ASSEMBLY BILL NO. 488–COMMITTEE ON WAYS AND MEANS

(ON BEHALF OF THE DEPARTMENT OF ADMINISTRATION)

MARCH 25, 2013

Referred to Committee on Ways and Means

SUMMARY—Revises provisions relating to the transfer of duties and consolidation of certain governmental agencies. (BDR 18-1136)

FISCAL NOTE: Effect on Local Government: No. Effect on the State: Yes.

EXPLANATION - Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to governmental administration; consolidating the Health Division and the Division of Mental Health and Developmental Services of the Department of Health and Human Services into the Division of Public and Behavioral Health of the Department; transferring the powers and duties concerning certain services to children with autism spectrum disorders from the Health Division to the Aging and Disability Services Division of the Department; transferring the authority for developmental services in the Division of Mental Health and Developmental Services to the Aging and Disability Services Division; replacing the State Health Officer with a Chief Medical Officer; providing the qualifications and duties of the Chief Medical Officer; renaming the Commission on Mental Health and Developmental Services of the Department the Commission on Behavioral Health; making the Aging and Disability Services Division of the Department responsible for services for and other oversight relating to persons with intellectual disabilities and persons with related conditions; making various other changes to provisions relating to the organization of the divisions of the Department; and providing other matters properly relating thereto.





Legislative Counsel's Digest:

Under existing law, the Health Division and the Division of Mental Health and
 Developmental Services are separate divisions within the Department of Health and
 Human Services. (NRS 232.300) This bill consolidates those divisions into one
 division named the Division of Public and Behavioral Health of the Department of
 Health and Human Services. Sections 1-5, 6, 7, 8, 10, 12, 14, 17, 18, 21, 21.7, 40,
 42, 43, 46, 47, 66-68, 71-80, 81-88, 91-98 and 100-137 of this bill make
 conforming changes to carry out that consolidation.

Existing law requires the Director of the Department of Health and Human ğ Services to appoint the Administrator of the Health Division and the Administrator 10 of the Division of Mental Health and Developmental Services. (NRS 232.320) 11 Section 2 eliminates those two Administrators and instead provides for the 12 appointment of an Administrator of the Division of Public and Behavioral Health. 13 Section 3 requires the Administrator, with the consent of the Director of the 14 Department, to appoint four deputies, one of whom must have expertise or 15 experience in mental health services. Section 12 authorizes the Administrator to 16 delegate his or her powers, duties and functions to any officer, deputy or employee 17 of the Division. Section 21 establishes the qualifications of the Administrator.

Section 4 renames the Commission on Mental Health and Developmental Services within the Department of Health and Human Services as the Commission on Behavioral Health. (NRS 232.361) The Commission retains its duties except that **section 25** of this bill requires the State Board of Health, rather than the Commission, to adopt certain regulations regarding the care and treatment of persons with mental illness, persons with substance use disorders and persons with co-occurring disorders. In addition, although the Commission will continue to consider certain issues relating to persons with intellectual disabilities and persons with related conditions, regulations regarding such persons are transferred to the Aging and Disability Services Division of the Department in **section 50** of this bill. Under existing law, the Health Division and the Division of Mental Health and Developmental Services have various responsibilities with respect to persons with intellectual disabilities and persons with related conditions. This bill transfers most

Under existing law, the Health Division and the Division of Mental Health and Developmental Services have various responsibilities with respect to persons with intellectual disabilities and persons with related conditions. This bill transfers most 31 32 33 34 35 of those responsibilities to the Aging and Disability Services Division. Sections 9.3 and 9.7 of this bill add to the duties of the Aging and Disability Services Division the duty to oversee those transferred responsibilities. Sections 49-59.7 of this bill duplicate certain provisions of NRS which applied to both mental health and intellectual disabilities to: (1) transfer the responsibilities relating to persons with 36 37 38 intellectual disabilities and persons with other related conditions and applicable division facilities to the Aging and Disability Services Division; and (2) continue the statutory rights of persons with intellectual disabilities and persons with related 39 conditions. Sections 7.5, 9-9.7, 10.3-20.5, 21.7, 27-39.8, 41, 45, 47, 60, 60.3, 61 40 and 137.2-137.8 of this bill make conforming changes to ensure the transfer of 41 responsibilities regarding persons with intellectual disabilities and persons with 42 related conditions and regarding applicable division facilities.

43 Section 61.5 of this bill designates the Department of Health and Human
 44 Services rather than the Division of Mental Health and Developmental Services as
 45 the official state agency responsible for developing and administering preventive
 46 and outpatient mental health services.

47 Existing law creates the position of State Health Officer within the Health 48 Division of the Department of Health and Human Services and requires the State 49 Health Officer to enforce all laws and regulations pertaining to the public health 50 and to investigate matters relating to the health and life of the people of this State. 51 (NRS 439.090, 439.130) Section 64 of this bill instead provides for the 52 appointment of a Chief Medical Officer to take over the responsibilities of the State 53 Health Officer. Section 63 of this bill establishes the qualifications of the Chief 54 Medical Officer. Section 65 of this bill sets forth the duties of the Chief Medical





55 56 57 Officer. Section 13 of this bill provides that the medical director or other person in charge of certain facilities relating to mental health is subject to the oversight of the Chief Medical Officer and is required to report any information concerning the 58 59 facility to the Chief Medical Officer upon his or her request. Sections 69.5-71, 74, 80.5, 92, 95, 103, 125 and 133 of this bill make conforming changes to existing 60 law

61 Sections 88-90 and 99-101 of this bill also transfer: (1) the powers and duties 62 concerning certain services to children with autism spectrum disorders from the 63 Health Division to the Aging and Disability Services Division of the Department of 64 Health and Human Services; and (2) the authority for developmental services from 65 the Division of Mental Health and Developmental Services to the Aging and 66 Disability Services Division.

67 Section 128 removes language from existing law concerning transferring 68 money from one account of the Health Division to an account of the Division of 69 Mental Health and Developmental Services. (NRS 453A.730) Since those Divisions are consolidated in this bill, there is no need to transfer the money. Sections 131.5 and 131.7 make conforming changes.

Section 139 of this bill repeals various sections of NRS which are no longer necessary because of the revisions made in this bill.

70 71 72 73 74 75 76 77 78 79 Sections 140-142 of this bill provide transitory provisions regarding the transfer of responsibilities, including the transfer and adoption of regulations, the effect of name changes on any existing contracts, revisions that may be necessary to other provisions of NRS and administrative regulations to conform to the changes made in this bill and other necessary directions to carry out the intent of this bill.

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

1 **Section 1.** NRS 232.300 is hereby amended to read as follows:

2 232.300 1. The Department of Health and Human Services is 3 hereby created.

4 2. The Department consists of a Director and the following 5 divisions:

- 6 (a) Aging and Disability Services Division.
- 7 (b) [Health Division.

8 (c)] Division of [Mental Health and Developmental Services.

- 9 (d) Public and Behavioral Health.
- (c) Division of Welfare and Supportive Services. 10
- **((d)** Division of Child and Family Services. 11
- (f) (e) Division of Health Care Financing and Policy. 12

3. The Department is the sole agency responsible for 13 administering the provisions of law relating to its respective 14 15 divisions.

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Sec. 2. NRS 232.320 is hereby amended to read as follows:

17 232.320 1. The Director:

appoint, with the consent 18 (a) Shall of the Governor. administrators of the divisions of the Department, who are 19 respectively designated as follows: 20





(1) The Administrator of the Aging and Disability Services 1 2 Division: 3

(2) [The Administrator of the Health Division:

4 (3) The Administrator of the Division of Welfare and 5 Supportive Services;

(4) (3) The Administrator of the Division of Child and 6 7 Family Services;

8 (5) (4) The Administrator of the Division of Health Care 9 Financing and Policy; and

10 (6) (5) The Administrator of the Division of Mental Health 11 and Developmental Services.] Public and Behavioral Health.

12 (b) Shall administer, through the divisions of the Department, 13 the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 14 15 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, 16 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.003 to 444.430, inclusive, and 445A.010 to 17 18 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible 19 for the clinical activities of the [Health] Division of Public and 20 21 **Behavioral Health** or the professional line activities of the other 22 divisions.

(c) Shall administer any state program for persons with 23 24 developmental disabilities established pursuant to the 25 Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq. 26

27 (d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social 28 29 services, adopt a master plan for the provision of human services in 30 this State. The Director shall revise the plan biennially and deliver a 31 copy of the plan to the Governor and the Legislature at the 32 beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the 33 Department for the provision of human services, and any 34 35 duplication of those services by federal, state and local agencies;

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(2) Set forth priorities for the provision of those services;

37 (3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local 38 government, the State and the Federal Government; 39

40 (4) Identify the sources of funding for services provided by 41 the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department 42 43 in providing those services and in the planning and budgeting for the 44 future provision of those services; and





1 (6) Contain any other information necessary for the 2 Department to communicate effectively with the Federal 3 Government concerning demographic trends, formulas for the 4 distribution of federal money and any need for the modification of 5 programs administered by the Department.

6 (e) May, by regulation, require nonprofit organizations and state 7 and local governmental agencies to provide information regarding 8 the programs of those organizations and agencies, excluding 9 detailed information relating to their budgets and payrolls, which the 10 Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section. 11

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(f) Has such other powers and duties as are provided by law.

13 2. Notwithstanding any other provision of law, the Director, or 14 the Director's designee, is responsible for appointing and removing 15 subordinate officers and employees of the Department, other than |

16 (a) The Executive Director of the Nevada Indian Commission who is appointed pursuant to NRS 233A.055; and 17

18 (b) The State Public Defender of the Office of State Public 19 Defender who is appointed pursuant to NRS 180.010.

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Sec. 3. NRS 232.350 is hereby amended to read as follows:

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232.350 Unless federal law or regulation requires otherwise:

22 The administrators of the divisions of the Department, 1. 23 except as otherwise provided in subsections 2 [and 3.], 3 and 4, 24 may each appoint, with the consent of the Director, a deputy and a 25 chief assistant in the unclassified service of the State.

26 The Administrator of the Division of Child and Family 2. 27 Services of the Department shall appoint, with the consent of the 28 Director, four deputies in the unclassified service of the State, one of 29 whom is the Deputy Administrator for Youth Corrections who is 30 responsible only for correctional services for youths for which the Division is responsible, including, without limitation, juvenile 31 correctional institutions, parole of juveniles, administration of 32 33 juvenile justice and programs for juvenile justice.

34 The Administrator of the Division of Health Care Financing 3. 35 and Policy of the Department may appoint, with the consent of the 36 Director, two deputies in the unclassified service of the State.

37 4. The Administrator of the Division of Public and 38 Behavioral Health shall appoint, with the consent of the Director, 39 four deputies in the unclassified service of the State, one of whom 40 *must have expertise or experience in mental health services.*

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Sec. 4. NRS 232.361 is hereby amended to read as follows:

42 232.361 1. There is hereby created in the Department a 43 Commission on [Mental Health and Developmental Services] 44 **Behavioral Health** consisting of 10 members appointed by the





Governor, at least 3 of whom have training or experience in dealing
 with mental retardation.

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2. The Governor shall appoint:

4 (a) A psychiatrist licensed to practice medicine in this State, 5 from a list of three candidates submitted by the Nevada Psychiatric 6 Association;

7 (b) A psychologist licensed to practice in this State and 8 experienced in clinical practice, from a list of four candidates 9 submitted by the Nevada State Psychological Association, two of 10 whom must be from northern Nevada and two of whom must be 11 from southern Nevada;

12 (c) A physician, other than a psychiatrist, licensed to practice 13 medicine in this State and who has experience in dealing with 14 mental retardation, from a list of three candidates submitted by the 15 Nevada State Medical Association;

16 (d) A social worker who has a master's degree and has 17 experience in dealing with mental illness or mental retardation, or 18 both;

(e) A registered nurse licensed to practice in this State who has
experience in dealing with mental illness or mental retardation, or
both, from a list of three candidates submitted by the Nevada Nurses
Association;

(f) A marriage and family therapist licensed to practice in this
State, from a list of three candidates submitted by the Nevada
Association for Marriage and Family Therapy;

(g) A person who has knowledge and experience in the
prevention of alcohol and drug abuse and the treatment and recovery
of alcohol and drug abusers through a program or service provided
pursuant to chapter 458 of NRS, from a list of three candidates
submitted by the Division of [Mental Health and Developmental
Services] Public and Behavioral Health of the Department;

(h) A current or former recipient of mental health services
 provided by the State or any agency thereof;

(i) A representative of the general public who has a special
 interest in the field of mental health; and

(j) A representative of the general public who has a specialinterest in the field of mental retardation.

38 3. The Governor shall appoint the Chair of the Commission39 from among its members.

40 4. After the initial terms, each member shall serve a term of 4 41 years. If a vacancy occurs during a member's term, the Governor 42 shall appoint a person qualified under this section to replace that 43 member for the remainder of the unexpired term.





1 **Sec. 5.** NRS 178.3983 is hereby amended to read as follows: 2 178.3983 "Division" means the Division of Mental Health and 3 Developmental Services] Public and Behavioral Health of the Department of Health and Human Services. 4 5 Sec. 5.5. NRS 178.3984 is hereby amended to read as follows: "Division facility" [has the meaning ascribed to it] 6 178.3984 means a division facility as defined in NRS 433.094 H and section 7 8 60 of this act. 9 Sec. 6. Chapter 278 of NRS is hereby amended by adding 10 thereto a new section to read as follows: "Division" means the Division of Public and Behavioral 11 12 Health of the Department of Health and Human Services. 13 Sec. 7. NRS 278.0238 is hereby amended to read as follows: 14 278.0238 As used in NRS 278.0238 to 278.02388, inclusive, 15 and section 6 of this act, unless the context otherwise requires, the 16 words and terms defined in NRS 278.02381 to 278.02385, inclusive, 17 and section 6 of this act have the meanings ascribed to them in 18 those sections. Sec. 7.5. NRS 353.335 is hereby amended to read as follows: 19 353.335 1. Except as otherwise provided in subsections 5 and 20 21 6, a state agency may accept any gift or grant of property or services 22 from any source only if it is included in an act of the Legislature 23 authorizing expenditures of nonappropriated money or, when it is 24 not so included, if it is approved as provided in subsection 2. 25 2. If: (a) Any proposed gift or grant is necessary because of an 26 27 emergency as defined in NRS 353.263 or for the protection or preservation of life or property, the Governor shall take reasonable 28 29 and proper action to accept it and shall report the action and his or 30 her reasons for determining that immediate action was necessary to 31 the Interim Finance Committee at its first meeting after the action is taken. Action by the Governor pursuant to this paragraph constitutes 32 33 acceptance of the gift or grant, and other provisions of this chapter requiring approval before acceptance do not apply. 34 (b) The Governor determines that any proposed gift or grant 35 would be forfeited if the State failed to accept it before the 36 37 expiration of the period prescribed in paragraph (c), the Governor may declare that the proposed acceptance requires expeditious 38 39 action by the Interim Finance Committee. Whenever the Governor 40 so declares, the Interim Finance Committee has 15 days after the 41 proposal is submitted to its Secretary within which to approve or deny the acceptance. Any proposed acceptance which is not 42 43 considered within the 15-day period shall be deemed approved. 44 (c) The proposed acceptance of any gift or grant does not qualify 45 pursuant to paragraph (a) or (b), it must be submitted to the Interim

AB488

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1 Finance Committee. The Interim Finance Committee has 45 days 2 after the proposal is submitted to its Secretary within which to consider acceptance. Any proposed acceptance which is not 3 4 considered within the 45-day period shall be deemed approved.

5 The Secretary shall place each request submitted to the 3. 6 Secretary pursuant to paragraph (b) or (c) of subsection 2 on the 7 agenda of the next meeting of the Interim Finance Committee.

8 In acting upon a proposed gift or grant, the Interim Finance 4. 9 Committee shall consider, among other things:

10 (a) The need for the facility or service to be provided or 11 improved;

(b) Any present or future commitment required of the State;

(c) The extent of the program proposed; and

14 (d) The condition of the national economy, and any related fiscal 15 or monetary policies.

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5. A state agency may accept:

17 (a) Gifts, including grants from nongovernmental sources, not 18 exceeding \$20,000 each in value; and

19 (b) Governmental grants not exceeding \$150,000 each in value,

→ if the gifts or grants are used for purposes which do not involve 20 21 the hiring of new employees and if the agency has the specific 22 approval of the Governor or, if the Governor delegates this power of 23 approval to the Chief of the Budget Division of the Department of 24 Administration, the specific approval of the Chief.

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6.

This section does not apply to: (a) The Nevada System of Higher Education;

27 (b) The Department of Health and Human Services while acting 28 as the state health planning and development agency pursuant to 29 paragraph (d) of subsection 2 of NRS 439A.081 or for donations, 30 gifts or grants to be disbursed pursuant to NRS 433.395 [+] or 31 section 55.2 of this act; or

32 (c) Artifacts donated to the Department of Tourism and Cultural 33 Affairs 34

Sec. 8. NRS 353.349 is hereby amended to read as follows:

35 353.349 1. If the Administrator of the *Health* Division of Public and Behavioral Health of the Department of Health and 36 37 Human Services determines that current claims exceed the amount 38 of money available because revenue from billed services has not 39 been collected or because of a delay in the receipt of money from 40 federal grants, the Administrator may request from the Director of 41 the Department of Administration a temporary advance from the 42 State General Fund for the payment of authorized expenses.

43 The Director of the Department of Administration shall 2. 44 notify the State Controller and the Fiscal Analysis Division of the 45 Legislative Counsel Bureau of the Director's approval of a request





made pursuant to subsection 1. The State Controller shall draw his 1 2 or her warrant upon receipt of the approval by the Director of the 3 Department of Administration. 4

3. An advance from the State General Fund:

5 (a) May be approved by the Director of the Department of 6 Administration for the following budget accounts of the Health 7 Division of **Public and Behavioral Health of the Department of** Health and Human Services: 8

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(1) Consumer Health Protection;

10 (2) [Bureau of Laboratory and Research;

11 (3) Community Health Services;

[(4)] (3) Women, Infants and Children; (5) (4) Bureau of Health Facilities; and

12 13 14

(6) Radiological Health.

15 (b) Is limited to 25 percent of the revenues expected to be 16 received in the current fiscal year from any source other than 17 legislative appropriation.

18 4. Any money which is temporarily advanced from the State General Fund to an account pursuant to subsection 3 must be repaid 19 20 by August 31 following the end of the immediately preceding fiscal 21 year.

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Sec. 9. NRS 353.351 is hereby amended to read as follows:

23 353.351 1. If the Administrator of the *Aging and Disability* 24 Services Division [of Mental Health and Developmental Services] 25 of the Department of Health and Human Services determines that 26 current claims exceed the amount of money available because 27 revenue from billed services has not been collected, the 28 Administrator may request from the Director of the Department of 29 Administration a temporary advance from the State General Fund 30 for the payment of authorized expenses.

31 2. The Director of the Department of Administration shall 32 notify the State Controller and the Fiscal Analysis Division of the Legislative Counsel Bureau of the Director's approval of a request 33 made pursuant to subsection 1. The State Controller shall draw his 34 35 or her warrant upon receipt of the approval by the Director of the Department of Administration. 36

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An advance from the State General Fund: 3.

(a) May be approved by the Director of the Department of 38 39 Administration for the following budget accounts of the Aging and Disability Services Division for Mental Health and Developmental 40 41 Services] of the Department of Health and Human Services:

- 42 43
- (1) Rural Regional Center;
- (2) Desert Regional Center; and
- 44
- (3) Sierra Regional Center.





1 (b) Is limited to 25 percent of the revenues expected to be 2 received in the current fiscal year from any source other than 3 legislative appropriation.

4 4. Any money which is temporarily advanced from the State 5 General Fund to an account pursuant to subsection 3 must be repaid 6 by August 31 following the end of the immediately preceding fiscal 7 year.

8 Sec. 9.3. NRS 427A.040 is hereby amended to read as 9 follows:

10 427A.040 1. The Division shall, consistent with the priorities 11 established by the Commission pursuant to NRS 427A.038:

(a) Serve as a clearinghouse for information related to problemsof the aged and aging.

14 (b) Assist the Director in all matters pertaining to problems of 15 the aged and aging.

16 (c) Develop plans, conduct and arrange for research and 17 demonstration programs in the field of aging.

(d) Provide technical assistance and consultation to politicalsubdivisions with respect to programs for the aged and aging.

20 (e) Prepare, publish and disseminate educational materials 21 dealing with the welfare of older persons.

(f) Gather statistics in the field of aging which other federal andstate agencies are not collecting.

24 (g) Stimulate more effective use of existing resources and 25 available services for the aged and aging.

(h) Develop and coordinate efforts to carry out a comprehensive 26 State Plan for Providing Services to Meet the Needs of Older 27 Persons. In developing and revising the State Plan, the Division 28 29 shall consider, among other things, the amount of money available 30 from the Federal Government for services to aging persons and the 31 conditions attached to the acceptance of such money, and the limitations of legislative appropriations for services to aging 32 33 persons.

(i) Coordinate all state and federal funding of service programs
 to the aging in the State.

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2. The Division shall:

(a) Provide access to information about services or programs forpersons with disabilities that are available in this State.

(b) Work with persons with disabilities, persons interested in
 matters relating to persons with disabilities and state and local
 governmental agencies in:

42 (1) Developing and improving policies of this State 43 concerning programs or services for persons with disabilities, 44 including, without limitation, policies concerning the manner in





which complaints relating to services provided pursuant to specific
 programs should be addressed; and

3 (2) Making recommendations concerning new policies or 4 services that may benefit persons with disabilities.

5 (c) Serve as a liaison between state governmental agencies that 6 provide services or programs to persons with disabilities to facilitate 7 communication and the coordination of information and any other 8 matters relating to services or programs for persons with disabilities.

9 (d) Serve as a liaison between local governmental agencies in 10 this State that provide services or programs to persons with disabilities to facilitate communication and the coordination of 11 12 information and any other matters relating to services or programs 13 for persons with disabilities. To inform local governmental agencies 14 in this State of services and programs of other local governmental 15 agencies in this State for persons with disabilities pursuant to this 16 subsection, the Division shall:

17 (1) Provide technical assistance to local governmental 18 agencies, including, without limitation, assistance in establishing an 19 electronic network that connects the Division to each of the local 20 governmental agencies that provides services or programs to 21 persons with disabilities;

(2) Work with counties and other local governmental entities
 in this State that do not provide services or programs to persons with
 disabilities to establish such services or programs; and

(3) Assist local governmental agencies in this State to locate
 sources of funding from the Federal Government and other private
 and public sources to establish or enhance services or programs for
 persons with disabilities.

29 (e) Administer the following programs in this State that provide 30 services for persons with disabilities:

(1) The program established pursuant to NRS 427A.791,
427A.793 and 427A.795 to provide services for persons with
physical disabilities;

(2) The programs established pursuant to NRS 427A.800 to
427A.860, inclusive, to obtain information concerning traumatic
brain injuries and provide services to persons with traumatic brain
injuries;

(3) The program established pursuant to NRS 427A.797 to
 provide devices for telecommunication to persons who are deaf and
 persons with impaired speech or hearing;

41 (4) Any state program for independent living established 42 pursuant to 29 U.S.C. §§ 796 et seq., with the Rehabilitation 43 Division of the Department of Employment, Training and 44 Rehabilitation acting as the designated state unit, as that term is 45 defined in 34 C.F.R. § 364.4; and



1 (5) Any state program established pursuant to the Assistive 2 Technology Act of 1998, 29 U.S.C. §§ 3001 et seq.

3 (f) Provide information to persons with disabilities on matters 4 relating to the availability of housing for persons with disabilities 5 and identify sources of funding for new housing opportunities for 6 persons with disabilities.

7 (g) Before establishing policies or making decisions that will 8 affect the lives of persons with disabilities, consult with persons 9 with disabilities and members of the public in this State through the 10 use of surveys, focus groups, hearings or councils of persons with 11 disabilities to receive:

12 (1) Meaningful input from persons with disabilities regarding 13 the extent to which such persons are receiving services, including, 14 without limitation, services described in their individual service 15 plans, and their satisfaction with those services; and

16 (2) Public input regarding the development, implementation 17 and review of any programs or services for persons with disabilities.

(h) Publish and make available to governmental entities and thegeneral public a biennial report which:

20 (1) Provides a strategy for the expanding or restructuring of 21 services in the community for persons with disabilities that is 22 consistent with the need for such expansion or restructuring;

(2) Reports the progress of the Division in carrying out the
 strategic planning goals for persons with disabilities identified
 pursuant to chapter 541, Statutes of Nevada 2001;

26 (3) Documents significant problems affecting persons with
27 disabilities when accessing public services, if the Division is aware
28 of any such problems;

(4) Provides a summary and analysis of the status of the practice of interpreting and the practice of realtime captioning, including, without limitation, the number of persons engaged in the practice of interpreting in an educational setting in each professional classification established pursuant to NRS 656A.100 and the number of persons engaged in the practice of realtime captioning in an educational setting; and

(5) Recommends strategies and, if determined necessary by
the Division, legislation for improving the ability of the State to
provide services to persons with disabilities and advocate for the
rights of persons with disabilities.

3. The Division shall confer with the Department as the sole
state agency in the State responsible for administering the provisions
of this chapter 1 and chapter 435 of NRS.

43 4. The Division shall administer the provisions of [chapter] 44 chapters 435 and 656A of NRS.





5. The Division may contract with any appropriate public or
 private agency, organization or institution, in order to carry out the
 provisions of this chapter + and chapter 435 of NRS.

4 Sec. 9.7. NRS 427A.070 is hereby amended to read as 5 follows:

427A.070 1. The Administrator shall:

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7 (a) Subject to the approval of the Director, adopt rules and 8 regulations:

9 (1) Necessary to carry out the purposes of this chapter **[;]** and 10 chapter 435 of NRS; and

11 (2) Establishing a program to subsidize the transportation by 12 taxicab of elderly persons and persons with permanent disabilities 13 from money received pursuant to subsection 5 of NRS 706.8825;

14 (b) Establish appropriate administrative units within the 15 Division;

16 (c) Appoint such personnel and prescribe their duties as the 17 Administrator deems necessary for the proper and efficient 18 performance of the functions of the Division;

(d) Prepare and submit to the Governor, through the Director
before September 1 of each even-numbered year for the biennium
ending June 30 of such year, reports of activities and expenditures
and estimates of sums required to carry out the purposes of this
chapter [] and chapter 435 of NRS;

(e) Make certification for disbursement of funds available for carrying out the purposes of this chapter ^[;] and chapter 435 of NRS; and

(f) Take such other action as may be necessary or appropriate
for cooperation with public and private agencies and otherwise to
carry out the purposes of this chapter 1 and chapter 435 of NRS.

2. The Administrator may delegate to any officer or employee
of the Division such of the powers and duties of the Administrator
as the Administrator finds necessary to carry out the purposes of this
chapter 1 and chapter 435 of NRS.

34 **Sec. 9.8.** NRS 427A.872 is hereby amended to read as 35 follows:

427A.872 1. The Division, in cooperation and guidance with 36 the Department of Education, representatives of the school districts 37 in this State and the Nevada Autism Task Force created by section 38 40 of chapter 348, Statutes of Nevada 2007, or its successor 39 40 organization, shall prescribe by regulation a statewide standard for 41 measuring outcomes and assessing and evaluating persons with autism spectrum disorders through the age of 21 years who receive 42 services through the State or a local government or an agency 43 44 thereof. The regulations must designate a protocol based upon 45 accepted best practices guidelines which includes at least one





1 standardized assessment instrument that requires direct observation 2 by the professional conducting the assessment for determining whether a person is a person with autism spectrum disorder, which 3 4 must be used by personnel employed by the State or a local government or an agency thereof who provide assessments, 5 6 interventions and diagnoses of persons with autism spectrum 7 disorders through the age of 21 years and by the persons with whom 8 the State or a local government or an agency thereof contracts to provide assessments, interventions and diagnoses of persons with 9 10 autism spectrum disorders through the age of 21 years. The protocol 11 must require that the direct observation conducted by a professional 12 pursuant to this subsection include, without limitation, an evaluation 13 to measure behaviors of the person which are consistent with autism 14 spectrum disorder, cognitive functioning, language functioning and 15 adaptive functioning.

2. The protocol designated pursuant to subsection 1 must be used upon intake of a person suspected of having autism spectrum disorder or at any later time if a person is suspected of having autism spectrum disorder after intake. The results of an assessment must be provided to the parent or legal guardian of the person, if applicable.

The Division shall prescribe the form and content of reports
relating to persons with autism spectrum disorders through the age
of 21 years that must be reported to the Division pursuant to NRS
388.483 [, 442.760] and 615.205. Except as otherwise provided in
NRS 388.483, the Division shall ensure that the information is
reported in a manner which:

(a) Allows the Division to document the services provided to
and monitor the progress of each person with autism spectrum
disorder through the age of 21 years who receives services from the
State or an agency thereof; and

(b) Ensures that information reported for each person who
receives services which identifies the person is kept confidential,
consistent with the Family Educational Rights and Privacy Act of
1974, 20 U.S.C. § 1232g, and any other applicable state and federal
privacy laws.

4. The Division shall prepare annually a summary of the reports submitted pursuant to NRS 388.483 [, 442.760] and 615.205 and make the summary publicly available. The Division shall ensure that information contained in the summary does not identify a person who received services.

42 Sec. 10. NRS 432A.0273 is hereby amended to read as 43 follows:

44 432A.0273 ["Health] " Division" means the [Health] Division 45 of Public and Behavioral Health of the Department.





1 Sec. 10.3. NRS 432B.6078 is hereby amended to read as 2 follows:

3 432B.6078 1. Not later than 5 days after a child who is in the custody of an agency which provides child welfare services has 4 5 been admitted to a facility pursuant to NRS 432B.6076, the agency 6 which provides child welfare services shall inform the child of his or 7 her legal rights and the provisions of NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, and 433.545 to 433.551, 8 9 inclusive, and chapters 433A and 433B of NRS and sections 57.4 to 58.67, inclusive, of this act, and, if the child or the child's attorney 10 11 desires, assist the child in requesting the court to authorize a second 12 examination by an evaluation team that includes a physician, 13 psychiatrist or licensed psychologist who are not employed by, 14 connected to or otherwise affiliated with the facility other than a 15 physician, psychiatrist or licensed psychologist who performed an 16 original examination which authorized the court to order the 17 admission of the child to the facility. A second examination must be conducted not later than 5 business days after the court authorizes 18 19 the examination.

20 2. If the court authorizes a second examination of the child, the 21 examination must:

(a) Include, without limitation, an evaluation concerning
whether the child should remain in the facility and a
recommendation concerning the appropriate placement of the child
which must be provided to the facility; and

(b) Be paid for by the governmental entity that is responsible for
the agency which provides child welfare services, if such payment is
not otherwise provided by the State Plan for Medicaid.

29 Sec. 10.6. NRS 432B.6082 is hereby amended to read as 30 follows:

31 432B.6082 In addition to the personal rights set forth in NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, 32 33 and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS, and sections 57.4 to 58.67, inclusive, of this act, a child who 34 35 is in the custody of an agency which provides child welfare services and who is admitted to a facility has the following personal rights, a 36 37 list of which must be prominently posted in all facilities providing 38 evaluation, treatment or training services to such children and must 39 be otherwise brought to the attention of the child by such additional 40 means as prescribed by regulation:

41

1. To receive an education as required by law; and

42 2. To receive an allowance from the agency which provides
43 child welfare services in an amount equivalent to any allowance
44 required to be provided to children who reside in foster homes.



1 Sec. 10.9. NRS 432B.6085 is hereby amended to read as 2 follows:

3 432B.6085 1. Nothing in this chapter purports to deprive any 4 person of any legal rights without due process of law.

2. Unless the context clearly indicates otherwise, the provisions 5 of NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, 6 7 inclusive, and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS and sections 57.4 to 58.67, inclusive, of this act apply 8 to all children who are in the custody of an agency which provides 9 10 child welfare services.

Sec. 11. Chapter 433 of NRS is hereby amended by adding 11 12 thereto the provisions set forth as sections 12 and 13 of this act.

13 Sec. 12. 1. The Administrator may delegate to any officer, 14 deputy or employee of the Division the exercise or discharge in the 15 name of the Administrator of any power, duty or function vested in 16 or imposed upon the Administrator.

17 The official act of any such person acting in the name of 2. the Administrator and by his or her authority shall be deemed an 18 official act of the Administrator. 19

Sec. 13. The medical director or other person in charge of 20 21 any division facility or any other facility or center established pursuant to this chapter and chapters 433A, 433B and 436 of 22 23 NRS:

Is subject to the oversight of the Chief Medical Officer; 24 1. 25 and

Shall report to the Chief Medical Officer any information 26 2. 27 concerning the facility or center upon the request of the Chief 28 Medical Officer. 29

Sec. 14. NRS 433.003 is hereby amended to read as follows:

30 433 003 The Legislature hereby declares that it is the intent of 31 this **[title:]** chapter and chapters 433A, 433B and 436 of NRS:

32 1. To eliminate the forfeiture of any civil and legal rights of 33 any person and the imposition of any legal disability on any person, based on an allegation of mental illness, for mental retardation or a 34 related condition, by any method other than a separate judicial 35 36 proceeding resulting in a determination of incompetency, wherein 37 the civil and legal rights forfeited and the legal disabilities imposed 38 are specifically stated; and

39 To charge the Division of **Mental and Developmental** 2. Services, Public and Behavioral Health, and the Division of Child 40 41 and Family Services, of the Department with recognizing their duty to act in the best interests of their respective consumers by placing 42 43 them in the least restrictive environment.



1	Sec. 15 NDS 422 005 is benches amonded to read as follows:
1	Sec. 15. NRS 433.005 is hereby amended to read as follows:
2	433.005 As used in this [title,] chapter and chapters 433A,
3	433B and 436 of NRS, unless the context otherwise requires, or
4	except as otherwise defined by specific statute, the words and terms
5	defined in NRS 433.014 to 433.227, inclusive, have the meanings
6	ascribed to them in those sections.
7	Sec. 16. NRS 433.014 is hereby amended to read as follows:
8	433.014 "Administrative officer" means a person with overall
9	executive and administrative responsibility for those state or
10	nonstate mental health [or mental retardation facilities] centers
11	designated by the Administrator.
12	Sec. 17. NRS 433.047 is hereby amended to read as follows:
13	433.047 "Commission" means the Commission on [Mental
14	Health and Developmental Services.] Behavioral Health.
15	Sec. 18. NRS 433.084 is hereby amended to read as follows:
16	433.084 "Division" means the Division of [Mental Health and
17	Developmental Services] Public and Behavioral Health of the
18	Department.
19	Sec. 19. NRS 433.134 is hereby amended to read as follows:
20	433.134 "Medical director" means the [chief] medical officer
21	<i>in charge</i> of any division mental health [or mental retardation]
22	program.
23	Sec. 20. NRS 433.233 is hereby amended to read as follows:
24	433.233 1. The division facilities providing mental health
25	services are designated as:
26	(a) Northern Nevada Adult Mental Health Services;
27	(b) Southern Nevada Adult Mental Health Services;
28	(c) Rural clinics; and
29	(d) Lakes Crossing Center.
30	2. [The division facilities providing services for persons with
31	mental retardation and persons with related conditions are
32	designated as:
33	(a) Desert Regional Center;
34	— (b) Sierra Regional Center; and
35	(c) Rural Regional Center.
36	<u>3.</u> Division facilities established after July 1, 1981, must be
37	named by the Administrator, subject to the approval of the Director
38	of the Department.
39	Sec. 20.5. NRS 433.234 is hereby amended to read as follows:
40	433.234 The provisions of [chapters 433 to] this chapter and
41	chapters 433A, 433B and 436 [, inclusive,] of NRS pertaining to
42	division facilities must be administered by the respective
43	administrative officers of the division facilities, subject to
44	administrative supervision by the Administrator.





1 **Sec. 21.** NRS 433.244 is hereby amended to read as follows: 2 433.244 [1.] The Administrator must [have:] [(a) Training and demonstrated administrative qualities of 3 4 leadership in any one of the professional fields of psychiatry, medicine, psychology, social work, education or administration; and 5 6 (b) Administrative training or experience in programs relating to 7 mental health, including care, treatment or training, or any combination thereof, of persons with mental illness or mental 8 retardation and persons with related conditions.] be selected on the 9 10 basis of his or her education, training, experience, leadership qualities, demonstrated abilities and interest in the field of 11 12 behavioral health or public health. 13 The Administrator is in the unclassified service of the State. 2. 14 **Sec. 21.5.** NRS 433.264 is hereby amended to read as follows: 15 433.264 1. Physicians shall be employed within the various 16 division facilities as are necessary for the operation of the facilities. 17 They shall hold degrees of doctor of medicine or doctor of 18 osteopathic medicine from accredited medical schools and they 19 shall be licensed to practice medicine or osteopathic medicine in 20 Nevada as provided by law. 21 Except as otherwise provided by law, their only 2. 22 compensation shall be annual salaries, fixed in accordance with the pay plan adopted pursuant to the provisions of NRS 284.175. 23 24 3. The physicians shall perform such duties pertaining to the 25 care and treatment of consumers as may be required. 26 **Sec. 21.7.** NRS 433.279 is hereby amended to read as follows: 27 433.279 1. The Division shall carry out a vocational and educational program for the certification of mental [health-mental 28 29 retardation *health* technicians, including forensic technicians: 30 (a) Employed by the Division, or other employees of the Division who perform similar duties, but are classified differently. 31 32 (b) Employed by the Division of Child and Family Services of 33 the Department. → The program must be carried out in cooperation with the Nevada 34 35 System of Higher Education. 2. A mental [health-mental retardation] health technician is 36 37 responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed 38 physician, dentist, podiatric physician, psychiatrist, psychologist, 39 rehabilitation therapist, social worker, registered nurse or other 40 41 professionally qualified person. This section does not authorize a mental *[health-mental retardation] health* technician to perform 42 duties which require the specialized knowledge and skill of a 43 44 professionally qualified person.





1 3. The Division shall adopt regulations to carry out the 2 provisions of this section.

3 4. As used in this section, "mental [health-mental retardation] 4 *health* technician" means an employee of the Division of Mental 5 Health and Developmental Services] Public and Behavioral 6 Services or the Division of Child and Family Services who, for compensation or personal profit, carries out procedures and 7 8 techniques which involve cause and effect and which are used in the 9 care, treatment and rehabilitation of persons with mental illness for 10 mental retardation,] and persons who are emotionally disturbed, [and persons with related conditions,] and who has direct 11 12 responsibility for:

13 (a) Administering or carrying out specific therapeutic 14 procedures, techniques treatments, excluding or medical 15 interventions, to enable consumers to make optimal use of their 16 therapeutic regime, their social and personal resources, and their 17 residential care: or

18 (b) The application of interpersonal and technical skills in the 19 observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and 20 21 reactions, and for carrying out treatments authorized by members of 22 the interdisciplinary team that determines the treatment of the 23 consumers

24 25

Sec. 22. NRS 433.314 is hereby amended to read as follows:

433.314 The Commission shall:

Establish policies to ensure adequate development and 26 1. 27 administration of services for persons with mental illness, [mental retardation] persons with intellectual disabilities and persons with 28 29 related conditions, persons with substance use disorders or 30 persons with co-occurring disorders, fand persons with related 31 conditions, including services to prevent mental illness, imental 32 retardation] intellectual disabilities and related conditions, 33 substance use disorders and co-occurring disorders fand related conditions, and services provided without admission to a facility or 34 35 institution:

36 2. Set policies for the care and treatment of persons with 37 mental illness, [mental retardation] persons with intellectual disabilities and persons with related conditions, persons with 38 39 substance use disorders or persons with co-occurring disorders **fand persons with related conditions** provided by all state agencies; 40 41

Review the programs and finances of the Division; and 3.

42 Report at the beginning of each year to the Governor and at 4. the beginning of each odd-numbered year to the Legislature on the 43 44 quality of the care and treatment provided for persons with mental 45 illness, [mental retardation] persons with intellectual disabilities





and persons with related conditions, persons with substance use
disorders or persons with co-occurring disorders [and persons with
related conditions] in this State and on any progress made toward
improving the quality of that care and treatment.

Sec. 23. NRS 433.316 is hereby amended to read as follows:

5 6

433.316 The Commission may:

7 1. Collect and disseminate information pertaining to mental
8 health, [mental retardation] intellectual disabilities and related
9 conditions, substance use disorders and co-occurring disorders.
10 [and related conditions.]

2. Request legislation pertaining to mental health, [mental
 retardation] intellectual disabilities and related conditions,
 substance use disorders and co-occurring disorders . [and related
 conditions.]

15 3. [Investigate] Review findings of investigations of 16 complaints about the care of any person in a public facility for the 17 treatment of persons with mental illness, [mental retardation] 18 persons with intellectual disabilities and persons with related 19 conditions, persons with substance use disorders or persons with 20 co-occurring disorders. [and persons with related conditions.]

4. Accept, as authorized by the Legislature, gifts and grants of money and property.

23 Take appropriate steps to increase the availability of and to 5. enhance the quality of the care and treatment of persons with mental 24 25 illness, [mental retardation] persons with intellectual disabilities and persons with related conditions, persons with substance use 26 27 *disorders* or *persons with* co-occurring disorders [and persons with related conditions] provided through [state agencies,] private 28 29 nonprofit organizations, governmental entities, hospitals and 30 clinics

31 6. Promote programs for the treatment of persons with mental illness, [mental retardation] persons with intellectual disabilities 32 33 and persons with related conditions, persons with substance use *disorders* or co-occurring disorders fand persons with related 34 conditions] and participate in and promote the development of 35 facilities for training persons to provide services for persons with 36 37 mental illness, [mental retardation] persons with intellectual disabilities and persons with related conditions, persons with 38 39 substance use disorders or persons with co-occurring disorders. 40 [and persons with related conditions.]

7. Create a plan to coordinate the services for the treatment of
persons with mental illness, [mental retardation] persons with *intellectual disabilities and persons with related conditions, persons with substance use disorders* or *persons with* co-occurring





1 disorders and persons with related conditions provided in this State 2 and to provide continuity in the care and treatment provided.

8. Establish and maintain an appropriate program which 3 provides information to the general public concerning mental 4 illness, [mental retardation] intellectual disabilities and related 5 6 *conditions, substance use disorders* and co-occurring disorders fand related conditions] and consider ways to involve the general public 7 in the decisions concerning the policy on mental illness, [mental 8 9 retardation] intellectual disabilities and related conditions, 10 substance use disorders and co-occurring disorders. fand related 11 conditions.

12 9. Compile statistics on mental illness and study the cause, 13 pathology and prevention of that illness.

14 10. Establish programs to prevent or postpone the commitment 15 of residents of this State to facilities for the treatment of persons with mental illness, [mental retardation] persons with intellectual 16 17 disabilities and persons with related conditions, persons with 18 substance use disorders or persons with co-occurring disorders. [and persons with related conditions.] 19

20 11. Evaluate the future needs of this State concerning the 21 treatment of mental illness, *[mental retardation]* intellectual 22 disabilities and related conditions, substance use disorders and co-23 occurring disorders **and related conditions** and develop ways to 24 improve the treatment already provided.

25 12. Take any other action necessary to promote mental health in this State. 26 27

Sec. 24. NRS 433.318 is hereby amended to read as follows:

28 433.318 1. The Commission may appoint a subcommittee or 29 an advisory committee composed of members who have experience 30 and knowledge of matters relating to persons with mental illness, 31 [mental retardation] persons with intellectual disabilities and persons with related conditions, persons with substance use 32 disorders or persons with co-occurring disorders fand related 33 conditions] and who, to the extent practicable, represent the ethnic 34 35 and geographic diversity of this State.

2. A subcommittee or advisory committee appointed pursuant 36 to this section shall consider specific issues and advise the 37 38 Commission on matters related to the duties of the Commission.

39 3. The members of a subcommittee or advisory committee appointed pursuant to this section serve at the pleasure of the 40 41 Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the 42 subcommittee or advisory committee, to the per diem allowance and 43 44 travel expenses provided for state officers and employees generally 45 if funding is available for this purpose.





Sec. 25. NRS 433.324 is hereby amended to read as follows:

2 433.324 1. The [Commission] State Board of Health shall 3 adopt regulations:

(a) For the care and treatment of persons with mental illness, 4 5 [mental retardation] persons with substance use disorders or persons with co-occurring disorders and persons with related 6 7 conditions] by all state agencies and facilities, and their referral to 8 private facilities;

9 (b) To ensure continuity in the care and treatment provided to 10 persons with mental illness, [mental retardation] persons with substance use disorders or persons with co-occurring disorders 11 fand persons with related conditions in this State; and 12

13 (c) Necessary for the proper and efficient operation of the 14 facilities of the Division.

The [Commission] State Board of Health may adopt 15 2. regulations to promote programs relating to mental health, [mental 16 retardation] substance use disorders and co-occurring disorders . 17 18 [and related conditions.] 19

Sec. 26. NRS 433.325 is hereby amended to read as follows:

20 433.325 The Commission or its designated agent may inspect 21 any state facility providing services for persons with mental illness, 22 [mental retardation] persons with intellectual disabilities and persons with related conditions, persons with substance use 23 24 *disorders* or *persons with* co-occurring disorders and persons with 25 related conditions to determine if the facility is in compliance with 26 the provisions of this title and any regulations adopted pursuant to 27 those provisions. I thereto.

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30 To define the term "consumer" for the purposes of this 1. 31 **[title.]** chapter and chapters 433A, 433B and 436 of NRS.

433.3315 The Division shall adopt regulations:

Sec. 27. NRS 433.3315 is hereby amended to read as follows:

32 2. To specify the circumstances under which a consumer is 33 eligible to receive services from the Division pursuant to this *title*. chapter and chapters 433A, 433B and 436 of NRS, including, but 34 35 not limited to, care, treatment, treatment to competency and training. 36 Regulations adopted pursuant to this subsection must specify that a 37 consumer is eligible to receive services only if the consumer:

(a) Has a documented diagnosis of a mental disorder based on 38 39 the most recent edition of the Diagnostic and Statistical Manual of 40 Mental Disorders published by the American Psychiatric 41 Association: and

(b) Except as otherwise provided in the regulations adopted 42 43 pursuant to subsection 3, is not eligible to receive services through 44 another public or private entity.





1 3. To specify the circumstances under which the provisions of paragraph (b) of subsection 2 do not apply, including, without 2 limitation, when the copay or other payment required to obtain 3 services through another public or private entity is prohibitively 4 5 high.

6 4. To establish policies and procedures for the referral of each 7 consumer who needs services that the Division is unable to provide 8 to the most appropriate organization or resource who is able to 9 provide the needed services to that consumer.

10

Sec. 28. NRS 433.334 is hereby amended to read as follows:

The Division may, by contract with general hospitals 11 433.334 12 or other institutions having adequate facilities in the State of 13 Nevada, provide for inpatient care of consumers with mental illness . [or mental retardation and consumers with related conditions.] 14

15

Sec. 29. NRS 433.354 is hereby amended to read as follows:

16 433.354 For the purposes of *this chapter and* chapters 433 to 17 436, inclusive, 433Å, 433B and 436 of NRS, the Department through the Division may cooperate, financially or otherwise, and 18 19 execute contracts or agreements with the Federal Government, any 20 federal department or agency, any other state department or agency, 21 a county, a city, a public district or any political subdivision of this 22 state, a public or private corporation, an individual or a group of individuals. Such contracts or agreements may include provisions 23 24 whereby the Division will render services, the payment for which 25 will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself relieve any person, 26 27 department, agency or political subdivision of any responsibility or 28 liability existing under any provision of law.

29

Sec. 30. NRS 433.364 is hereby amended to read as follows:

30 433.364 Nothing in this **[title]** chapter and chapters 433A, 31 433B and 436 of NRS precludes the involuntary court-ordered admission of a person with mental illness to a private institution 32 33 where such admission is authorized by law. 34

Sec. 30.5. NRS 433.384 is hereby amended to read as follows:

35 433.384 Money to carry out the provisions of *[chapters 433 to]* this chapter and chapters 433A, 433B and 436 [, inclusive,] of 36 37 NRS must be provided by legislative appropriation from the State General Fund, and paid out on claims as other claims against the 38 39 State are paid. All claims relating to a division facility individually 40 must be approved by the administrative officer of such facility 41 before they are paid.

42

Sec. 31. NRS 433.394 is hereby amended to read as follows:

43 433.394 For the purposes of this **[title,]** chapter and chapters 44 433A, 433B and 436 of NRS, the Department may accept:





1. Moneys appropriated and made available by any act of the 1 2 Congress of the United States;

3 2. Moneys and contributions made available by a county, a city, a public district or any political subdivision of this state; and 4

3. Moneys and contributions made available by a public or 5 6 private corporation, a private foundation, an individual or a group of 7 individuals.

8

Sec. 32. NRS 433.395 is hereby amended to read as follows:

9 433.395 1. Upon approval of the Director of the Department, 10 the Administrator may accept:

11 (a) Donations of money and gifts of real or personal property; 12 and 13

(b) Grants of money from the Federal Government,

14 → for use in public or private programs that provide services to 15 persons in this State with mental illness. For mental retardation and 16 persons with related conditions.

The Administrator shall disburse any donations, gifts and 17 2. 18 grants received pursuant to this section to programs that provide services to persons with mental illness for mental retardation and 19 persons with related conditions] in a manner that supports the plan 20 21 to coordinate services created by the Commission pursuant to 22 subsection 7 of NRS 433.316. In the absence of a plan to coordinate 23 services, the Administrator shall make disbursements to programs 24 that will maximize the benefit provided to persons with mental 25 illness for mental retardation and persons with related conditions] in 26 consideration of the nature and value of the donation, gift or grant.

27 3. Within limits of legislative appropriations or other available 28 money, the Administrator may enter into a contract for services 29 related to the evaluation and recommendation of recipients for the 30 disbursements required by this section.

31

Sec. 33. NRS 433.404 is hereby amended to read as follows:

32 433.404 1. The Division shall establish a fee schedule for services rendered through any program supported by the State 33 pursuant to the provisions of *this chapter and* chapters 433 to 436, 34 inclusive,] 433A, 433B and 436 of NRS. The schedule must be 35 submitted to the Commission and the Director of the Department for 36 37 joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited 38 39 in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 433.354 for fees collected pursuant to 40 41 contract or agreement. Jand in NRS 435.120 for fees collected for 42 services to consumers with mental retardation and related 43 conditions.

44 For a facility providing services for the treatment of persons 2. 45 with mental illness, for mental retardation and persons with related





1 conditions, the fee established must approximate the cost of 2 providing the service, but if a consumer is unable to pay in full the 3 fee established pursuant to this section, the Division may collect any 4 amount the consumer is able to pay.

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Sec. 34. NRS 433.424 is hereby amended to read as follows:

6 433.424 A mental health [and mental retardation] center 7 revolving account up to the amount of \$5,000 is hereby created for 8 each division mental health fand mental retardation center, and may 9 be used for the payment of mental health for mental retardation 10 center bills requiring immediate payment and for no other purposes. 11 The respective administrative officers shall deposit the money for 12 the respective revolving accounts in one or more banks or credit 13 unions of reputable standing. Payments made from each account 14 must be promptly reimbursed from appropriated money of the 15 respective mental health for mental retardation centers on claims as 16 other claims against the State are paid.

17

Sec. 35. NRS 433.434 is hereby amended to read as follows:

18 433.434 For purposes of this **[title,]** chapter and chapters 19 433A, 433B and 436 of NRS, the residence of a person is: 20

1. The domicile of such person;

If the domicile of the person cannot be ascertained, the place 21 2. 22 where the person was last employed; or

23 3. If the domicile of the person cannot be ascertained and he or 24 she is not or was not employed, the place where the person made his 25 or her home or headquarters.

26

Sec. 36. NRS 433.444 is hereby amended to read as follows:

27 433.444 1. For the purpose of facilitating the return of 28 nonresident consumers to the state in which they have legal 29 residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this *[title,]* chapter and chapters 30 31 433A, 433B and 436 of NRS, with the proper boards, 32 commissioners or officers of other states for the mutual exchange of consumers confined in, admitted or committed to a mental health for 33 mental retardation facility in one state whose legal residence is in 34 the other, and may give written permission for the return and 35 admission to a division facility of any resident of this state when 36 37 such permission is conformable to the provisions of this *[title]* 38 chapter and chapters 433A, 433B and 436 of NRS governing 39 admissions to a division facility.

The county clerk and board of county commissioners of 40 2. each county, upon receiving notice from the Administrator that an 41 application for the return of an alleged resident of this state has been 42 43 received, shall promptly investigate and report to the Administrator 44 their findings as to the legal residence of the consumer.





Sec. 37. NRS 433.458 is hereby amended to read as follows:

2 433.458 "Administrative officer" means a person with overall 3 executive and administrative responsibility for a facility that 4 provides services relating to mental health for mental retardation 5 and related conditions] and that is operated by any public or private 6 entity.

Sec. 38. NRS 433.464 is hereby amended to read as follows:

8 433.464 [This title does] The provisions of this chapter and 9 chapters 433A, 433B and 436 of NRS do not limit the right of any 10 person detained hereunder to a writ of habeas corpus upon a proper 11 application made at any time by such person or any other person on 12 his or her behalf.

Sec. 39. NRS 433.494 is hereby amended to read as follows:

433.494 1. An individualized written plan of mental health
for mental retardation services for a related
condition must be developed for each consumer of each facility.
The plan must:

(a) Provide for the least restrictive treatment procedure that may
 reasonably be expected to benefit the consumer; and

(b) Be developed with the input and participation of:

21 (1) The consumer, to the extent that he or she is able to 22 provide input and participate; and

(2) To the extent that the consumer is unable to provide input
and participate, the parent or guardian of the consumer if the
consumer is under 18 years of age and is not legally emancipated, or
the legal guardian of a consumer who has been adjudicated mentally
incompetent.

28 2. The plan must be kept current and must be modified, with 29 the input and participation of the consumer, the parent or guardian 30 of the consumer or the legal guardian of the consumer, as 31 appropriate, when indicated. The plan must be thoroughly reviewed 32 at least once every 3 months.

33 3. The person in charge of implementing the plan of services34 must be designated in the plan.

35 Sec. 39.2. NRS 433.5493 is hereby amended to read as 36 follows:

433.5493 1. Except as otherwise provided in subsection 2,
physical restraint may be used on a person with a disability who is a
consumer only if:

40 (a) An emergency exists that necessitates the use of physical 41 restraint;

42 (b) The physical restraint is used only for the period that is 43 necessary to contain the behavior of the consumer so that the 44 consumer is no longer an immediate threat of causing physical



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injury to himself or herself or others or causing severe property
 damage; and

3 (c) The use of force in the application of physical restraint does 4 not exceed the force that is reasonable and necessary under the 5 circumstances precipitating the use of physical restraint.

6 2. Physical restraint may be used on a person with a disability 7 who is a consumer and the provisions of subsection 1 do not apply if 8 the physical restraint is used to:

9 (a) Assist the consumer in completing a task or response if the 10 consumer does not resist the application of physical restraint or if 11 the consumer's resistance is minimal in intensity and duration;

12 (b) Escort or carry a consumer to safety if the consumer is in 13 danger in his or her present location; or

14 (c) Conduct medical examinations or treatments on the 15 consumer that are necessary.

3. If physical restraint is used on a person with a disability who is a consumer in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 **[-]** or section 58.47 of this act, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

22 Sec. 39.4. NRS 433.5496 is hereby amended to read as 23 follows:

433.5496 1. Except as otherwise provided in subsections 2 and 4, mechanical restraint may be used on a person with a disability who is a consumer only if:

(a) An emergency exists that necessitates the use of mechanical
 restraint;

(b) A medical order authorizing the use of mechanical restraint
is obtained from the consumer's treating physician before the
application of the mechanical restraint or not later than 15 minutes
after the application of the mechanical restraint;

(c) The physician who signed the order required pursuant to
 paragraph (b) or the attending physician examines the consumer not
 later than 1 working day immediately after the application of the
 mechanical restraint;

(d) The mechanical restraint is applied by a member of the staff
of the facility who is trained and qualified to apply mechanical
restraint;

40 (e) The consumer is given the opportunity to move and exercise
41 the parts of his or her body that are restrained at least 10 minutes per
42 every 60 minutes of restraint;

43 (f) A member of the staff of the facility lessens or discontinues 44 the restraint every 15 minutes to determine whether the consumer





1 will stop or control his or her inappropriate behavior without the use 2 of the restraint:

(g) The record of the consumer contains a notation that includes 3 4 the time of day that the restraint was lessened or discontinued 5 pursuant to paragraph (f), the response of the consumer and the 6 response of the member of the staff of the facility who applied the 7 mechanical restraint;

8 (h) A member of the staff of the facility continuously monitors 9 the consumer during the time that mechanical restraint is used on the 10 consumer; and

11 (i) The mechanical restraint is used only for the period that is 12 necessary to contain the behavior of the consumer so that the 13 consumer is no longer an immediate threat of causing physical 14 injury to himself or herself or others or causing severe property 15 damage.

16 2. Mechanical restraint may be used on a person with a 17 disability who is a consumer and the provisions of subsection 1 do 18 not apply if the mechanical restraint is used to: 19

(a) Treat the medical needs of a consumer;

20 (b) Protect a consumer who is known to be at risk of injury to 21 himself or herself because the consumer lacks coordination or 22 suffers from frequent loss of consciousness; 23

(c) Provide proper body alignment to a consumer; or

24 (d) Position a consumer who has physical disabilities in a 25 manner prescribed in the consumer's plan of services.

26 3. If mechanical restraint is used on a person with a disability 27 who is a consumer in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 H or 28 29 section 58.47 of this act, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be 30 31 made not later than 1 working day after the procedure is used.

32 4. The provisions of this section do not apply to a forensic 33 facility, as that term is defined in subsection 5 of NRS 433.5499.

34 Sec. 39.6. NRS 433.5499 is hereby amended to read as 35 follows:

36 433.5499 1. Except as otherwise provided in subsection 3, 37 mechanical restraint may be used on a person with a disability who 38 is a consumer of a forensic facility only if:

39 (a) An emergency exists that necessitates the use of the 40 mechanical restraint;

(b) The consumer's behavior presents an imminent threat of 41 causing physical injury to himself or herself or to others or causing 42 43 severe property damage and less restrictive measures have failed to 44 modify the consumer's behavior;





1 (c) The consumer is in the care of the facility but not on the 2 premises of the facility and mechanical restraint is necessary to 3 ensure security; or

4 (d) The consumer is in the process of being transported to 5 another location and mechanical restraint is necessary to ensure 6 security.

7 2. If mechanical restraint is used pursuant to subsection 1, the 8 forensic facility shall ensure that:

9 (a) The mechanical restraint is applied by a member of the staff 10 of the facility who is trained and qualified to apply mechanical 11 restraint;

(b) A member of the staff of the facility continuously monitors
 the consumer during the time that mechanical restraint is used on the
 consumer;

15 (c) The record of the consumer contains a notation that indicates 16 the time period during which the restraint was used and the 17 circumstances warranting the restraint; and

18 (d) The mechanical restraint is used only for the period that is 19 necessary.

20 3. Mechanical restraint may be used on a person with a 21 disability who is a consumer of a forensic facility, and the 22 provisions of subsections 1 and 2 do not apply if the mechanical 23 restraint is used to:

(a) Treat the medical needs of a consumer;

(b) Protect a consumer who is known to be at risk of injury to
himself or herself because the consumer lacks coordination or
suffers from frequent loss of consciousness;

(c) Provide proper body alignment to a consumer; or

29 (d) Position a consumer who has physical disabilities in a 30 manner prescribed in the consumer's plan of services.

4. If mechanical restraint is used in an emergency on a person with a disability who is a consumer of a forensic facility, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 [;] or section 58.47 of this act, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

5. As used in this section, "forensic facility" means a secure facility of the Division for offenders and defendants with a mental disorder who are ordered to the facility pursuant to chapter 178 of NRS.

42 Sec. 39.8. NRS 433.5503 is hereby amended to read as 43 follows:

44 433.5503 1. Chemical restraint may only be used on a person45 with a disability who is a consumer if:



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1 (a) The consumer has been diagnosed as mentally ill, as defined 2 in NRS 433A.115, and is receiving mental health services from a 3 facility; (b) The chemical restraint is administered to the consumer while 4 5 he or she is under the care of the facility; (c) An emergency exists that necessitates the use of chemical 6 7 restraint: 8 (d) A medical order authorizing the use of chemical restraint is 9 obtained from the consumer's attending physician or psychiatrist; 10 (e) The physician or psychiatrist who signed the order required pursuant to paragraph (d) examines the consumer not later than 1 11 working day immediately after the administration of the chemical 12 13 restraint; and 14 (f) The chemical restraint is administered by a person licensed to 15 administer medication. 16 2. If chemical restraint is used on a person with a disability 17 who is a consumer, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 - or section 58.47 of this 18 19 *act, as applicable,* regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 20 21 working day after the procedure is used. 22 **Sec. 40.** NRS 433A.010 is hereby amended to read as follows: 433A.010 The provisions of this chapter apply to all mental 23 health centers of the Division of **Mental Health and Developmental** 24 25 Services] Public and Behavioral Health of the Department and of the Division of Child and Family Services of the Department. Such 26 27 provisions apply to private institutions and facilities offering mental health services only when specified in the context. 28 29 **Sec. 41.** NRS 433A.012 is hereby amended to read as follows: 30 433A.012 "Administrative officer" means a person with 31 overall executive and administrative responsibility for those state or nonstate facilities for mental health for mental retardation 32 designated by the Administrator. 33 Sec. 42. NRS 433A.015 is hereby amended to read as follows: 34 35 433A.015 "Division" means: 36 Except as otherwise provided in subsection 2, the Division 1. 37 of [Mental Health and Developmental Services] Public and 38 **Behavioral Health** of the Department. 2. Regarding the provision of services for the mental health of 39 children pursuant to chapter 433B of NRS, the Division of Child 40 41 and Family Services of the Department. Sec. 43. NRS 433A.017 is hereby amended to read as follows: 42 43 433A.017 "Medical director" means the [chief] medical officer 44 *in charge* of any program of the Division of *Mental Health and*

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1 Developmental Services] Public and Behavioral Health of the 2 Department. 3

Sec. 44. NRS 433A.020 is hereby amended to read as follows:

433A.020 The administrative officer of a facility of the 4 5 Division must:

6 1. Be selected on the basis of training and demonstrated 7 administrative qualities of leadership in any one of the fields of 8 psychiatry, medicine, psychology, social work, *[education] public* 9 *health* or administration.

10 Be appointed on the basis of merit as measured by 2. 11 administrative training or experience in programs relating to mental 12 health, including care and treatment of persons with mental illness. 13 for mental retardation and persons with related conditions.

14 3. Have additional qualifications which are in accordance with 15 criteria prescribed by the Division of Human Resource Management 16 of the Department of Administration.

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Sec. 45. NRS 433A.030 is hereby amended to read as follows:

18 433A.030 The administrative officers have the following 19 powers and duties, subject to the administrative supervision of the 20 Administrator:

21 To exercise general supervision of and establish regulations 1 22 for the government of the facilities designated by the Administrator;

23 2. To be responsible for and supervise the fiscal affairs and responsibilities of the facilities designated by the Administrator; 24

25 To appoint such medical, technical, clerical and operational 3. 26 staff as the execution of his or her duties, the care and treatment of 27 consumers and the maintenance and operation of the facilities 28 designated by the Administrator may require;

29 To make reports to the Administrator, and to supply the 4. 30 Administrator with material on which to base proposed legislation;

31 5. To keep complete and accurate records of all proceedings, 32 record and file all bonds and contracts, and assume responsibility for 33 the custody and preservation of all papers and documents pertaining 34 to his or her office;

35 6. To inform the public in regard to the activities and operation of the facilities: 36

37 To invoke any legal, equitable or special procedures for the 7. 38 enforcement of his or her orders or the enforcement of the provisions of this **[title]** chapter and chapters 433, 433B and 436 of 39 40 **NRS** and other statutes governing the facilities;

41 To submit an annual report to the Administrator on the 8. 42 condition, operation, functioning and anticipated needs of the 43 facilities: and

44 To assume responsibility for the nonmedical care and 9. 45 treatment of consumers if that responsibility has not been delegated.





Sec. 46. NRS 433B.130 is hereby amended to read as follows: 433B.130 1. The Administrator shall:

3 (a) Administer, in accordance with the policies established by 4 the Commission, the programs of the Division for the mental health 5 of children.

6 (b) Establish appropriate policies to ensure that children in 7 division facilities have timely access to clinically appropriate 8 psychotropic medication that are consistent with the provisions of 9 NRS 432B.197 and NRS 432B.4681 to 432B.469, inclusive, and the 10 policies adopted pursuant thereto.

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2. The Administrator may:

12 (a) Appoint the administrative personnel necessary to operate 13 the programs of the Division for the mental health of children.

(b) Delegate to the administrative officers the power to appoint
 medical, technical, clerical and operational staff necessary for the
 operation of any division facilities.

17 3. If the Administrator finds that it is necessary or desirable 18 that any employee reside at a facility operated by the Division or 19 receive meals at such a facility, perquisites granted or charges for 20 services rendered to that person are at the discretion of the Director 21 of the Department.

4. The Administrator may accept children referred to the
Division for treatment pursuant to the provisions of NRS 458.290 to
458.350, inclusive.

25 5. The Administrator may enter into agreements with the Administrator of the Division of **Mental Health and Developmental** 26 27 Services] Public and Behavioral Health of the Department or with the Administrator of the Aging and Disability Services Division of 28 29 the Department for the care and treatment of consumers of the 30 Division of Child and Family Services at any facility operated by 31 the Division of [Mental Health and Developmental Services.] Public 32 and Behavioral Health or the Aging and Disability Services 33 Division, as applicable.

34 Sec. 46.5. NRS 433B.150 is hereby amended to read as 35 follows:

433B.150 1. The Division shall employ such physicians
 within the various division facilities as are necessary for the
 operation of the facilities. The physicians must hold degrees of
 doctor of medicine or doctor of osteopathic medicine from
 accredited medical schools and be licensed to practice medicine or
 osteopathic medicine in Nevada.

42 2. Except as otherwise provided by law, the only compensation 43 allowed such a physician is an annual salary, fixed in accordance 44 with the pay plan adopted pursuant to the provisions of 45 NRS 284.175.





2 care and treatment of consumers as may be required. Sec. 47. NRS 433B.190 is hereby amended to read as follows: 3 4 433B.190 1. The Division shall adopt regulations to: 5 (a) Provide for a more detailed definition of abuse of a 6 consumer, consistent with the general definition given in NRS 433B.340: 7 8 (b) Provide for a more detailed definition of neglect of a consumer, consistent with the general definition given in NRS 9 10 433B.340; and 11 (c) Establish policies and procedures for reporting the abuse or 12 neglect of a consumer. 13 The regulations adopted pursuant to this section must, to the 2. 14 extent possible and appropriate, be consistent with the regulations 15 adopted by the Division of **Mental Health and Developmental** 16 Services] Public and Behavioral Health of the Department pursuant to NRS 433.331 H and the Division of Aging and 17 Disability Services of the Department pursuant to section 54.2 of 18 19 this act. Sec. 48. Chapter 435 of NRS is hereby amended by adding 20 thereto the provisions set forth as sections 49 to 59.7, inclusive, of 21 22 this act. Sec. 49. 1. The division facilities providing services for 23 persons with intellectual disabilities and persons with related 24 25 conditions are designated as: (a) Desert Regional Center; 26 (b) Sierra Regional Center; and 27 (c) Rural Regional Center. 28 2. Division facilities established after July 1, 1981, must be 29 30 named by the Administrator, subject to the approval of the 31 **Director of the Department.** Sec. 49.2. The provisions of this chapter pertaining to 32 33 division facilities must be administered by the respective administrative officers of the division facilities, subject to 34 35 administrative supervision by the Administrator. Sec. 49.4. Any person employed by the Division as a psychiatrist, psychologist, marriage and family therapist, clinical 36 37 professional counselor, registered nurse or social worker must be 38 licensed or certified by the appropriate state licensing board for 39 40 his or her respective profession. 41 Sec. 49.6. The Administrator shall not employ anv psychiatrist, psychologist, social worker or registered nurse who 42 holds a master's degree in the field of psychiatric nursing who is 43 unable to demonstrate proficiency in the oral and written 44 45 expression of the English language. AB488

The physicians shall perform such duties pertaining to the

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1 Sec. 49.8. 1. The Division shall carry out a vocational and 2 educational program for the certification of intellectual disability 3 technicians, including forensic technicians employed by the 4 Division, or other employees of the Division who perform similar 5 duties, but are classified differently. The program must be carried 6 out in cooperation with the Nevada System of Higher Education.

2. An intellectual disability technician is responsible to the 7 director of the service in which his or her duties are performed. 8 The director of a service may be a licensed physician, dentist, 9 podiatric physician, psychiatrist, psychologist, rehabilitation 10 therapist, social worker, registered nurse or other professionally 11 qualified person. This section does not authorize an intellectual 12 13 disability technician to perform duties which require the 14 specialized knowledge and skill of a professionally qualified 15 person.

16 3. The Division shall adopt regulations to carry out the 17 provisions of this section.

4. As used in this section, "intellectual disability technician" means an employee of the Division who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with intellectual disabilities and persons with related conditions, and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic
procedures, techniques or treatments, excluding medical
interventions, to enable consumers to make optimal use of their
therapeutic regime, their social and personal resources, and their
residential care; or

30 (b) The application of interpersonal and technical skills in the 31 observation and recognition of symptoms and reactions of 32 consumers, for the accurate recording of such symptoms and 33 reactions, and for carrying out treatments authorized by members 34 of the interdisciplinary team that determines the treatment of the 35 consumers.

Sec. 50. 1. The Division shall adopt regulations:

37 (a) For the care and treatment of persons with intellectual 38 disabilities and persons with related conditions by all state 39 agencies and facilities, and their referral to private facilities;

40 (b) To ensure continuity in the care and treatment provided to 41 persons with intellectual disabilities and persons with related 42 conditions in this State; and

43 (c) Necessary for the proper and efficient operation of the 44 facilities of the Division.



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2. The Division may adopt regulations to promote programs 1 2 relating to intellectual disabilities and related conditions.

3 Sec. 51. The Division or its designated agent may inspect any division facility providing services for persons with intellectual 4 disabilities and persons with related conditions to determine if the 5 facility is in compliance with the provisions of this chapter and 6 7 any regulations adopted pursuant thereto.

Sec. 52. The Division may, by contract with general hospitals 8 or other institutions having adequate facilities in the State of 9 Nevada, provide for inpatient care of persons with intellectual 10 disabilities and persons with related conditions. 11

Sec. 53. The Division may contract with appropriate persons 12 13 professionally qualified in the field of psychiatric mental health to 14 provide inpatient and outpatient care for persons with intellectual 15 disabilities and persons with related conditions when it appears 16 that they can be treated best in that manner. 17

Sec. 54. The Division may adopt regulations:

To define the term "consumer" for the purposes of this 18 1. 19 chapter.

20 2. To specify the circumstances under which a consumer is eligible to receive services from the Division pursuant to this 21 22 chapter, including, but not limited to, care, treatment and training. Regulations adopted pursuant to this subsection must specify that 23 a consumer is eligible to receive services only if the consumer: 24

25 (a) Has a documented diagnosis of a mental disorder based on the most recent edition of the Diagnostic and Statistical Manual of 26 27 Mental Disorders published by the American Psychiatric Association; and 28

29 (b) Except as otherwise provided in the regulations adopted pursuant to subsection 3, is not eligible to receive services through 30 31 another public or private entity.

32 3. To specify the circumstances under which the provisions of paragraph (b) of subsection 2 do not apply, including, without 33 limitation, when the copay or other payment required to obtain 34 services through another public or private entity is prohibitively 35 36 high.

To establish policies and procedures for the referral of 37 4. each consumer who needs services that the Division is unable to 38 39 provide to the most appropriate organization or resource who is able to provide the needed services to that consumer. 40 41

Sec. 54.2. The Division shall adopt regulations to:

42 1. Provide for a more detailed definition of abuse of a consumer of the Division, consistent with the general definition 43 44 given in section 58.75 of this act;





1 2. Provide for a more detailed definition of neglect of a 2 consumer of the Division, consistent with the general definition 3 given in section 58.75 of this act; and

4 3. Establish policies and procedures for reporting the abuse 5 or neglect of a consumer of the Division.

6 Sec. 54.3. 1. If a patient in a division facility is transferred 7 to another division facility or to a medical facility, a facility for the dependent or a physician licensed to practice medicine, the 8 division facility shall forward a copy of the medical records of 9 the patient, on or before the date the patient is transferred, to the 10 facility or physician. Except as otherwise required by 42 U.S.C. § 11 290dd, 290dd-1 or 290dd-2 or NRS 439.538 or 439.591, the 12 13 division facility is not required to obtain the oral or written 14 consent of the patient to forward a copy of the medical records.

15 2. As used in this section, "medical records" includes a 16 medical history of the patient, a summary of the current physical 17 condition of the patient and a discharge summary which contains 18 the information necessary for the proper treatment of the patient.

Sec. 54.4. For the purposes of this chapter, the Department 19 through the Division may cooperate, financially or otherwise, and 20 execute contracts or agreements with the Federal Government, 21 any federal department or agency, any other state department or 22 agency, a county, a city, a public district or any political 23 subdivision of this state, a public or private corporation, an 24 25 individual or a group of individuals. Such contracts or agreements may include provisions whereby the Division will render services, 26 27 the payment for which will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself 28 29 relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law. 30

31 Sec. 54.5. Nothing in this chapter precludes the involuntary 32 court-ordered admission of a person with an intellectual disability 33 or person with a related condition to a private institution where 34 such admission is authorized by law.

Sec. 54.6. The State is not responsible for payment of the costs of care and treatment of persons admitted to a facility not operated by the Division except where, before admission, the Administrator or the Administrator's designee authorizes the expenditure of state money for such purpose.

40 Sec. 54.7. Money to carry out the provisions of this chapter 41 must be provided by legislative appropriation from the State 42 General Fund, and paid out on claims as other claims against the 43 State are paid. All claims relating to a division facility individually 44 must be approved by the administrative officer of such facility 45 before they are paid.





1 Sec. 55. For the purposes of this chapter, the Department 2 may accept:

3 1. Money appropriated and made available by any act of the 4 Congress of the United States;

5 2. Money and contributions made available by a county, a 6 city, a public district or any political subdivision of this State; and

7 3. Money and contributions made available by a public or 8 private corporation, a private foundation, an individual or a group 9 of individuals.

10 Sec. 55.2. 1. Upon approval of the Director of the 11 Department, the Administrator may accept:

(a) Donations of money and gifts of real or personal property;
 and

(b) Grants of money from the Federal Government,

15 *➡* for use in public or private programs that provide services to 16 persons in this State with intellectual disabilities and persons with 17 related conditions.

18 2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide 19 20 services to persons with intellectual disabilities and persons with related conditions in a manner that supports the plan to 21 22 coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316. In the absence 23 of a plan to coordinate services, the Administrator shall make 24 25 disbursements to programs that will maximize the benefit provided to persons with intellectual disabilities and persons with related 26 27 conditions in consideration of the nature and value of the 28 donation, gift or grant.

29 3. Within limits of legislative appropriations or other 30 available money, the Administrator may enter into a contract for 31 services related to the evaluation and recommendation of 32 recipients for the disbursements required by this section.

Sec. 55.4. 1. The Division shall establish a fee schedule for 33 services rendered through any program supported by the State 34 pursuant to the provisions of this chapter. The schedule must be 35 submitted to the Commission on Behavioral Health and the 36 Director of the Department for joint approval before enforcement. 37 The fees collected by facilities operated by the Division pursuant to 38 this schedule must be deposited in the State Treasury to the credit 39 of the State General Fund, except as otherwise provided in section 40 54.4 of this act for fees collected pursuant to contract or 41 agreement and in NRS 435.120 for fees collected for services to 42 consumers with intellectual disabilities and related conditions. 43

44 2. For a facility providing services for the treatment of 45 persons with intellectual disabilities and persons with related





conditions, the fee established must approximate the cost of
 providing the service, but if a consumer is unable to pay in full the
 fee established pursuant to this section, the Division may collect
 any amount the consumer is able to pay.

5 Sec. 55.6. 1. Physicians and other professional staff 6 employed within any division facility shall receive a reasonable fee 7 for evaluations, examinations or court testimony when directed by 8 the court to perform such services.

9 2. If such evaluation or testimony is provided while the 10 physician or other professional person is acting as an employee of 11 a division facility, the fee shall be received by the division facility 12 at which he or she is employed.

13 Sec. 55.8. An intellectual disability center revolving account 14 up to the amount of \$5,000 is hereby created for each division 15 intellectual disability center, and may be used for the payment of 16 intellectual disability center bills requiring immediate payment and for no other purposes. The respective administrative officers 17 shall deposit the money for the respective revolving accounts in 18 19 one or more banks or credit unions of reputable standing. Payments made from each account must be promptly reimbursed 20 from appropriated money of the respective intellectual disability 21 22 centers on claims as other claims against the State are paid.

23 Sec. 56. For the purposes of this chapter, the residence of a 24 person is:

1. The domicile of such person;

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26 2. If the domicile of the person cannot be ascertained, the 27 place where the person was last employed; or

28 3. If the domicile of the person cannot be ascertained and he 29 or she is not or was not employed, the place where the person 30 made his or her home or headquarters.

Sec. 57. 1. For the purpose of facilitating the return of 31 32 nonresident consumers to the state in which they have legal 33 residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this chapter, with the 34 proper boards, commissioners or officers of other states for the 35 mutual exchange of consumers confined in, admitted or 36 committed to an intellectual disability facility in one state whose 37 legal residence is in the other, and may give written permission for 38 39 the return and admission to a division facility of any resident of this State when such permission is conformable to the provisions 40 41 of this chapter governing admissions to a division facility.

42 2. The county clerk and board of county commissioners of 43 each county, upon receiving notice from the Administrator that an 44 application for the return of an alleged resident of this State has 45 been received, shall promptly investigate and report to the





1 Administrator their findings as to the legal residence of the 2 consumer.

3 Sec. 57.1. 1. All expenses incurred for the purpose of 4 returning a consumer to the state in which the consumer has a 5 legal residence shall be paid from the moneys of the consumer or 6 by the relatives or other persons responsible for the consumer's 7 care and treatment under his or her commitment or admission.

8 2. In the case of indigent consumers whose relatives cannot 9 pay the costs and expenses of returning such consumers to the state in which they have residence, the costs may be assumed by 10 11 the State. These costs must be advanced from moneys appropriated for the general support of the division facility wherein the 12 13 consumer was receiving care, treatment or training, if such consumer was committed to a division facility at the time of the 14 15 transfer, and must be paid out on claims as other claims against 16 the State are paid.

17 Sec. 57.2. *The Administrator shall:*

18 1. Comply with any agreements made by the Administrator 19 pursuant to section 57 of this act; and

20 2. Accept for admission to a division facility any resident 21 child of this State for whom written permission for return and 22 admission to a division facility was given by the Administrator 23 pursuant to section 57 of this act.

24 Sec. 57.4. As used in sections 57.4 to 58.5, inclusive, of this 25 act, unless the context otherwise requires, the words and terms 26 defined in sections 57.6, 57.7 and 57.8 of this act have the 27 meanings ascribed to them in those sections.

28 Sec. 57.6. "Administrative officer" means a person with 29 overall executive and administrative responsibility for a facility 30 that provides services relating to intellectual disabilities and 31 related conditions and that is operated by any public or private 32 entity.

33 Sec. 57.7. *"Facility" means any:*

1. Unit or subunit operated by the Division for the care, treatment and training of consumers.

36 2. Hospital, clinic or other institution operated by any public 37 or private entity, for the care, treatment and training of 38 consumers.

39 Sec. 57.8. "Rights" includes, without limitation, all rights 40 provided to a consumer pursuant to sections 57.4 to 58.5, 41 inclusive, of this act, and any regulations adopted pursuant 42 thereto.

43 Sec. 58. This chapter does not limit the right of any person 44 detained hereunder to a writ of habeas corpus upon a proper





application made at any time by such person or any other person
 on his or her behalf.

3 Sec. 58.1. 1. Each consumer admitted for evaluation, 4 treatment or training to a facility has the following rights 5 concerning admission to the facility, a list of which must be 6 prominently posted in all facilities providing those services and 7 must be otherwise brought to the attention of the consumer by 8 such additional means as prescribed by regulation:

9 (a) The right not to be admitted to the facility under false 10 pretenses or as a result of any improper, unethical or unlawful 11 conduct by a staff member of the facility to collect money from the 12 insurance company of the consumer or for any other financial 13 purpose.

14 (b) The right to receive a copy, on request, of the criteria upon 15 which the facility makes its decision to admit or discharge a 16 consumer from the facility. Such criteria must not, for emergency 17 admissions or involuntary court-ordered admissions, be based on 18 the availability of insurance coverage or any other financial 19 considerations.

20 2. As used in this section, "improper conduct" means a 21 violation of the rules, policies or procedures of the facility.

22 Sec. 58.13. 1. Each consumer admitted for evaluation, 23 treatment or training to a facility has the following rights 24 concerning involuntary commitment to the facility, a list of which 25 must be prominently posted in all facilities providing those 26 services and must be otherwise brought to the attention of the 27 consumer by such additional means as prescribed by regulation:

(a) To request and receive a second evaluation by a
psychiatrist or psychologist who does not have a contractual
relationship with or financial interest in the facility. The
evaluation must:

32 (1) Include, without limitation, a recommendation of 33 whether the consumer should be involuntarily committed to the 34 facility; and

(2) Be paid for by the consumer if the insurance carrier of
 the consumer refuses to pay for the evaluation.

(b) To receive a copy of the procedure of the facility regarding
 involuntary commitment and treatment.

39 (c) To receive a list of the consumer's rights concerning 40 involuntary commitment or treatment.

2. If the results of an evaluation conducted by a psychiatrist
or psychologist pursuant to subsection 1 conflict in any manner
with the results of an evaluation conducted by the facility, the
facility may request and receive a third evaluation of the consumer
to resolve the conflicting portions of the previous evaluations.





Sec. 58.17. Each consumer admitted for evaluation, 1 treatment or training to a facility has the following personal 2 rights, a list of which must be prominently posted in all facilities 3 providing those services and must be otherwise brought to the 4 attention of the consumer by such additional means as prescribed 5 6 by regulation:

1. To wear the consumer's own clothing, to keep and use his 7 or her own personal possessions, including toilet articles, unless 8 those articles may be used to endanger the consumer's life or 9 others' lives, and to keep and be allowed to spend a reasonable 10 sum of the consumer's own money for expenses and small 11 12 purchases.

13 2. To have access to individual space for storage for his or 14 her private use.

To see visitors each day. 3.

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16 4. To have reasonable access to telephones, both to make and 17 receive confidential calls.

To have ready access to materials for writing letters, 18 5. 19 including stamps, and to mail and receive unopened correspondence, but: 20

(a) For the purposes of this subsection, packages are not 21 22 considered as correspondence; and

(b) Correspondence identified as containing a check payable to 23 a consumer may be subject to control and safekeeping by the 24 administrative officer of that facility or the administrative officer's 25 designee, so long as the consumer's record of treatment 26 27 documents the action.

28 6. To have reasonable access to an interpreter if the 29 consumer does not speak English or is hearing impaired.

To designate a person who must be kept informed by the 30 7. facility of the consumer's medical and mental condition, if the 31 consumer signs a release allowing the facility to provide such 32 33 information to the person.

8. Except as otherwise provided in NRS 439.538, to have 34 35 access to the consumer's medical records denied to any person 36 other than:

(a) A member of the staff of the facility or related medical 37 38 personnel, as appropriate;

39 (b) A person who obtains a waiver by the consumer of his or her right to keep the medical records confidential; or 40 41

(c) A person who obtains a court order authorizing the access.

42 9. Other personal rights as specified by regulation of the 43 Division.

44 Sec. 58.2. Each consumer admitted for evaluation, treatment 45 or training to a facility has the following rights concerning care,





1 treatment and training, a list of which must be prominently posted 2 in all facilities providing those services and must be otherwise 3 brought to the attention of the consumer by such additional means 4 as prescribed by regulation:

5 To medical, psychosocial and rehabilitative care, treatment 1. 6 and training including prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention 7 of any illness or disability. All of that care, treatment and training 8 must be consistent with standards of practice of the respective 9 professions in the community and is subject to the following 10 11 conditions:

(a) Before instituting a plan of care, treatment or training or 12 13 carrying out any necessary surgical procedure, express and 14 informed consent must be obtained in writing from:

15 (1) The consumer if he or she is 18 years of age or over or 16 legally emancipated and competent to give that consent, and from 17 the consumer's legal guardian, if any;

18 (2) The parent or guardian of a consumer under 18 years 19 of age and not legally emancipated; or

(3) The legal guardian of a consumer of any age who has 20 21 *been adjudicated mentally incompetent;*

22 (b) An informed consent requires that the person whose consent is sought be adequately informed as to: 23

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(1) The nature and consequences of the procedure;

(2) The reasonable risks, benefits and purposes of the 25 procedure; and 26 27

(3) Alternative procedures available;

(c) The consent of a consumer as provided in paragraph (b) 28 29 may be withdrawn by the consumer in writing at any time with or 30 without cause:

31 (d) Even in the absence of express and informed consent, a licensed and qualified physician may render emergency medical 32 care or treatment to any consumer who has been injured in an 33 accident or who is suffering from an acute illness, disease or 34 35 condition if, within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would 36 endanger the health of the consumer and if the treatment is 37 38 immediately entered into the consumer's record of treatment, 39 subject to the provisions of paragraph (e); and

(e) If the proposed emergency medical care or treatment is 40 41 deemed by the chief medical officer of the facility to be unusual, experimental or generally occurring infrequently in routine 42 medical practice, the chief medical officer shall request 43 44 consultation from other physicians or practitioners of healing arts 45 who have knowledge of the proposed care or treatment.





2. To be free from abuse, neglect and aversive intervention.

2 To consent to the consumer's transfer from one facility to 3. 3 another, except that the Administrator of the Division or the Administrator's designee, or the Administrator of the Division of 4 Child and Family Services of the Department or the 5 6 Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training 7 warrant it. If the consumer in any manner objects to the transfer, 8 the person ordering it must enter the objection and a written 9 10 justification of the transfer in the consumer's record of treatment and immediately forward a notice of the objection to the 11 Administrator who ordered the transfer, and the Commission on 12 13 Behavioral Health shall review the transfer pursuant to subsection 14 3 of section 58.47 of this act.

15 4. Other rights concerning care, treatment and training as 16 may be specified by regulation.

17 Sec. 58.23. 1. An individualized written plan of intellectual 18 disability services or plan of services for a related condition must 19 be developed for each consumer of each facility. The plan must:

(a) Provide for the least restrictive treatment procedure that 20 may reasonably be expected to benefit the consumer; and 21 22

(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to 23 provide input and participate; and 24

25 (2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if 26 the consumer is under 18 years of age and is not legally 27 emancipated, or the legal guardian of a consumer who has been 28 29 adjudicated mentally incompetent.

30 The plan must be kept current and must be modified, with *2*. the input and participation of the consumer, the parent or 31 guardian of the consumer or the legal guardian of the consumer, 32 as appropriate, when indicated. The plan must be thoroughly 33 reviewed at least once every 3 months. 34

35 3. The person in charge of implementing the plan of services 36 *must be designated in the plan.*

Sec. 58.27. 1. Each facility shall make all of its decisions, 37 38 policies, procedures and practices regarding emergency 39 admissions or involuntary court-ordered admissions based upon clinical efficiency rather than cost containment. 40

This section does not preclude a public facility from 41 2. 42 making decisions, policies, procedures and practices within the limits of the money made available to the facility. 43

44 Sec. 58.3. 1. A consumer or the consumer's legal guardian 45 must be:





1 (a) Permitted to inspect the consumer's records; and 2 (b) Informed of the consumer's clinical status and progress at reasonable intervals of no longer than 3 months in a manner 3 4 appropriate to his or her clinical condition. 5 Unless a psychiatrist has made a specific entry to the contrary in a consumer's records, a consumer or the consumer's 6 legal guardian is entitled to obtain a copy of the consumer's 7 records at any time upon notice to the administrative officer of the 8 facility and payment of the cost of reproducing the records. 9 Sec. 58.33. 1. The attending psychiatrist or physician is 10 responsible for all medication given or administered to a 11 12 consumer. 13 2. Each administrative officer shall establish a policy for the 14 review of the administration, storage and handling of medications 15 by nurses and nonprofessional personnel. 16 Sec. 58.37. 1. A consumer may perform labor which contributes to the operation and maintenance of the facility for 17 which the facility would otherwise employ someone only if: 18 (a) The consumer voluntarily agrees to perform the labor; 19 (b) Engaging in the labor is not inconsistent with and does not 20 interfere with the plan of services for the consumer; 21 (c) The person responsible for the consumer's treatment 22 agrees to the plan of labor; and 23 (d) The amount of time or effort necessary to perform the 24 25 labor is not excessive. → In no event may discharge or privileges be conditioned upon 26 27 the performance of such labor. A consumer who performs labor which contributes to the 28 2. 29 operation and maintenance of the facility for which the facility would otherwise employ someone must be adequately compensated 30 and the compensation must be in accordance with applicable state 31 32 and federal labor laws. 3. A consumer who performs labor other than that described 33 in subsection 2 must be compensated an adequate amount if an 34 economic benefit to another person or agency results from the 35 36 consumer's labor. The administrative officer of the facility may provide for 37 4. compensation of a resident when the resident performs labor not 38 39 governed by subsection 2 or 3. This section does not apply to labor of a personal 40 5. housekeeping nature or to labor performed as a condition of 41 residence in a small group living arrangement. 42 One-half of any compensation paid to a consumer 43 6. 44 pursuant to this section is exempt from collection or retention as

payment for services rendered by the Division or its facilities. Such





an amount is also exempt from levy, execution, attachment, 1 garnishment or any other remedies provided by law for the 2 3 collection of debts.

4 Sec. 58.4. Each consumer admitted for evaluation, treatment 5 or training to a facility has the following rights concerning the suspension or violation of his or her rights, a list of which must be 6 prominently posted in all facilities providing those services and 7 must be otherwise brought to the attention of the consumer by 8 9 such additional means as prescribed by regulation:

10

To receive a list of the consumer's rights. 1.

To receive a copy of the policy of the facility that sets forth 11 the clinical or medical circumstances under which the consumer's 12 13 rights may be suspended or violated.

14 3. To receive a list of the clinically appropriate options 15 available to the consumer or the consumer's family to remedy an 16 actual or a suspected suspension or violation of his or her rights.

17 To have all policies of the facility regarding the rights of 4. 18 consumers prominently posted in the facility.

19 Sec. 58.43. Each facility shall, within a reasonable time after a consumer is admitted to the facility for evaluation, treatment or 20 training, ask the consumer to sign a document that reflects that 21 22 the consumer has received a list of the consumer's rights and has 23 had those rights explained to him or her.

Sec. 58.47. 1. The rights of a consumer enumerated in this 24 chapter must not be denied except to protect the consumer's health 25 and safety or to protect the health and safety of others, or both. 26 27 Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be 28 29 forwarded to the administrative officer of the facility. Failure to 30 report denial of rights by an employee may be grounds for 31 dismissal.

32 2. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause 33 a full report to be prepared which must set forth in detail the 34 35 factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must 36 not be disclosed. A copy of the report must be sent to the 37 Commission on Behavioral Health. 38

39

The Commission on Behavioral Health: 3.

(a) Shall receive reports of and may investigate apparent 40 41 violations of the rights guaranteed by this chapter; 42

(b) May act to resolve disputes relating to apparent violations;

43 (c) May act on behalf of consumers to obtain remedies for any 44 apparent violations; and





(d) Shall otherwise endeavor to safeguard the rights 1 2 guaranteed by this chapter. 3 4. Pursuant to NRS 241.030, the Commission on Behavioral Health may close any portion of a meeting in which it considers 4 the character, alleged misconduct or professional competence of a 5 6 person in relation to: 7 (a) The denial of the rights of a consumer; or 8 (b) The care and treatment of a consumer. → The provisions of this subsection do not require a meeting of 9 10 the Commission on Behavioral Health to be closed to the public. Sec. 58.5. An officer, director or employee of a facility shall 11 12 not retaliate against any person for having: 13 1. Reported any violation of law; or 14 2. Provided information regarding a violation of law, 15 → by the facility or a staff member of the facility. 16 Sec. 58.57. 1. There may be maintained as a trust fund at 17 each division facility a consumers' personal deposit fund. 2. Money coming into the possession of the administrative 18 19 officer of a division facility which belongs to a consumer must be 20 credited in the fund in the name of that consumer. When practicable, individual credits in the fund must not 21 3. 22 exceed the sum of \$300. 23 4. Any amounts to the credit of a consumer may be used for purchasing personal necessities, for expenses of burial or may be 24 25 turned over to the consumer upon the consumer's demand, except that when the consumer is adjudicated mentally incompetent the 26 27 guardian of the consumer's estate has the right to demand and 28 receive the money. 29 An amount accepted for the benefit of a consumer for a 5. 30 special purpose must be reserved for that purpose regardless of the 31 total amount to the credit of the consumer. 6. Except as otherwise provided in subsection 7, the 32 33 administrative officers shall deposit any money received for the funds of their respective facilities in commercial accounts with 34 one or more banks or credit unions of reputable standing. When 35 36 deposits in a commercial account exceed \$15,000, the administrative officer may deposit the excess in a savings account 37 paying interest in any reputable commercial bank, or in any credit 38 union or savings and loan association within this state that is 39 federally insured or insured by a private insurer approved 40 pursuant to NRS 678.755. The savings account must be in the 41 name of the fund. Interest paid on deposits in the savings account 42 may be used for recreational purposes at the division facility. 43 44 The administrative officers may maintain at their 7. 45 respective division facilities petty cash of not more than \$400 of





1 the money in the consumers' personal deposit fund to enable 2 consumers to withdraw small sums from their accounts.

Sec. 58.6. Whenever any person admitted to a division 3 facility dies, the administrative officer shall send written notice to 4 the decedent's legally appointed representative, listing the 5 6 personal property remaining in the custody or possession of the facility. If there is no demand made upon the administrative 7 officer of the facility by the decedent's legally appointed 8 representative, all personal property of the decedent remaining in 9 the custody or possession of the administrative officer must be 10 held by the officer for a period of 1 year from the date of the 11 decedent's death for the benefit of the heirs, legatees or successors 12 13 of the decedent. At the end of this period, another notice must be 14 sent to the decedent's representative, listing the property and 15 specifying the manner in which the property will be disposed of if not claimed within 15 business days. After 15 business days, all 16 personal property and documents of the decedent, other than cash, 17 18 remaining unclaimed in the possession of the administrative 19 officer must be disposed of as follows:

20 1. All documents must be filed by the administrative officer 21 with the public administrator of the county from which the 22 consumer was admitted.

23 2. All other personal property must be sold at a public auction 24 or by sealed bids. The proceeds of the sale must be applied to the 25 decedent's unpaid balance for costs incurred at the division 26 facility.

27 Sec. 58.63. If a person admitted to a division facility is discharged or leaves and the person fails to recover personal 28 29 property worth more than \$100 in the custody of the administrative officer of the facility, the administrative officer 30 31 shall notify the former consumer or the consumer's legal representative in writing that personal property remains in the 32 custody of the facility. The property must be held in safekeeping 33 for the consumer for a period of 1 year from the date of discharge. 34 If upon the expiration of the 1-year period no claim has been 35 made upon the administrative officer by the person or the person's 36 37 legal representative, another notice must be sent to the person or 38 the person's legal representative, stating that personal property 39 remains in the custody of the facility, and specifying the manner in which the property will be disposed of if not claimed within 15 40 business days. After 15 business days, the property may be 41 42 considered unclaimed property and be disposed of in the manner 43 provided for unclaimed property of deceased persons under the 44 provisions of section 58.6 of this act.





1 Sec. 58.67. If, upon the death or release of a person admitted 2 to a division facility, the value of unclaimed personal property in 3 the possession of the administrative officer of the facility is so minimal that it cannot be sold at public auction or by sealed bid 4 and if the property, either in its present condition or in an 5 improved condition, cannot be used by the division facility, the 6 7 administrative officer may order the personal property destroyed.

Sec. 58.7. 1. Upon the death of a consumer, any known 8 relatives or friends of the consumer shall be notified immediately 9 10 of the fact of death.

The Administrator or the Administrator's designee shall 11 2. cause a decent burial to be provided for the consumer outside 12 division facility grounds. The Administrator or the designee may 13 14 enter into a contract with any person or persons, including 15 governmental agencies or other instrumentalities, as the 16 Administrator or the designee deems proper, for a decent burial. Where there are known relatives, and they are financially able, the 17 18 cost of burial must be borne by the relatives. Where there are no 19 known relatives, the cost of burial must be a charge against the State of Nevada, but the cost thereof must not exceed the amount 20 charged for the burial of indigents in the county in which the 21 22 burial takes place.

23 3. When a consumer has income from a pension payable 24 through a division facility, and has no guardian, the Division may 25 obligate operating funds for funeral expenses in the amount due 26 under the pension benefits.

27 Sec. 58.75. 1. An employee of a public or private facility offering services for persons with intellectual disabilities and 28 29 persons with related conditions or any other person, except a 30 consumer, who:

31 (a) Has reason to believe that a consumer of the Division or of 32 a private facility offering services for consumers with intellectual disabilities and consumers with related conditions has been or is 33 being abused or neglected and fails to report it; 34

(b) Brings intoxicating beverages or a controlled substance 35 into any division facility occupied by consumers unless specifically 36 37 authorized to do so by the administrative officer or a staff 38 physician of the facility;

39 (c) Is under the influence of liquor or a controlled substance while employed in contact with consumers, unless in accordance 40 41 with a lawfully issued prescription;

42 (d) Enters into any transaction with a consumer involving the transfer of money or property for personal use or gain at the 43 44 expense of the consumer; or 45

(e) Contrives the escape, elopement or absence of a consumer,





1 is guilty of a misdemeanor, in addition to any other penalties 2 provided by law.

3 2. In addition to any other penalties provided by law, an employee of a public or private facility offering services for 4 persons with intellectual disabilities and persons with related 5 6 conditions or any other person, except a consumer, who willfully 7 abuses or neglects a consumer:

8 (a) For a first violation that does not result in substantial 9 bodily harm to the consumer, is guilty of a gross misdemeanor.

10 (b) For a first violation that results in substantial bodily harm 11 to the consumer, is guilty of a category B felony.

(c) For a second or subsequent violation, is guilty of a category 12 13 **B** felony.

14 A person convicted of a category B felony pursuant to this 15 section shall be punished by imprisonment in the state prison for a 16 minimum term of not less than 1 year and a maximum term of not 17 more than 6 years, or by a fine of not more than \$5,000, or by both 18 fine and imprisonment.

19 3. A person who is convicted pursuant to this section is ineligible for 5 years for appointment to or employment in a 20 position in the state service and, if the person is an officer or 21 employee of the State, the person forfeits his or her office or 22 23 position.

24 4. A conviction pursuant to this section is, when applicable, 25 grounds for disciplinary action against the person so convicted and the facility where the violation occurred. The Division may 26 27 recommend to the appropriate agency or board the suspension or revocation of the professional license, registration, certificate or 28 permit of a person convicted pursuant to this section. 29 30

For the purposes of this section: 5.

31 (a) "Abuse" means any willful and unjustified infliction of 32 pain, injury or mental anguish upon a consumer, including, but not limited to: 33

34 (1) The rape, sexual assault or sexual exploitation of the 35 consumer:

(2) The use of any type of aversive intervention;

(3) Except as otherwise provided in NRS 433.5486, a 37 38 violation of NRS 433.549; and

(4) The use of physical, chemical or mechanical restraints 39 or the use of seclusion in violation of federal law. 40

41 Any act which meets the standard of practice for care and 42 treatment does not constitute abuse.

(b) "Consumer" includes any person who seeks, on the 43 44 person's own or others' initiative, and can benefit from, care, 45 treatment and training in a public or private institution or facility





1 offering services for persons with intellectual disabilities and 2 persons with related conditions.

3 (c) "Neglect" means any omission to act which causes injury to a consumer or which places the consumer at risk of injury, 4 including, but not limited to, the failure to follow: 5

6 (1) An appropriate plan of treatment to which the consumer 7 has consented: and

8 (2) The policies of the facility for the care and treatment of 9 consumers.

10 Any omission to act which meets the standard of practice for 11 care and treatment does not constitute neglect.

(d) "Standard of practice" means the skill and care ordinarily 12 13 exercised by prudent professional personnel engaged in health 14 care.

15 Sec. 58.8. 1. Any person who, on the grounds of a division 16 facility, sells, barters, exchanges or in any manner disposes of any spirituous or malt liquor or beverage to any person lawfully 17 confined in the division facility is guilty of a gross misdemeanor. 18

19 This section does not apply to any physician prescribing or 2. furnishing liquor to the person when the liquor is prescribed or 20 21 furnished for medicinal purposes only.

Sec. 58.85. 1. A public or private facility offering services 22 for persons with intellectual disabilities and persons with related 23 conditions may return a prescription drug that is dispensed to a 24 25 patient of the facility, but will not be used by that patient, to the dispensing pharmacy for the purpose of reissuing the drug to fill 26 other prescriptions for patients in that facility or for the purpose of 27 transferring the drug to a nonprofit pharmacy designated by the 28 29 State Board of Pharmacy pursuant to NRS 639.2676 if:

30

(a) The drug is not a controlled substance;

31 (b) The drug is dispensed in a unit dose, in individually sealed 32 doses or in a bottle that is sealed by the manufacturer of the drug;

33 (c) The drug is returned unopened and sealed in the original 34 manufacturer's packaging or bottle; 35

(d) The usefulness of the drug has not expired;

(e) The packaging or bottle contains the expiration date of the 36 usefulness of the drug; and 37

38 (f) The name of the patient for whom the drug was originally 39 prescribed, the prescription number and any other identifying marks are obliterated from the packaging or bottle before the 40 41 return of the drug.

42 2. A dispensing pharmacy to which a drug is returned 43 pursuant to this section may:

44 (a) Reissue the drug to fill other prescriptions for patients in 45 the same facility if the registered pharmacist of the pharmacy





1 determines that the drug is suitable for that purpose in accordance with standards adopted by the State Board of Pharmacy pursuant 2 3 to subsection 5; or (b) Transfer the drug to a nonprofit pharmacy designated by 4 the State Board of Pharmacy pursuant to NRS 639.2676. 5 3. No drug that is returned to a dispensing pharmacy 6 pursuant to this section may be used to fill other prescriptions 7 8 more than one time. 4. A facility offering services for persons with intellectual 9 disabilities and persons with related conditions shall adopt written 10 procedures for returning drugs to a dispensing pharmacy 11 pursuant to this section. The procedures must: 12 13 (a) Provide appropriate safeguards for ensuring that the drugs are not compromised or illegally diverted during their return. 14 15 (b) Require the maintenance and retention of such records relating to the return of such drugs as are required by the State 16 17 **Board of Pharmacy.** (c) Be approved by the State Board of Pharmacy. 18 5. The State Board of Pharmacy shall adopt such regulations 19 as are necessary to carry out the provisions of this section, 20 including, without limitation, requirements for: 21 22 (a) Returning and reissuing such drugs pursuant to the 23 provisions of this section. (b) Transferring drugs to a nonprofit pharmacy pursuant to 24 25 the provisions of this section and NRS 639.2676. (c) Maintaining records relating to the return and the use of 26 27 such drugs to fill other prescriptions. Sec. 58.9. The administrative officer of a facility of the 28 29 **Division must:** 1. Be selected on the basis of training and demonstrated 30 administrative qualities of leadership in any one of the fields of 31 psychiatry, medicine, psychology, social work, education or 32 administration. 33 2. Be appointed on the basis of merit as measured by 34 administrative training or experience in programs relating to 35 intellectual disabilities, including care and treatment of persons 36 with intellectual disabilities and persons with related conditions. 37 Sec. 59. The administrative officers have the following 38 powers and duties, subject to the administrative supervision of the 39 Administrator: 40 1. To exercise general supervision of and establish 41 42 regulations for the government of the facilities designated by the 43 Administrator: 44 To be responsible for and supervise the fiscal affairs and 2. 45 responsibilities of the facilities designated by the Administrator;

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1 3. To appoint such medical, technical, clerical and 2 operational staff as the execution of his or her duties, the care and 3 treatment of consumers and the maintenance and operation of the 4 facilities designated by the Administrator may require;

5 4. To make reports to the Administrator, and to supply the 6 Administrator with material on which to base proposed legislation;

7 5. To keep complete and accurate records of all proceedings, 8 record and file all bonds and contracts, and assume responsibility 9 for the custody and preservation of all papers and documents 10 pertaining to his or her office;

11 6. To inform the public in regard to the activities and 12 operation of the facilities;

13 7. To invoke any legal, equitable or special procedures for 14 the enforcement of his or her orders or the enforcement of the 15 provisions of this chapter and other statutes governing the 16 facilities;

17 8. To submit an annual report to the Administrator on 18 the condition, operation, functioning and anticipated needs of the 19 facilities; and

20 9. To assume responsibility for the nonmedical care and 21 treatment of consumers if that responsibility has not been 22 delegated.

23 Sec. 59.2. Except as otherwise provided in NRS 284.143, an 24 administrative officer shall devote his or her entire time to the 25 duties of his or her position and shall have no other gainful 26 employment or occupation, but the administrative officer may 27 attend seminars, act as a consultant and give lectures relating to 28 his or her profession and accept appropriate stipends for the 29 seminars, consultations and lectures.

Sec. 59.3. The medical director of a division facility may 30 order the transfer to a hospital of the Department of Veterans 31 Affairs or other facility of the United States Government any 32 admitted consumer eligible for treatment therein. If the consumer 33 in any manner objects to the transfer, the medical director of the 34 facility shall enter the objection and a written justification of 35 the transfer in the consumer's record and forward a notice of the 36 objection to the Administrator, and the Commission on Behavioral 37 Health shall review the transfer pursuant to subsections 2 and 3 of 38 39 section 58.47 of this act.

40 Sec. 59.4. 1. If any person involuntarily court-admitted to 41 any division facility is found by the court not to be a resident of 42 this State and to be a resident of another state, the person may be 43 transferred to the state of his or her residence pursuant to section 44 57 of this act if an appropriate institution of that state is willing to 45 accept the person.





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

3 Sec. 59.45. 1. When a person is admitted to a division facility or hospital under one of the various forms of admission 4 prescribed by law, the parent or legal guardian of a person with an 5 intellectual disability or person with a related condition who is a 6 minor or the husband or wife of a person with an intellectual 7 disability or person with a related condition, if of sufficient ability, 8 and the estate of the person with an intellectual disability or 9 10 person with a related condition, if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person with 11 an intellectual disability or person with a related condition, 12 including treatment and surgical operations, in any hospital in 13 which the person is hospitalized under the provisions of this 14 15 chapter:

16 (a) To the administrative officer if the person is admitted to a 17 division facility; or

(b) In all other cases, to the hospital rendering the service.

19 2. If a person or an estate liable for the care, maintenance 20 and support of a committed person neglects or refuses to pay the 21 administrative officer or the hospital rendering the service, the 22 State is entitled to recover, by appropriate legal action, all money 23 owed to a division facility or which the State has paid to a hospital 24 for the care of a committed person, plus interest at the rate 25 established pursuant to NRS 99.040.

Sec. 59.5. 1. The administrative officers of the respective 26 27 division facilities may enter into special agreements secured by properly executed bonds with the relatives, guardians or friends of 28 29 consumers who are adjudicated to be consumers with mental incompetence for subsistence, care or other expenses of such 30 consumers. Each agreement and bond must be to the State of 31 32 Nevada and any action to enforce the agreement or bond may be 33 brought by the administrative officer.

2. Financially responsible relatives pursuant to section 59.45 34 35 of this act and the guardian of the estate of a consumer may, from time to time, pay money to the division facility for the future 36 personal needs of the consumer with mental incompetence and for 37 the consumer's burial expenses. Money paid pursuant to this 38 subsection must be credited to the consumer in the consumers' 39 personal deposit fund established pursuant to section 58.57 of this 40 41 act.

42 Sec. 59.6. 1. If the consumer, his or her responsible 43 relative pursuant to section 59.45 of this act, guardian or the 44 estate neglects or refuses to pay the cost of treatment to the 45 division facility rendering service pursuant to the fee schedule





established under section 55.4 of this act, the State is entitled to
 recover by appropriate legal action all sums due, plus interest.

3 2. Before initiating such legal action, the division facility 4 shall demonstrate efforts at collection, which may include 5 contractual arrangements for collection through a private 6 collection agency.

Sec. 59.7. The expense of diagnostic, medical and surgical 7 services furnished to a consumer admitted to a division facility by 8 a person not on the staff of the facility, whether rendered while the 9 consumer is in a general hospital, an outpatient of a general 10 hospital or treated outside any hospital, must be paid by the 11 consumer, the guardian or relatives responsible pursuant to 12 13 section 59.45 of this act for the consumer's care. In the case of an 14 indigent consumer or a consumer whose estate is inadequate to pay the expenses, the expenses must be charged to the county from 15 which the admission to the division facility was made, if the 16 consumer had, before admission, been a resident of that county. 17 The expense of such diagnostic, medical and surgical services 18 19 must not in any case be a charge against or paid by the State of Nevada, except when, in the opinion of the administrative officer 20 of the division facility to which the consumer is admitted, payment 21 should be made for nonresident indigent consumers and money is 22 authorized pursuant to section 54.6 of this act and the money is 23 authorized in approved budgets. 24

Sec. 60. NRS 435.007 is hereby amended to read as follows:
 435.007 As used in this chapter, unless the context otherwise
 requires:

28 1. "Administrative officer" means a person with overall 29 executive and administrative responsibility for those state or 30 nonstate intellectual disability centers designated by the 31 Administrator.

2. "Administrator" means the Administrator of the Division.

33 3. "Child" means any person under the age of 18 years who
34 may be eligible for [mental retardation] intellectual disabilities
35 services or services for a related condition.

36 **[2.]** 4. "Department" means the Department of Health and 37 Human Services.

5. "Director of the Department" means the administrative
head of the Department.

40 6. "Division" means the Aging and Disability Services 41 Division of the Department.

42 7. "Division facility" means any unit or subunit operated by 43 the Division for the care, treatment and training of consumers.

44 8. "Intellectual disability" means significantly subaverage 45 general intellectual functioning existing concurrently with deficits





in adaptive behavior and manifested during the developmental 1 2 period. "Intellectual disability center" means an organized 3 9. program for providing appropriate services and treatment to 4 persons with intellectual disabilities and persons with related 5 6 conditions. An intellectual disability center may include facilities 7 for residential treatment and training. 10. "Medical director" means the chief medical officer of any 8 9 program of the Division for persons with intellectual disabilities 10 and persons with other related conditions. 11. "Mental illness" has the meaning ascribed to it in 11 12 NRS 433.164. 13 12. "Parent" means the parent of a child. The term does not 14 include the parent of a person who has attained the age of 18 years. 15 13.1 13. "Person" includes a child and any other consumer with 16 mental retardation or a related condition who has attained the age of 17 18 years. [4.] 14. "Person professionally qualified in the field of 18 psychiatric mental health" has the meaning ascribed to it in 19 20 NRS 433.209. 21 15. "Persons with related conditions" means persons who 22 have a severe, chronic disability which: 23 (a) Is attributable to: 24 (1) Cerebral palsy or epilepsy; or 25 (2) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition 26 results in impairment of general intellectual functioning or 27 adaptive behavior similar to that of a person with an intellectual 28 29 disability and requires treatment or services similar to those 30 required by a person with an intellectual disability; 31 (b) Is manifested before the person affected attains the age of 32 22 years; 33 (c) Is likely to continue indefinitely; and 34 (d) Results in substantial functional limitations in three or 35 more of the following areas of major life activity: 36 (1) Taking care of oneself; (2) Understanding and use of language; 37 (3) Learning; 38 (4) Mobility; 39 (5) Self-direction; and 40 41 (6) Capacity for independent living. 42 "Residential facility for groups" means a structure similar *16*. to a private residence which will house a small number of persons in 43 44 a homelike atmosphere.





1 17. "Training" means a program of services directed 2 primarily toward enhancing the health, welfare and development 3 of persons with intellectual disabilities and persons with related 4 conditions through the process of providing those experiences that 5 will enable the person to:

6 (a) Develop his or her physical, intellectual, social and 7 emotional capacities to the fullest extent;

8 (b) Live in an environment that is conducive to personal 9 dignity; and

10 (c) Continue development of those skills, habits and attitudes 11 essential to adaptation in contemporary society.

12 18. "Treatment" means any combination of procedures or 13 activities, of whatever level of intensity and whatever duration, 14 ranging from occasional counseling sessions to full-time 15 admission to a residential facility.

Sec. 60.3. NRS 435.081 is hereby amended to read as follows: 435.081 1. The Administrator or the Administrator's

435.081 1. The Administrator or the Administrator's
designee may receive a person with [mental retardation] an *intellectual disability* or a person with a related condition of this
State for services in a facility operated by the Division if:

(a) The person is a person with [mental retardation as defined in
 NRS 433.174] an intellectual disability or is a person with a related
 condition and is in need of institutional training and treatment;

(b) Space is available which is designed and equipped to provideappropriate care for the person;

26 (c) The facility has or can provide an appropriate program of 27 training and treatment for the person; and

(d) There is written evidence that no less restrictive alternative isavailable in the person's community.

2. A person with [mental retardation] an intellectual disability or a person with a related condition may be accepted at a division facility for emergency evaluation when the evaluation is requested by a court. A person must not be retained pursuant to this subsection for more than 10 working days.

35 3. A court may order that a person with [mental retardation] an 36 *intellectual disability* or a person with a related condition be admitted to a division facility if it finds that admission is necessary 37 because of the death or sudden disability of the parent or guardian of 38 39 the person. The person must not be retained pursuant to this 40 subsection for more than 45 days. Before the expiration of the 45-41 day period, the Division shall report to the court its recommendations for placement or treatment of the person. If less 42 restrictive alternatives are not available, the person may be admitted 43 44 to the facility using the procedures for voluntary or involuntary 45 admission, as appropriate.





1 4. A child may be received, cared for and examined at a division facility for *[the mentally retarded]* persons with intellectual 2 disabilities or persons with related conditions for not more than 10 3 4 working days without admission, if the examination is ordered by a court having jurisdiction of the minor in accordance with the 5 6 provisions of NRS 62E.280 and subsection 1 of NRS 432B.560. At 7 the end of the 10 days, the Administrator or the Administrator's 8 designee shall report the result of the examination to the court and 9 shall detain the child until the further order of the court, but not to 10 exceed 7 days after the Administrator's report.

11 5. The parent or guardian of a person believed to be a person 12 with *[mental retardation] an intellectual disability* or a person with 13 a related condition may apply to the administrative officer of a 14 division facility to have the person evaluated by personnel of the 15 Division who are experienced in the diagnosis of *Imental* retardation] intellectual disabilities and related conditions. The 16 17 administrative officer may accept the person for evaluation without 18 admission.

6. If, after the completion of an examination or evaluation pursuant to subsection 4 or 5, the administrative officer finds that the person meets the criteria set forth in subsection 1, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

7. If, at any time, the parent or guardian of a person admitted to 24 25 a division facility on a voluntary basis, or the person himself or herself if the person has attained the age of 18 years, requests in 26 writing that the person be discharged, the administrative officer 27 shall discharge the person. If the administrative officer finds that 28 discharge from the facility is not in the person's best interests, the 29 30 administrative officer may initiate proceedings for involuntary admission, but the person must be discharged pending those 31 32 proceedings.

Sec. 60.7. NRS 435.227 is hereby amended to read as follows:

435.227 Before being issued a certificate by the Division
 pursuant to NRS 435.225 and annually thereafter as a condition of
 certification, an organization must:

Be on file and in good standing with the Secretary of State
 In the secretary of State and organized pursuant to title 7 of
 NRS;

2. Submit to the Division an annual audit of the financial
statements of the organization that is conducted by an independent
certified public accountant; and

3. Submit to the Division the most recent federal tax return of
the organization, including, without limitation, Form 990, or its
successor form, and the Schedule L and Schedule R of such return,



or the successor forms of such schedules, which include an 1 2 itemization of:

(a) Any transaction during the federal tax year of the 3 4 organization in which an economic benefit is provided by the organization to a director, officer or board member of the 5 organization, or any other person who has substantial influence over 6 7 the organization, and in which the value of the economic benefit 8 provided by the organization exceeds the value of the consideration 9 received by the organization;

10 (b) Any loans to or from the organization which are received by 11 or from a director, officer or board member of the organization, a 12 person who has substantial influence over the organization or a 13 family member of such director, officer, board member or person 14 and which remain outstanding at the end of the federal tax year of 15 the organization:

16 (c) Any grants or other assistance from the organization during 17 the federal tax year of the organization which benefit a director, 18 officer or board member of the organization, a person who has 19 substantial influence over the organization or a family member of 20 such director, officer, board member or person;

21 (d) Business transactions during the federal tax year of the 22 organization between the organization and a director, officer or board member of the organization, a person who has substantial 23 24 influence over the organization or a family member of such director, 25 officer, board member or person which exceed, in the aggregate, 26 \$100,000, or a single business transaction that exceeds \$10,000; and

27 (e) All related party transactions including, without limitation, 28 the receipt of interest, royalties, annuities or rent, the sale or 29 purchase of assets or services, the sharing of facilities, equipment or 30 employees, and the transfer of cash or property. 31

Sec. 61. NRS 435.350 is hereby amended to read as follows:

32 435.350 1. Each person with *[mental retardation]* an 33 *intellectual disability* and each person with a related condition admitted to a division facility is entitled to all rights enumerated in 34 35 NRS 433.482, 433.484 and 433.545 to 433.551, inclusive H, and sections 58.17 and 58.2 of this act. 36

37 The Administrator shall designate a person or persons to be 2. responsible for establishment of regulations relating to denial of 38 rights of persons with [mental retardation] an intellectual disability 39 and persons with related conditions. The person designated shall file 40 41 the regulations with the Administrator.

3. Consumers' rights specified in NRS 433.482 and 433.484 42 43 and sections 58.17 and 58.2 of this act may be denied only for 44 cause. Any denial of such rights must be entered in the consumer's 45 treatment record, and notice of the denial must be forwarded to the





Administrator's designee or designees as provided in subsection 2. 1

2 Failure to report denial of rights by an employee may be grounds for 3 dismissal.

Upon receipt of notice of a denial of rights as provided in 4 4. 5 subsection 3, the Administrator's designee or designees shall cause 6 a full report to be prepared which sets forth in detail the factual 7 circumstances surrounding the denial. A copy of the report must be sent to the Administrator and the Commission H on Behavioral 8 Health. 9

10 5. The Commission on **Behavioral Health** has such powers and duties with respect to reports of denial of rights as are 11 enumerated for the Commission on Behavioral Health in 12 subsection 3 of [NRS 433.534.] section 58.47 of this act. 13

Sec. 61.5. NRS 436.123 is hereby amended to read as follows:

436.123 The [Division] Department is designated as the 15 16 official state agency responsible for developing and administering preventive and outpatient mental health services . [, subject to 17 administrative supervision by the Director of the Department. It] 18 *The Department* shall function in the following areas: 19

1. Assisting and consulting with local health authorities in 20 21 providing community mental health services, which services may 22 include prevention, rehabilitation, case finding, diagnosis and treatment of persons with mental illness, and consultation and 23 24 education for groups and individuals regarding mental health.

25 Coordinating mental health functions with other state 2. 26 agencies.

27 Participating in and promoting the development of facilities 3. 28 for training personnel necessary for implementing such services.

29 Collecting and disseminating information pertaining to 4. 30 mental health.

31 5. Performing such other acts as are necessary to promote 32 mental health in the State.

33 Sec. 62. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 63, 64 and 65 of this act. 34 35

Sec. 63. The Chief Medical Officer must:

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1. Be a citizen of the United States;

Have not less than 5 years' experience in behavioral health 37 *2*. 38 or public health in a managerial or supervisory capacity; and

39 *3. Be*:

(a) Licensed in good standing or eligible for a license as a 40 41 physician or administrative physician in Nevada;

(b) Licensed in good standing or eligible for a license as a 42 physician or administrative physician in the District of Columbia 43 44 or in any state or territory of the United States; or





1	(c) A physician or administrative physician who has a master's
2	degree or doctoral degree in public health or a related field.
3	Sec. 64. 1. The Director shall appoint a Chief Medical
4	Officer.
5	2. The Chief Medical Officer is in the unclassified service of
6	the State and serves at the pleasure of the Director.
7	Sec. 65. The Chief Medical Officer shall:
8	1. Oversee the operation of facilities and centers established
9	pursuant to title 39 of NRS.
10	2. Direct the work of subordinates and may authorize them to
11	act in his or her place and stead.
12	3. Perform such other duties as the Director may, from time
13	to time, prescribe.
14	→ If the Chief Medical Officer is not licensed to practice medicine
15	in this State, he or she shall not, in carrying out the duties of the
16	Chief Medical Officer, engage in the practice of medicine.
17	Sec. 66. NRS 439.005 is hereby amended to read as follows:
18	439.005 As used in this chapter, unless the context requires
19	otherwise:
20	1. "Administrator" means the Administrator of the [Health]
21	Division.
22	2. "Department" means the Department of Health and Human
23	Services.
24	3. "Director" means the Director of the Department.
25	4. "Division" means the Division of Public and Behavioral
26	Health of the Department.
27	5. "Health authority" means the officers and agents of the
28	[Health] Division or the officers and agents of the local boards of
29	health.
30	[5. "Health Division" means the Health Division of the
31	Department.]
32	6. "Individually identifiable health information" has the
33	meaning ascribed to it in 45 C.F.R. § 160.103.
34	Sec. 67. NRS 439.010 is hereby amended to read as follows:
35	439.010 Except as otherwise provided in NRS 439.581 to
36	439.595, inclusive, the provisions of this chapter must be
37	administered by the Administrator and the [Health] Division, subject
38	to administrative supervision by the Director.
39	Sec. 68. NRS 439.015 is hereby amended to read as follows:
40	439.015 The Department, through the [Health] Division, may
41	accept and direct the disbursement of money appropriated by any
42	Act of Congress and apportioned or allocated to the State of Nevada
43	for health purposes. This federal money must be deposited in the
44	State Treasury for credit to the State [Health] Division of Public



1 and Behavioral Health Federal Account within the State General 2 Fund.

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Sec. 69. (Deleted by amendment.)

4 Sec. 69.5. NRS 439.110 is hereby amended to read as follows:

5 439.110 1. Except as otherwise provided in subsection 2 and 6 NRS 284.143, the [State Health] *Chief Medical* Officer shall devote 7 his or her full time to the official duties of the [State Health] Chief 8 *Medical* Officer and shall not engage in any other business or 9 occupation.

10 2. Notwithstanding the provisions of NRS 281.127, the **State** Health Chief Medical Officer may cooperate with the Nevada 11 12 System of Higher Education in the preparation and teaching of preservice professional workers in public health and in a program 13 14 providing additional professional preparation for *behavioral health* 15 workers and public health workers employed by the State of 16 Nevada.

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Sec. 70. NRS 439.130 is hereby amended to read as follows:

439.130 1. The [State Health] Chief Medical Officer shall:

19 (a) Enforce all laws and regulations pertaining to the public 20 health.

21 (b) Investigate causes of disease, epidemics, source of mortality, 22 nuisances affecting the public health, and all other matters related to 23 the health and life of the people, and to this end the [State Health] 24 *Chief Medical* Officer may enter upon and inspect any public or 25 private property in the State.

(c) Direct the work of subordinates and may authorize them to 26 27 act in his or her place and stead.

28 (d) Except as otherwise provided in subsection 5 of NRS 29 439.970, perform the duties prescribed in NRS 439.950 to 439.983, 30 inclusive

31 (e) Perform such other duties as the Director may, from time to 32 time, prescribe.

33 → If the [State Health] Chief Medical Officer is not licensed to practice medicine in this State, he or she shall not, in carrying out 34 35 the duties of the **State Health** Chief Medical Officer, engage in the practice of medicine. 36

37 The Administrator shall direct the work of the *Health* 2. 38 Division, administer the Division and perform such other duties as 39 the Director may, from time to time, prescribe.

Sec. 71. NRS 439.150 is hereby amended to read as follows:

41 439.150 1. The State Board of Health is hereby declared to be supreme in all nonadministrative health matters. It has general 42 43 supervision over all matters, except for administrative matters and 44 as otherwise provided in NRS 439.950 to 439.983, inclusive, 45 relating to the preservation of the health and lives of citizens of this





State and over the work of the [State Health] Chief Medical Officer
 and all district, county and city health departments, boards of health
 and health officers.

4 2. The Department is hereby designated as the agency of this 5 State to cooperate with the federal authorities in the administration 6 of those parts of the Social Security Act which relate to the general promotion of public health. It may receive and expend all money 7 8 made available to the [Health] Division by the Federal Government, 9 the State of Nevada or its political subdivisions, or from any other source, for the purposes provided in this chapter. In developing and 10 11 revising any state plan in connection with federal assistance for 12 health programs, the Department shall consider, without limitation, 13 the amount of money available from the Federal Government for 14 those programs, the conditions attached to the acceptance of that 15 money and the limitations of legislative appropriations for those 16 programs.

17 3. Except as otherwise provided in NRS 576.128, the State 18 Board of Health may set reasonable fees for the:

(a) Licensing, registering, certifying, inspecting or granting of
 permits for any facility, establishment or service regulated by the
 Health Division;

(b) Programs and services of the [Health] Division;

(c) Review of plans; and

(d) Certification and licensing of personnel.

 \Rightarrow Fees set pursuant to this subsection must be calculated to produce for that period the revenue from the fees projected in the budget approved for the [Health] Division by the Legislature.

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Sec. 72. NRS 439.2794 is hereby amended to read as follows: 439.2794 1. The [Health] Division may:

(a) Enter into contracts for any services necessary to carry out or
assist the [Health] Division in carrying out the provisions of NRS
439.271 to 439.2794, inclusive, with public or private entities that
have the appropriate expertise to provide such services;

(b) Apply for and accept any gift, donation, bequest, grant or
other source of money to carry out the provisions of NRS 439.271
to 439.2794, inclusive;

(c) Apply for any waiver from the Federal Government that may
be necessary to maximize the amount of money this State may
obtain from the Federal Government to carry out the provisions of
NRS 439.271 to 439.2794, inclusive; and

41 (d) Adopt regulations as necessary to carry out and administer 42 the Program.

43 2. Any money that is accepted by the [Health] Division
44 pursuant to subsection 1 must be deposited in the State Treasury and
45 accounted for separately in the State General Fund.





1 3. The Administrator shall administer the account created 2 pursuant to subsection 2. Money in the account does not lapse to the 3 State General Fund at the end of the fiscal year. The interest and 4 income earned on the money in the account must be credited to the 5 account. Any claims against the account must be paid as other 6 claims against the State are paid.

Sec. 73. NRS 439.340 is hereby amended to read as follows:

439.340 The county board of health shall be subject to the
supervision of the [Health] Division, and shall make such reports to
the [Health] Division as the State Board of Health may require.

Sec. 74. NRS 439.4905 is hereby amended to read as follows:

12 439.4905 1. Unless an exemption is approved pursuant to 13 subsection 3, each county shall pay an assessment to the *Health* 14 Division, in an amount determined by the [Health] Division, for the 15 costs of services provided in that county by the *Health* Division or 16 by the [State Health] Chief Medical Officer, including, without 17 limitation, services provided pursuant to this chapter and chapters 18 441A, 444, 446 and 583 of NRS and the regulations adopted 19 pursuant to those chapters, regardless of whether the county has a 20 local health authority.

21 2. Each county shall pay the assessment to the [Health] 22 Division in quarterly installments that are due on the first day of the 23 first month of each calendar quarter.

24 3. A county may submit a proposal to the Governor for the 25 county to carry out the services that would otherwise be provided by the [Health] Division or the [State Health] Chief Medical Officer 26 pursuant to this chapter and chapters 441A, 444, 446 and 583 of 27 28 NRS and the regulations adopted pursuant to those chapters. If the 29 Governor approves the proposal, the Governor shall submit a 30 recommendation to the Interim Finance Committee to exempt the 31 county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation 32 33 from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to 34 approve the exemption, the Interim Finance Committee shall 35 36 consider, among other things, the best interests of the State, the 37 effect of the exemption and the intent of the Legislature in requiring 38 the assessment to be paid by each county.

4. An exemption that is approved by the Interim Finance
Committee pursuant to subsection 3 must not become effective until
at least 6 months after that approval.

42 5. A county that receives approval pursuant to subsection 3 to 43 carry out the services that would otherwise be provided by the 44 [Health] Division or the [State Health] Chief Medical Officer 45 pursuant to this chapter and chapters 441A, 444, 446 and 583 of



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1 NRS and the regulations adopted pursuant to those chapters shall 2 carry out those services in the manner set forth in those chapters and 3 regulations. 4 The [Health] Division may adopt such regulations as 6.

5 necessary to carry out the provisions of this section. 6

Sec. 75. NRS 439.494 is hereby amended to read as follows:

439.494 The [Health] Division may: 1.

(a) Enter into contracts for any service necessary to carry out the 8 9 provisions of NRS 439.491 to 439.494, inclusive; and

10 (b) Apply for and accept gifts, grants, donations and bequests 11 from any source to carry out the provisions of NRS 439.491 to 12 439.494, inclusive.

13 Any money collected pursuant to subsection 1 and any 2. 14 money appropriated to carry out the provisions of NRS 439.491 to 15 439.494. inclusive:

(a) Must be deposited in the State Treasury and accounted for 16 17 separately in the State General Fund; and

18 (b) Except as otherwise provided by the terms of a specific gift, 19 grant, donation or bequest, must only be expended to carry out the 20 provisions of NRS 439.491 to 439.494, inclusive.

21 3. The Administrator shall administer the account. Any interest 22 or income earned on the money in the account must be credited to 23 the account.

24 4. Any claims against the account must be paid as other claims 25 against the State are paid.

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Sec. 76. NRS 439.507 is hereby amended to read as follows:

439.507 1. The *[Health]* Division may:

28 (a) Within the limitations of available funding, enter into 29 contracts for any services necessary to carry out or assist the 30 [Health] Division in carrying out NRS 439.501 to 439.507, 31 inclusive, with public or private entities that have the appropriate 32 expertise to provide such services;

33 (b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of NRS 439.501 34 to 439.507, inclusive; and 35

36 (c) Apply for any waiver from the Federal Government that may 37 be necessary to maximize the amount of money this state may obtain from the Federal Government to carry out the provisions of 38 39 NRS 439.501 to 439.507, inclusive.

Any money that is appropriated to carry out the provisions 40 2. 41 of NRS 439.501 to 439.507, inclusive:

(a) Must be deposited in the State Treasury and accounted for 42 43 separately in the State General Fund; and

44 (b) May only be used to carry out those provisions.





The Administrator shall administer the account. Any interest 1 3. 2 or income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other 3 claims against the State are paid. 4 5

Sec. 77. NRS 439.527 is hereby amended to read as follows:

439.527 1. There is hereby created the Committee on Co-6 Occurring Disorders. The Committee consists of: 7

(a) The Administrator, for the Division of Mental Health and 8 Developmental Services of the Department, who is an ex officio 9 member of the Committee; and 10

(b) Fourteen members appointed by the Governor.

The Governor shall appoint to the Committee: 2.

13 (a) One member who is a psychiatrist licensed to practice medicine in this State and certified by the American Board of 14 15 Psychiatry and Neurology;

(b) One member who is a physician licensed pursuant to chapter 16 630 or 633 of NRS who is certified as an addictionologist by the 17 American Society of Addiction Medicine; 18

(c) One member who is a psychologist licensed to practice in 19 20 this State:

(d) One member who is licensed as a marriage and family 21 22 therapist in this State;

(e) One member who is licensed as a clinical social worker in 23 24 this State: 25

(f) One member who is a district judge in this State;

(g) One member who is a representative of the Nevada System 26 27 of Higher Education:

(h) One member who is a representative of a state or local 28 29 criminal justice agency;

(i) One member who is a representative of a hospital or mental 30 31 health facility in this State;

(j) One member who is a member of the Nevada Mental Health 32 33 Planning Advisory Council;

(k) One member who is a representative of a program relating to 34 mental health and the treatment of the abuse of alcohol or drugs in 35 36 this State:

37 (1) One member who is a policy analyst in the field of mental 38 health, substance abuse or criminal justice;

39 (m) One member who is a representative of persons who have used services relating to mental health, substance abuse or criminal 40 41 justice in this State; and

42 (n) One member who is an immediate family member of a person who has used services relating to mental health, substance 43 44 abuse or criminal justice in this State.



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1 3. The members of the Committee shall elect a Chair and Vice 2 Chair by a majority vote. After the initial election, the Chair and 3 Vice Chair shall hold office for a term of 1 year beginning on 4 October 1 of each year. If a vacancy occurs in the office of the 5 Chair, the members of the Committee shall elect a Chair from 6 among its members for the remainder of the unexpired term.

7 4. After the initial terms, each member of the Committee who 8 is appointed serves for a term of 4 years. A member may be 9 reappointed.

10 5. A vacancy on the Committee must be filled in the same manner as the original appointment.

6. Each member of the Committee:

(a) Serves without compensation; and

(b) While engaged in the business of the Committee, is entitled
to receive the per diem allowance and travel expenses provided for
state officers and employees generally.

17 7. Each member of the Committee who is an officer or 18 employee of the State or a local government must be relieved from his or her duties without loss of his or her regular compensation to 19 20 prepare for and attend meetings of the Committee and perform any 21 work necessary to carry out the duties of the Committee in the most 22 timely manner practicable. A state agency or local government shall not require an officer or employee who is a member of the 23 24 Committee to make up the time the member is absent from work to 25 carry out his or her duties as a member, and shall not require the 26 member to take annual vacation or compensatory time for the 27 absence.

8. The members of the Committee shall meet at least quarterly
and at the times and places specified by a call of the Chair or a
majority of the members of the Committee.

9. Eight members of the Committee constitute a quorum. The
affirmative vote of a majority of the Committee members present is
sufficient for any action of the Committee.

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Sec. 78. NRS 439.570 is hereby amended to read as follows:

439.570 1. When the health authority deems it necessary, 35 the health authority shall report cases of violation of any of the 36 37 provisions of this chapter or of provisions of law requiring the immunization of children in public schools, private schools and 38 child care facilities, to the district attorney of the county, with a 39 statement of the facts and circumstances. When any such case is 40 41 reported to the district attorney by the health authority, the district 42 attorney shall forthwith initiate and promptly follow up the 43 necessary court proceedings against the person or corporation 44 responsible for the alleged violation of law.





1 2. Upon request of the [Health] Division, the Attorney General 2 shall assist in the enforcement of the provisions of this chapter and 3 provisions of law requiring the immunization of children in public 4 schools, private schools and child care facilities.

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Sec. 79. NRS 439.580 is hereby amended to read as follows:

6 439.580 1. Any local health officer or a deputy of a local 7 health officer who neglects or fails to enforce the provisions of this 8 chapter in his or her jurisdiction, or neglects or refuses to perform 9 any of the duties imposed upon him or her by this chapter or by the 10 instructions and directions of the [Health] Division shall be 11 punished by a fine of not more than \$250.

12 2. Each person who violates any of the provisions of this 13 chapter or refuses or neglects to obey any lawful order, rule or 14 regulation of the:

(a) State Board of Health or violates any rule or regulation
approved by the State Board of Health pursuant to NRS 439.350,
439.366, 439.410 and 439.460; or

18 (b) Director adopted pursuant to NRS 439.538 or 439.581 to 19 439.595, inclusive,

20 \rightarrow is guilty of a misdemeanor.

Sec. 80. NRS 439.885 is hereby amended to read as follows:

439.885 1. If a medical facility:

(a) Commits a violation of any provision of NRS 439.800 to
439.890, inclusive, or for any violation for which an administrative
sanction pursuant to NRS 449.163 would otherwise be applicable;
and

27 (b) Of its own volition, reports the violation to the 28 Administrator,

29 \rightarrow such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a medical facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, and does not, of its own volition, report the violation to the Administrator, the [Health] Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report a sentinel event, in an amount not to
exceed \$100 per day for each day after the date on which the
sentinel event was required to be reported pursuant to NRS 439.835;

(b) For failure to adopt and implement a patient safety plan
pursuant to NRS 439.865, in an amount not to exceed \$1,000 for
each month in which a patient safety plan was not in effect; and

42 (c) For failure to establish a patient safety committee or failure 43 of such a committee to meet pursuant to the requirements of NRS 44 439.875, in an amount not to exceed \$2,000 for each violation of 45 that section.





1 3. Before the [Health] Division imposes an administrative 2 sanction pursuant to subsection 2, the *Health* Division shall provide the medical facility with reasonable notice. The notice must 3 contain the legal authority, jurisdiction and reasons for the action to 4 be taken. If a medical facility wants to contest the action, the facility 5 6 may file an appeal pursuant to the regulations of the State Board of 7 Health adopted pursuant to NRS 449.165 and 449.170. Upon 8 receiving notice of an appeal, the [Health] Division shall hold a 9 hearing in accordance with those regulations.

4. An administrative sanction collected pursuant to this section must be accounted for separately and used by the [Health] Division to provide training and education to employees of the [Health] Division, employees of medical facilities and members of the general public regarding issues relating to the provision of quality and safe health care.

Sec. 80.5. NRS 439.970 is hereby amended to read as follows:

17 439.970 1. Except as otherwise provided in chapter 414 of 18 NRS, if a health authority identifies within its jurisdiction a public 19 health emergency or other health event that is an immediate threat to 20 the health and safety of the public in a health care facility or the 21 office of a provider of health care, the health authority shall 22 immediately transmit to the Governor a report of the immediate 23 threat.

24 2. Upon receiving a report pursuant to subsection 1, the 25 Governor shall determine whether a public health emergency or 26 other health event exists that requires a coordinated response for the 27 health and safety of the public. If the Governor determines that a 28 public health emergency or other health event exists that requires 29 such a coordinated response, the Governor shall issue an executive 30 order:

(a) Stating the nature of the public health emergency or otherhealth event;

(b) Stating the conditions that have brought about the public
health emergency or other health event, including, without
limitation, an identification of each health care facility or provider
of health care, if any, related to the public health emergency or other
health event;

(c) Stating the estimated duration of the immediate threat to thehealth and safety of the public; and

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(d) Designating an emergency team comprised of:

41 (1) The [State Health] *Chief Medical* Officer or a person 42 appointed pursuant to subsection 5, as applicable; and

43 (2) Representatives of state agencies, divisions, boards and
44 other entities, including, without limitation, professional licensing
45 boards, with authority by statute to govern or regulate the health





care facilities and providers of health care identified as being related
 to the public health emergency or other health event pursuant to
 paragraph (b).

4 3. If additional state agencies, divisions, boards or other 5 entities are identified during the course of the response to the public 6 health emergency or other health event as having authority 7 regarding a health care facility or provider of health care that is 8 related to the public health emergency or other health event, the 9 Governor shall direct that agency, division, board or entity to 10 appoint a representative to the emergency team.

11 4. The [State Health] Chief Medical Officer or a person 12 appointed pursuant to subsection 5, as applicable, is the chair of the 13 emergency team.

5. If the [State Health] Chief Medical Officer has a conflict of 14 15 interest relating to a public health emergency or other health event 16 or is otherwise unable to carry out the duties prescribed pursuant to 17 NRS 439.950 to 439.983, inclusive, the Director shall temporarily 18 appoint a person to carry out the duties of the [State Health] Chief 19 *Medical* Officer prescribed in NRS 439.950 to 439.983, inclusive, 20 until such time as the public health emergency or other health event has been resolved or the [State Health] Chief Medical Officer is 21 able to resume those duties. The person appointed by the Director 22 23 must meet the requirements prescribed by **subsection 1 of NRS** 24 439.090.] section 63 of this act.

25 6. The Governor shall immediately transmit the executive 26 order to:

(a) The Legislature or, if the Legislature is not in session, to the
Legislative Commission and the Legislative Committee on Health
Care; and

30 (b) Any person or entity deemed necessary or advisable by the 31 Governor.

7. The Governor shall declare a public health emergency or other health event terminated before the estimated duration stated in the executive order upon a finding that the public health emergency or other health event no longer poses an immediate threat to the health and safety of the public. Upon such a finding, the Governor shall notify each person and entity described in subsection 6.

8. If a public health emergency or other health event lasts longer than the estimated duration stated in the executive order, the Governor is not required to reissue an executive order, but shall notify each person and entity identified in subsection 6.

42 9. The Attorney General shall provide legal counsel to the 43 emergency team.





Sec. 81. Chapter 439A of NRS is hereby amended by adding 1 2 thereto a new section to read as follows: "Division" means the Division of Public and Behavioral 3 4 Health of the Department. 5 **Sec. 82.** NRS 439A.100 is hereby amended to read as follows: 6 439A.100 1. Except as otherwise provided in this section, in 7 a county whose population is less than 100,000, no person may 8 undertake any proposed expenditure for new construction by or on 9 behalf of a health facility in excess of the greater of \$2,000,000 or 10 such an amount as the Department may specify by regulation, which 11 under generally accepted accounting principles consistently applied 12 is a capital expenditure, without first applying for and obtaining the 13 written approval of the Director. The *Health* Division of *Public* 14 and Behavioral Health of the Department shall not issue a new 15 license or alter an existing license for such a project unless the 16 Director has issued such an approval. 17 2. The provisions of subsection 1 do not apply to: 18 (a) Any capital expenditure for: 19 (1) The acquisition of land; (2) The construction of a facility for parking; 20 21 (3) The maintenance of a health facility; 22 (4) The renovation of a health facility to comply with 23 standards for safety, licensure, certification or accreditation; 24 (5) The installation of a system to conserve energy; 25 (6) The installation of a system for data processing or communication: or 26 27 (7) Any other project which, in the opinion of the Director. 28 does not relate directly to the provision of any health service; 29 (b) Any project for the development of a health facility that has 30 received legislative approval and authorization; or 31 (c) A project for the construction of a hospital in an 32 unincorporated town if: 33 (1) The population of the unincorporated town is more than 34 24,000; 35 (2) No other hospital exists in the town; (3) No other hospital has been approved for construction or 36 37 qualified for an exemption from approval for construction in the 38 town pursuant to this section; and 39 (4) The unincorporated town is at least a 45-minute drive 40 from the nearest center for the treatment of trauma that is licensed 41 by the **[Health]** Division of **Public and Behavioral Health** of the 42 Department. 43 → Upon determining that a project satisfies the requirements for an 44 exemption pursuant to this subsection, the Director shall issue a





certificate which states that the project is exempt from the 1 2 requirements of this section. 3

In reviewing an application for approval, the Director shall: 3.

(a) Comparatively assess applications for similar projects 4 5 affecting the same geographic area; and

6 (b) Base his or her decision on criteria established by the Director by regulation. The criteria must include: 7

8 (1) The need for and the appropriateness of the project in the 9 area to be served:

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(2) The financial feasibility of the project:

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(3) The effect of the project on the cost of health care; and

(4) The extent to which the project is consistent with the 12 13 purposes set forth in NRS 439A.020 and the priorities set forth in 14 NRS 439A.081.

15 The Department may by regulation require additional 4 16 approval for a proposed change to a project which has previously 17 been approved if the proposal would result in a change in the 18 location of the project or a substantial increase in the cost of the 19 project.

20 The decision of the Director is a final decision for the 5 purposes of judicial review. 21

As used in this section, "hospital" has the meaning ascribed 22 6. 23 to it in NRS 449.012.

Sec. 83. NRS 439A.130 is hereby amended to read as follows:

25 439A.130 As used in NRS 439A.130 to 439A.185, inclusive, and section 81 of this act, the words and terms defined in NRS 26 27 439A.135 to 439A.165, inclusive, and section 81 of this act have the meanings ascribed to them in those sections. 28

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Sec. 84. NRS 439A.135 is hereby amended to read as follows:

439A.135 "Administrator" means the Administrator of the 30 31 [Health] Division. 32

Sec. 85. NRS 439B.410 is hereby amended to read as follows:

33 439B.410 1. Except as otherwise provided in subsection 4, each hospital in this State has an obligation to provide emergency 34 35 services and care, including care provided by physicians and nurses, and to admit a patient where appropriate, regardless of the financial 36 37 status of the patient.

38 Except as otherwise provided in subsection 4, it is unlawful 2. 39 for a hospital or a physician working in a hospital emergency room 40 to:

41 (a) Refuse to accept or treat a patient in need of emergency 42 services and care; or

43 (b) Except when medically necessary in the judgment of the 44 attending physician:





1 (1) Transfer a patient to another hospital or health facility 2 unless, as documented in the patient's records:

3 (I) A determination has been made that the patient is 4 medically fit for transfer;

5 (II) Consent to the transfer has been given by the 6 receiving physician, hospital or health facility;

7 (III) The patient has been provided with an explanation of 8 the need for the transfer; and

9 (IV) Consent to the transfer has been given by the patient 10 or the patient's legal representative; or

11 (2) Provide a patient with orders for testing at another 12 hospital or health facility when the hospital from which the orders 13 are issued is capable of providing that testing.

3. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection 2 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.

4. This section does not prohibit the transfer of a patient from one hospital to another:

(a) When the patient is covered by an insurance policy or other
 contractual arrangement which provides for payment at the
 receiving hospital;

(b) After the county responsible for payment for the care of an
indigent patient has exhausted the money which may be
appropriated for that purpose pursuant to NRS 428.050, 428.285 and
450.425; or

30 (c) When the hospital cannot provide the services needed by the 31 patient.

32 \rightarrow No transfer may be made pursuant to this subsection until the 33 patient's condition has been stabilized to a degree that allows the 34 transfer without an additional risk to the patient.

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5. As used in this section:

(a) "Emergency services and care" means medical screening, 36 examination and evaluation by a physician or, to the extent 37 permitted by a specific statute, by a person under the supervision of 38 a physician, to determine if an emergency medical condition or 39 active labor exists and, if it does, the care, treatment and surgery by 40 41 a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As 42 43 used in this paragraph:

44 (1) "Active labor" means, in relation to childbirth, labor that 45 occurs when:





1 (I) There is inadequate time before delivery to transfer the 2 patient safely to another hospital; or

3 (II) A transfer may pose a threat to the health and safety 4 of the patient or the unborn child.

5 (2) "Emergency medical condition" means the presence of 6 acute symptoms of sufficient severity, including severe pain, such 7 that the absence of immediate medical attention could reasonably be 8 expected to result in:

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(I) Placing the health of the patient in serious jeopardy;

(II) Serious impairment of bodily functions; or

11 (III) Serious dysfunction of any bodily organ or part. 12 (b) "Medically fit" means that the condition of the patient has 13 been sufficiently stabilized so that the patient may be safely transported to another hospital, or is such that, in the determination 14 15 of the attending physician, the transfer of the patient constitutes an 16 acceptable risk. Such a determination must be based upon the 17 condition of the patient, the expected benefits, if any, to the patient 18 resulting from the transfer and whether the risks to the patient's 19 health are outweighed by the expected benefits, and must be 20 documented in the patient's records before the transfer.

21 If an allegation of a violation of the provisions of subsection 6 2 is made against a hospital licensed pursuant to the provisions of 22 chapter 449 of NRS, the *Health* Division of Public and 23 24 **Behavioral Health** of the Department shall conduct an investigation 25 of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, 26 27 suspension or revocation of such a license, or for the imposition of 28 any sanction prescribed by NRS 449.163.

29 7. If an allegation of a violation of the provisions of subsection30 2 is made against:

(a) A physician licensed to practice medicine pursuant to the
provisions of chapter 630 of NRS, the Board of Medical Examiners
shall conduct an investigation of the alleged violation. Such a
violation, in addition to any criminal penalties that may be imposed,
constitutes grounds for initiating disciplinary action or denying
licensure pursuant to the provisions of subsection 3 of
NRS 630.3065.

(b) An osteopathic physician licensed to practice osteopathic
medicine pursuant to the provisions of chapter 633 of NRS, the
State Board of Osteopathic Medicine shall conduct an investigation
of the alleged violation. Such a violation, in addition to any criminal
penalties that may be imposed, constitutes grounds for initiating
disciplinary action pursuant to the provisions of subsection 1 of
NRS 633.131.





Sec. 86. NRS 440.110 is hereby amended to read as follows: 1 2 440.110 The Administrator of the *Health* Division *of Public* 3 and Behavioral Health of the Department of Health and Human 4 Services is the State Registrar of Vital Statistics. 5 **Sec. 87.** NRS 441A.140 is hereby amended to read as follows: The [Health] Division of Public and Behavioral 6 441A.140 7 Health of the Department of Health and Human Services may receive any financial aid made available by any grant or other 8 9 source and shall use the aid, in cooperation with the health authority, 10 to carry out the provisions of this chapter. Sec. 88. Chapter 442 of NRS is hereby amended by adding 11 12 thereto the provisions set forth as sections 89 and 90 of this act. 13 Sec. 89. As used in this section and NRS 442.740, 442.750 14 and 442.770 and section 90 of this act, unless the context 15 otherwise requires, the words and terms defined in NRS 442.740 16 and section 90 of this act, have the meanings ascribed to them in 17 those sections. 18 Sec. 90. "Division" means the Aging and Disability Services 19 Division of the Department of Health and Human Services. Sec. 91. NRS 442.003 is hereby amended to read as follows: 20 21 442.003 As used in [this chapter.] NRS 442.003 to 442.700, 22 *inclusive*, unless the context requires otherwise: "Advisory Board" means the Advisory Board on Maternal 1 and Child Health. "Department" means the Department of Health and Human 2. Services. 27 3 "Director" means the Director of the Department. "Division" means the Division of Public and Behavioral 4. Health of the Department. "Fetal alcohol syndrome" includes fetal alcohol effects. 30 5. 15. "Health Division" means the Health Division of the Department. 6. "Laboratory" has the meaning ascribed to it in NRS 652.040. 7. "Obstetric center" has the meaning ascribed to it in NRS 449.0155. 37 8 "Provider of health care or other services" means: 38 (a) A clinical alcohol and drug abuse counselor who is licensed, or an alcohol and drug abuse counselor who is licensed or certified, pursuant to chapter 641C of NRS; (b) A physician or a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry; 45 (c) A licensed nurse;

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- 1 (d) A licensed psychologist; 2
 - (e) A licensed marriage and family therapist;
- 3 (f) A licensed clinical professional counselor;
- (g) A licensed social worker; 4
- 5 (h) A licensed dietitian; or
- (i) The holder of a certificate of registration as a pharmacist. 6 7
 - Sec. 92. NRS 442.005 is hereby amended to read as follows:

442.005 The [State Health] Chief Medical Officer and the 8 9 [Health] Division shall administer the provisions of [this chapter] 10 NRS 442.003 to 442.700, inclusive, in accordance with the regulations of the State Board of Health and subject to 11 12 administrative supervision by the Director.

Sec. 93. NRS 442.009 is hereby amended to read as follows:

14 442.009 1. Except as otherwise provided in this section, if the 15 State Board of Health requires the [Health] Division to provide for 16 the services of a laboratory to determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 17 18 442.008, the [Health] Division shall contract with a laboratory in the 19 following order of priority: 20

- (a) The State Public Health Laboratory;
 - (b) Any other qualified laboratory located within this State; or
 - (c) Any qualified laboratory located outside of this State.

23 The **Health** Division shall not contract with a laboratory in 24 a lower category of priority unless the *Health* Division determines 25 that:

26 (a) A laboratory in a higher category of priority is not capable of 27 performing all the tests required to determine the presence of certain 28 preventable or inheritable disorders in an infant pursuant to NRS 29 442.008: or

(b) The cost to the *Health* Division to contract with a 30 laboratory in a higher category of priority is not financially 31 32 reasonable or exceeds the amount of money available for that 33 purpose.

34 For the purpose of determining the category of priority of a 3. 35 laboratory only, the *[Health]* Division is not required to comply with 36 any requirement of competitive bidding or other restriction imposed 37 on the procedure for awarding a contract.

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Sec. 94. NRS 442.120 is hereby amended to read as follows:

39 442.120 The Department is hereby designated as the agency of this State to cooperate, through the [Health] Division, with the duly 40 41 constituted federal authorities in the administration of those parts of 42 the Social Security Act which relate to the maternal and child health services and the care and treatment of children with special health 43 44 care needs, and is authorized to receive and expend all funds made 45 available to the Department by the Federal Government, the State or





1 its political subdivisions, or from any other source for the purposes 2 provided in [this chapter.] NRS 442.003 to 442.700, inclusive.

Sec. 95. NRS 442.160 is hereby amended to read as follows:

The Administrator of the [Health] Division is the 4 442.160 1. 5 administrative officer of the *Health* Division with respect to the 6 administration and enforcement of: 7

(a) The provisions of NRS 442.130 to 442.170, inclusive;

(b) The plan formulated and adopted for the purposes of NRS 8 9 442.130 to 442.170, inclusive; and

10 (c) All regulations necessary thereto and adopted by the State Board of Health 11

12 The Administrator shall administer and enforce all 2 13 regulations adopted by the State Board of Health for the efficient 14 operation of the plan formulated by the State Board of Health and 15 the *Health* Division for the purposes of NRS 442.130 to 442.170, 16 inclusive.

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3. The Administrator shall:

18 (a) Maintain his or her office in Carson City, Nevada, or 19 elsewhere in the State as directed by the Director.

20 (b) Keep in his or her office all records, reports, papers, books 21 and documents pertaining to the subjects of NRS 442.130 to 22 442.170, inclusive.

23 (c) If directed by the terms of the plan or by the Director, 24 provide such medical, surgical or other services as are necessary to 25 carry out the provisions of the plan and of NRS 442.130 to 442.170, 26 inclusive.

27 The Administrator, with the assistance of the [State Health] 4 28 **Chief Medical** Officer, shall make such reports, in such form and containing such information concerning the subjects of NRS 29 442.130 to 442.170, inclusive, as required by the Secretary of 30 Health and Human Services. 31

32 5. The Administrator shall, in accordance with the rules and 33 regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited 34 35 with the State Treasurer all money allotted to this State by the Federal Government for the purposes of NRS 442.130 to 442.170, 36 37 inclusive. The Administrator shall cause to be paid out of the State 38 Treasury the money deposited for the purposes of NRS 442.130 to 39 442.170. inclusive. 40

Sec. 96. NRS 442.210 is hereby amended to read as follows:

41 442.210 1. The Administrator of the *Health* Division shall administer and enforce the provisions of NRS 442.180 to 442.220, 42 inclusive, and of the plan or plans formulated and adopted for the 43 44 purposes of NRS 442.180 to 442.220, inclusive, and all regulations 45 necessary thereto and adopted by the State Board of Health.





1 2. The Administrator shall administer and enforce all 2 regulations adopted by the State Board of Health for the efficient operation of such plan or plans formulated by the State Board of 3 Health and the [Health] Division for the purposes of NRS 442.180 4 5 to 442.220, inclusive.

6 The Administrator shall maintain his or her office in Carson 3. 7 City, Nevada, or elsewhere in the State as directed by the Director, 8 and keep therein all records, reports, papers, books and documents 9 pertaining to the subjects of NRS 442.180 to 442.220, inclusive. The 10 Administrator, when directed by the terms of any plan or plans 11 perfected, or by the Director, shall provide in such places within the 12 State such medical, surgical or other agency or agencies as may be 13 necessary to carry out the provisions of such plan or plans and of 14 NRS 442.180 to 442.220, inclusive. If the proper medical or surgical 15 services cannot be had within the State for any child with special 16 health care needs, the Secretary of the State Board of Health may 17 provide for those services in some other state.

18 4 The Administrator shall, from time to time as directed by the 19 Secretary of Health and Human Services, make reports, in such form and containing such information concerning the subjects of 20 21 NRS 442.180 to 442.220, inclusive, as the Secretary of Health and 22 Human Services requires.

The Administrator shall from time to time pursuant to the 23 5. 24 rules and regulations of the Secretary of Health and Human Services 25 and of the Secretary of the Treasury, requisition and cause to be 26 deposited with the State Treasurer all money allotted to this state by 27 the Federal Government for the purposes of NRS 442.180 to 28 442.220, inclusive. The Administrator shall cause to be paid out of 29 the State Treasury the money therein deposited for the purposes of 30 NRS 442.180 to 442.220, inclusive.

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Sec. 97. NRS 442.260 is hereby amended to read as follows:

The [Health] Division shall adopt and enforce 32 442.260 1. regulations governing the conditions under and the methods by 33 which abortions may be performed, the reasonable minimum 34 35 qualifications of a person authorized to provide the information 36 required in NRS 442.253, as well as all other aspects pertaining to 37 the performance of abortions pursuant to NRS 442.250.

The [Health] Division shall adopt and enforce regulations 38 2. 39 for a system for reporting abortions. This system must be designed 40 to preserve confidentiality of information on the identity of women 41 upon whom abortions are performed. The [Health] Division may 42 require that the following items be reported for each abortion: 43

(a) The date of the abortion;

44 (b) The place of the abortion including the city, county and 45 state;





(c) The type of facility:

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2 (d) The usual residence of the woman, including the city, county 3 and state: (e) Her age: 4 (f) Her ethnic group or race; 5 (g) Her marital status; 6 (h) The number of previous live births: 7 (i) The number of previous induced abortions; 8 (i) The duration of her pregnancy, as measured from first day of 9 last normal menses to date of abortion, and as estimated by uterine 10 size prior to performance of the abortion; 11 12 (k) The type of abortion procedure; and 13 (1) If a woman has had a previously induced abortion, the 14 information in paragraphs (a) to (\hat{k}) , inclusive, or as much thereof as 15 can be reasonably obtained, for each previous abortion. The [Health] Division may adopt regulations to permit 16 3. 17 studies of individual cases of abortion, but these studies must not be permitted unless: 18 19 (a) Absolute assurance is provided that confidentiality of information on the persons involved will be preserved; 20 (b) Informed consent of each person involved in the study is 21 22 obtained in writing; (c) The study is conducted according to established standards 23 24 and ethics: and 25 (d) The study is related to problems of health and has scientific merit with regard to both design and the importance of the problems 26 27 to be solved. **Sec. 98.** NRS 442.415 is hereby amended to read as follows: 28 29 442.415 The *[Health]* Division shall adopt regulations 30 necessary to carry out the provisions of NRS 442.400, 442.405 and 31 442.410. 32 **Sec. 99.** NRS 442.740 is hereby amended to read as follows: 442.740 [As used in NRS 442.740 to 442.770, inclusive, 33 "early] "Early intervention services" has the meaning ascribed to it 34 in 20 U.S.C. § 1432. 35 Sec. 100. NRS 442.750 is hereby amended to read as follows: 36 The [Health] Division shall ensure that the 37 442.750 1. personnel employed by the [Health] Division who provide early 38 intervention services to children with autism spectrum disorders and 39 the persons with whom the *Health* Division contracts to provide 40 41 early intervention services to children with autism spectrum 42 disorders possess the knowledge and skills necessary to serve 43 children with autism spectrum disorders, including, without 44 limitation.





(a) The screening of a child for autism spectrum disorder at the
 age levels and frequency recommended by the American Academy
 of Pediatrics, or its successor organization;

4 (b) The procedure for evaluating children who demonstrate 5 behaviors that are consistent with autism spectrum disorders, which 6 procedure must require the use of the statewide standard for 7 measuring outcomes and assessing and evaluating persons with 8 autism spectrum disorders through the age of 21 years prescribed 9 pursuant to NRS 427A.872;

10 (c) The procedure for enrolling a child in early intervention 11 services upon determining that the child has autism spectrum 12 disorder;

(d) Methods of providing support to children with autismspectrum disorders and their families; and

15 (e) The procedure for developing an individualized family 16 service plan in accordance with Part C of the Individuals with 17 Disabilities Education Act, 20 U.S.C. §§ 1431 et seq., or other 18 appropriate plan for the child.

19 2. The [Health] Division shall ensure that the personnel 20 employed by the [Health] Division to provide early intervention 21 services to children with autism spectrum disorders and the persons 22 with whom the [Health] Division contracts to provide early 23 intervention services to children with autism spectrum disorders:

(a) Possess the knowledge and understanding of the scientific
research and support for the methods and approaches for serving
children with autism spectrum disorders and the ability to recognize
the difference between an approach or method that is scientifically
validated and one that is not;

(b) Possess the knowledge to accurately describe to parents and
guardians the research supporting the methods and approaches,
including, without limitation, the knowledge necessary to provide an
explanation that a method or approach is experimental if it is not
supported by scientific evidence;

(c) Immediately notify a parent or legal guardian if a child is identified as being at risk for a diagnosis of autism spectrum disorder and refer the parent or legal guardian to the appropriate professionals for further evaluation and simultaneously refer the parent or legal guardian to any appropriate early intervention services and strategies; and

40 (d) Provide the parent or legal guardian with information on 41 evidence-based treatments and interventions that may assist the 42 child in the child's development and advancement.

3. The [Health] Division shall ensure that the personnel
employed by the [Health] Division who provide early intervention
screenings to children and the persons with whom the [Health]



Division contracts to provide early intervention screenings to 1 children perform screenings of children for autism spectrum 2 disorders at the age levels and frequency recommended by the 3 4 American Academy of Pediatrics, or its successor organization.

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4. The [Health] Division shall ensure that:

6 (a) For a child who may have autism spectrum disorder, the 7 personnel employed by the *[Health]* Division who provide early 8 intervention screenings to children and the persons with whom the 9 [Health] Division contracts to provide early intervention screenings to children use the protocol designated pursuant to NRS 427A.872 10 11 for determining whether a child has autism spectrum disorder.

12 (b) An initial evaluation of the cognitive, communicative, social, 13 emotional and behavioral condition and adaptive skill level of a 14 child with autism spectrum disorder is conducted to determine the 15 baseline of the child.

16 (c) A subsequent evaluation is conducted upon the child's 17 conclusion of the early intervention services to determine the progress made by the child from the time of his or her initial 18 19 screening.

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Sec. 101. NRS 442.770 is hereby amended to read as follows:

21 442.770 For an infant or toddler with a disability who has 22 autism spectrum disorder and is eligible for early intervention 23 services, the *[Health]* Division shall refer the infant or toddler to the 24 Autism Treatment Assistance Program established by NRS 25 427A.875 and coordinate with the Program to develop a plan of 26 treatment for the infant or toddler pursuant to that section.

27 **Sec. 102.** Chapter 444 of NRS is hereby amended by adding 28 thereto a new section to read as follows:

29 As used in this chapter, "Division" means the Division of 30 Public and Behavioral Health of the Department of Health and 31 Human Services. 32

Sec. 103. NRS 444.330 is hereby amended to read as follows:

33 444.330 1. The *[Health]* Division has supervision over the sanitation, healthfulness, cleanliness and safety, as it pertains to the 34 35 foregoing matters, of the following state institutions:

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(a) Institutions and facilities of the Department of Corrections.

(b) Northern Nevada Adult Mental Health Services.

38 (c) Nevada Youth Training Center, Caliente Youth Center and 39 any other state facility for the detention of children that is operated 40 pursuant to title 5 of NRS. 41

(d) Nevada System of Higher Education.

The State Board of Health may adopt regulations pertaining 42 2. thereto as are necessary to promote properly the sanitation, 43 44 healthfulness, cleanliness and, as it pertains to the foregoing matters, 45 the safety of those institutions.





The [State Health] Chief Medical Officer or an authorized 1 3. 2 agent of the Officer shall inspect those institutions at least once each calendar year and whenever he or she deems an inspection 3 necessary to carry out the provisions of this section. The inspection 4 of any state facility for the detention of children that is operated 5 pursuant to title 5 of NRS must include, without limitation, an 6 7 inspection of all areas where food is prepared and served, 8 bathrooms, areas used for sleeping, common areas and areas located 9 outdoors that are used by children at the facility.

10 4. The [State Health] *Chief Medical* Officer shall publish 11 reports of the inspections of any state facility for the detention of 12 children that is operated pursuant to title 5 of NRS and may publish 13 reports of the inspections of other state institutions.

14 5. All persons charged with the duty of maintenance and 15 operation of the institutions named in this section shall operate the 16 institutions in conformity with the regulations adopted by the State 17 Board of Health pursuant to subsection 2.

6. The [State Health] *Chief Medical* Officer or an authorized agent of the Officer may, in carrying out the provisions of this section, enter upon any part of the premises of any of the institutions named in this section over which he or she has jurisdiction, to determine the sanitary conditions of the institutions and to determine whether the provisions of this section and the regulations of the State Board of Health pertaining thereto are being violated.

25 Sec. 104. NRS 445A.055 is hereby amended to read as 26 follows:

445A.055 1. The State Board of Health shall adopt
regulations requiring the fluoridation of all water delivered for
human consumption in a county whose population is 700,000 or
more by a:

(a) Public water system that serves a population of 100,000 ormore; or

(b) Water authority.

2. The regulations must include, without limitation:

(a) The minimum and maximum permissible concentrations of
 fluoride to be maintained by such a public water system or a water
 authority, except that:

(1) The minimum permissible concentration of fluoride must
not be less than 0.7 parts per million; and

40 (2) The maximum permissible concentration of fluoride must 41 not exceed 1.2 parts per million;

42 (b) The requirements and procedures for maintaining proper
 43 concentrations of fluoride, including any necessary equipment,
 44 testing, recordkeeping and reporting;



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1 (c) Requirements for the addition of fluoride to the water if the 2 natural concentration of fluorides is lower than the minimum 3 permissible concentration established pursuant to paragraph (a); and 4 (d) Criteria pursuant to which the State Board of Health may 5 exempt a public water system or water authority from the 6 requirement of fluoridation upon the request of the public water 7 system or water authority.

8 3. The State Board of Health shall not require the fluoridation 9 of:

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(a) The wells of a public water system or water authority if:

(1) The groundwater production of the public water system
or water authority is less than 15 percent of the total average annual
water production of the system or authority for the years in which
drought conditions are not prevalent; and

15 (2) The wells are part of a combined regional and local 16 system for the distribution of water that is served by a fluoridated 17 source.

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(b) A public water system or water authority:

19 (1) During an emergency or period of routine maintenance, if 20 the wells of the system or authority are exempt from fluoridation 21 pursuant to paragraph (a) and the supplier of water determines that it 22 is necessary to change the production of the system or authority 23 from surface water to groundwater because of an emergency or for 24 purposes of routine maintenance; or

25 (2) If the natural water supply of the system or authority 26 contains fluoride in a concentration that is at least equal to the 27 minimum permissible concentration established pursuant to 28 paragraph (a) of subsection 2.

4. The State Board of Health may make an exception to the minimum permissible concentration of fluoride to be maintained in a public water system or water authority based on:

(a) The climate of the regulated area;

(b) The amount of processed water purchased by the residents ofthe regulated area; and

(c) Any other factor that influences the amount of public waterthat is consumed by the residents of the regulated area.

5. The [Health] Division [of the Department of Health and Human Services] shall make reasonable efforts to secure any available sources of financial support, including, without limitation, grants from the Federal Government, for the enforcement of the standards established pursuant to this section and any related capital improvements.

6. A public water system or water authority may submit to the
Health Division a claim for payment of the initial costs of the
public water system or water authority to begin complying with





1 the provisions of this section regardless of whether the public water system or water authority is required to comply with those 2 provisions. The Administrator of the *Health* Division may approve 3 such claims to the extent of legislative appropriations and any other 4 money available for that purpose. Approved claims must be paid as 5 6 other claims against the State are paid. The ongoing operational 7 expenses of a public water system or water authority in complying 8 with the provisions of this section are not compensable pursuant to 9 this subsection.

10 As used in this section: 7.

(a) "Division" means the Division of Public and Behavioral 11 12 Health of the Department of Health and Human Services.

13 (b) "Supplier of water" has the meaning ascribed to it in 14 NRS 445A.845.

15 (b) (c) "Water authority" has the meaning ascribed to it in 16 NRS 377B.040.

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Sec. 105. NRS 446.050 is hereby amended to read as follows:

446.050 "Health authority" means the officers and agents of 18 the **[Health]** Division of **Public and Behavioral Health** of the 19 20 Department of Health and Human Services, or the officers and 21 agents of the local boards of health.

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Sec. 106. NRS 446.057 is hereby amended to read as follows:

446.057 "Potentially hazardous food" has the meaning ascribed 23 24 to it in subpart 1-201 of the 1999 edition of the Food Code 25 published by the Food and Drug Administration of the United States 26 Department of Health and Human Services, unless the 27 Administrator of the [Health] Division of Public and Behavioral 28 *Health* of the Department of Health and Human Services has 29 adopted a later edition of the Food Code for this purpose.

30 **Sec. 107.** Chapter 449 of NRS is hereby amended by adding 31 thereto a new section to read as follows:

"Division" means the Division of Public and Behavioral 32 33 Health of the Department of Health and Human Services. 34

Sec. 108. NRS 449.001 is hereby amended to read as follows:

449.001 As used in this chapter, unless the context otherwise 35 requires, the words and terms defined in NRS 449.0015 to 36 449.0195, inclusive, and section 107 of this act have the meanings 37 38 ascribed to them in those sections.

39 Sec. 109. NRS 449.00455 is hereby amended to read as 40 follows:

41 449.00455 "Facility for the treatment of abuse of alcohol or drugs" means any public or private establishment which provides 42 43 residential treatment, including mental and physical restoration, of 44 abusers of alcohol or drugs and which is certified by the Division 45 fof Mental Health and Developmental Services of the Department of





Health and Human Services] pursuant to subsection 4 of NRS
 458.025. It does not include a medical facility or services offered by
 volunteers or voluntary organizations.

4 Sec. 110. NRS 449.0306 is hereby amended to read as 5 follows:

6 449.0306 1. Money received from licensing medical facilities 7 and facilities for the dependent must be forwarded to the State 8 Treasurer for deposit in the State General Fund.

9 2. The [Health] Division shall enforce the provisions of NRS 10 449.030 to 449.245, inclusive, and may incur any necessary 11 expenses not in excess of money appropriated for that purpose by 12 the State or received from the Federal Government.

13 Sec. 111. NRS 449.0307 is hereby amended to read as 14 follows:

15 449.0307 The [Health] Division may:

16 1. Upon receipt of an application for a license, conduct an 17 investigation into the premises, facilities, qualifications of 18 personnel, methods of operation, policies and purposes of any 19 person proposing to engage in the operation of a medical facility or 20 a facility for the dependent. The facility is subject to inspection and 21 approval as to standards for safety from fire, on behalf of the 22 [Health] Division, by the State Fire Marshal.

23 2. Upon receipt of a complaint against a medical facility or 24 facility for the dependent, except for a complaint concerning the 25 cost of services, conduct an investigation into the premises, 26 facilities, qualifications of personnel, methods of operation, policies, 27 procedures and records of that facility or any other medical facility 28 or facility for the dependent which may have information pertinent 29 to the complaint.

30 3. Employ such professional, technical and clerical assistance 31 as it deems necessary to carry out the provisions of NRS 449.030 to 32 449.245, inclusive.

33 Sec. 112. NRS 449.0308 is hereby amended to read as 34 follows:

35 449.0308 1. Except as otherwise provided in this section, the [Health] Division may charge and collect from a medical facility or 36 37 facility for the dependent or a person who operates such a facility without a license issued by the [Health] Division the actual costs 38 incurred by the [Health] Division for the enforcement of the 39 provisions of NRS 449.030 to 449.240, inclusive, including, without 40 41 limitation, the actual cost of conducting an inspection or investigation of the facility. 42

2. The [Health] Division shall not charge and collect the actual
cost for enforcement pursuant to subsection 1 if the enforcement
activity is:





1 (a) Related to the issuance or renewal of a license for which the 2 Board charges a fee pursuant to NRS 449.050 or 449.089; or

3 (b) Conducted pursuant to an agreement with the Federal 4 Government which has appropriated money for that purpose.

5 3. Any money collected pursuant to subsection 1 may be used 6 by the [Health] Division to administer and carry out the provisions 7 of NRS 449.030 to 449.240, inclusive, and the regulations adopted 8 pursuant thereto.

Sec. 113. NRS 449.040 is hereby amended to read as follows:

449.040 Any person, state or local government or agency
thereof desiring a license under the provisions of NRS 449.030 to
449.240, inclusive, must file with the [Health] Division an
application on a form prescribed, prepared and furnished by the
[Health] Division, containing:

The name of the applicant and, if a natural person, whether
 the applicant has attained the age of 21 years.
 The type of facility to be operated.

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3. The location of the facility.

19 4. In specific terms, the nature of services and type of care to 20 be offered, as defined in the regulations.

5. The number of beds authorized by the Director of the
Department of Health and Human Services or, if such authorization
is not required, the number of beds the facility will contain.

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6. The name of the person in charge of the facility.

7. Such other information as may be required by the [Health]
Division for the proper administration and enforcement of NRS
449.030 to 449.240, inclusive.

28 8. Evidence satisfactory to the *Health* Division that the 29 applicant is of reputable and responsible character. If the applicant is 30 a firm, association, organization, partnership, business trust, 31 corporation or company, similar evidence must be submitted as to the members thereof, and the person in charge of the facility for 32 which application is made. If the applicant is a political subdivision 33 34 of the State or other governmental agency, similar evidence must be 35 submitted as to the person in charge of the institution for which application is made. 36

37 9. Evidence satisfactory to the [Health] Division of the ability
38 of the applicant to comply with the provisions of NRS 449.030 to
39 449.240, inclusive, and the standards and regulations adopted by the
Board.

10. Evidence satisfactory to the [Health] Division that the facility conforms to the zoning regulations of the local government within which the facility will be operated or that the applicant has applied for an appropriate reclassification, variance, permit for special use or other exception for the facility.





1 11. If the facility to be licensed is a residential establishment as 2 defined in NRS 278.02384, and if the residential establishment is 3 subject to the distance requirements set forth in subsection 3 of NRS 4 278.02386, evidence satisfactory to the [Health] Division that the 5 residential establishment will be located and operated in accordance 6 with the provisions of that subsection.

Sec. 114. NRS 449.050 is hereby amended to read as follows:

8 449.050 1. Each application for a license must be 9 accompanied by such fee as may be determined by regulation of the 10 Board. The Board may, by regulation, allow or require payment of a 11 fee for a license in installments and may fix the amount of each 12 payment and the date that the payment is due.

13 2. The fee imposed by the Board for a facility for transitional 14 living for released offenders must be based on the type of facility 15 that is being licensed and must be calculated to produce the revenue 16 estimated to cover the costs related to the license, but in no case 17 may a fee for a license exceed the actual cost to the [Health] 18 Division of issuing or renewing the license.

3. If an application for a license for a facility for transitional
living for released offenders is denied, any amount of the fee paid
pursuant to this section that exceeds the expenses and costs incurred
by the [Health] Division must be refunded to the applicant.

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Sec. 115. NRS 449.065 is hereby amended to read as follows:

449.065 1. Except as otherwise provided in subsections 6 and 7 and NRS 449.067, each facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in the home and agency to provide nursing in the home shall, when applying for a license or renewing a license, file with the Administrator of the [Health] Division a surety bond:

(a) If the facility, agency or home employs less than 7
employees, in the amount of \$5,000;

(b) If the facility, agency or home employs at least 7 but not
more than 25 employees, in the amount of \$25,000; or

(c) If the facility, agency or home employs more than 25employees, in the amount of \$50,000.

37 A bond filed pursuant to this section must be executed by the facility, agency or home as principal and by a surety company as 38 surety. The bond must be payable to the Aging and Disability 39 40 Services Division of the Department of Health and Human Services 41 and must be conditioned to provide indemnification to an older patient who the Specialist for the Rights of Elderly Persons 42 43 determines has suffered property damage as a result of any act or 44 failure to act by the facility, agency or home to protect the property 45 of the older patient.





1 Except when a surety is released, the surety bond must cover 3. 2 the period of the initial license to operate or the period of the 3 renewal, as appropriate.

A surety on any bond filed pursuant to this section may be 4 4. released after the surety gives 30 days' written notice to the 5 Administrator of the *Health* Division, but the release does not 6 7 discharge or otherwise affect any claim filed by an older patient for 8 property damaged as a result of any act or failure to act by the 9 facility, agency or home to protect the property of the older patient 10 alleged to have occurred while the bond was in effect.

11 A license is suspended by operation of law when the facility, 12 agency or home is no longer covered by a surety bond as required 13 by this section or by a substitute for the surety bond pursuant to 14 NRS 449.067. The Administrator of the *Health* Division shall give 15 the facility, agency or home at least 20 days' written notice before 16 the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another 17 18 surety bond or substitute for the surety bond is filed in the same 19 manner and amount as the bond or substitute being terminated.

The Administrator of the [Health] Division may exempt a 20 6. 21 residential facility for groups or a home for individual residential 22 care from the requirement of filing a surety bond pursuant to this 23 section if the Administrator determines that the requirement would 24 result in undue hardship to the residential facility for groups or 25 home for individual residential care.

The requirement of filing a surety bond set forth in this 26 7. 27 section does not apply to a facility for intermediate care, facility for 28 skilled nursing, residential facility for groups, home for individual 29 residential care, agency to provide personal care services in the 30 home or agency to provide nursing in the home that is operated and 31 maintained by the State of Nevada or an agency thereof.

As used in this section, "older patient" means a patient who 32 8. 33 is 60 years of age or older. 34

Sec. 116. NRS 449.160 is hereby amended to read as follows:

1. The [Health] Division may deny an application 35 449.160 36 for a license or may suspend or revoke any license issued under the 37 provisions of NRS 449.030 to 449.240, inclusive, upon any of the 38 following grounds:

39 (a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.030 to 449.245, inclusive, or of 40 41 any other law of this State or of the standards, rules and regulations 42 adopted thereunder.

43 (b) Aiding, abetting or permitting the commission of any illegal 44 act.





1 (c) Conduct inimical to the public health, morals, welfare and 2 safety of the people of the State of Nevada in the maintenance and 3 operation of the premises for which a license is issued.

4 (d) Conduct or practice detrimental to the health or safety of the 5 occupants or employees of the facility.

6 (e) Failure of the applicant to obtain written approval from the 7 Director of the Department of Health and Human Services as 8 required by NRS 439A.100 or as provided in any regulation adopted 9 pursuant to this chapter, if such approval is required.

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(f) Failure to comply with the provisions of NRS 449.2486.

11 2. In addition to the provisions of subsection 1, the [Health] 12 Division may revoke a license to operate a facility for the dependent 13 if, with respect to that facility, the licensee that operates the facility, 14 or an agent or employee of the licensee:

15 (a) Is convicted of violating any of the provisions of 16 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 [Health] Division shall maintain a log of any complaints that it receives relating to activities for which the [Health] Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The [Health] 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 [Health] Division either
substantiates the complaint or is inconclusive;

30 (b) A report of any investigation conducted with respect to the 31 complaint; and

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

33 \rightarrow The facility shall make the information available to the public 34 pursuant to NRS 449.2486.

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

39 (a) Any complaints included in the log maintained by the40 [Health] Division pursuant to subsection 3; and

41 (b) Any disciplinary actions taken by the [Health] Division 42 pursuant to subsection 2.

43 Sec. 117. NRS 449.163 is hereby amended to read as follows:

44 449.163 1. In addition to the payment of the amount required 45 by NRS 449.0308, if a medical facility or facility for the dependent





violates any provision related to its licensure, including any
provision of NRS 439B.410 or 449.030 to 449.240, inclusive, or any
condition, standard or regulation adopted by the Board, the [Health]
Division, in accordance with the regulations adopted pursuant to
NRS 449.165, may:

6 (a) Prohibit the facility from admitting any patient until it 7 determines that the facility has corrected the violation;

8 (b) Limit the occupancy of the facility to the number of beds 9 occupied when the violation occurred, until it determines that the 10 facility has corrected the violation;

11 (c) If the license of the facility limits the occupancy of the 12 facility and the facility has exceeded the approved occupancy, 13 require the facility, at its own expense, to move patients to another 14 facility that is licensed;

(d) Impose an administrative penalty of not more than \$1,000
per day for each violation, together with interest thereon at a rate not
to exceed 10 percent per annum; and

18 (e) Appoint temporary management to oversee the operation of 19 the facility and to ensure the health and safety of the patients of the 20 facility, until:

21 (1) It determines that the facility has corrected the violation 22 and has management which is capable of ensuring continued 23 compliance with the applicable statutes, conditions, standards and 24 regulations; or

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(2) Improvements are made to correct the violation.

26 2. If a violation by a medical facility or facility for the 27 dependent relates to the health or safety of a patient, an 28 administrative penalty imposed pursuant to paragraph (d) of 29 subsection 1 must be in a total amount of not less than \$1,000 and 30 not more than \$10,000 for each patient who was harmed or at risk of 31 harm as a result of the violation.

32 3. If the facility fails to pay any administrative penalty imposed 33 pursuant to paragraph (d) of subsection 1, the [Health] Division 34 may:

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

37 (b) Collect court costs, reasonable attorney's fees and other 38 costs incurred to collect the administrative penalty.

4. The [Health] Division may require any facility that violates any provision of NRS 439B.410 or 449.030 to 449.240, inclusive, or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

5. 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 this chapter and to





1 protect the health, safety, well-being and property of the patients 2 and residents of facilities in accordance with applicable state and 3 federal standards.

Sec. 118. NRS 449.201 is hereby amended to read as follows:

5 449.201 Each alcohol and drug abuse program operated or 6 provided by a facility for transitional living for released offenders 7 must be certified by the Division for Mental Health and 8 Developmental Services of the Department of Health and Human 9 Services in accordance with the requirements set forth in chapter 458 of NRS and any regulations adopted pursuant thereto. As used 10 in this section, "alcohol and drug abuse program" has the meaning 11 12 ascribed to it in NRS 458.010. 13

Sec. 119. NRS 449.210 is hereby amended to read as follows:

14 449.210 1. In addition to the payment of the amount required 15 by NRS 449.0308, except as otherwise provided in subsection 2 and 16 NRS 449.24897, a person who operates a medical facility or facility 17 for the dependent without a license issued by the [Health] Division 18 is guilty of a misdemeanor.

19 In addition to the payment of the amount required by NRS 2. 449.0308, if a person operates a residential facility for groups or a 20 21 home for individual residential care without a license issued by the 22 [Health] Division, the [Health] Division shall:

23 (a) Impose a civil penalty on the operator in the following 24 amount:

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(1) For a first offense, \$10,000.

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(2) For a second offense, \$25,000. (3) For a third or subsequent offense, \$50,000.

28 (b) Order the operator, at the operator's own expense, to move 29 all of the persons who are receiving services in the residential 30 facility for groups or home for individual residential care to a 31 residential facility for groups or home for individual residential care, 32 as applicable, that is licensed.

33 (c) Prohibit the operator from applying for a license to operate a 34 residential facility for groups or home for individual residential care, 35 as applicable. The duration of the period of prohibition must be:

36 (1) For 6 months if the operator is punished pursuant to 37 subparagraph (1) of paragraph (a).

38 (2) For 1 year if the operator is punished pursuant to 39 subparagraph (2) of paragraph (a).

40 (3) Permanent if the operator is punished pursuant to 41 subparagraph (3) of paragraph (a).

3. Before the *[Health]* Division imposes an administrative 42 sanction pursuant to subsection 2, the *Health* Division shall 43 44 provide the operator of a residential facility for groups with 45 reasonable notice. The notice must contain the legal authority,



1 jurisdiction and reasons for the action to be taken. If the operator of a residential facility for groups wants to contest the action, the 2 operator may file an appeal pursuant to the regulations of the State 3 Board of Health adopted pursuant to NRS 449.165 and 449.170. 4 Upon receiving notice of an appeal, the [Health] Division shall hold 5 6 a hearing in accordance with those regulations. For the purpose of 7 this subsection, it is no defense to the violation of operating a residential facility for groups without a license that the operator 8 9 thereof subsequently licensed the facility in accordance with law.

10 Unless otherwise required by federal law, the Health 4. Division shall deposit all civil penalties collected pursuant to 11 12 paragraph (a) of subsection 2 into a separate account in the State 13 General Fund to be used to administer and carry out the provisions 14 of this chapter and to protect the health, safety, well-being and 15 property of the patients and residents of facilities and homes for 16 individual residential care in accordance with applicable state and 17 federal standards.

18 Sec. 120. Chapter 450B of NRS is hereby amended by adding19 thereto a new section to read as follows:

20 *"Division" means the Division of Public and Behavioral* 21 *Health of the Department of Health and Human Services.*

22 Sec. 121. NRS 450B.020 is hereby amended to read as 23 follows:

450B.020 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 450B.025 to 450B.110, inclusive, *and section 120 of this act* have the meanings ascribed to them in those sections.

28 Sec. 122. NRS 450B.1505 is hereby amended to read as 29 follows:

450B.1505 1. Any money the [Health] Division receives from a fee set by the State Board of Health pursuant to NRS 439.150 for the issuance or renewal of a license pursuant to NRS 450B.160, an administrative penalty imposed pursuant to NRS 450B.900 or an appropriation made by the Legislature for the purposes of training related to emergency medical services:

(a) Must be deposited in the State Treasury and accounted for
 separately in the State General Fund;

(b) May be used only to carry out a training program for
emergency medical services personnel who work for a volunteer
ambulance service or firefighting agency, including, without
limitation, equipment for use in the training; and

42 (c) Does not revert to the State General Fund at the end of any 43 fiscal year.

44 2. Any interest or income earned on the money in the account 45 must be credited to the account. Any claims against the account





1 must be paid in the manner that other claims against the State are 2 paid.

The Administrator of the [Health] Division shall administer 3 3. 4 the account.

5 **Sec. 123.** Chapter 452 of NRS is hereby amended by adding 6 thereto a new section to read as follows:

"Division" means the Division of Public and Behavioral 7 8 Health of the Department of Health and Human Services. 9

Sec. 124. NRS 452.003 is hereby amended to read as follows:

10 452.003 As used in NRS 452.001 to 452.610, inclusive, *and* 11 section 123 of this act, unless the context otherwise requires, the 12 words and terms defined in NRS 452.004 to 452.019, inclusive, and 13 section 123 of this act have the meanings ascribed to them in those 14 sections. 15

Sec. 125. NRS 452.230 is hereby amended to read as follows:

16 452.230 1. Except as provided in subsection 2 of NRS 17 452.210, the *[Health]* Division shall have supervisory control over 18 the construction of any mausoleum, vault or crypt, and shall:

19 (a) See that the approved plans and specifications are in all 20 respects complied with.

21 (b) Appoint an inspector under whose supervision the 22 mausoleum, vault or crypt shall be erected.

23 (c) Determine the amount of compensation of the inspector. The 24 compensation shall be paid by the person erecting such mausoleum, 25 vault or crypt.

No departure or deviation from the original plans and 26 2. 27 specifications is permitted except upon approval of the [Health] 28 Division, evidenced in the same manner as the approval of the 29 original plans and specifications.

30 3. A mausoleum, vault, crypt or structure shall not be used to 31 hold any dead body until a final certificate is obtained indicating 32 compliance with the plans and specifications as filed. The certificate 33 must be signed either by the **State Health** Chief Medical Officer for the *Health* Division or by the head of the local building or 34 35 public works department, depending upon which division or department supervised the construction under NRS 452.210. 36 37

Sec. 126. NRS 453.580 is hereby amended to read as follows:

38 453.580 1. A court may establish an appropriate treatment 39 program to which it may assign a person pursuant to subsection 4 of NRS 453.336, NRS 453.3363 or 458.300, or it may assign such a 40 41 person to an appropriate facility for the treatment of abuse of alcohol or drugs which is certified by the Division of *Mental Health* 42 43 and Developmental Services] Public and Behavioral Health of the 44 Department. The assignment must include the terms and conditions 45 for successful completion of the program and provide for progress





reports at intervals set by the court to ensure that the person is
 making satisfactory progress toward completion of the program.

3 2. A program to which a court assigns a person pursuant to 4 subsection 1 must include:

5 (a) Information and encouragement for the participant to cease 6 abusing alcohol or using controlled substances through educational, 7 counseling and support sessions developed with the cooperation of 8 various community, health, substance abuse, religious, social service 9 and youth organizations;

10 (b) The opportunity for the participant to understand the 11 medical, psychological and social implications of substance abuse; 12 and

(c) Alternate courses within the program based on the different
 substances abused and the addictions of participants.

15 3. If the offense with which the person was charged involved 16 the use or possession of a controlled substance, in addition to the 17 program or as a part of the program, the court must also require 18 frequent urinalysis to determine that the person is not using a 19 controlled substance. The court shall specify how frequent such examinations must be and how many must be successfully 20 21 completed, independently of other requisites for successful 22 completion of the program.

23 4. Before the court assigns a person to a program pursuant to 24 this section, the person must agree to pay the cost of the program to 25 which the person is assigned and the cost of any additional supervision required pursuant to subsection 3, to the extent of the 26 27 financial resources of the person. If the person does not have the 28 financial resources to pay all of the related costs, the court shall, to 29 the extent practicable, arrange for the person to be assigned to a 30 program at a facility that receives a sufficient amount of federal or 31 state funding to offset the remainder of the costs.

32 Sec. 127. NRS 453A.090 is hereby amended to read as 33 follows:

453A.090 "Division" means the [Health] Division of *Public* and Behavioral Health of the Department of Health and Human
 Services.

37 Sec. 128. NRS 453A.730 is hereby amended to read as 38 follows:

453A.730 1. Any money the Administrator of the Division
receives pursuant to NRS 453A.720 or that is appropriated to carry
out the provisions of this chapter:

42 (a) Must be deposited in the State Treasury and accounted for 43 separately in the State General Fund;

44 (b) May only be used to carry out:





1 (1) The provisions of this chapter, including the 2 dissemination of information concerning the provisions of this 3 chapter and such other information as determined appropriate by the 4 Administrator; and 5 (2) Alcohol and drug abuse programs pursuant to NRS 6 458.094; and

7 (c) Does not revert to the State General Fund at the end of any 8 fiscal year.

2. The Administrator of the Division may transfer money in 9 10 the account created pursuant to subsection 1 that is not needed to carry out this chapter to the Division of Mental Health and 11 Developmental Services of the Department of Health and Human 12 Services for use by an agency of that Division which provides 13 services for the treatment and prevention of substance abuse. The 14 15 money transferred pursuant to this subsection must be used for the provision of alcohol and drug abuse programs in accordance with 16 17 NRS 458.094. 18 -3.] The Administrator of the Division shall administer the

account. Any interest or income earned on the money in the account
must be credited to the account. Any claims against the account
must be paid as other claims against the State are paid.

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Sec. 129. NRS 457.020 is hereby amended to read as follows:

457.020 As used in this chapter, unless the context requiresotherwise:

1. "Cancer" means all malignant neoplasms, regardless of the
 tissue of origin, including malignant lymphoma and leukemia.

27 2. "Division" means the Division of Public and Behavioral 28 Health of the Department of Health and Human Services.

3. "Health care facility" has the meaning ascribed to it in NRS
 162A.740 and also includes freestanding facilities for plastic
 reconstructive, oral and maxillofacial surgery.

32 [3. "Health Division" means the Health Division of the
 33 Department of Health and Human Services.]

Sec. 130. NRS 457.185 is hereby amended to read as follows:

457.185 1. The [Health] Division shall grant or deny an application for a certificate of authorization to operate a radiation machine for mammography or a certificate of authorization for a radiation machine for mammography within 4 months after receipt of a complete application.

40 2. The [Health] Division shall withdraw the certificate of 41 authorization to operate a radiation machine for mammography if it 42 finds that the person violated the provisions of subsection 6 of 43 NRS 457.183.

44 3. The [Health] Division shall deny or withdraw the certificate 45 of authorization of a radiation machine for mammography if it finds





that the owner, lessee or other responsible person violated the
 provisions of subsection 1 of NRS 457.184.

4. If a certificate of authorization to operate a radiation machine for mammography or a certificate of authorization for a radiation machine for mammography is withdrawn, a person must apply for the certificate in the manner provided for an initial certificate.

Sec. 131. NRS 458.010 is hereby amended to read as follows:

9 458.010 As used in NRS 458.010 to 458.350, inclusive, unless 10 the context requires otherwise:

1. "Administrator" means the Administrator of the Division.

12 2. "Alcohol and drug abuse program" means a project 13 concerned with education, prevention and treatment directed toward 14 achieving the mental and physical restoration of alcohol and drug 15 abusers.

16 3. "Alcohol and drug abuser" means a person whose 17 consumption of alcohol or other drugs, or any combination thereof, 18 interferes with or adversely affects the ability of the person to 19 function socially or economically.

4. "Alcoholic" means any person who habitually uses alcoholic beverages to the extent that the person endangers the health, safety or welfare of himself or herself or any other person or group of persons.

5. "Civil protective custody" means a custodial placement of a person to protect the health or safety of the person. Civil protective custody does not have any criminal implication.

6. "Detoxification technician" means a person who is certified by the Division to provide screening for the safe withdrawal from alcohol and other drugs.

7. "Division" means the Division of [Mental Health and
 Developmental Services] Public and Behavioral Health of the
 Department of Health and Human Services.

8. "Facility" means a physical structure used for the education,
prevention and treatment, including mental and physical restoration,
of alcohol and drug abusers.

36 Sec. 131.5. NRS 458.094 is hereby amended to read as 37 follows:

458.094 [1.] The Division shall use any money [transferred
 pursuant to NRS 453A.730] not needed to carry out the provisions

40 *chapter 453A of NRS* to provide alcohol and drug abuse programs

41 to persons referred to the Division by agencies which provide child

42 welfare services [.

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43 <u>2. Money received pursuant to NRS 453A.730 must be</u>

44 accounted for separately by the Division.] as authorized pursuant 45 to NRS 453A.730.





1 Sec. 131.7. NRS 458.103 is hereby amended to read as 2 follows:

3 458.103 The Division may accept:

4 1. Money appropriated and made available by any act of 5 Congress for any alcohol and drug abuse program administered by 6 the Division as provided by law.

7 2. Money appropriated and made available by the State of 8 Nevada or by a county, a city, a public district or any political 9 subdivision of this State for any alcohol and drug abuse program 10 administered by the Division as provided by law.

11 [3. Money transferred pursuant to NRS 453A.730 for the
 12 provision of alcohol and drug abuse programs in accordance with
 13 NRS 458.094.]

Sec. 132. NRS 459.010 is hereby amended to read as follows:

15 459.010 As used in NRS 459.010 to 459.290, inclusive, unless 16 the context requires otherwise:

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1. "By-product material" means:

(a) Any radioactive material, except special nuclear material,
yielded in or made radioactive by exposure to the radiation incident
to the process of producing or making use of special nuclear
material; and

22 (b) The tailings or wastes produced by the extraction or 23 concentration of uranium or thorium from any ore which is 24 processed primarily for the extraction of the uranium or thorium.

25 2. "Division" means the Division of Public and Behavioral 26 Health of the Department of Health and Human Services.

3. "General license" means a license effective pursuant to regulations adopted by the State Board of Health without the filing of an application to transfer, acquire, own, possess or use quantities of, or devices or equipment for utilizing, by-product material, source material, special nuclear material or other radioactive material occurring naturally or produced artificially.

33 [3. "Health Division" means the Health Division of the
 34 Department of Health and Human Services.]

4. "Ionizing radiation" means gamma rays and X rays, alpha and beta particles, high-speed electrons, neutrons, protons and other nuclear particles, but not sound or radio waves, or visible, infrared or ultraviolet light.

5. "Person" includes any agency or political subdivision of this State, any other state or the United States, but not the Nuclear Regulatory Commission or its successor, or any federal agency licensed by the Nuclear Regulatory Commission or any successor to such a federal agency.

44 6. "Source material" means:





(a) Uranium, thorium or any other material which the Governor
 declares by order to be source material after the Nuclear Regulatory
 Commission or any successor thereto has determined that material
 to be source material.

5 (b) Any ore containing one or more of the materials enumerated 6 in paragraph (a) in such concentration as the Governor declares by 7 order to be source material after the Nuclear Regulatory 8 Commission or any successor thereto has determined the material in 9 the concentration to be source material.

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7. "Special nuclear material" means:

(a) Plutonium, uranium 233, uranium enriched in the isotope
233 or in the isotope 235 and any other material which the Governor
declares by order to be special nuclear material after the Nuclear
Regulatory Commission or any successor thereto has determined
such material to be special nuclear material, but does not include
source material.

17 (b) Any material artificially enriched by any of the materials 18 enumerated in paragraph (a), but does not include source material.

8. "Specific license" means a license issued pursuant to the filing of an application to use, manufacture, produce, transfer, receive, acquire, own or possess quantities of, or devices or equipment for utilizing, by-product material, source material, special nuclear material or other radioactive material occurring naturally or produced artificially.

Sec. 133. NRS 459.310 is hereby amended to read as follows:

459.310 1. The State Board of Health may establish by regulation:

(a) Fees for licensing, monitoring, inspecting or otherwise
regulating mills or other operations for the concentration, recovery
or refining of uranium, which must be in amounts which are
reasonably related to the cost of licensing, monitoring, inspecting
and regulating. Payment of the fees is the responsibility of the
person applying for a license or licenses to engage in uranium
concentration, recovery or refining.

35 (b) Fees for the care and maintenance of radioactive tailings and residues at inactive uranium concentration, recovery or refining 36 37 sites. The fees must be based on a unit fee for each pound of uranium oxide produced in the process which also produced the 38 39 tailings or residue. Payment of the fees is the responsibility of the person licensed to engage in uranium concentration, recovery or 40 41 refining. The regulations must provide for a maximum amount to be 42 paid for each operation.

43 (c) A requirement for persons licensed by the State to engage in 44 uranium concentration, recovery or refining to post adequate bonds 45 or other security to cover costs of decontaminating,





1 decommissioning and reclaiming the sites used for concentrating, 2 recovering or refining uranium if the licensee abandons the site or 3 neglects or refuses to satisfy the requirements of the State. The State 4 Board of Health shall determine the amount of the security. The 5 amount of the security may be reviewed by the Board from time to 6 time and may be increased or decreased as the board deems 7 appropriate. The security must be administered by the Administrator of the [Health] Division [] of Public and Behavioral Health of the 8 Department of Health and Human Services, who shall use the 9 10 security as required to protect the public health, safety and property.

11 2 The money received pursuant to paragraph (a) of subsection 12 1 must be deposited in the State Treasury for credit to the Fund for 13 Licensing of Uranium Mills, which is hereby created as a special 14 revenue fund, for the purpose of defraying the cost of licensing, 15 monitoring, inspecting or otherwise regulating mills or other 16 operations for the concentration, recovery or refining of uranium. The money received pursuant to paragraph (b) of subsection 1 must 17 18 be deposited in the State Treasury for credit to the Fund for Care of 19 Uranium Tailings, which is hereby created as a special revenue 20 fund, for the purpose of the care and maintenance of radioactive 21 tailings and residues accumulated at inactive uranium concentration, 22 recovery or refining sites to protect the public health, safety and 23 property. All interest earned on the deposit or investment of the 24 money in the Fund for Care of Uranium Tailings must be credited to 25 that Fund. The Administrator of the *Health* Division *of Public and* 26 **Behavioral Health** shall administer both Funds. Claims against 27 either Fund, approved by the [State Health] Chief Medical Officer, 28 must be paid as other claims against the State are paid.

29

Sec. 134. NRS 608.255 is hereby amended to read as follows:

30 608.255 For the purposes of this chapter and any other 31 statutory or constitutional provision governing the minimum wage 32 paid to an employee, the following relationships do not constitute 33 employment relationships and are therefore not subject to those 34 provisions:

The relationship between a rehabilitation facility or
 workshop established by the Department of Employment, Training
 and Rehabilitation pursuant to chapter 615 of NRS and an individual
 with a disability who is participating in a training or rehabilitative
 program of such a facility or workshop.

2. The relationship between a provider of jobs and day training
services which is recognized as exempt pursuant to the provisions of
26 U.S.C. § 501(c)(3) and which has been issued a certificate by the
Division of [Mental Health and Developmental Services] *Public and Behavioral Health* of the Department of Health and Human
Services pursuant to NRS 435.130 to 435.310, inclusive, and a





person with mental retardation or person with related conditions
 participating in a jobs and day training services program.

3 Sec. 135. NRS 616A.205 is hereby amended to read as 4 follows:

5 616A.205 Volunteer workers at a facility for inpatients of the Division of [Mental Health and Developmental Services] Public 6 7 and Behavioral Health of the Department of Health and Human 8 Services, while acting under the direction or authorization of the 9 supervisor of volunteer services of such a facility, shall be deemed, 10 for the purpose of chapters 616A to 616D, inclusive, of NRS, employees of the facility, receiving a wage of \$350 per month, and 11 12 are entitled to the benefits of those chapters upon compliance 13 therewith by the facility.

14

Sec. 136. NRS 630.262 is hereby amended to read as follows:

15 630.262 1. Except as otherwise provided in NRS 630.161, 16 the Board may issue an authorized facility license to a person who 17 intends to practice medicine in this State as a psychiatrist in a 18 mental health center of the Division under the direct supervision of a 19 psychiatrist who holds an unrestricted license to practice medicine 20 pursuant to this chapter or to practice osteopathic medicine pursuant 21 to chapter 633 of NRS.

22 2. A person who applies for an authorized facility license 23 pursuant to this section is not required to take or pass a written 24 examination as to his or her qualifications to practice medicine 25 pursuant to paragraph (e) of subsection 2 of NRS 630.160, but the 26 person must meet all other conditions and requirements for an 27 unrestricted license to practice medicine pursuant to this chapter.

3. If the Board issues an authorized facility license pursuant to this section, the person who holds the license may practice medicine in this State only as a psychiatrist in a mental health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

4. If a person who holds an authorized facility license issued
pursuant to this section ceases to practice medicine in this State as a
psychiatrist in a mental health center of the Division:

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(a) The Division shall notify the Board; and

39 (b) Upon receipt of the notification, the authorized facility40 license expires automatically.

5. The Board may renew or modify an authorized facility
license issued pursuant to this section, unless the license has expired
automatically or has been revoked.





The provisions of this section do not limit the authority of 1 6. the Board to issue a license to an applicant in accordance with any 2 3 other provision of this chapter. 4

7. As used in this section:

(a) "Division" means the Division of [Mental Health and 5 6 **Developmental Services**] **Public and Behavioral Health** of the Department of Health and Human Services. 7

(b) "Mental health center" has the meaning ascribed to it in 8 NRS 433 144 9

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Sec. 137. NRS 633.417 is hereby amended to read as follows:

633.417 1. Except as otherwise provided in NRS 633.315, 11 the Board may issue an authorized facility license to a person who 12 13 intends to practice osteopathic medicine in this State as a 14 psychiatrist in a mental health center of the Division under the direct 15 supervision of a psychiatrist who holds an unrestricted license to practice osteopathic medicine pursuant to this chapter or to practice 16 17 medicine pursuant to chapter 630 of NRS.

18 2. A person who applies for an authorized facility license 19 pursuant to this section is not required to take or pass a written examination as to his or her qualifications to practice osteopathic 20 21 medicine, but the person must meet all conditions and requirements 22 for an unrestricted license to practice osteopathic medicine pursuant 23 to this chapter.

24 3. If the Board issues an authorized facility license pursuant to 25 this section, the person who holds the license may practice osteopathic medicine in this State only as a psychiatrist in a mental 26 27 health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice 28 29 osteopathic medicine pursuant to this chapter or to practice medicine 30 pursuant to chapter 630 of NRS.

31 4. If a person who holds an authorized facility license issued pursuant to this section ceases to practice osteopathic medicine in 32 33 this State as a psychiatrist in a mental health center of the Division:

34

(a) The Division shall notify the Board; and

35 (b) Upon receipt of the notification, the authorized facility 36 license expires automatically.

37 5. The Board may renew or modify an authorized facility 38 license issued pursuant to this section, unless the license has expired 39 automatically or has been revoked.

40 6. The provisions of this section do not limit the authority of 41 the Board to issue a license to an applicant in accordance with any other provision of this chapter. 42

43 7. As used in this section:





(a) "Division" means the Division of [Mental Health and 1 Developmental Services] Public and Behavioral Health of the 2 3 Department of Health and Human Services. 4 (b) "Mental health center" has the meaning ascribed to it in 5 NRS 433.144. 6 Sec. 137.2. NRS 639.063 is hereby amended to read as 7 follows: 8 639.063 1. The Board shall prepare an annual report concerning drugs that are returned or transferred to pharmacies 9 pursuant to NRS 433.801, 449.2485, 639.2675 and 639.2676 and 10 section 58.85 of this act and are reissued to fill other prescriptions. 11 The report must include, without limitation: 12 13 (a) The number of drugs that are returned to dispensing 14 pharmacies. 15 (b) The number of drugs that are transferred to nonprofit 16 pharmacies designated by the Board pursuant to NRS 639.2676. 17 (c) The number of drugs that are reissued to fill other 18 prescriptions. 19 (d) An estimate of the amount of money saved by reissuing such 20 drugs to fill other prescriptions. 21 (e) Any other information that the Board deems necessary. 22 2. The report must be: 23 (a) Available for public inspection during regular business hours 24 at the office of the Board: and 25 (b) Posted on a website or other Internet site that is operated or administered by or on behalf of the Board. 26 27 Sec. 137.4. NRS 639.267 is hereby amended to read as 28 follows: 29 639.267 1. As used in this section, "unit dose" means that 30 quantity of a drug which is packaged as a single dose. 31 2. A pharmacist who provides a regimen of drugs in unit doses to a patient in a facility for skilled nursing or facility for 32 intermediate care as defined in chapter 449 of NRS may credit the 33 person or agency which paid for the drug for any unused doses. The 34 35 pharmacist may return the drugs to the dispensing pharmacy, which may reissue the drugs to fill other prescriptions or transfer the drugs 36 in accordance with the provisions of NRS 449.2485. 37 3. Except schedule II drugs specified in or pursuant to chapter 38 453 of NRS and except as otherwise provided in NRS 433.801, 39 449.2485, 638.200, 639.2675 and 639.2676, and section 58.85 of 40 41 this act, unit doses packaged in ampules or vials which do not require refrigeration may be returned to the pharmacy which 42 dispensed them. The Board shall, by regulation, authorize the return 43 44 of any other type or brand of drug which is packaged in unit doses if





1 the Food and Drug Administration has approved the packaging for 2 that purpose.

Sec. 137.6. NRS 639.2676 is hereby amended to read as 3 4 follows:

5 639.2676 1. A nonprofit pharmacy designated by the Board 6 in accordance with the regulations adopted pursuant to subsection 6 7 to which a drug is transferred pursuant to NRS 433.801, 449.2485 or 8 639.2675 or section 58.85 of this act may reissue the drug to fill 9 other prescriptions in the same pharmacy free of charge if the 10 registered pharmacist of the nonprofit pharmacy determines that the 11 drug is suitable for that purpose in accordance with the requirements 12 adopted by the Board pursuant to subsection 6 and if: 13

(a) The drug is not a controlled substance:

(b) The drug is dispensed in a unit dose, in individually sealed 14 15 doses or in a bottle that is sealed by the manufacturer of the drug;

16 (c) The drug is unopened and sealed in the original manufacturer's packaging or bottle; 17

(d) The usefulness of the drug has not expired;

19 (e) The packaging or bottle contains the expiration date of the 20 usefulness of the drug; and

21 (f) The name of the patient for whom the drug was originally 22 prescribed, the prescription number and any other identifying marks 23 are obliterated from the packaging or bottle before the reissuance of 24 the drug.

25 2. A person, pharmacy or facility who exercises reasonable care in the transfer, acceptance, distribution or dispensation of a 26 drug in accordance with the provisions of this section and NRS 27 433.801, 449.2485 and 639.2675 and section 58.85 of this act and 28 29 the regulations adopted pursuant thereto is not subject to any civil or 30 criminal liability or disciplinary action by a professional licensing 31 board for any loss, injury or death that results from the transfer, 32 acceptance, distribution or dispensation of the drug.

33 3 A manufacturer of a drug is not subject to civil or criminal liability for any claim or injury arising from the transfer, acceptance, 34 35 distribution or dispensation of the drug pursuant to this section and 36 NRS 433.801, 449.2485 and 639.2675 and section 58.85 of this act 37 and the regulations adopted pursuant thereto.

38 No drug that is transferred to a nonprofit pharmacy pursuant 4. 39 to this section may be used to fill other prescriptions more than one 40 time.

41 A nonprofit pharmacy shall adopt written procedures for 5. 42 accepting and reissuing drugs pursuant to this section. The 43 procedures must:

44 (a) Provide appropriate safeguards for ensuring that the drugs 45 are not compromised or illegally diverted before being reissued.



18



1 (b) Require the maintenance and retention of records relating to the acceptance and use of the drugs and any other records as are 2 required by the Board. 3 4

(c) Be approved by the Board.

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The Board shall adopt such regulations as are necessary to 5 6. 6 carry out the provisions of this section, including, without 7 limitation:

(a) Requirements for reissuing drugs pursuant to this section.

9 (b) Requirements for accepting drugs transferred to a nonprofit 10 pharmacy pursuant to the provisions of this section and NRS 433.801, 449.2485 and 639.2675 H and section 58.85 of this act. 11

12 (c) Requirements for maintaining records relating to the acceptance and use of drugs to fill other prescriptions pursuant to 13 14 this section.

15 (d) The criteria and procedure for obtaining a designation as a 16 nonprofit pharmacy for the purposes of this section, including, 17 without limitation, provisions for a pharmacy, registered pharmacist 18 or practitioner who is registered with the Board to be designated as a 19 nonprofit pharmacy.

20 Sec. 137.8. NRS 639.282 is hereby amended to read as 21 follows:

22 639.282 1. Except as otherwise provided in NRS 433.801, 449.2485, 638.200, 639.267, 639.2675 and 639.2676, and section 23 58.85 of this act, it is unlawful for any person to have in his or her 24 possession, or under his or her control, for the purpose of resale, or 25 26 to sell or offer to sell or dispense or give away, any pharmaceutical 27 preparation, drug or chemical which:

(a) Has been dispensed pursuant to a prescription or chart order 28 29 and has left the control of a registered pharmacist or practitioner;

30 (b) Has been damaged or subjected to damage by heat, smoke, 31 fire or water, or other cause which might reasonably render it unfit 32 for human or animal use;

33 (c) Has been obtained through bankruptcy or foreclosure 34 proceedings, or other court action, auction or other legal or administrative proceedings, except when the pharmaceutical 35 preparation, drug or chemical is in the original sealed container; 36

37 (d) Is no longer safe or effective for use, as indicated by the 38 expiration date appearing on its label; or

39 (e) Has not been properly stored or refrigerated as required by its label. 40

41 The provisions of subsection 1 do not apply if the person in 2. whose possession the pharmaceutical preparation, drug or chemical 42 is found also has in his or her possession a valid and acceptable 43 44 certification of analysis attesting to the purity and strength of the 45 pharmaceutical preparation, drug or chemical and attesting to the





fact that it can be safely and effectively used by humans or animals.
 The preparation, drug or chemical must not be sold or otherwise
 disposed of until the certification required by this subsection has
 been presented to and approved by the Board.

5 3. In the absence of conclusive proof that the preparation, drug 6 or chemical can be used safely and effectively by humans or 7 animals, it must be destroyed under the direct supervision of a 8 member or an inspector of the Board, or two persons designated as 9 agents by the Board who include an inspector of a health care board, 10 a licensed practitioner of a health care board or a peace officer of an 11 agency that enforces the provisions of chapters 453 and 454 of NRS.

4. As used in this section, "health care board" includes the State Board of Pharmacy, the State Board of Nursing, the Board of Medical Examiners and the Nevada State Board of Veterinary Medical Examiners.

Sec. 138. NRS 652.035 is hereby amended to read as follows:

17 652.035 ["Health Division"] "Division" means the [Health]
18 Division of *Public and Behavioral Health of* the Department of
19 Health and Human Services.

20Sec. 139.NRS278.02382,433.184,433.214,439.090,21439.100,439A.145,441A.060,442.760,444.005,449.009,22450B.080 and 452.012 are hereby repealed.

Sec. 140. 1. Any administrative regulations adopted 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 other entity remain in force until amended by the officer, agency or other entity to which the responsibility for the adoption of the regulations has been transferred.

30 Any contracts or other agreements entered into by an officer, 2 31 agency or other entity whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of 32 33 this act to another officer, agency or other entity are binding upon 34 the officer, agency or other entity to which the responsibility for the administration of the provision of the contract or other agreement 35 has been transferred. Such contracts and other agreements may be 36 37 enforced by the officer, agency or other entity to which the 38 responsibility for the enforcement of the provisions of the contract 39 or other agreements has been transferred.

40 3. Any action taken by an officer, agency or other entity whose 41 name has been changed or whose responsibilities have been 42 transferred pursuant to the provisions of this act to another officer, 43 agency or other entity remains in effect as if taken by the officer, 44 agency or other entity to which the responsibility for the 45 enforcement of such actions has been transferred.



16



1 4. A license, registration, certificate or other authorization 2 which is in effect on July 1, 2013, and which was issued by an 3 officer, agency or other entity whose name was changed or whose 4 responsibilities were transferred pursuant to this act to another 5 officer, agency or other entity:

6 (a) Shall be deemed to be issued by the officer, agency or other 7 entity with the new name provided in this act or issued by the 8 officer, agency or other entity to whom the responsibility for such 9 issuance was transferred, as applicable; and

10 (b) Remains valid until its expiration date, if the holder of the 11 license, registration, certificate or other authorization otherwise 12 remains qualified for the issuance or renewal of the license, 13 registration, certificate or authorization on or after July 1, 2013.

14 Sec. 140.5. person may continue to apply for 1. A 15 certification as a mental health-mental retardation technician 16 pursuant to NRS 433.279, as that section existed before July 1, 17 2013, until the Aging and Disability Services Division of the 18 Department of Health and Human Services adopts regulations to 19 provide certification as an intellectual disability technician pursuant 20 to section 49.8 of this act.

21 2. A person who is certified as a mental health-mental retardation technician on July 1, 2013, shall be deemed to be 22 23 certified as a mental health technician pursuant to NRS 433.279, as 24 amended by section 21.7 of this act, or as an intellectual disability 25 technician pursuant to section 49.8 of this act until the Division of 26 Public and Behavioral Health of the Department or the Aging and 27 Disability Services Division of the Department, as applicable, 28 provides for the transition of the certificate pursuant to subsection 3.

29 3. The regulations adopted by the Division of Public and 30 Behavioral Health pursuant to NRS 433.279, as amended by section 31 21.7 of this act, and the regulations adopted by the Aging and 32 Disability Services Division pursuant to section 49.8 of this act must 33 provide for a mental health-mental retardation technician to apply for the transfer of his or her certification to certification as a mental 34 35 health technician or as an intellectual disability technician, as 36 applicable. No additional fee may be charged to carry out the 37 transfer of such certification.

Sec. 140.7. Any regulations adopted by the Commission on Mental Health and Developmental Services pursuant to NRS 40 433.324 before July 1, 2013, the responsibility for which has been 41 transferred:

42 1. Pursuant to section 25 of this act to the State Board of
43 Health, remain in effect until repealed or replaced by the State
44 Board of Health and may be enforced by the Board.





Pursuant to section 50 of this act to the Aging and Disability
 Services Division of the Department of Health and Human Services,
 remain in effect and any revisions to those regulations will continue
 to apply until the Aging and Disability Services Division adopts
 regulations to replace those regulations and may be enforced by the
 Aging and Disability Services Division.

7 Sec. 141. 1. If the name of a fund or account is changed 8 pursuant to the provisions of this act, the State Controller shall 9 change the designation of the name of the fund or account without 10 making any transfer of money in the fund or account. The assets and 11 liabilities of such a fund or account are unaffected by the change of 12 the name.

2. The assets and liabilities of any fund or account transferred
from the Health Division or the Division of Mental Health and
Developmental Services of the Department of Health and Human
Services to the Division of Public and Behavioral Health of the
Department of Health and Human Services are unaffected by the
transfer.

19

Sec. 142. The Legislative Counsel shall:

1. In preparing the Nevada Revised Statutes, use the authority set forth in subsection 10 of NRS 220.120 to substitute appropriately the name of any agency, officer or instrumentality of the State whose name is changed by this act for the name which the agency, officer or instrumentality previously used; and

25 2. In preparing supplements to the Nevada Administrative 26 Code, substitute appropriately the name of any agency, officer or 27 instrumentality of the State whose name is changed by this act for 28 the name which the agency, officer or instrumentality previously 29 used.

30 Sec. 143. This act becomes effective on July 1, 2013.

LEADLINES OF REPEALED SECTIONS

278.02382 "Health Division" defined.

433.184 "Mental retardation center" defined.

433.214 "Training" defined.

439.090 State Health Officer and Administrator: Qualifications.

439.100 State Health Officer: Appointment; vacancy; unclassified service.

439A.145 "Health Division" defined.

441A.060 "Health Division" defined.





442.760 Health Division to prepare annual report; review of information and data concerning outcomes of specific programs and treatments.

444.005 "Health Division" defined.
449.009 "Health Division" defined.
450B.080 "Health Division" defined.
452.012 "Health Division" defined.

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