the sidewalk vendor that, to the best of his or her knowledge and belief, the information submitted pursuant to this section is true.*

Sec. 23. 1. *In addition to the provisions of section 22 of this act, an ordinance adopted by a city council or other governing body of an incorporated city that regulates sidewalk vendors may:*

(a) *Adopt requirements regulating the time, place and manner of sidewalk vending if the requirements are objectively and directly related to the health, safety or welfare concerns of the public, which may include, without limitation:*

(1) *Restrictions on the hours of operation of a sidewalk vendor, which may not be more restrictive than any restriction imposed by any applicable ordinance regulating noise or any restriction on the hours of operation imposed on home-based businesses that are similar to sidewalk vending; and*

(2) *Requirements to:*

(I) *Maintain sanitary conditions and comply with the regulations adopted by a local board of health pursuant to section 25 of this act.*

(II) *Ensure compliance with the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq.*

(b) *Restrict or prohibit sidewalk vendors from operating:*

(1) *In areas located within the immediate vicinity of a farmers' market licensed pursuant to NRS 268.092 during the operating hours of the farmers' market.*

(2) *Within the immediate vicinity of an area designated for a temporary special event by the city council or other governing body of an incorporated city, provided that any notice or other right provided to affected businesses or property owners during the temporary special event is also provided to any sidewalk vendors permitted to operate in the area, if applicable. A prohibition of sidewalk vendors pursuant to this subparagraph must only be effective for the limited duration of the temporary special event.*

(3) *Within a set distance established by the city council or other governing body of an incorporated city of:*

(I) *Except as otherwise provided in section 21.5 of this act, an establishment that holds a nonrestricted gaming license described in subsection 1 or 2 of NRS 463.0177;*

(II) *A food establishment;*

(III) *A school, child care facility, community center, polling place, religious institution or place of worship or a park or recreational facility owned by the city; or*

(IV) *A highly trafficked pedestrian mall, convention center or designated entertainment district.*

(4) *In residential areas, but must not prohibit nonstationary sidewalk vendors from operating in such areas.*

2. *As used in this section:*

(a) *"Entertainment district" means a contiguous area located within a city that:*

(1) *Is zoned for or customarily used for commercial purposes; and*

(2) *Contains any number and combination of restaurants, bars, entertainment establishments, music venues, theaters, art galleries or studios, dance studios or athletic stadiums.*

(b) *"Pedestrian mall" has the meaning ascribed to it in NRS 268.811.*

**Sec. 24. 1.** *In accordance with an ordinance adopted pursuant to sections 16 to 24.5, inclusive, of this act, a city council or other governing body of an incorporated city, or a designee of the city council or other governing body, may:*

(a) *Suspend or revoke any permit or license for sidewalk vending for any violation of the ordinance or the terms or conditions of the permit or license in the same manner as such suspensions or revocations are imposed for other types of businesses;*

*(b) Impose a civil penalty on the holder of a permit or license for sidewalk vending that engages in sidewalk vending in a prohibited residential area or for any violation of the terms or conditions of the permit or license in accordance with the schedule of civil penalties set forth in the ordinance, if any;*

*(c) Impose a civil penalty on a person who engages in sidewalk vending without holding a permit or license for sidewalk vending required by the ordinance in accordance with the schedule of civil penalties set forth in the ordinance, if any; and*

*(d) Authorize any other action to prevent the sale or consumption of any food or drink that violates any requirements established by a local board of health pursuant to section 25 of this act.*

*2. For any person who engages in sidewalk vending without holding a permit or license for sidewalk vending or who engages in sidewalk vending in a prohibited area, a city council or other governing body of an incorporated city, or a designee of the city council or other governing body, may also take any other action authorized under existing law to enforce any prohibition on unlicensed business activities, including, without limitation, any action authorized pursuant to section 21.5 of this act.*

*Sec. 24.5. The provisions of sections 16 to 24.5, inclusive, of this act, shall not be construed to:*

*1. Exempt a person from complying with any state or local law or regulation;*

*2. Provide a defense to any criminal charge unrelated to the act of sidewalk vending; or*

*3. Affect the rights of a private property owner to use or authorize or limit the use of a sidewalk that is owned by the private property owner, including, without limitation, a privately owned sidewalk that is subject to an easement for public access.*

*Sec. 25. Chapter 446 of NRS is hereby amended by adding thereto a new section to read as follows:*

*1. A local board of health in a county whose population is 100,000 or more or a city in a county whose population is 100,000 or more shall adopt regulations pursuant to NRS 446.940 regulating sidewalk vendors of food which must, without limitation:*

*(a) Establish a process for a person to apply to the local board of health for a permit, license or other authorization to operate as a sidewalk vendor;*

*(b) Provide for a person applying for a permit, license or other authorization for sidewalk vending to pay any fees required by the local board of health using a payment plan;*

*(c) Establish procedures for a person seeking to operate as a sidewalk vendor who does not have a drivers' license or identification card issued by this State or another State, the District of Columbia or any territory of the United States to obtain any certification required by the local board of health as a food handler; and*



*(d) Include any other regulation determined to be necessary by the Task Force on Safe Sidewalk Vending pursuant to section 14 of this act.*

*2. As used in this section, “sidewalk vendor” means a person who sells food upon a public sidewalk or other pedestrian path from a conveyance, including, without limitation, a pushcart, stand, display, pedal-driven cart, wagon, showcase or rack. The term includes a nonstationary sidewalk vendor and a stationary sidewalk vendor.*

**Sec. 26.** Any ordinance, regulation or rule of a county or city which conflicts with the provisions of this act is void and unenforceable.

**Sec. 26.5.** Each local board of health in a county whose population is 100,000 or more and local board of health of a city in a county whose population is 100,000 or more shall adopt the regulations required by section 25 of this act on or before December 31, 2025.

**Sec. 27.** (Deleted by amendment.)

**Sec. 27.5.** The amendatory provisions of this section and sections 2 to 11, inclusive, and 16 to 26.5, inclusive, of this act are not severable. If any provision of this section or sections 2 to 11, inclusive, or 16 to 26.5, inclusive, of this act, or any application thereof to any person, thing or circumstance is held invalid, the other provisions of this section and sections 2 to 11, inclusive, and 16 to 26.5, inclusive, of this act become ineffective.

**Sec. 28.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

**Sec. 29.** 1. This section and sections 26.5 to 28, inclusive, of this act become effective upon passage and approval.

2. Sections 12, 13 and 14 of this act become effective:

(a) Upon passage and approval for the purpose of appointing members of the Task Force on Safe Sidewalk Vending and performing any other preparatory administrative tasks that are necessary to carry out the provisions of sections 12, 13 and 14 of this act; and

(b) On January 1, 2024, for all other purposes.

3. Sections 7.5, 21.5 and 26 of this act become effective:

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

(b) On October 15, 2023, for all other purposes.

4. Sections 1 to 7, inclusive, 8, 10, 11, 15 to 22, inclusive, 24, 24.5 and 25 of this act become effective on January 1, 2024.

5. Sections 9 and 23 of this act become effective:

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

(b) On July 1, 2024, for all other purposes.

Assemblywoman Torres moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Assembly Bill No. 463.

Bill read third time.

Roll call on Assembly Bill No. 463:

YEAS—42.

NAYS—None.

Assembly Bill No. 463 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 520.

Bill read third time.

Remarks by Assemblymen Monroe-Moreno, C.H. Miller, Brown-May, Kasama, and Anderson.

ASSEMBLYWOMAN MONROE-MORENO:

The General Fund appropriations included in the General Appropriations Act total \$3,453,793,513 in FY [Fiscal Year] 2024 and \$3,588,282,593 in FY 2025, or \$7.042 billion over the 2023-2025 biennium, an increase of approximately \$1.026 billion when compared to General Fund appropriations approved by the 2021 Legislature for the 2021-2023 biennium. The Act includes Highway Fund appropriations totaling \$167,536,452 in FY 2024 and \$168,606,045 in FY 2025, or \$336.1 million over the 2023-2025 biennium, an increase of approximately \$30.8 million from the previous biennium.

For the Judicial Department's budgets, the Executive Budget included \$23.3 million in court administrative assessment revenue over the 2023-2025 biennium. In closing the budgets for the Judicial Department, the money committees approved replacing all court administrative assessment revenue in Judicial Department budgets with direct General Fund appropriations. Through the replacement of that revenue source, the money committees approved total General Fund appropriations of \$5.7 million over the 2023-2025 biennium to fund 30 new positions for the Judicial Department and also approved the consolidation of all nonelected positions within the Judicial Department, excluding the Commission on Judicial Discipline, into one new budget account and to allow the Supreme Court to employ such persons as it deems necessary, with salaries and benefits determined by the Supreme Court within the limits of legislative appropriations for that purpose.

The money committees approved one-time General Fund appropriations of \$2.4 million over the 2023-2025 biennium to fund the replacement of the Supreme Court's legacy case management system for the appellate court, \$1.3 million over the 2023-2025 biennium to implement a statewide digital evidence management system, and \$1.4 million in FY 2024 to build a hybrid training facility within existing space in the Carson City Supreme Court building.

Funding for public schools and K-12 education was considered separately in the K-12 Education Funding Bill, which contains funding for the Pupil-Centered Funding Plan and other programs related to K-12 education.

In closing the Department of Education budgets, the money committees approved General Fund support totaling \$119.1 million over the 2023-2025 biennium, which includes \$34.5 million to fund the administration of statewide assessments. The money committees approved total General Fund appropriations of \$22.3 million in FY 2024 and \$24.8 million in FY 2025 for subgrants to entities participating in the State Pre-K program; General Fund appropriations of \$1 million over the 2023-2025 biennium for a new school improvement program for Nevada's lowest-performing schools; and General Fund appropriations of \$2.7 million over the 2023-2025 biennium to fund 11.5 new positions as well as 4 positions previously funded with federal funding.

In closing the budgets of the Nevada System of Higher Education [NSHE], the money committees approved total General Fund appropriations of \$1.467 billion over the 2023-2025 biennium. In approving the NSHE budgets, the money committees approved to suspend the funding formula distribution component and allocate General Fund appropriations to each of the instructional institutions using the traditional base, maintenance, and enhancement decision unit model.

In closing the Department of Health and Human Services' Aging and Disability Services Division budgets, the money committees approved General Fund appropriations totaling \$514.4 million over the 2023-2025 biennium. Of that amount, the money committees approved General Fund appropriations of \$46.8 million over the 2023-2025 biennium to support caseload growth, waitlist reductions, and associated staffing adjustments for various programs.

In closing the budgets within the Division of Health Care Financing and Policy, the money committees approved General Fund appropriations totaling \$2.514 billion over the 2023-2025 biennium. The funding supports projected Medicaid average monthly caseloads of approximately 877,000 in FY 2024 and 858,000 in FY 2025 and projected Check Up average monthly caseload of approximately 23,400 in FY 2024 and 23,400 in FY 2025.

In closing the budgets of the Division of Public and Behavioral Health, the money committees approved total General Fund appropriations of \$344.4 million over the 2023-2025 biennium.

The money committees approved total General Fund appropriations of \$222.4 million to the Division of Welfare and Supportive Services for the 2023-2025 biennium, including General Fund appropriations of \$49.2 million over the biennium to the Temporary Assistance for Needy Families—otherwise known as TANF—budget, primarily to support the TANF cash assistance caseload.

The money committees approved \$352.9 million in General Fund appropriations over the 2023-2025 biennium for the support of the Division of Child and Family Services, including \$4.9 million in General Fund appropriations to transfer in 22 positions from the Northern Nevada Child and Adolescent Services budget and to fund 56 new positions over the 2023-2025 biennium to staff the Desert Willow Treatment Center.

In closing the budgets for the Department of Corrections, the money committees approved \$647.9 million in General Fund appropriations over the 2023-2025 biennium, which would provide housing for an average of 10,223 offenders in FY 2024 and 10,480 offenders in FY 2025.

The money committees approved Highway Fund appropriations of \$164.7 million over the 2023-2025 biennium to support the operations of the Department of Motor Vehicles. Included in this amount are Highway Fund appropriations totaling \$73 million over the 2023-2025 biennium to continue the Department Transformation Effort project.

In closing the budgets for the Department of Public Safety, the money committees approved \$143.8 million in General Fund appropriations and \$161.8 million in Highway Fund appropriations over the 2023-2025 biennium.

In closing the budgets for the Division of Parole and Probation, the money committees approved \$115.2 million in General Fund appropriations to support the Division over the 2023-2025 biennium.

In closing the Department of Conservation and Natural Resources budgets, the money committees approved General Fund appropriations totaling \$88.9 million over the 2023-2025 biennium.

In closing the Public Employees' Benefits Program budgets for the 2023-2025 biennium, the money committees approved General Fund appropriations of \$9.8 million in FY 2024 and \$10 million in FY 2025 to provide additional annual health savings account and health reimbursement arrangement contributions between \$300 and \$500 based on a participant's coverage tier. The money committees also approved General Fund appropriations of \$2 million in each year of the 2023-2025 biennium that, when combined with the funding provided through the plan and these appropriations, would provide active state employees and retired state employees with life insurance coverage equivalent to pre-COVID-19 pandemic levels.

ASSEMBLYMAN C.H. MILLER:

I rise today in support of Assembly Bill 520. Because of responsible management by the Legislature, we have an opportunity to make an historic investment in Nevada's families and communities.

In this body, we hear a lot about improving mental health services. Well, investing in mental health is not just a talking point for me. Assembly Bill 520 makes it a reality and helps fill the gap in this critical service that so many Nevadans rely on—something this body can do today. By passing Assembly Bill 520, we will be taking action to invest in both Northern and Southern Nevada Adult Mental Health Services—today. It will also address Nevadans' physical health by directing needed funds toward Medicaid and a public health care option—today. These major investments for Nevadans are common sense after making it through a global pandemic that left so many injured and vulnerable.

Dr. King said, "The time is always right to do what is right." The time is now, and I hope you all will join me in doing what is right for Nevadans by supporting Assembly Bill 520.

ASSEMBLYWOMAN BROWN-MAY:

I rise in support of Assembly Bill 520. I am honored to serve as a member of this distinguished body every day, but no more so than today. I have served on the Committee on Ways and Means and have had the good fortune of watching the hard work of all our colleagues who came together to craft this dynamic piece of legislation.

I have heard many say that the bills we bring should reflect our values. I believe this bill does that. It is our responsibility to utilize our record revenues to invest in Nevadans—our health care, our education, our livelihoods— notwithstanding where we live, north, south, rural. All our communities will benefit by the investment—lifelong Nevadans and new citizens, even the newest one on the floor across the hall.

This measure provides record investments for those of us who are all too often left out or forgotten, including our diverse population of people with disabilities. It invests in early intervention supports for our youngest residents and includes special supports for K-12 and special education students as well as adult transition and community supports. This legislation supports all our citizens, including those left in the disability community who are often forgotten. Please join me in supporting this measure. Support Assembly Bill 520.

ASSEMBLYWOMAN KASAMA:

I rise today to speak to Assembly Bill 520. There are so many good programs and appropriations that we do have in this bill. I can assure you that I took notes during the meetings, and I read the bill with the little time that was provided to me. There are differences in the hearings and the final bill that is presented. During the hearings, objections were made to certain areas of expenditures in the bill. There were no negotiations with, or even attempts to work with, the Governor. We support the budget as presented by the Governor. There was truly no attempt at a bipartisan effort to present a fiscally sound budget that promotes the best policies and programs for all Nevadans.

ASSEMBLYWOMAN ANDERSON:

I rise in support of AB 520. There have been many comments made about these historic investments in our communities across our state, and there have been numerous discussions on our committees and numerous decisions that have been made, which is exactly what we were elected to do.

I stand today as an educator, incredibly proud of the fact that this budget allows us to see the individuals who will be helped, including our pre-K students, our students younger than the age of six. As we all know, earlier today I had some guests on the floor, the speech-language pathologists. They gave me a fact: Our brains are 90 percent developed before the age of six. The bill you have in front of you acknowledges that fact with an historic investment of almost \$50 million in early childhood learning and development.

In addition to that, the bill recognizes that not only are we investing in our kids before they turn the age of 6, but we are also helping our children after 18—or even after 17 if they decide to take dual credit when they attend our Nevada System of Higher Education institutions. We are

recognizing that helping each other can happen not just in our committee meetings and not just in this building, but more importantly, in our classrooms, in our communities, and in our state.

I ask for your support for AB 520.

ASSEMBLYWOMAN MONROE-MORENO:

I know there are a lot of people in the building who are watching the work we are doing. There are a lot of people who are watching us virtually online, and I would like to assure them that as the Chair of the Ways and Means Committee, we not only have committee and subcommittee meetings, but I personally come in every morning between 6:45 and 7 a.m. to meet with my staff, the Governor's staff, and the GFO [Governor's Office of Finance]. So there have been a number of meetings that got us to the point we are at today. There have been a number of conversations we have had to get us to this bill, and there have been a lot of negotiations.

We are not always going to agree on everything, but we do create opportunities to make sure everyone's voices are heard. A lot of the things that are in all of these bills you will be voting on today have the Governor's recommendations included in them. I wanted to get that on the record.

Roll call on Assembly Bill No. 520:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Assembly Bill No. 520 having received a constitutional majority,  
Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Assembly Bill No. 521.

Bill read third time.

Remarks by Assemblymen Monroe-Moreno, Watts, Peters, Kasama,  
D'Silva, Dickman, and Jauregui.

ASSEMBLYWOMAN MONROE-MORENO:

Assembly Bill 521, otherwise known as the CIP [Capital Improvement Program] bill, provides for the implementation of the 2023 Capital Improvement Program as approved by the money committees. The bill includes funding in the amount of \$1.189 billion for the 2023 Capital Improvement Program and \$32.3 million for resource conservation and preservation programs of the state outside of the CIP.

The bill includes the following major funding sources to support the 2023 CIP: \$672.0 million in general obligation bonds; \$422.2 million in General Fund appropriations; \$69.9 million in federal funds for the Office of the Military, the Department of Veterans Services, and the Department of Administration projects; \$11.5 million in State Highway Funds for Department of Motor Vehicles and Department of Public Safety projects; \$5.4 million in agency funds to support the Department of Conservation and Natural Resources and the Department of Administration projects; \$5 million in excess funding reallocated from projects approved in prior Capital Improvement Programs; \$3 million in slot tax funding from the Special Higher Education Capital Construction Fund.

Assembly Bill 521 provides \$830.5 million to support 30 construction projects in the 2023 Capital Improvement Program. Notable construction projects include \$105.9 million to fund construction of a new 73,488 square foot full-service Department of Motor Vehicles facility with Commercial Driver's License services on Silverado Ranch Boulevard in Las Vegas; \$99.8 million to remodel 86,280 square feet of existing space and construct an addition of rooms for residents at the Southern Nevada State Veterans Home in Boulder City; \$158.5 million to construct a 130,000 square foot state office building on the Kinkead Building site in Carson City; \$213.9 million to purchase 18 office buildings and a parking garage in Las Vegas providing a total of 835,518 gross square feet of office space for use by state agencies. Of the 18 buildings, 15 buildings are intended for future occupancy by Executive Branch agencies and 3 buildings would be for the future occupancy by the Legislative Branch. The bill also includes \$74.5 million

for building improvements for the office buildings to be purchased in Las Vegas that are intended for use by Executive Branch agencies.

Assembly Bill 521 provides \$258.9 million for 49 various maintenance projects for existing state facilities; \$57.1 million for 6 advance planning and design projects; and \$42.5 million for 13 statewide projects, including roofing repairs, advance planning for future projects, paving, building official, fire and life safety, and accessibility projects.

Maintenance project funding includes, but is not limited to, approximately \$86.9 million for the Department of Corrections for replacement of HVAC [heating, ventilation, and air-conditioning] systems, doors and locks, water and sewer systems, plumbing fixtures, boilers, underground piping replacement, installation of surveillance cameras, and electrical upgrades; \$70.4 million to renovate the chilled water plant at the Desert Research Institute and to address deferred maintenance projects for institutions of the Nevada System of Higher Education; \$40 million to address deferred maintenance projects, including central plant renovations, electrical, HVAC systems, rehabilitate historic fence and lighting at the Capitol, and replacement of surveillance cameras, door access controls, and security systems for the Department of Administration; and \$37.8 million for the Department of Health and Human Services for replacement of electrical systems, central plant renovations, fire system upgrades, replacement of HVAC systems, installation of security cameras and fencing, and chiller and boiler replacements.

Notable planning projects include \$17.6 million for the advance planning for a new Department of Public Safety headquarters building in Carson City; \$15.5 million for the advance planning for a new Southern Nevada State Veterans Home in North Las Vegas; and \$18.2 million for the advance planning for a new southern Nevada forensic facility in Las Vegas.

Assembly Bill 521 authorizes the issuance of \$59.3 million in state general obligation bonds to support three resource protection programs, including \$43.3 million for the Conservation Bond Program established through the passage of Assembly Bill 84 of the 2019 Legislative Session, of which \$27 million supports CIP Projects 23-C20 and a portion of 23-C12 for the Division of Museums and History; \$13 million for the Lake Tahoe Environmental Improvement Program; and \$3 million for the Cultural Centers and Historic Preservation Grant Program.

The bill includes a 16.18-cent property tax levy for debt service in each year of the 2023-2025 biennium for general obligation bonds issued to finance the Capital Improvement Program. The bill includes an additional 0.82-cent levy in each year of the 2023-2025 biennium that must be used exclusively for the repayment of bonded indebtedness issued as a result of the approval by the voters of Question 1 on the November 2002 ballot and for bonds to be issued for the Conservation Bond Program established through the passage of Assembly Bill 84 of the 2019 Session. Both programs were approved to protect, preserve, and obtain the benefits of the property and natural resources of the state. The total property tax levy of 17 cents remains unchanged from the levies approved for the 2021-23 biennium. The levies above the historic 15-cent levy, 2 cents, are not subject to the \$3.64 local government property tax cap.

Assembly Bill 521 provides General Fund appropriations of \$114.2 million and authorizes the issuance of \$100 million in state general obligation bonds to support various capital improvement projects in Carson City and in Las Vegas for the Legislative Counsel Bureau. Additionally, the bill clarifies the supervision and control of certain property related to the capitol mall area and legislative parking garage in Carson City as well as property to be acquired in Las Vegas.

Assembly Bill 521 becomes effective upon passage and approval.

#### ASSEMBLYMAN WATTS:

I rise today in support of Assembly Bill 521. This bill will make significant capital improvements in our state's facilities. One thing that is important to me is the fact that in recent years, the threat of wildfires and the incidence of wildfires have skyrocketed. We have seen the devastation they can wreak on our homes and our communities. As climate change continues to worsen, that threat is only going to continue to grow. Assembly Bill 521 invests nearly \$2 million in the Nevada Army National Guard Statewide Fire and Life Safety Program. This program will help Nevada stay ready and prepared to fight the threat posed by fires before they get out of control. It also further invests in conservation programs, natural resources, and protecting some of our beautiful outdoor spaces to keep our state the best place possible to live, work, and raise a family.

Again, for the investments it makes in protecting our natural resources and protecting public safety, I urge my colleagues to join me in supporting Assembly Bill 521.

ASSEMBLYWOMAN PETERS:

I rise today to speak in support of Assembly Bill 521, which will provide much-needed funding for capital improvement projects for government buildings across Nevada. Capital improvements are not to build nicer office spaces or buildings. They result in better government services for the citizens who rely on them. Included in Assembly Bill 521 is funding for the Americans with Disabilities Act statewide assistance fund, Department of Public Safety headquarters, remodeling the Summit View Youth Center, and more.

Nevadans expect and deserve high-quality government services, and Assembly Bill 521 will help deliver them. I hope you will join me in voting for Assembly Bill 521.

ASSEMBLYWOMAN KASAMA:

There are so many great appropriations in our CIP bill, Assembly Bill 521, and we do support many of those appropriations. However, we do have a large issue with the great expansion of the Legislative Counsel Bureau footprint. We are looking at expanding the square footage for the Legislative Counsel Bureau in southern Nevada to a larger square footage than what is currently in Carson City, the capital of the state of Nevada. In addition to that, we see in the bill, but did not hear in the hearings, the transfer of the title to the Legislative Counsel Bureau. I am not aware of that happening in the other branches of government. We see here that the Legislative Counsel Bureau budget for the next biennium has increased to \$57.7 million, or 77.8 percent, over the previous biennium. In regard to this particular area in the CIP budget, we cannot support this.

ASSEMBLYMAN D'SILVA:

Today, I am speaking in support of the capital improvement budget, Assembly Bill 521.

As a combat veteran who saw service in Iraq, I feel it is important that the government acknowledge, recognize, and care for those who are prepared to make the ultimate sacrifice. The capital improvement budget will fund much-deserved projects to ensure our veterans are honored and treated with dignity, projects such as remodeling the Southern Nevada State Veterans Home, constructing the North Las Vegas State Veterans Home, expanding the Northern Nevada State Veterans Home, and making improvements to the veterans memorial cemeteries.

Please join me in supporting Assembly Bill 521.

ASSEMBLYWOMAN DICKMAN:

I appreciate the opportunity. I rise in opposition to this bill. There are a lot of things in this bill we are highly supportive of, but there are a number of issues in this bill that do not match up with the Governor's recommendations. For example, section 6 funds over \$94 million with general obligation bonds that should be funded with cash. Given the current interest rates and the cost of bonds, this will increase the cost of these projects.

Another issue I have is that there are \$214 million in General Fund cash and \$100 million in general obligation bonds for LCB [Legislative Counsel Bureau] CIP projects, and there are no specifics in the bill as to the projects or the related costs.

It is clear to me that we need more negotiations; therefore, I will be voting no and urge my colleagues to do the same.

ASSEMBLYWOMAN JAUREGUI:

I rise in support of Assembly Bill 521. We worked very hard over the last four months and even before the legislative session began on a lot of what we see in this bill. A lot of what we see in this bill, including some of the buildings in southern Nevada, was also worked on very closely with the Governor's Office.

Also, I do want to correct some information. There is precedent. The buildings currently are titled to the respective branches. The Legislative Counsel Bureau currently does own the building. The title issues my colleague referenced in the bill simply transfer an existing building that we currently take care of and pay for from the Supreme Court to the Legislative Counsel Bureau.

There is so much good being done in this bill that has been worked on for hours by the committee, the Chair, the Governor's Office, and the GFO [Governor's Finance Office], who all

compromised and agreed on things in this bill. I urge all of my colleagues to support Assembly Bill 521.

ASSEMBLYWOMAN MONROE-MORENO:

For further clarification, the 18 buildings that are in Las Vegas were not included in the Governor's recommended budget because he did not, nor did we, know the Director of Administration would find those buildings. So that was not included in the Governor's recommendation.

There were some other things that were included. However, when the Director of Administration found those 18 buildings, he saved the state a large amount of money. The Chair of Senate Finance, the Majority Leader of the Senate, and I joined the Governor's staff, and we toured the 18 buildings listed in this bill. There was one building that would have accommodated all the needs of the legislative body—just one. That is the building we requested; however, the Executive Branch wanted that building. So to accommodate the needs of the Legislature, we had to take three buildings, which did mean a larger expense for us. But that was the deal that was made.

If you have been in this building any number of times, you will know we have always talked about diversity, inclusion, and expanding who we have as employees. If we are going to have a footprint in southern Nevada, we also need to have employees in southern Nevada. This gives us the opportunity to get that diversity and inclusion because we have a bigger employment base. We have a bigger population in southern Nevada. We are able to do two things—grow who we are as a legislative body through our presence in southern Nevada and also grow the people who work for us so they actually look like the people we all represent.

Roll call on Assembly Bill No. 521:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Assembly Bill No. 521 having received a two-thirds majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Assembly Bill No. 522.

Bill read third time.

Remarks by Assemblymen Monroe-Moreno, O'Neill, Backus, Hibbetts, Jauregui, and Mr. Speaker.

ASSEMBLYWOMAN MONROE-MORENO:

Assembly Bill 522, also known as the pay bill, establishes the maximum allowable salaries for certain employees not in the classified service of the state. The bill also makes General Fund appropriations of \$629.8 million and Highway Fund appropriations of \$56.4 million for salary increases for nonclassified, classified, and unclassified state employees; various grade increases for certain employees; incentive bonuses for personnel employed on certain dates; and the restoration of longevity pay for personnel in the Executive, Legislative, and Judicial Departments, with the addition of professional personnel employed by the Nevada System of Higher Education.

For state personnel not within a bargaining unit pursuant to NRS [*Nevada Revised Statutes*] 288.515, the Legislative Department, the Judicial Department, and certain collective bargaining units as defined in NRS 288.515, the bill provides funding for a 12 percent salary increase for FY [Fiscal Year] 2024, effective July 1, 2023, and a 4 percent salary increase for FY 2025, effective July 1, 2024. Those bargaining units are Unit B, administrative and clerical employees; Unit C, technical aides to professional employees; Unit D, professional employees who do not provide health care; and Unit J, supervisory employees from all occupational groups.

For state employees organized in the following collective bargaining units as defined in NRS 288.515, the bill includes funding for a 13 percent salary increase for FY 2024, effective July 1, 2023, and a 4 percent salary increase for FY 2025, effective July 1, 2024. Unit A includes labor,



maintenance, custodial and institutional employees. Unit E includes professional employees who provide health care. Unit F includes employees, other than professional employees, who provide health care and personal care. Unit G includes category I peace officers. Unit I includes category III peace officers.

For state employees organized in the following collective bargaining units as defined in NRS 288.515, the bill includes funding for a 10 percent salary increase for FY 2024, effective July 1, 2023, and a 4 percent salary increase for FY 2025, effective July 1, 2024. Those units are Unit H, category II peace officers, and Unit K, firefighters.

In addition, the bill provides an additional 7 percent salary increase for classified, nonclassified, and unclassified state employees, and classified and professional employees of the Nevada System of Higher Education in FY 2025 if Assembly Bill 498 of the 2023 Legislative Session is not enacted by the Legislature and approved by the Governor.

The bill appropriates General Funds of \$40.6 million and Highway Funds of \$9.4 million for one, two, and three grade pay increases for certain positions on the classified employee compensation plan.

The bill appropriates \$21.9 million in General Funds in each year of the 2023-2025 biennium for retention incentives of \$250 per quarter for employees of the Executive Department, Judicial Department, the Legislative Department, and the Public Employees' Retirement System. Additionally, the bill allocates \$3.5 million in each year of the 2023-2025 biennium for retention incentives for professional employees in the Nevada System of Higher Education.

The bill amends Chapter 284 of NRS to include a plan to encourage continuity of service by providing a semiannual payment of \$100 to an employee with 8 years of continuous service, with an annual increase of \$25 in the semiannual payment for an employee with 9 through 14 years of continuous service, \$50 for an employee with 15 through 24 years of continuous service, and \$75 for each additional year of continuous service after 24 years up to a maximum payment of 30 years of continuous state service. The bill further appropriates General Funds totaling \$6.1 million in each year of the 2023-2025 biennium, Highway Funds totaling \$1.3 million in FY 2024, and \$1.5 million in FY 2025 to fund the plan to encourage continuity of service.

Assembly Bill 522 authorizes the Department of Health and Human Services and the Department of Corrections to provide callback pay for unclassified medical positions and pharmacists to perform on-call responsibilities to ensure 24-hour coverage in psychiatric and medical facilities. The bill also authorizes the Gaming Control Board to continue the credential pay plan, which provides up to \$5,000 annually for unclassified employees who possess a current Nevada certified public accountant certificate, a license to practice law, or are in a qualifying position as an electronic laboratory engineer and possess a Bachelor of Science or higher degree in engineering, electronic engineering, or computer science.

Sections 45 and sections 1 to 12, inclusive, sections 21 to 38, inclusive, and sections 41 to 44, inclusive, of this act become effective on July 1, 2023. Sections 13 to 20, inclusive, and sections 39 and 40 of this act become effective on July 1, 2023, if and only if Assembly Bill 498 of the 82nd Legislative Session is not enacted by the Legislature and approved by the Governor.

ASSEMBLYMAN O'NEILL:

I stand in opposition to Assembly Bill 522. First, may I say, I appreciate the work of our Chair, members, and particularly the staff of Ways and Means for their efforts and diligence in looking at the money allocated and projected for our state over the last 100-plus days. But may I also say that the Governor, who was elected by the majority of the population of the state of Nevada, submitted a bill for a budget that came balanced and was appropriate with historic—we talk about historic actions here; he did give an historic budget—huge increases to a variety of issues facing the state: the economy, education, and particularly public safety and what we are talking about today, which is our public state employees. I was one. I can speak to this, having been on the front line for 30 years as a state employee and having seen what has been done and not done for state employees.

With the major increase our Governor is proposing, he is also saying that what is being proposed is sustainable. What has happened in the past, from almost day one when I arrived in Nevada in 1980, is that they gave something to state employees and within two or three years took it away from state employees. They would give a 2 percent increase pay raise and then take a

3 percent increase in other payments from state employees, netting them a loss. It is that sustainability I am worried about. I do not want to be responsible for having to come back when I return here in two or four years and remove that from my fellow employees.

There is a lot of good in all these bills, particularly in AB 522. What is the issue? In the future, we should think about allowing the Governor to have line-item vetoes to address those that are truly unsustainable.

SPEAKER YEAGER:

Assemblyman O'Neill, I would urge you to keep your comments to the content of the bill.

ASSEMBLYMAN O'NEILL:

I apologize.

SPEAKER YEAGER:

That is not up for discussion by the body this afternoon, so if you could please limit your comments to the content of the bill.

ASSEMBLYMAN O'NEILL:

Then let me correct that, please, Mr. Speaker. I will say, there are other options that may be addressed in the future.

With that, that is why I stand in opposition. I ask my colleagues to consider that. Are you willing to give and take away in the future? Let that be resting with you in your thoughts.

ASSEMBLYWOMAN BACKUS:

I rise today in support of Assembly Bill 522. Day in and day out, our dedicated public safety officers and state employees go to work serving the people of Nevada. Oftentimes, despite working long hours, they go underappreciated and without thanks. But make no mistake: One of the reasons Nevada is the best state to raise a family is because of them and the sacrifices they make. They are true public servants. Without them, everything in our state would come to a grinding halt. Assembly Bill 522 will make appropriate, necessary, and long overdue investments in the people who keep our great state running. I urge all my colleagues to support Assembly Bill 522.

ASSEMBLYMAN HIBBETTS:

I stand in opposition to AB 522. The proposals in this bill are not what was agreed upon in the Governor's proposed budget. Despite how nice more and more spending always appears on the surface, this will send us toward a fiscal cliff. As a retired public employee, no one values our state workers more than I do. However, I think it is unfair to be asked to vote yes on such provisions when this body has refused to give a fair hearing to what our Governor has proposed. His calls for historic increases in spending have only been met with calls for more. Balancing a budget responsibly is a zero-sum game. We cannot use non-recurring revenue to fund our state expenditures. I believe this demand for increased spending will force us to raise costs on Nevadans down the line.

I am also very concerned that our Rainy Day Fund will be quickly depleted should we enter an even worse fiscal climate than the one we find ourselves in now. We owe it to Nevada to save money, and we owe it to all Nevadans, including our state workers, to have that Rainy Day Fund available until we need it.

For these reasons, I stand opposed to AB 522.

ASSEMBLYWOMAN JAUREGUI:

Today, I am speaking in strong, enthusiastic support of Assembly Bill 522. We all know that Nevada could not function without the hard work of our public safety officers and all our state employees. Assembly Bill 522 makes critical investments in the public servants who keep our state operating, public servants such as police officers, correctional officers, those who serve our veterans, and so many more. It provides essential, long-overdue cost-of-living adjustments and reinstates a morale-building longevity pay for those who have dedicated their careers to our state.

Our state employees have been the backbone of our state for years, and it is time we properly invest in them so they can continue to provide the critical services so many Nevadans rely on, the

Nevadans we represent. For two economic downturns, our state has been carried on the backs of state employees. It is time to say thank you, we see you, we did not forget the sacrifices you made to help our state during our darkest days.

I hope you will all join me today in supporting our state employees and supporting Assembly Bill 522.

ASSEMBLYWOMAN MONROE-MORENO:

I rise in support of Assembly Bill 522 as a former law enforcement officer and public employee. Our public safety officers and our state employees consistently go above and beyond to serve the people of Nevada. They selflessly perform thankless acts every single day to keep Nevadans safe and keep our state functioning and functioning well. I am committed, and I know so many of you are as well, to respecting our public safety officers and our state employees and ensuring they have the pay that reflects the sacrifices they make for all of us. At a time when our state is struggling with unprecedented vacancy rates across every state agency, Assembly Bill 522 will help Nevada to better attract and retain the best employees and improve state services.

There was mention of our Rainy Day Fund. Well, a number of us were here when we had to deplete our Rainy Day Fund, and the cuts were not just emotionally painful but also physically painful. We made a commitment to this state to make sure we had a Rainy Day Fund that could take us through whatever that next pandemic may be—and we know there will be something. We have a total of \$904 million currently in our Rainy Day Fund—record numbers for the state of Nevada. But in FY [Fiscal Year] 2024, we will add another \$109.2 million to our Rainy Day Fund, and we expect an additional \$58.9 million in FY 2025, which will bring our record total to \$1.72 billion.

Pushing the state off a fiscal cliff is not what any of us want to do, so we have been responsible fiscal leaders to make sure we are prepared for the next pandemic, whatever that may be. But we know for a fact, we could not have made it through everything we have made it through—not just this pandemic, but every other economic downturn this state has weathered has been on the backs of our state employees and our public safety officers. Now, for the first time I—and I think most of you—have been in this building, we have money to make sure we say yes, we see you, we hear you, you are important, and we are going to make sure we have the resources to retain who we have and gain new employees.

Therefore, I emphatically encourage the members to join me in supporting Assembly Bill 522 and show our dedicated public servants that they matter and we have their backs.

Roll call on Assembly Bill No. 522:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Assembly Bill No. 522 having received a constitutional majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 2:59 p.m.

ASSEMBLY IN SESSION

At 3:38 p.m.

Mr. Speaker presiding.

Quorum present.

REPORTS OF COMMITTEES

*Mr. Speaker:*

Your Committee on Growth and Infrastructure, to which was referred Senate Bill No. 349, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

HOWARD WATTS, *Chair*

MESSAGES FROM THE SENATE

SENATE CHAMBER, Carson City, May 24, 2023

*To the Honorable the Assembly:*

I have the honor to inform your honorable body that the Senate on this day passed Senate Bills Nos. 501, 503, 504.

SHERRY L. RODRIGUEZ  
*Assistant Secretary of the Senate*

INTRODUCTION, FIRST READING AND REFERENCE

Senate Bill No. 501.

Assemblywoman Monroe-Moreno moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 503.

Assemblywoman Monroe-Moreno moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 504.

Assemblywoman Monroe-Moreno moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

SECOND READING AND AMENDMENT

Senate Bill No. 349.

Bill read second time.

The following amendment was proposed by the Committee on Growth and Infrastructure:

Amendment No. 594.

AN ACT relating to document preparation services; authorizing a document preparation service to use the name of the Department of Motor Vehicles in an advertisement under certain circumstances; requiring, under certain circumstances, a document preparation service to request an amended registration from the Secretary of State; making it unlawful for a person to represent himself or herself as a document preparation service if the person is not registered as a document preparation service; setting forth the form for statements that must be included in any advertisement for services of a document preparation service; authorizing, under certain circumstances, the Secretary of State to suspend or revoke the registration of a document

preparation service or to assess a ~~civil~~ penalty; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law prohibits a person from using the name, service marks, trademarks or logo of the Department of Motor Vehicles in an advertisement unless the person is an appointed agent of the Department and has obtained the written permission of the Department for such use. (NRS 482.160) **Section 1** of this bill provides a limited exception from that general prohibition by authorizing a document preparation service to use the term “Department of Motor Vehicles” or “DMV” in an advertisement if: (1) the term is followed by the term “services,” “registration services” or other similar language; and (2) the advertisement includes a clear and conspicuous statement that the document preparation service is a third-party business not affiliated with the Department.

Existing law requires a person who wishes to engage in the business of a document preparation service to register with the Secretary of State. (NRS 240A.100) **Section 4** of this bill provides that it is unlawful for a person to: (1) represent himself or herself as a document preparation service if the person has not registered as a document preparation service, or if his or her registration is expired, revoked or suspended or is otherwise not in good standing; or (2) submit an application for registration as a document preparation service that contains a substantial and material misstatement or omission of fact.

**Section 3** of this bill requires a registrant to submit to the Secretary of State a request for an amended registration ~~to, along with a fee of \$10,~~ if the registrant changes his or her: (1) mailing address, county or residence or place of business or employment; or (2) name and the registrant intends to use the new name in the performance of document preparation services.

Existing law sets forth certain requirements for any advertisement for the service of a registrant, including that the advertisement include a statement that the registrant is not an attorney authorized to practice in this State and is prohibited from providing legal advice or legal representation to any person. (NRS 240A.150) **Section 5** of this bill sets forth: (1) the specific words that must be included in such statement; and (2) certain penalties if the Secretary of State finds a person ~~guilty of a~~ **in** violation of such provisions.

Existing law prohibits a registrant from: (1) retaining any fees or costs for services not performed or costs not incurred after the date of last service performed for a client; (2) making certain promises, or statements; (3) using certain terms in an advertisement or written description of the registrant or services provided by the registrant; (4) representing himself or herself as a paralegal or legal assistant; (5) with certain exceptions, negotiating concerning the rights or responsibilities of a client; (6) with certain exceptions, appearing on behalf of a client in a court proceeding or other formal adjudicative proceeding; (7) with certain exceptions, providing certain advice, explanations, opinions or recommendations to a client; or (8) seeking or obtaining from a client a waiver of any provision of law relating to document

preparation services. (NRS 240A.240) **Section 6** of this bill sets forth certain penalties **which may be imposed** if the Secretary of State finds a person ~~guilty of a~~ **in** violation of such provisions.

Existing law : **(1) authorizes the Secretary of State to conduct or cause to be conducted an investigation if the Secretary of State obtains information that a provision of law, regulation or order relating to document preparation services has been violated. ; and (2) requires the Secretary of State to conduct a hearing before imposing any fine for such a violation.** (NRS 240A.260) **Section 7 of this bill** provides that if, within a reasonable period of time, a registrant fails to provide the Secretary of State with any information requested by the Secretary of State during an investigation of an alleged violation by the registrant, the Secretary of State may suspend ~~or revoke~~ or refuse to renew the registration of the ~~registrant.~~ **registrant. Section 7 removes the requirement for the Secretary of State to conduct a hearing before imposing such a fine, and instead requires the Secretary of State to provide an opportunity for a hearing. Section 7 also requires the Secretary of State, upon receiving a complaint alleging a violation of the provisions of law governing document preparation services, to provide notice of the complaint to the document preparation service or other person who is the subject of the complaint.**

Existing law authorizes the Secretary of State to deny, suspend, revoke or refuse to renew the registration of any person who violates a provision of law relating to document preparation services. (NRS 240A.270) **Section 8** of this bill authorizes the Secretary of State to suspend or revoke the registration of a registrant pending a hearing if the Secretary of State believes it is in the public interest or is necessary to protect the public.

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

**Section 1.** NRS 482.160 is hereby amended to read as follows:

482.160 1. The Director may adopt and enforce such administrative regulations as are necessary to carry out the provisions of this chapter.

2. The Director may establish branch offices as provided in NRS 481.055, and may by contract appoint any person or public agency as an agent to assist in carrying out the duties of the Department pursuant to this chapter.

3. Except as otherwise provided in this subsection, the contract with each agent appointed by the Department in connection with the registration of motor vehicles and issuance of license plates may provide for compensation based upon the reasonable value of the services of the agent but must not exceed \$2 for each registration. An authorized inspection station or authorized station that issues certificates of registration pursuant to NRS 482.281 is not entitled to receive compensation from the Department pursuant to this subsection.

4. Except as otherwise provided in this section, no person may use in an advertisement:

(a) The name, service marks, trademarks or logo of the Department; or

(b) A service mark, trademark or logo designed to closely resemble a service mark, trademark or logo of the Department and intended to mislead a viewer to believe that the service mark, trademark or logo is the service mark, trademark or logo of the Department.

5. An agent appointed pursuant to subsection 2 or NRS 487.815 may use the name, service marks, trademarks or logo of the Department in an advertisement if the agent has obtained the written permission of the Department for such use.

6. *A document preparation service registered pursuant to chapter 240A of NRS may use the term “Department of Motor Vehicles” or “DMV” in an advertisement if:*

*(a) The term is immediately followed by the term “services” or “registration services” or other similar language which clearly indicates that the document preparation service is a third-party business and that the advertisement is not an advertisement of the Department; and*

*(b) The advertisement includes a clear and conspicuous statement that the document preparation service is a third-party business not affiliated with the Department. The statement must be of a conspicuous size, if in writing, and must appear in substantially the following form:*

**THIS DOCUMENT PREPARATION SERVICE IS A THIRD-PARTY BUSINESS NOT AFFILIATED WITH THE NEVADA DEPARTMENT OF MOTOR VEHICLES.**

Sec. 2. Chapter 240A of NRS is hereby amended by adding thereto the provisions set forth as sections 3 and 4 of this act.

Sec. 3. 1. *If, at any time during his or her appointment, a registrant changes his or her mailing address, county of residence or place of business or employment, the registrant shall submit to the Secretary of State a request for an amended registration on a form provided by the Secretary of State. The request must:*

*(a) Include the new information; and*

*(b) Be submitted within 30 days after making the change.*

2. *The Secretary of State may suspend the registration of a registrant who fails to provide to the Secretary of State notice of a change in any of the information specified in subsection 1.*

3. *If a registrant changes his or her name and the registrant intends to use his or her new name in performing document preparation services, the registrant shall submit to the Secretary of State a request for an amended registration on a form provided by the Secretary of State. The request must:*

*(a) Include the new name and signature and the address of the registrant; and*

*(b) Be submitted within 30 days after making the change. ~~and~~*

~~*(c) Be accompanied by a fee of \$10.*~~

4. *Upon receipt of a request for an amended registration, ~~and the appropriate fee,~~ the Secretary of State shall issue an amended registration.*

**Sec. 4. 1. It is unlawful for a person to:**

(a) Represent himself or herself as a document preparation service if the person has not registered as a document preparation service pursuant to this chapter, or if his or her registration is expired, revoked or suspended or is otherwise not in good standing.

(b) Submit an application for registration as a document preparation service that contains a substantial and material misstatement or omission of fact.

2. Any person who violates a provision of paragraph (a) of subsection 1 is liable for a ~~civil~~ penalty of not more than \$1,000 for each violation, plus reasonable ~~attorney's~~ investigative fees and costs.

3. The Secretary of State may request that the Attorney General bring an action to enjoin any violation of paragraph (a) of subsection 1 and recover any penalties, attorney's fees and costs.

4. Any person who is aware of a violation of this chapter by a registrant or a person applying for registration as a document preparation service may file a complaint with the Secretary of State setting forth the details of the violation that are known by the person who is filing the complaint.

**Sec. 5. NRS 240A.150 is hereby amended to read as follows:**

240A.150 1. Any advertisement for the services of a registrant which the registrant disseminates or causes to be disseminated must include a ~~clear and conspicuous~~ statement ~~[that the registrant is not an attorney authorized to practice in this State and is prohibited from providing legal advice or legal representation to any person.~~

~~2. The statement required by subsection 1 to be included in an advertisement must:~~

~~(a) Be in the same language as the rest of the advertisement. [; and~~

~~(b) Be in the form prescribed by regulation of the Secretary of State.~~

~~3.] The ~~notice~~ statement must be of a conspicuous size, if in writing, and must appear in substantially the following form:~~

***I AM NOT AN ATTORNEY IN THE STATE OF NEVADA. I AM NOT ~~LICENSED~~ AUTHORIZED TO GIVE LEGAL ADVICE OR LEGAL REPRESENTATION. I MAY NOT ACCEPT FEES FOR GIVING LEGAL ADVICE OR LEGAL REPRESENTATION.***

2. A person shall not disseminate or cause to be disseminated any advertisement or other statement that he or she is engaged in the business of a document preparation service in this State unless he or she has complied with all the applicable requirements of this chapter.

3. ***If the Secretary of State finds a registrant ~~guilty of a~~ in violation of the provisions of subsection 1, the Secretary of State ~~shall~~ may:***

(a) ***Suspend the registration of the registrant for not less than 1 year.***

(b) ***Revoke the registration of the registrant for a third or subsequent offense.***

(c) ***Assess a ~~civil~~ penalty of not more than \$1,000 for each violation.***



**4. Unless a greater penalty is provided pursuant to NRS 240A.290, a registrant who is found guilty in a criminal prosecution of violating the provisions of subsection 1 shall be punished by a fine of ~~not~~ not less than \$100 or more than ~~(\$1,000) \$5,000~~ for each violation.**

**Sec. 6.** NRS 240A.240 is hereby amended to read as follows:

240A.240 1. A registrant shall not:

(a) After the date of the last service performed for a client, retain any fees or costs for services not performed or costs not incurred.

(b) Make, orally or in writing:

(1) A promise of the result to be obtained by the filing or submission of any document, unless the registrant has some basis in fact for making the promise;

(2) A statement that the registrant has some special influence with or is able to obtain special treatment from the court or agency with which a document is to be filed or submitted; or

(3) A false or misleading statement to a client if the registrant knows that the statement is false or misleading or knows that the registrant lacks a sufficient basis for making the statement.

(c) Except as otherwise provided in subsection 3, in any advertisement or written description of the registrant or the services provided by the registrant, or on any letterhead or business card of the registrant, use the term “legal aid,” “legal services,” “law office,” “notario,” “notario publico,” “notary public,” “notary,” “paralegal,” “legal assistant,” “licensed,” “licenciado,” “attorney,” “lawyer” or any similar term, in English, Spanish or any other language, which implies that the registrant:

(1) Offers services without charge if the registrant does not do so;

(2) Is an attorney authorized to practice law in this State; or

(3) Is acting under the direction and supervision of an attorney.

(d) Represent himself or herself, orally or in writing, as a paralegal or legal assistant which implies that the registrant is acting under the direction and supervision of an attorney licensed to practice law in this State.

(e) Except as otherwise provided in subsection 2, negotiate with another person concerning the rights or responsibilities of a client, communicate the position of a client to another person or convey the position of another person to a client.

(f) Except as otherwise provided in subsection 2, appear on behalf of a client in a court proceeding or other formal adjudicative proceeding, unless the registrant is ordered to appear by the court or presiding officer.

(g) Except as otherwise provided in subsection 2, provide any advice, explanation, opinion or recommendation to a client about possible legal rights, remedies, defenses, options or the selection of documents or strategies, except that a registrant may provide to a client published factual information, written or approved by an attorney, relating to legal procedures, rights or obligations.

(h) Seek or obtain from a client a waiver of any provision of this chapter. Any such waiver is contrary to public policy and void.

2. The provisions of paragraphs (e), (f) and (g) of subsection 1 do not apply to a registrant to the extent that compliance with such provisions would violate federal law.

3. A registrant who is also a notary public appointed by the Secretary of State pursuant to chapter 240 of NRS and in good standing with the Secretary of State may, in any advertisement or written description of the registrant or the services provided by the registrant, use the term “notary public.”

**4. *If the Secretary of State finds a registrant ~~guilty of a~~ in violation of the provisions of subsection 1, the Secretary of State ~~shall~~ may:***

*(a) Suspend the registration of the registrant for not less than 1 year.*

*(b) Revoke the registration of the registrant for a third or subsequent offense.*

*(c) Assess a ~~civil~~ penalty of not more than \$1,000 for each violation.*

**Sec. 7.** NRS 240A.260 is hereby amended to read as follows:

240A.260 1. If the Secretary of State obtains information that a provision of this chapter or a regulation or order adopted or issued pursuant thereto has been violated by a registrant or another person, the Secretary of State may conduct or cause to be conducted an investigation of the alleged violation.

2. *If, within a reasonable period of time, a registrant fails to provide the Secretary of State with any information requested by the Secretary of State during an investigation of an alleged violation by the registrant, the Secretary of State may suspend ~~or revoke~~ or refuse to renew the registration of the registrant.*

3. If, after investigation, the Secretary of State determines that a violation has occurred, the Secretary of State may:

(a) Serve, by certified mail addressed to the person who has committed the violation, a written order directing the person to cease and desist from the conduct constituting the violation. The order must notify the person that any willful violation of the order may subject the person to prosecution and criminal penalties pursuant to NRS 240A.290 and ~~civil~~ penalties pursuant to this section and NRS 240A.280.

(b) If a registrant has committed the violation:

(1) ~~Begin proceedings pursuant to NRS 240A.270 to revoke~~ **Revoke** or suspend the registration of the registrant; or

(2) ~~After a hearing on the matter, impose~~ **Impose** a ~~civil~~ penalty of not more than \$1,000 for each violation. The authority of the Secretary of State to impose a ~~civil~~ penalty applies regardless of whether the person is still a registrant at the time ~~of the hearing~~ **that the penalty is imposed** so long as the person was a registrant at the time that he or she committed the violation.

**The Secretary of State shall afford any person upon whom such a penalty is imposed an opportunity for a hearing pursuant to the provisions of NRS 233B.121.**

(c) If a person engaged in the business of a document preparation service and was not a registrant at the time of the violation, after a hearing on the

matter, impose a ~~civil~~ penalty for each violation of not more than \$5,000 or the amount of economic benefit derived from the violation, whichever is greater.

(d) Refer the alleged violation to the Attorney General or a district attorney for commencement of a civil action against the person pursuant to NRS 240A.280.

(e) Refer the alleged violation to the Attorney General or a district attorney for prosecution of the person pursuant to NRS 240A.290.

(f) Take any combination of the actions described in this subsection.

~~3-3~~ **4.** Any person who is aware of a violation of this chapter by a document preparation service, a person applying for registration as a document preparation service or a person who is engaging in the business of a document preparation service and is not registered by the Secretary of State pursuant to this chapter may file a complaint with the Secretary of State setting forth the details of the violation that are known by the person who is filing the complaint.

~~4-1~~ **5.** *If the Secretary of State receives a complaint alleging a violation of this chapter, the Secretary of State shall notify the document preparation service or other person who is the subject of the complaint. The notice:*

*(a) Must be sent by certified mail;*

*(b) Is deemed to have been received 3 days after the notice is mailed;*

*(c) Must include, without limitation:*

*(1) A description of each allegation contained in the complaint;*

*(2) A statement of each statutory provision which the document preparation service or other person is alleged to have violated;*

*(3) An explanation of any disciplinary action that may be taken against the document preparation service or other person if the Secretary of State determines that the alleged violation occurred;*

*(4) A statement that the document preparation service or other person must respond to the notice not later than 15 days after the notice is received;*  
*and*

*(5) Instructions on the manner in which the document preparation service or other person may respond to the notice.*

**6.** Any determination by the Secretary of State that a provision of this chapter or a regulation or order adopted or issued pursuant thereto has been violated by a registrant or another person and the imposition of any ~~civil~~ penalty by the Secretary of State pursuant to this section is a public record.

**Sec. 8.** NRS 240A.270 is hereby amended to read as follows:

240A.270 1. The Secretary of State may deny, suspend, revoke or refuse to renew the registration of any person who violates a provision of this chapter or a regulation or order adopted or issued pursuant thereto. Except as otherwise provided in ~~subsections 2 and 3,~~ **this section**, a suspension or revocation may be imposed only after a hearing. **The registration of a registrant may be suspended or revoked by the Secretary of State pending a hearing if the**

*Secretary of State believes it is in the public interest or is necessary to protect the public.*

2. The Secretary of State may suspend the registration of any person who is also appointed as a notary public pursuant to NRS 240.010 and whose appointment as a notary public is suspended for violating the provisions of NRS 240.001 to 240.169, inclusive, or a regulation or order adopted or issued pursuant thereto. If the Secretary of State suspends the registration of a registrant pursuant to this subsection:

(a) The Secretary of State shall notify the registrant in writing of the suspension.

(b) The registrant may have his or her registration as a document preparation service reinstated by the Secretary of State if his or her registration as a document preparation service has not expired during the suspension upon a showing that his or her suspension as a notary public has been lifted.

3. Except as otherwise provided in subsection 2, the Secretary of State shall immediately revoke the registration of a registrant upon the receipt of an official document or record showing:

(a) The entry of a judgment or conviction; or

(b) The occurrence of any other event,

↳ that would disqualify the registrant from registration pursuant to subsection 2 of NRS 240A.100.

4. Upon the suspension or revocation of or refusal to renew the registration of a document preparation service pursuant to this section, the Secretary of State shall notify the Department of Motor Vehicles of the name of the document preparation service for the purposes of NRS 481.062.

**Sec. 9.** This act becomes effective on July 1, 2023.

Assemblyman Watts moved the adoption of the amendment.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

#### MOTIONS, RESOLUTIONS AND NOTICES

Assemblywoman Jauregui moved that Senate Bill No. 239 be taken from its position on the General File and placed at the top of the General File.

Motion carried.

#### GENERAL FILE AND THIRD READING

Senate Bill No. 239.

Bill read third time.

Roll call on Senate Bill No. 239:

YEAS—23.

NAYS—Brown-May, DeLong, Dickman, Duran, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, Marzola, McArthur, C.H. Miller, O'Neill, Summers-Armstrong, Yurek—19.

Senate Bill No. 239 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 14.

Bill read third time.

Roll call on Senate Bill No. 14:

YEAS—42.

NAYS—None.

Senate Bill No. 14 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 34.

Bill read third time.

Roll call on Senate Bill No. 34:

YEAS—42.

NAYS—None.

Senate Bill No. 34 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 61.

Bill read third time.

Roll call on Senate Bill No. 61:

YEAS—42.

NAYS—None.

Senate Bill No. 61 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 63.

Bill read third time.

Roll call on Senate Bill No. 63:

YEAS—42.

NAYS—None.

Senate Bill No. 63 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 78.

Bill read third time.

Roll call on Senate Bill No. 78:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Senate Bill No. 78 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 81.

Bill read third time.

Roll call on Senate Bill No. 81:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Senate Bill No. 81 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 172.

Bill read third time.

Roll call on Senate Bill No. 172:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Senate Bill No. 172 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 208.

Bill read third time.

Roll call on Senate Bill No. 208:

YEAS—42.

NAYS—None.

Senate Bill No. 208 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 249.

Bill read third time.

Roll call on Senate Bill No. 249:

YEAS—42.

NAYS—None.

Senate Bill No. 249 having received a two-thirds majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 272.

Bill read third time.

Roll call on Senate Bill No. 272:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.

Senate Bill No. 272 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 289.

Bill read third time.

Roll call on Senate Bill No. 289:

YEAS—42.

NAYS—None.

Senate Bill No. 289 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 292.

Bill read third time.

Roll call on Senate Bill No. 292:

YEAS—39.

NAYS—Anderson, Summers-Armstrong, Thomas—3.

Senate Bill No. 292 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 309.

Bill read third time.

Roll call on Senate Bill No. 309:

YEAS—42.

NAYS—None.

Senate Bill No. 309 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 331.

Bill read third time.

Roll call on Senate Bill No. 331:

YEAS—42.

NAYS—None.

Senate Bill No. 331 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 334.

Bill read third time.

Roll call on Senate Bill No. 334:

YEAS—42.

NAYS—None.

Senate Bill No. 334 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 346.

Bill read third time.

Roll call on Senate Bill No. 346:

YEAS—42.

NAYS—None.

Senate Bill No. 346 having received a two-thirds majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 355.

Bill read third time.

Roll call on Senate Bill No. 355:

YEAS—42.

NAYS—None.

Senate Bill No. 355 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 363.

Bill read third time.

Roll call on Senate Bill No. 363:

YEAS—29.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, McArthur, O'Neill, Yurek—13.

Senate Bill No. 363 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 378.

Bill read third time.

Roll call on Senate Bill No. 378:

YEAS—42.

NAYS—None.

Senate Bill No. 378 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 386.

Bill read third time.

Roll call on Senate Bill No. 386:

YEAS—42.

NAYS—None.

Senate Bill No. 386 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 404.

Bill read third time.

Roll call on Senate Bill No. 404:

YEAS—28.

NAYS—DeLong, Dickman, Gallant, Gray, Gurr, Hafen, Hansen, Hardy, Hibbetts, Kasama, Koenig, McArthur, O'Neill, Yurek—14.



Senate Bill No. 404 having received a constitutional majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Senate Bill No. 407.

Bill read third time.

Roll call on Senate Bill No. 407:

YEAS—42.

NAYS—None.

Senate Bill No. 407 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 415.

Bill read third time.

Roll call on Senate Bill No. 415:

YEAS—42.

NAYS—None.

Senate Bill No. 415 having received a constitutional majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Senate Bill No. 417.

Bill read third time.

Roll call on Senate Bill No. 417:

YEAS—42.

NAYS—None.

Senate Bill No. 417 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 422.

Bill read third time.

Roll call on Senate Bill No. 422:

YEAS—42.

NAYS—None.

Senate Bill No. 422 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Senate Bill No. 423.

Bill read third time.

Roll call on Senate Bill No. 423:

YEAS—42.

NAYS—None.

Senate Bill No. 423 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

MOTIONS, RESOLUTIONS AND NOTICES

Assemblywoman Jauregui moved that Senate Bills Nos. 104, 134, 146, 161, 180, 196, 211, 251, 262, 269, 302, 314, 315, 317, 321, 322, 348, 384, 391, 393, and 429 be taken from the General File and placed on the General File for the next legislative day.

Motion carried.

REPORTS OF COMMITTEES

*Mr. Speaker:*

Your Committee on Ways and Means, to which was rereferred Assembly Bill No. 112, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

DANIELE MONROE-MORENO, *Chair*

GENERAL FILE AND THIRD READING

Assembly Bill No. 112.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 723.

AN ACT relating to wildlife; defining the term “wildlife” for the purposes of wildlife crossings; creating the Wildlife Crossings Account in the State General Fund; requiring the Director of the Department of Transportation to administer the Account; requiring the Department of Transportation, in consultation with the Department of Wildlife, to develop and publish an inventory and list of certain projects relating to wildlife crossings; requiring the Director of the Department of Transportation to review the standards and specifications for the design and construction of highways in this State to determine the standards and specifications necessary for incorporating wildlife crossings and related highway features into the highways of this State; requiring the Department of Transportation and the Department of Wildlife to consult with certain persons regarding locations for wildlife crossings and related highway features; authorizing the Director of the Department of Transportation to adopt regulations; making an appropriation to implement projects relating to wildlife crossings; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing federal law establishes a wildlife-crossing safety program to provide grants of money to states for projects that seek to reduce wildlife-vehicle collisions and improve wildlife habitat connectivity. (23 U.S.C. § 171) **Section 1.5** of this bill defines the term “wildlife” for the purposes of this bill. **Section 2** of this bill creates the Wildlife Crossings Account in the State General Fund, which is administered by the Director of the Department of Transportation. **Section 2** requires the Department of Transportation to consult with the Department of Wildlife to identify locations and strategies relating to

wildlife crossings and prioritize certain areas to fund projects relating to wildlife crossings.

**Section 3** of this bill requires the Department of Transportation, in consultation with the Department of Wildlife, to develop, publish and update an inventory of connectivity needs on the state highway system where the implementation of wildlife crossings and other related highway features will improve permeability for wildlife, reduce wildlife-vehicle collisions or enhance wildlife activity.

**Section 4** of this bill requires the Director of the Department of Transportation to review the standards and specifications for the design and construction of highways in this State to determine standards and specifications necessary to incorporate wildlife crossings and other related highway features into the highways in this State.

**Section 4.5** of this bill requires the Department of Transportation and the Department of Wildlife to consult with holders of grazing permits and private landowners adjacent to any potential locations for wildlife crossings and related highway features.

**Section 5** of this bill authorizes the Director of the Department of Transportation to adopt regulations to carry out the provisions of this bill.

**Section 6** of this bill makes an appropriation to the Wildlife Crossings Account to implement projects relating to wildlife crossings and other highway features to improve permeability for wildlife.

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

**Section 1.** Chapter 408 of NRS is hereby amended by adding thereto the provisions set forth as sections 1.5 to 5, inclusive, of this act:

**Sec. 1.5.** *As used in sections 1.5 to 5, inclusive, of this act, unless the context otherwise requires, “wildlife” has the meaning ascribed to it in NRS 501.097.*

**Sec. 2. 1.** *The Wildlife Crossings Account is hereby created in the State General Fund. The Director shall administer the Account. The Account is a continuing account without reversion.*

**2.** *Any proceeds from the issuance of bonds or other securities for the Account must be deposited in the State Treasury for credit to the Account.*

**3.** *The Director may accept gifts, grants and bequests of money from any public or private source. The money must be deposited in the State Treasury for credit to the Account.*

**4.** *Money in the Account must be used by the Department for the design, construction, identification, restoration and protection of wildlife crossings and other related highway features to improve wildlife permeability in this State, which may include, without limitation:*

*(a) Matching any federal money for a project to design, construct, identify, restore or protect wildlife crossings and other related highway features;*

*(b) Conducting studies on wildlife crossings and other related highway features;*

*(c) Designing or constructing wildlife crossings and other related highway features;*

*(d) Planning related to wildlife crossings and other related highway features;*

*(e) Staffing needs related to the design, construction, identification, restoration and protection of wildlife crossings and other related highway features; and*

*(f) Carrying out the provisions of sections 1.5 to 5, inclusive, of this act, in cooperation with the Department of Wildlife.*

*5. In administering the Account, the Department shall consult with the Department of Wildlife to:*

*(a) Identify locations where key wildlife habitat, wildlife migration corridors and highways intersect;*

*(b) Identify and implement strategies to avoid, minimize and mitigate wildlife-vehicle collisions; and*

*(c) Prioritize areas to implement projects for wildlife crossings or other related highway features to improve permeability for wildlife while maintaining highway user safety.*

*6. All claims against the Account must be paid as other claims against the State are paid.*

*Sec. 3. 1. The Department shall, in consultation with the Department of Wildlife, develop an inventory of connectivity needs on the state highway system where the implementation of wildlife crossings and other related highway features will improve permeability for wildlife, reduce wildlife-vehicle collisions or enhance wildlife connectivity. The inventory may include, without limitation, projects and needs previously identified by the Department, other state agencies, tribal governments and local governments.*

*2. Not later than December 1, 2023, the Department shall publish:*

*(a) The inventory required pursuant to subsection 1; and*

*(b) A list of any funded transportation projects that implemented wildlife crossings or other related highway features to improve permeability for wildlife or addressed wildlife connectivity needs.*

*3. The Department shall update the inventory and list required to be published pursuant to subsection 2 at least once every 2 years.*

*Sec. 4. The Director shall review the standards and specifications for the design and construction of highways in this State to determine the standards and specifications necessary for incorporating wildlife crossings and other related highway features to improve permeability for wildlife in the design and construction of highways in this State.*

*Sec. 4.5. In carrying out the provisions of sections 1.5 to 5, inclusive, of this act, the Department and the Department of Wildlife shall consult with holders of grazing permits and private landowners of land adjacent to any location identified for the possible implementation of wildlife crossings and*

*related highway features to avoid or mitigate any impacts on livestock management or uses of private land.*

**Sec. 5.** *The Director may adopt regulations to carry out the provisions of sections 1.5 to 5, inclusive, of this act.*

**Sec. 6.** There is hereby appropriated from the State General Fund to the Wildlife Crossings Account created pursuant to section 2 of this act the sum of ~~(\$15,000,000)~~ **\$5,000,000** to implement projects to design, construct, identify, restore or protect wildlife crossings and other related highway features to improve permeability for wildlife.

**Sec. 7.** This act becomes effective on July 1, 2023.

Assemblywoman Monroe-Moreno moved the adoption of the amendment.

Remarks by Assemblywoman Monroe-Moreno.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

GUESTS EXTENDED PRIVILEGE OF ASSEMBLY FLOOR

On request of Assemblywoman Natha Anderson, the privilege of the floor of the Assembly Chamber for this day was extended to Cassy Monte, Chloe Yocom, and Daniela Castro Anguiano.

On request of Assemblyman Reuben D’Silva, the privilege of the floor of the Assembly Chamber for this day was extended to Patricia Iraheta and Stephanie Vazquez.

On request of Assemblyman Ken Gray, the privilege of the floor of the Assembly Chamber for this day was extended to Sarah Flocchini.

On request of Assemblyman Gregory Koenig, the privilege of the floor of the Assembly Chamber for this day was extended to Brett Guisti and Davis Koenig.

On request of Assemblyman Philip P.K. O’Neill, the privilege of the floor of the Assembly Chamber for this day was extended to Sarah Franklin.

On request of Assemblywoman Selena Torres, the privilege of the floor of the Assembly Chamber for this day was extended to Daniela Hernandez Tamayo, Jacquelin Merino Rios, Mellany Hollman, and Yajaira Rios.

Assemblywoman Jauregui moved that the Assembly adjourn until Thursday, May 25, 2023, at 11:30 a.m.

Motion carried.

Assembly adjourned at 4:16 p.m.

Approved:

STEVE YEAGER  
*Speaker of the Assembly*

Attest: SUSAN FURLONG  
*Chief Clerk of the Assembly*