

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R153-22

August 8, 2022

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

AUTHORITY: §§ 1-5, NRS 441A.120 and 441A.150.

A REGULATION relating to mental health; interpreting the term “attempted suicide” for the purpose of reporting attempted suicide; prescribing the providers of health care who are required to report a case or suspected case of attempted suicide; requiring such a report to include certain information; prescribing certain requirements concerning the procedure for submitting such a report; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires certain providers of health care to report a case or suspected case of attempted suicide to the Chief Medical Officer or the designee of the Chief Medical Officer. (NRS 441A.150) Existing law requires the State Board of Health to adopt regulations prescribing: (1) the providers who are required to make such a report; and (2) the procedures for reporting such cases. (NRS 441A.120) **Section 2** of this regulation clarifies how the Board will interpret the term “attempted suicide” for the purposes of such reporting. **Section 3** of this regulation prescribes the providers of health care who are required to report a case or suspected case of attempted suicide to the Chief Medical Officer. **Section 4** of this regulation prescribes: (1) the information that must be included in such a report; and (2) the information that may be included in such a report. **Section 5** of this regulation prescribes the period within which such a report must be submitted to the Chief Medical Officer. **Section 5** also requires a medical facility to adopt administrative procedures to ensure that only one provider submits a report for each attempted suicide or suspected attempted suicide.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *For the purposes of this chapter and chapter 441A of NRS, the Board will interpret the term “attempted suicide” to mean an action that:*

1. Is intended to cause the death of the same person who committed the action but does not cause the death of that person;

2. Results in the person receiving services from a provider of health care in a clinical setting; and

3. Corresponds to the code “suicide and suicide attempt” as established in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

Sec. 3. A provider of health care who treats a patient who has attempted suicide or is suspected to have attempted suicide shall report the case or suspected case of attempted suicide pursuant to subsection 3 of NRS 441A.150 if the treatment is provided in:

1. A community triage center, as defined in NRS 449.0031; or

2. A hospital, as defined in NRS 449.012, including, without limitation:

(a) A rural hospital, as defined in NRS 449.0177; and

(b) A psychiatric hospital, as defined in NRS 449.0165.

Sec. 4. 1. A provider of health care who is required to report a case or suspected case of attempted suicide pursuant to section 3 of this regulation shall include in the report required pursuant to subsection 3 of NRS 441A.150, to the extent that the information is known:

(a) The name, date of birth, address and telephone number of the patient who attempted suicide or is suspected of attempting suicide;

(b) The name, address and telephone number of the provider of health care who treated the patient;

(c) The following demographic information for the patient:

(1) Sex;

(2) Gender identity or expression;

(3) Race;

(4) Ethnicity;

(5) Sexual orientation;

(6) Occupation; and

(7) Military or veteran status;

(d) The identification number of the medical record of the patient;

(e) The date of the attempted suicide or suspected attempted suicide;

(f) The disposition of the patient;

(g) A code that corresponds to attempted suicide or suspected attempted suicide, as defined in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(h) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report required by subsection 3 of NRS 441A.150:

(a) Results from a toxicology test conducted by a laboratory relating to the attempted suicide or suspected attempted suicide;

(b) A statement of whether the patient was pregnant at the time of the attempted suicide or suspected attempted suicide;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant.

Sec. 5. 1. *A provider of health care who is required to report a case or suspected case of attempted suicide pursuant to section 3 of this regulation shall report the case or suspected case not later than 7 days after discharging the patient.*

2. A provider of health care may provide to the Chief Medical Officer supplemental or additional information as it becomes available after initially reporting the case or suspected case of attempted suicide.

3. A medical facility listed in section 3 of this regulation shall adopt administrative procedures to ensure that only one provider of health care will report a case or suspected case of attempted suicide pursuant to subsection 3 of NRS 441A.150 when multiple providers of health care treat the case or suspected case.