

The meeting was called to order at 5:00 pm by Chairman Marian Bennett with the following members and guest present:

PRESENT: Chairman Bennett
Vice Chairman Chaney
Mr. Bergevin
Mrs. Ham
Mr. Mello
Mr. Nicholas
Mr. Thompson

Please see guest register attached.

Agenda items were as follows:

A.B. 90-Establishes certain rights for patients of practitioners of healing arts and of health care facilities.

Testifying in support of this bill was Assemblyman Dini, District # 38. He testified he requested this bill based on some specific incidents that have happened involving patients of various health care facilities. He feels this is a "bill of rights" for a patient where the patient would know what his rights are and the type of treatment they should be able to expect from the health care facility as well as his physician. In his opinion, the time has come in Nevada for an ethical approach to medical care and treatment and he feels this bill would assist in providing that right.

He introduced Mrs. Elizabeth Smith and her daughter Mrs. Betty Joplin who have experienced problems with a health care facility. Mrs. Smith told the committee members of a personal traumatic experience she had with a medical center and the administering physician and she wanted the committee to provide the legislative protection to insure this not happening again. Mrs. Joplin advised the committee that, during the hospitalization and subsequent treatment of her mother, Mrs. Smith, she had never been advised that a problem had resulted from the treatment she was receiving. She feels the bill addresses that problem and she supports the measure.

Mr. Mello pointed out that, while he and the other members of the committee, can sympathize with the problems she had experienced, there is nothing in the bill that would prevent that from happening again.

Testifying next was Mr. Jack Middleton, Administrative Coordinator for Mental Retardation for the State of Nevada who stated that the Nevada Legislature during the 1975 session passed client rights legislation that affect clients in Division facility, and the Division is very much in support of this type of legislation as they feel the citizens of Nevada have the right to know who's treating them, who's paying the bills, etc. They would, however, like to submit an amendment to the bill that would say, "except as provided in NRS.433A.120 and through the end of that chapter. He distributed copies of their suggested amendments, Attached as Exhibit I.

Date:.....March 4, 1981

Page:.....2

Addressing the committee was Ms. Jane Hirsch, Nursing Home Ombudsman for the State of Nevada in support of the bill. She stated the bill runs parallel to the Federal regulation which govern her position. She goes in to investigate any complaints raised by the residents of nursing homes and any complaints that come out against a facility. She feels this bill gives her position a little more strength to go on in conjunction with the Federal regulations.

Mr. Bergevin stated that, in his opinion, if the Federal regulations address this issue there shouldn't be a need for state legislation. He doesn't see anything in this bill that would have eliminated the problem enumerated to us by Mrs. Smith and feels the residents of health care facilities have sufficient protection under existing federal law. He asked question on specific sections on the bill in order to ascertain who would be responsible for some of the provisions therein. After discussion of the bill, it was brought out that residents have all the rights contained in the bill, under federal provisions.

Addressing the committee next was Mr. Orvis Reil, representing the N.R.T.A./AARP Nevada Joint State Legislative Committee who supports the bill. He stated he feels this would solve some of the problems he, personally, has seen in nursing homes and urges passage of the measure with an amendment he proposes on Lines 42,43,44 on page 3. He feels that paragraph should be expanded or a new paragraph added to the bill stating; "requiring the practitioner to inform the patient, his family or representative of the side effects or symptoms that may appear between treatments that continue over an extended period of time". Each individuals reaction may vary but certain symptoms or side effects are not uncommon. Additionally, a practitioner, usually a specialist, should make himself available to the patient's family should the patient die- cancer patients in particular.

Several people were present and testified in support of the concept of the bill but expressed considerable doubt about the workability of the provisions. They included: Georganne Green with the Nevada Nursing Association. Mr. Dale Capurro, with Nevada State Welfare Title 19 and Dr. George Reynolds Administrator of the Bureau of Health Facilities. It was the concensus of those testifying that the federal regulation would supercede anything the State would adopt and all areas are fully covered under their guidelines.

There was no action taken on this bill at this time.

A.B. 185 - Makes administrative changes relating to medical laboratories.

Mr. Paul Cohen, Administrative Health Services Officer, State Division of Health and Dr. George Reynolds, Administrator for the Bureau of Health Facilities were present for discussion on this measure. and distributed copies of a suggested amendment. (attached as Exhibit II)

Date: March 4, 1981

Page: 3

Mr. Cohen explained that this bill is the result of reorganizing within the health division and also the recommendation submitted by the Governor's Task force to the office of the health officer in terms of consolidation of efforts regarding the lab, as it's now known today. He added that basically A.B. 185 has really 4 major component built into it, No. 1 should follow. 1970 legislative action of S.B. 80 in which we eliminated a revolving account for generating fees through licensing or certification of lab technician to have those funds go directly into the general fund similar to the S.B. 80 passed last session. Second, it relates to the advisory board which was another recommendation submitted by the Governor's Task Force in their work force papers in an effort to find out if they were needed. This dovetailed with the Sunset study and while it is not a very popular recommendation, they feel administratively it can be accomplished. There are members of the Advisory Board present that will pursue that area on their feelings. If it is the decision of this committee that the advisory board should be retained, there would be a fiscal note added requiring the bill to go to the money committees. Third item relates to the exemption of the state lab and will be addressed by Dr. Reynolds. He explained, however, that the State lab is the licensing agency for lab directors and other labs in the state to provide laboratory services. He suggested they be added to the exemption under 652.230 with Federal government labs, state department of agriculture and any other college, university or school lab. The last part has to do with tightening and straightening up the exemptions which will be addressed by Dr. Fugasoto and Dr. Reynolds (beginning line 21 through 28 of the bill)

He added that the bill did not come out the way they wanted and requested the committee go over the suggested amendment Exhibit II, with him.

Mr. Bennett pointed out that he had received a letter from a physician in Las Vegas who claimed this bill would be a step backwards if private physicians were to be subjected to licensing regulations by the state.

Dr. Ron Pardini, Professor of the Department of Biochemistry at the University of Nevada and Chairman of the Clinical Laboratory Advisory Committee testified he was here today as the Chairman of that committee. He opposed the aspect of this bill that provides for abolishing the Clinical Laboratory Advisory Committee. He explained the duties and responsibilities of this committee and gave a history of the expenses incurred by that board during the past fiscal year which, he testified, were minimal compared to the good they do. He urged that the Advisory Committee be retained.

Dr. Anton Sohn, Director of the Laboratories at Washoe Medical Center, Pathologist representing the Nevada State Medical Association and the Nevada Society of Pathologist testified in opposition to A.B. 185, specifically section 3 and 4 on page 2. He explained that Section 3 has a number of exemptions none of which involve patient care with possibly the exemption of the federal government which does have patient care at the V.A. hospital. However, to exempt the State Division of Health he feels is wrong because, as director of a laboratory, on a daily basis he refers patient's specimens to the state laboratory, particularly in the area of tuberculosis, infectious disease. He feels it would be

(Committee Minutes)

unpardonable for this laboratory not to have the same quality, and the same standards that he has to maintain at Washoe Medical Center or that every doctor's laboratory or private laboratory has to maintain.

Item # 4 on line 21 which exempts about five tests that have been adopted by the State Board of Health and, in his opinion, is an unnecessary duplication. Section 4 is even worse than exempting the state laboratory; this section exempts doctors laboratories. This means that if you go to any hospital they have to maintain certain qualities so why shouldn't your doctor have the same quality-why shouldn't you as a patient demand that he have trained people, the proper equipment and quality control. He urged that these two exemptions not be permitted; that would be a step backwards.

Mr. Cohn responded to the comments made by Dr. Sohn, stating that speaking to the question of quality control, right now, there is nobody but the state laboratory to license itself under the statute. What Dr. Sohn is saying is that if they are exempt, they are going to dilute the quality that they presently have in the state lab; this would not happen. They have always been in the position of licensing themselves and have always complied with all rules and regulations. He feels that by exempting the lab, they would not dilute the quality; they will still comply with the regulations that Dr. Pardini talked about-which is their own regulations. Their lab will be required to do it. He questioned how you can have an agency licensing itself. It would be like taking any other regulatory agency and requiring that the Bureau of Health Facilities be monitored or licensed to insure that they are complying with the statutes under 449 for Health Care Facilities. They have not been complying with the law because they have not had anyone licensing their lab, they just meet the requirements under the rules and regulations approved by the State Board of Health in accordance with the statutes.

During the discussion. It was brought up that this bill does not relieve the physicians' laboratories from being registered; they would still have to register, according to the provisions of the bill, however, they wouldn't have to comply with the rules and regulation of the laboratories as far as quality control. They would just register and do the work, however, this does not exclude him from complying with the regulations adopted by the board. They all agree the physicians laboratories should be registered, inspected and have some regulations.

Dr. Paul Fugusoto, Chief of the Bureau of Laboratories of Research stated that he would be testifying on Section 4, line 21 and page 2. The reason he was supporting this section, even though it is in the rules and regulations, is that the law as it appears says that all doctors offices shall register with the state. Practically all doctor's offices do some type of test in their offices; if we were to require registration of all those, there would be approximately 500 that would have to register. He feels the rules and regulations have these stipulations (as stated in lines, 24,25,26,27, and 28) but he feels that if it is put into the law, that would automatically take care of the problem and a doctor's

Office would not have to register if he was doing just those things.

In a response to a question by Mr. Nicholas, Dr. Fugusoto testified that he favors the bill only in paragraph 4 where the exemptions are addressed. He has serious reservations about line 20; he has heard the discussion about how laboratories must still comply with the quality control etc; but with line 20, that gives someone somewhere down the line, the opportunity to say, "this laboratory does not have to meet any qualifications at all, it doesn't have to have a qualified laboratory director, it doesn't have to have qualified personnel, etc" because, the law says we don't have to meet the requirements of the laboratory licensure law. He is afraid of the wording. He suggested wording such as, "the laboratory of the health division is required to comply with all the rules and regulations of licensed laboratories although a license certificate is not necessary." Shouldn't say we are exempt from licensure-that exempts us from everything.

Mrs. Barrone spoke next on this bill stating that the people speaking here tonight want to be able to control all laboratories in the state. In the first place, she feels, physicians should have the right to do the tests in their own laboratory. She is a director, licensed in the state and a technologist and they do not want her to have her license-the fraternal organization in Nevada won't let her work. There are certain types of equipment that will allow you to do some of these tests without going to a hospital. She explained the board was originally put together so we would have representation from all laboratories, the private laboratories, the hospitals and the laboratory technicians in the state; if not, we are going to be controlled by the people we don't want to be controlled by.

Considerable discussion followed on the issue but no action was taken at that time, and it was the feeling of the committee members that this bill does not address the issue of eliminating the labs in physicians offices as suggested. Mr. Bergevin pointed out that the question arose during the cleanup of the language but the authority is still in the bill, beginning on lines 33 to 42.

A.B. 217- Extending assistance to certain members of dependent children.

Mr. Lonny Chaney, Assembly District # 7 Clark County, as prime introducer of this bill, spoke in favor of it by explaining the main intent was to try to prevent the separation of families when there is a need for financial assistance. As we are all aware, it is difficult to get financial help in Clark County where a family has a father living at home; in order to obtain financial aid, it is necessary for the father to leave the family. This bill is an attempt to keep families together where dependent children are involved. He explained a fiscal note was not requested until he was certain this committee understood what he was trying to do with the measure; he did eventually request a fiscal note and it is forthcoming, but it is not based on a family's assistance but based on the family being able to get assistance for the children while the parents are together.

Mr. Bennett added that the people that are on welfare now will continue getting welfare, but the only difference is that the father will be able to remain in the home. The fiscal impact might increase a small amount.

It is understood that this bill must be reviewed by the Committee on Ways and Means.

Mr. Mello then moved a 'do pass and that the bill be referred to the Assembly Committee on Ways and Means; seconded by Mr. Nicholas and carried unanimously.

S.B. 99 Removes conflicting and duplicative statutory provisions respecting the state health officer.

Mr. Frank Kolzhauer, Chief of Planning for the Department of Human Resources spoke on this bill explaining that the bill was not initiated by their department but they find no problem with the bill. Mr. Daykin testified in support of this on the Senate side explaining that it removes a conflict which says in one statute that all of the division administrators shall be unclassified and in this particular section, it says they are classified; that change is basically what the bill does.

S.B. 145 - Corrects division facility list; definition of "emotionally disturbed child" and name of mental retardation association.

Mr. Jack Middleton, from the Mental Health and Mental Retardation Division, testified explaining that this is a Division of Mental Hygiene bill to change the title of facilities that are listed in NRS to correct them to the correct facilities. For example, the Nevada Mental Health Institute hadn't provided services to the mentally retarded for four years and it is still in the statutes as doing that service. It also strengthens the legislation for the commitment for a mentally ill child by changing the wording. It is basically a bill that is required to correct the statutes with the current practice.

S.B. 146 - Authorizes welfare division of department of human resources to delegate authority to issue provisional licenses for foster care.

Senator Jean Ford, Senate District # 3 Clark County, testified in support of this bill advising the committee that this bill comes from the interim committee studying the organizing and financing of judicial services for juveniles; it is Report # 8114. One of the things that they found was a different interpretation around the state in looking at services to dependent and neglected children. A different interpretation by some of the welfare staff as to whether or not they could delegate the power, in emergency situations to some one else to provide emergency care in shelters foster homes, etc. In some parts of the state they were doing it and in other parts they were not. They felt that this needed to be more responsive to the need for provisional licenses that could be granted in a hurry in a situation, primarily in the rural areas

(Committee Minutes)

Date: March 4, 1981

Page: 7

where they come across an abandoned, neglected child that needs some type of shelter right away. They felt the Welfare Department should be able to pass rules and regulation to delegate that responsibility; this bill would give them that permission. The statute they are operating under now is 424.030 Licensing of Foster Homes but the provisions that are unclear are the provisions that say, "Provisional license may be issued to a foster home only after determination that the health and safety of the child or children placed therein will not be jeopardized." You could interpret that to mean only welfare can go out and interpret and make that actual determination; they said, in some parts of the state, that the determination may be made by verification of a probation officer that the home will actually not jeopardize the safety for one or two nights or a week. They still go in and do the investigation at a later date but it gives them the opportunity to provide provisional care in an emergency basis. The welfare Department is in support of the bill.

S.B. 121 - Removes inconsistent statutory provisions concerning registration of hospital pharmaceutical technician and renewal of certain permits.

There was no one present to testify on this bill in support or in opposition, therefore, no action was taken.

Mr. Nicholas advised the committee that the Health Division did request from the Legislative Counsel Bureau information on a subject that did not come out. The request had to do with some small changes in words between "fund" and "account" in three areas of NRS 439, 442, 170 and 442.220. He requested that this be a committee request for a bill draft so that this dialogue can be absorbed into the NRS. Mr. Nicholas moved for that action; seconded by Mr. Mello with the stipulation that the bill be referred to this committee. Motion carried unanimously.

There being no further business, the meeting was adjourned.

Respectfully submitted,


Nykki Kinsley, Committee secretary



ROBERT LIST
GOVERNOR

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March 3, 1981

Rev. Marion Bennett
Chairman/Assembly Health and
Welfare Committee
Room 308, Legislative Bldg.
Carson City, Nevada 89710

Dear Rev. Bennett:

Assembly Bill 90, concerning patient's rights, will be heard by your committee on Wednesday, March 4, 1981. This bill which has been designed to protect the rights of patients in general hospitals, as presently drafted would also affect clients in mental health and mental retardation facilities of the Division of Mental Hygiene and Mental Retardation.

As you will recall, during the 1975 State Legislature, legislation passed which contained a section specifying the rights of the clients of the Division of Mental Hygiene and Mental Retardation. These rights were developed specifically for the mentally ill and mentally retarded and with the special legal and program constraints surrounding our Division facilities and services. A copy of the relevant NRS is attached for your review. The Division proposes therefore, that Assembly Bill 90 be cognizant of our clients and refer to these rights as proposed in the amendments set forth below:

Section 1, Subsection 1, Line 3, insert after "and care facility":
or as provided in NRS 433A.120 through 433A.570; 433A.740 and 433A.750;
and 435.340 through 435.360.

Section 2, Subsection 2, Line 8, insert after "of this act":
17, or as provided in NRS 433A.120 through 433A.570; 433A.740 and 433A.750;
and 435.340 through 435.360.

Section 3, Subsection 1, Line 12, insert after "in this state":
, or as provided in NRS 433A.120 through 433A.570; 433A.740 and 433A.750;
and 435.340 through 435.360.

Sincerely,

Kenneth J. Sharigian (cm)

Kenneth J. Sharigian, Ph.D.
Deputy Administrator
Div. of MH-MR

KJS:CM:jw

Attachment

Encl. I

4. The respective administrative officers may cause to be appointed such staff as are necessary for the proper operation of the canteens.
(Added to NRS by 1975, 1613)

ADMISSION TO MENTAL HEALTH FACILITIES

GENERALLY

433A.120 Types of admission. There are three types of admission to mental health facilities in the State of Nevada:

1. Voluntary admission;
2. Emergency admission; and
3. Involuntary court-ordered admission.

(Added to NRS by 1975, 1602)

433A.130 Admission forms. All applications and certificates for the admission of any person in the State of Nevada to a mental health facility under the provisions of this chapter shall be made on forms approved by the division and the office of the attorney general and furnished by the clerks of the district courts in each county.

(Added to NRS by 1975, 1608)

433A.140 Voluntary admissions: Procedures for admission and release.

1. Any person may apply to any public or private mental health facility in the State of Nevada for admission to such facility as a voluntary client for the purposes of observation, diagnosis, care and treatment. In the case of a person who has not attained the age of majority, application for voluntary admission may be made on his behalf by his spouse, parent or legal guardian.

2. If the application is for admission to a division facility, the applicant shall be admitted as a voluntary client if examination by admitting personnel reveals that the person needs and may benefit from services offered by the mental health facility.

3. Any person admitted to a division facility as a voluntary client shall be released immediately after the filing of a written request for release with the responsible physician or his designee within the normal working day.

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

(Added to NRS by 1975, 1602)

433A.150 Emergency admissions: Detention for observation; time limit.

1. Any mentally ill person as defined in subsection 2 of NRS 433.194 may be detained in a public or private mental health facility or hospital under an emergency admission for evaluation, observation and treatment subject to subsection 2.

2. No person admitted to a mental health facility or hospital under subsection 1 may be detained for a period in excess of 2 working days from the time of his admission unless within such period a written petition has been filed with the clerk of the district court for an order of the court authorizing the continued hospitalization of such person for emergency observation and diagnosis for not more than 7 days from the date of the order.

(Added to NRS by 1975, 1602)

433A.160 Emergency admissions: Procedures.

1. Application for an emergency admission of an allegedly mentally ill person for evaluation and observation may only be made by a duly accredited agent of the department, an officer authorized to make arrests in the State of Nevada or a physician, psychologist, social worker or public health nurse. The agent, officer, physician, psychologist, social worker or public health nurse may take an allegedly mentally ill person into custody without a warrant for the purpose of making an application for emergency admission for evaluation, observation and treatment under NRS 433A.150 and may transport the person or arrange the transportation for him with a local law enforcement agency to a public or private mental health facility for the purposes of making such application.

2. The application shall reveal the circumstances under which the person was taken into custody and the reasons therefor.

3. For the purposes of subsection 1, "duly accredited agent of the department" means any person appointed or designated by the director of the department to take into custody and transport to a mental health facility pursuant to subsections 1 and 2 those persons in need of emergency admission.

4. Any person who has reason to believe that another person is mentally ill and because of such illness is likely to harm himself or others if he is not immediately detained or that such person is gravely disabled by mental illness, may apply to the district attorney of the county where the allegedly mentally ill person is found, and the district attorney may, if satisfied that the person is likely to harm himself or others or is gravely disabled as defined in subsection 2 of NRS 433.194:

(a) Issue an order to any peace officer for the immediate apprehension of such person and his transportation to a public or private mental health facility; and

(b) Make application for the admission of such person under the emergency admission provisions of NRS 433A.150.

(Added to NRS by 1975, 1603)

433A.170 Emergency admissions: Medical certificate required. The administrative officer of a division facility or of any other public or private mental health facility or hospital shall not accept an application for an emergency admission under NRS 433A.150 and 433A.160 unless such application is accompanied by a certificate of a psychiatrist, certified psychologist or physician stating that he has examined the person alleged to be mentally ill and that he has concluded that as a result of mental illness the person is likely to harm himself or others or is gravely disabled as defined in subsection 2 of NRS 433.194. Such certificate may be obtained from a psychiatrist, certified psychologist, or physician who is employed by the public or private mental health facility to which such application is made.

(Added to NRS by 1975, 1603)

433A.180 Emergency admissions: Requirement, limitations of applications and certificates. No application or certificate authorized under NRS 433A.160 or 433A.170 may be considered if made by a psychiatrist, certified psychologist or physician who is related by blood or marriage to the allegedly mentally ill person, or who is financially interested in the facility in which the allegedly mentally ill person is to be detained. No application or certificate of any examining person authorized under NRS 433A.170 may be considered unless it is based on personal observation and examination of the allegedly mentally ill person made by such examining person not more than 72 hours prior to the making of the application or certificate. The certificate shall set forth in detail the facts and reasons on which the examining person based his opinions and conclusions.

(Added to NRS by 1975, 1603)

433A.190 Emergency admissions: Notice to spouse, parent, guardian. Within 24 hours of a person's admission under emergency admission, the administrative officer of a mental health facility shall give notice of such admission by certified mail to the spouse, parent or legal guardian of that person.

(Added to NRS by 1975, 1604)

INVOLUNTARY COURT-ORDERED ADMISSION

433A.200 Petition for court-ordered admission: Filing; contents. Proceedings for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition with the clerk of the district court of any county where the person who is to be treated resides. The petition may be filed by the spouse, parent, adult children or legal guardian of the person to be treated or by any physician, psychologist, social worker or public health nurse, by a duly accredited agent of the department or by any officer authorized to make arrests in the State of Nevada. Such petition shall be accompanied:

1. By a certificate of a physician or certified psychologist stating that he has examined the person alleged to be mentally ill and has concluded that as a result of mental illness the person is likely to harm himself or others or that he is gravely disabled, as provided in subsection 2 of NRS 433.194; or

2. By a sworn written statement by the petitioner that:

(a) The petitioner has probable cause to believe that such person is mentally ill and, because of such illness is likely to harm himself or others, or is gravely disabled, as defined in subsection 2 of NRS 433.194; and

(b) That such person has refused to submit to examination or treatment by a physician, psychiatrist or certified psychologist.

(Added to NRS by 1975, 1604)

433A.210 Petition following emergency admission. A petition filed with the clerk of the district court to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.150 shall include:

1. A certified copy of the application made pursuant to NRS 433A.160 with respect to the person detained; and

2. A petition executed by a psychiatrist, certified psychologist, or physician certifying that he has examined the person alleged to be mentally ill and has concluded that as a result of mental illness the person is likely to harm himself or others or is gravely disabled as defined in subsection 2 of NRS 433.194.

(Added to NRS by 1975, 1604)

433A.220 Setting petition for hearing; notice.

1. Immediately after he receives any petition filed under NRS 433A.200 or 433A.210, the clerk of the district court shall transmit the petition to the appropriate district judge, who shall set a time and place for its hearing, which date should be within 7 calendar days from the time such petition is received by the clerk.

2. Notice of the petition and of the time and place of any proceedings thereon shall be given by the court to the subject of the petition, his attorney, if known, the petitioner, the district attorney of the county in which the court has its principal office and the administrative office of any mental health facility in which the subject of the petition is detained.

(Added to NRS by 1975, 1604)

433A.230 Petitioner's bond. The court in its discretion may require any petitioner under NRS 433A.200, except any duly accredited agent of the department or any officer authorized to make arrests in the State of Nevada, to file an undertaking with surety to be approved by the court in the amount the court deems proper, conditioned to save

harmless the person alleged to be mentally ill by reason of costs incurred, including attorney fees, if any, and damages suffered by the person as a result of such action.

(Added to NRS by 1975, 1605)

433A.240 Examination of person alleged to be mentally ill; protective custody.

1. After the filing of a petition to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.200 or 433A.210, the court shall promptly cause two or more physicians or certified psychologists, one of whom shall always be a physician, to examine the person alleged to be mentally ill, or request an evaluation from a multiple disciplinary team from the division of the person alleged to be mentally ill.

2. For the purpose of conducting the examination of a person who is not at a mental health facility under emergency admission pursuant to NRS 433A.150, the court may order a peace officer to take the individual into protective custody and transport him to a mental health facility or hospital where he may be detained until a hearing is had upon the petition.

3. Unless the individual is admitted under an emergency admission pursuant to NRS 433A.150, he may be allowed to remain in his home or other place of residence pending an ordered examination or examinations and to return to his home or other place of residence upon completion of the examination or examinations. The individual may be accompanied by one or more of his relations or friends to the place of examination.

(Added to NRS by 1975, 1604)

433A.250 Multiple disciplinary evaluation teams: Functions; composition; fees and expenses.

1. The administrator shall establish such multiple disciplinary evaluation teams as are necessary to aid the courts under NRS 433A.240 and 433A.310.

2. Each team shall be composed of a psychiatrist and other mental health professionals representative of the division selected from personnel in the division.

3. When performing as members of the team under NRS 433A.240 and 433A.310, such persons shall receive the per diem expense allowance and travel expenses provided by law. Fees for such evaluations shall be established and collected as set forth in NRS 433.414.

(Added to NRS by 1975, 1605)

433A.260 Proceedings where examining personnel unavailable; expenses paid by county.

1. In counties where the examining personnel required pursuant to NRS 433A.240 are not available, proceedings for involuntary court-ordered admission shall be conducted in the nearest county having such examining personnel available in order that there be minimum delay.

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

(Added to NRS by 1975, 1605)

433A.270 Right to counsel; continuance; duties of district attorney.

1. The allegedly mentally ill person or any relative or friend on his behalf is entitled to retain counsel to represent him in any proceeding before the district court relating to involuntary court-ordered admission, and if he fails or refuses to obtain counsel, the court shall advise him and his guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his deputy.

2. Any counsel appointed pursuant to subsection 1 shall be awarded compensation by the court for his services in an amount determined by it to be fair and reasonable. The compensation shall be charged against the estate of the person for whom the counsel was appointed, or if the person is indigent, the compensation shall be charged against the county where the allegedly mentally ill person last resided.

3. The court shall, at the request of any counsel, grant a recess in the proceedings for not more than 5 days to give the counsel an opportunity to prepare his case.

4. Each district attorney or his deputy shall appear and represent the state in all involuntary court-ordered admission proceedings in his county. The district attorney is responsible for the presentation of evidence, if any, in support of the involuntary court-ordered admission of a person to a mental health facility in proceedings held pursuant to NRS 433A.200 or 433A.210.

(Added to NRS by 1975, 1605)

433A.280 Testimony. In proceedings for involuntary court-ordered admission, the court shall hear and consider all relevant testimony including but not limited to the testimony of examining personnel who participated in the evaluation of the person alleged to be mentally ill and the certificates of physicians or certified psychologists accompanying the petition.

(Added to NRS by 1975, 1606)

433A.290 Right of alleged mentally ill person to be present and testify. In proceedings for an involuntary court-ordered admission, the person with respect to whom the proceedings are held shall be present and may, at the discretion of the court, testify.

(Added to NRS by 1975, 1606)

433A.300 Witness fees. Witnesses subpoenaed under the provisions of this chapter shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.
(Added to NRS by 1975, 1606)

433A.310 Findings and order; expiration, renewal of order.

1. If the district court finds, after proceedings for involuntary court-ordered admission, that the person with respect to whom such hearing was held:

(a) Is not mentally ill, or if mentally ill, does not exhibit observable behavior that he is likely to harm himself or others if allowed to remain at liberty, or is not gravely disabled, the court shall enter its finding to such effect and the person shall not be involuntarily detained in a mental health facility.

(b) Is mentally ill and, because of that illness, is likely to harm himself or others if allowed to remain at liberty, or is gravely disabled, the court may order the involuntary admission of the person for the most appropriate course of treatment.

2. An involuntary admission pursuant to paragraph (b) of subsection 1 automatically expires at the end of 6 months if not terminated previously by the medical director of the mental health facility as provided for in subsection 2 of NRS 433A.390. At the end of the court-ordered treatment period, the division or any nondivision mental health facility may petition to renew the detention of the person for additional periods of time not to exceed 6 months each. For each renewal, such petition shall set forth to the court specific reasons why further treatment would be in the person's own best interests.

3. Before issuing an order pursuant to paragraph (b) of subsection 1 or a renewal pursuant to subsection 2, the court shall explore other alternative courses of treatment within the least restrictive environment as suggested by the division evaluation team or other qualified mental health professionals which the court believes will be in the best interests of the person.

(Added to NRS by 1975, 1606)

433A.320 Clinical abstract to accompany order. The order for involuntary court admission of any person to a mental health facility, public or private, shall be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

(Added to NRS by 1975, 1607)

433A.330 Transportation to mental health facility.

1. When any involuntary court admission is ordered under the provisions of this chapter, the involuntarily admitted person, together with the court orders and certificates of the physicians, certified psychologists or evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, shall be delivered to the sheriff of the county who shall

convey the person to the appropriate public or private mental health facility.

2. No mentally ill person may be conveyed to the mental health facility without at least one attendant of the same sex or a relative in the first degree of consanguinity or affinity being in attendance.
(Added to NRS by 1975, 1607)

HOSPITALIZATION

433A.340 Applicability to persons previously committed. The provisions of this chapter are applicable to any person who, on or after July 1, 1975, is a client or patient in a public or private hospital or mental health facility in the State of Nevada by reason of having been declared insane or of unsound mind pursuant to a court order entered in a noncriminal proceeding prior to such date.
(Added to NRS by 1975, 1608)

433A.350 Information to be furnished client, relatives on admission. Upon admission to any division facility, each client and the client's spouse, parents or other nearest-known adult relative shall receive a written statement outlining in simple, nontechnical language all release procedures provided by this chapter, setting out all rights accorded to clients by this chapter and chapter 433 of NRS and describing procedures provided by law for adjudication of incompetency and appointment of a guardian for the client.
(Added to NRS by 1975, 1610)

433A.360 Clinical records: Contents; confidentiality. A clinical record for each client shall be diligently maintained. The record shall include information pertaining to the client's admission, legal status, treatment and individualized habilitation plan. The clinical record shall not be a public record and no part of it shall be released, except:

1. The record may be released to physicians, attorneys and social agencies as specifically authorized in writing by the client, his parent, guardian or attorney.

2. The record shall be produced in response to a subpoena or released to persons authorized by order of court.

3. The record or any part thereof may be disclosed to a qualified staff member of a division facility or an employee of the division when the administrator deems it necessary for the proper care of the client.

4. Information from the clinical records may be used for statistical and evaluation purposes if the information is abstracted in such a way as to protect the identity of individual clients.

5. To the extent necessary for a client to make a claim, or for a claim to be made on behalf of a client for aid, insurance or medical assistance to which he may be entitled, information from the records

may be released with the written authorization of the client or his guardian.

(Added to NRS by 1975, 1611)

433A.370 Escape, absence without leave.

1. When a client committed by a court to a division facility on or before June 30, 1975, or a client who is judicially admitted on or after July 1, 1975, or a person who is involuntarily detained pursuant to NRS 433A.150 to 433A.300, inclusive, escapes from any division facility, or when a judicially admitted client has not returned to a division facility from convalescent leave after the administrative officer of the facility has ordered him to do so, any peace officer shall, upon written request of the administrative officer or his designee and without the necessity of a warrant or court order, apprehend, take into custody and deliver the person to such division facility or another state facility.

2. Any person appointed or designated by the director of the department to take into custody and transport to a division facility persons who have escaped or failed to return as described in subsection 1 may participate in the apprehension and delivery of any such person, but may not take the person into custody without a warrant.

(Added to NRS by 1975, 1609)

433A.380 Conditional release; restoration of rights.

1. Any involuntarily court-admitted person may be conditionally released from a public or private mental health facility on convalescent leave when, in the judgment of the medical director of such facility, such convalescent status is in the best interest of the person and will not be detrimental to the public welfare.

2. When an involuntarily court-admitted person is conditionally released pursuant to subsection 1, the state or any of its agents or employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

3. When a court-adjudicated incompetent person is conditionally released from a mental health facility, the administrative officer of such mental health facility shall petition the court for restoration of full civil and legal rights as deemed necessary to facilitate such person's rehabilitation.

(Added to NRS by 1975, 1608)

433A.390 Unconditional release: Notice to court; early release.

1. When a client, involuntarily admitted to a mental health facility by court order, is released at the end of the period of time specified pursuant to NRS 433A.310, written notice shall be given to the admitting court at least 10 days prior to the release of the client. The client may then be released without requiring further orders of the court.

2. An involuntarily court-admitted client may be released prior to the time period specified in NRS 433A.310 when:

(a) An evaluation team established under NRS 433A.250 or two mental health professionals, at least one of them being a physician, determines that the client has recovered from his mental illness or has improved to such an extent that he is no longer considered a danger to himself or others and is not gravely disabled; and

(b) Under advisement from the evaluation team or two mental health professionals, at least one of them being a physician, the medical director of the mental health facility authorizes the release and gives written notice to the admitting court 10 days prior to the release of the client.

(Added to NRS by 1975, 1607)

433A.400 Indigents to be returned to county of last residence.

1. An indigent resident of this state discharged as having recovered from his mental illness, but having a residual medical or surgical disability which prevents him from obtaining or holding remunerative employment, shall be returned to the county of his last residence. A nonresident indigent with such disabilities shall be returned to the county from which he was involuntarily court-admitted. The administrative officer of the mental health facility shall first give notice in writing, not less than 10 days prior to discharge, to the board of county commissioners of the county to which the person will be returned.

2. Delivery of the indigent resident defined in subsection 1 shall be made to an individual or agency authorized to provide further care.

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

(Added to NRS by 1975, 1607)

433A.410 Transfer: To other division facility. Any client who has been involuntarily admitted by court order or voluntarily admitted to a division facility may be transferred to another division facility at the discretion of the administrator without court order.

(Added to NRS by 1975, 1611)

433A.420 Transfer: To Veterans' Administration hospital or other facility. The medical director of a division facility may authorize the transfer to a United States Veterans' Administration hospital or other facility of the United States Government any admitted client eligible for treatment therein.

(Added to NRS by 1975, 1611)

433A.430 Transfer: To facility in another state.

1. Whenever the administrator determines that state division facilities are inadequate for the care of any mentally ill person, he may designate two physicians, licensed under the provision of chapter 630 of NRS, and familiar with the field of psychiatry, to examine such person. If the two physicians concur in the opinion of the administrator,

the administrator may contract with appropriate corresponding authorities in any other state of the United States having adequate facilities for such purposes for the reception, detention, care or treatment of such persons. The two physicians so designated shall receive a reasonable fee for their services based upon rates set by the Nevada industrial commission for similar services, which fee shall be paid by the county of the person's last-known residence.

2. Moneys to carry out the provisions of this section shall be provided by direct legislative appropriation.

(Added to NRS by 1975, 1609)

433A.440 Transfer: Of nonresident to state of residence.

1. If any person involuntarily court-admitted to any division facility pursuant to NRS 433A.310 is found by the court not to be a resident of the State of Nevada and to be a resident of another place, he may be transferred to the state of his residence pursuant to NRS 433.444 if an appropriate institution of that state is willing to accept him.

2. The approval of the administrator shall be obtained before any transfer is made pursuant to subsection 1.

(Added to NRS by 1975, 1607)

433A.450 Detention, treatment of mentally ill prisoners. When a psychiatrist and one other mental health professional determines that an offender confined in an institution of the department of prisons is mentally ill, the director of the department of prisons shall apply to the administrator for the offender's detention and treatment at a division facility selected by the administrator. If the administrator determines that adequate security or treatment is not available in a division facility, the administrator shall provide, within the resources available to the division and as he deems necessary, consultation and other appropriate services for the offender at the place where he is confined. It is the director's decision whether to accept such services.

(Added to NRS by 1975, 1609; A 1977, 871)

433A.460 Client's legal capacity unimpaired unless adjudicated incompetent.

1. No person admitted to a public or private mental health facility pursuant to this chapter shall, by reason of such admission, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity.

2. If the responsible physician of the mental health facility in which any person is detained is of the opinion that such person is unable to exercise any of the aforementioned rights, the responsible physician shall immediately notify the person and the person's attorney, legal

guardian, spouse, parents or other nearest-known adult relative, and the district court of that fact.

(Added to NRS by 1975, 1610)

433A.470 Guardian may be appointed for person adjudicated incompetent. A court-adjudicated mentally incompetent person admitted to a public or private mental health facility may have a guardian appointed either by the admitting court or by the district court of the county wherein the mental health facility is located, on the application of any interested person or, in the case of an indigent, on the application of the district attorney of the county wherein the mental health facility is located. The provisions of chapter 159 of NRS shall govern the appointment and administration of guardianships created pursuant to this chapter.

(Added to NRS by 1975, 1610)

433A.480 Evaluations of persons adjudicated incompetent; restoration to legal capacity.

1. The medical director of a division mental health facility shall have all adjudicated mentally incompetent persons of that facility automatically evaluated no less than once every 6 months to determine whether or not there is sufficient cause to believe that the client remains unable to exercise rights to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license.

2. If the medical director has sufficient reason to believe that the client remains unable to exercise these rights, such information shall be documented in the client's treatment record.

3. If there is no such reason to believe the client is unable to exercise these rights, the medical director shall immediately initiate proper action to cause to have the client restored to legal capacity.

(Added to NRS by 1975, 1610)

433A.490 Restoration of legal capacity to persons previously deemed incompetent. Any person in the State of Nevada who, by reason of a judicial decree ordering his hospitalization entered prior to July 1, 1975, is considered to be mentally incompetent and is denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license solely by reason of such decree shall, upon the expiration of the 6-month period immediately following such date, be deemed to have been restored to legal capacity unless, within such 6-month period, affirmative action is commenced to have the person adjudicated mentally incompetent by a court of competent jurisdiction.

(Added to NRS by 1975, 1610)

TREATMENT FOR EMOTIONALLY DISTURBED CHILDREN

433A.500 "Treatment," "treatment facility" defined. As used in NRS 433A.510 to 433A.570, inclusive:

1. "Treatment" means treatment designed to facilitate the adjustment and effective functioning of an emotionally disturbed child in his present or anticipated life situation, and includes but need not be limited to:

(a) Outpatient services such as:

- (1) Family counseling;
- (2) Group therapy for parents, adolescents and children;
- (3) Classes for parents in effective child management techniques;
- (4) Individual therapy for children; and
- (5) Evaluation services, including personal assessments and studies of individual social environments.

(b) Day care services, involving half-day or after-school educational programs and individual or group therapy programs.

(c) In cooperation with the welfare division of the department, placement in transitional homes operated by professionally trained parents working in close consultation with the administrative officer and his staff.

(d) Short-term residential services providing 24-hour supervision, evaluation and planning and intensive family counseling, individual and group therapy and educational evaluation and consultation.

2. "Treatment facility" means any division facility authorized by subsection 2 of NRS 433A.510 to provide treatment for emotionally disturbed children.

(Added to NRS by 1975, 1611; A 1979, 815)

433A.510 Authorization to provide treatment, operate treatment facilities.

1. The division may provide treatment for emotionally disturbed children at any division facility.

2. The division is hereby authorized to operate treatment facilities specifically for the purpose of providing treatment for emotionally disturbed children.

(Added to NRS by 1975, 1612)

433A.530 Regulations for operation of treatment facility. Each administrative officer of a treatment facility, subject to the approval of the administrator, shall establish regulations for the operation of the treatment facility and coordinate the activities of the treatment facility with those of public and private children's service agencies in the state.

(Added to NRS by 1975, 1612; A 1979, 815)

433A.540 Admission for treatment: Commitment by court order; application by parent, guardian. The administrator is authorized to receive any emotionally disturbed child for treatment in a treatment

facility or any other division facility if the child is a resident of the State of Nevada and if:

1. The child is committed by court order to the custody of the administrator or to a division facility; or
2. The child's parent, parents or legal guardian makes application for treatment for the child.

(Added to NRS by 1975, 1612)

433A.550 Commitment by court order: Approval of administrative officer for admission, release.

1. In any case involving commitment by court order, admission to a treatment facility may be only after consultation with and approval by the administrative officer of the facility or his designee who shall determine whether the treatment available at the facility is appropriate or necessary for the child's health and welfare.

2. A child committed by court order shall not be released from a treatment facility until the administrative officer determines that treatment in the facility is no longer beneficial to the child.

(Added to NRS by 1975, 1612; A 1979, 815)

433A.560 Approval of administrative officer required for admission on application of parent, guardian. In any case involving an application from the child's parent, parents or legal guardian, the child shall first be examined and evaluated by the administrative officer or his staff and admitted to a treatment facility only if, in the judgment of the administrative officer:

1. The child can benefit from the treatment program; and
2. Facilities and staff are available and adequate to meet the child's needs.

(Added to NRS by 1975, 1612; A 1979, 816)

433A.570 Legal rights not impaired; applicability of other provisions of chapter.

1. NRS 433A.500 to 433A.570, inclusive, do not purport to deprive any person of any legal rights without due process of law.

2. Unless the context clearly indicates otherwise, the provisions of this chapter relating to voluntary admission, involuntary court-ordered admission and release procedures for mentally ill persons, including but not limited to opportunity for a hearing and the right to counsel, apply to all persons subject to the provisions of NRS 433A.500 to 433A.570, inclusive.

(Added to NRS by 1975, 1612)

PAYMENT OF COSTS OF HOSPITALIZATION AND TREATMENT

433A.580 Arrangements for payment of costs required. No person may be admitted to a private hospital or division mental health facility

opinion of the administrative officer of the division mental health facility to which the client is admitted payment should be made for nonresident indigent clients and funds are authorized pursuant to NRS 433.374.

(Added to NRS by 1975, 1617)

433A.690 Claims against estates of deceased clients. Claims by a division mental health facility against the estates of deceased clients may be presented to the executor or administrator in the manner required by law, and shall be paid as preferred claims equal to claims for expenses of last illness. When a deceased person has been maintained at a division mental health facility at a rate less than the maximum usually charged, or the facility has incurred other expenses for the benefit of the person for which full payment has not been made, the estate of the person shall be liable if the estate is discovered within 5 years after the person's death.

(Added to NRS by 1975, 1617)

CRIMES AND PENALTIES

433A.740 Liability of public officers or employees. Any public officer or employce who transports or delivers or assists in transporting or delivering or detains or assists in detaining any person pursuant to the provisions of this chapter shall not be rendered civilly or criminally liable thereby unless it is shown that such officer or employce acted maliciously or in bad faith or that his negligence resulted in bodily harm to such person.

(Added to NRS by 1975, 1609)

433A.750 Unlawful acts; penalties.

1. Any person who:

(a) Without probable cause for believing a person to be mentally ill causes or conspires with or assists another to cause the involuntary court-ordered admission of any such person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to him under this chapter, shall be punished by a fine not exceeding \$5,000, or by imprisonment in the state prison for not less than 1 year nor more than 6 years, or by both fine and imprisonment.

2. Any person who, without probable cause for believing another person to be mentally ill, executes a petition, application or certificate pursuant to this chapter, by which such person secures or attempts to secure the apprehension, hospitalization, detention or restraint of the person alleged to be mentally ill, or any physician, psychiatrist or certified psychologist who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person shall be punished by a fine not exceeding \$5,000, or by imprisonment

in the state prison for not less than 1 year nor more than 6 years, or by both fine and imprisonment.

(Added to NRS by 1975, 1608)

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435.340 Retarded person's legal capacity unimpaired unless adjudicated incompetent. Neither voluntary admission nor judicial commitment nor any other procedure provided in this chapter shall be construed as depriving a mentally retarded person of his full civil and legal rights by any method other than a separate judicial proceeding resulting in a determination of incompetency wherein the civil and legal rights forfeited and the legal disabilities imposed are specifically stated.

(Added to NRS by 1975, 1617)

435.350 Rights of persons admitted to division facility.

1. Each mentally retarded person admitted to a division facility is entitled to all rights enumerated in NRS 433.484.

2. The administrator shall designate a person or persons to be responsible for establishment of regulations relating to denial of rights of mentally retarded persons. The person designated shall file such regulations with the administrator.

3. Clients' rights specified in NRS 433.484 may be denied only for cause. Any denial of such rights shall be entered in the client's treatment record, and notice of such denial shall be forwarded to the administrator's designee or designees as provided in subsection 2. Failure to report denial of rights by an employee may be grounds for dismissal.

4. Upon receipt of notice of a denial of rights as provided in subsection 3, the administrator's designee or designees shall cause a full report to be prepared which shall set forth in detail the factual circumstances surrounding such denial. A copy of the report shall be directed to the administrator and the board.

5. The board shall have such powers and duties with respect to reports of denial of rights as are enumerated in subsection 3 of NRS 433.534.

(Added to NRS by 1975, 1624)

435.360 Detention after age 18 prohibited; exceptions; liability for costs of further care, treatment.

1. No mentally retarded client may be detained in a division facility after reaching the age of 18 unless:

(a) Such client makes voluntary application for services which the division is designed and equipped to provide; or

(b) The division initiates proceedings, within 3 working days, for commitment when such procedure can be shown to be in the client's own best interest.

2. In no case shall the parents or relatives be responsible for the costs of further care and treatment within a division facility of a mentally retarded client 18 years of age or older.

3. Under subsection 1, the client or his estate, when able, may be required to contribute a reasonable amount toward the costs of care and treatment. Otherwise, the full costs of such services shall be borne by the state.

(Added to NRS by 1975, 1624; A 1977, 103)



STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
OFFICE OF STATE HEALTH OFFICER
505 EAST KING STREET
CARSON CITY, NEVADA 89710

TELEPHONE (702) 885-4740

March 4, 1981

TO: Assembly Committee on Health & Welfare

~~FROM~~ State Health Division
Paul Cohen, Administrative Services Officer

SUBJECT: Amendment to AB 185

The State Health Division proposes the following amendment to AB 185:

1. Lines 3 and 4: delete "a reasonable fee in the amount prescribed by the board"
insert "such fee as may be determined by regulations of the state board of health."
2. Line 5: delete "board"
insert "health division"
3. Lines 6 through 16: delete
4. Add new subsection: "Money received from applications for a license, registration or certification or renewal thereof must be forwarded to the state treasurer for deposit in the state general fund."

Elizabeth

Date: March 4, 1981

PLEASE PRINT!

PLEASE PRINT YOUR NAME	PLEASE PRINT WHO YOU REPRESENT	I WISH TO SPEAK		
		FOR	AGAINST	BILL NO.
ORVIS E. REIL	NRA/AAFP Nevada Joint State Legislative Committee	✓		AB 90 ✓
Frank Holtzauer	Dept of Human Resources			
J J Tristram	Welfare			
W. Jansoni	" "			
Chris Brodenck	Las Vegas Review Journal			
George E Reynolds	Div Health			
Senator Glen Ford		✓		SB 146
JACK MURPHY	MH-MR	✓		90 SB 145
Paul Cohen	ARTISTS	✓		AS 185
PAT GOTHGEN	NEVADA NURSES' ASSOCIATION			AB 90
Agnes Hobb	Nev Nurses Assoc			
Elizabeth Smalley	myself			AB 90
Betty Quilley	myself			AB 90
George and Jeanne	New News Assn	✓	amend	AB 90
Verna Anich	Religious Services	✓		
HON LARDINI	Religious Services		✓	AB 185
ANTON SOFIN	NEV SOC PATHOLOGIST		✓	AB 185

ASSEMBLY

AGENDA FOR COMMITTEE ON Health and Welfare

Date Wed. Mar. 4, 1981 Time 5:00 pm Room 316

Bills or Resolutions to be considered	Subject	Counsel requested*
A.B. 90-	Establishes certain rights for patients of practitioners of healing arts and of health care facilities.	
A.B. 185 -	Makes administrative changes relating to medical laboratories.	
A.B. 217 -	Extending assistance to certain members of families of dependent children.	
S.B. 99 -	Removes conflicting and duplicative statutory provisions respecting the state health officer.	
S.B. 145 -	Corrects division facility list; definition of "emotionally disturbed child" and name of mental retardation association.	
S.B. 146 -	Authorizes welfare division of department of human resources to delegate authority to issue provisional licenses for foster care.	
S.B. 121 -	Removes inconsistent statutory provisions concerning registration of hospital pharmaceutical technicians and renewal of certain permits.	

*Please do not ask for counsel unless necessary.