

CHAPTER.....

AN ACT relating to state government; creating the Nevada Health Authority; creating certain divisions and offices within the Authority; providing for the appointment of officers and the employment of staff for the Authority; establishing requirements governing procurement by the Authority; creating the Nevada Health Authority Gift Fund; prescribing the duties of the Authority and its divisions and officers; transferring to the Authority the responsibility for operating various programs and administering various provisions; revising the name of certain agencies; revising certain terminology; eliminating the Division of Health Care Financing and Policy of the Department of Health and Human Services; revising provisions governing the operation of the Public Employees' Benefits Program and Medicaid; requiring certain reporting on the costs of health insurance for retired state employees; authorizing the Authority to require the reporting of certain information on the cost of certain prescription drugs; revising the membership and duties of the Board of Directors of the Silver State Health Insurance Exchange; providing for a study of opportunities for the Board of the Public Employees' Benefits Program to directly contract with certain providers of health care; providing for a study of and the development of a plan to transfer certain additional functions to the Authority; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates the Department of Health and Human Services, which consists of the Aging and Disability Services Division, the Division of Public and Behavioral Health, the Division of Welfare and Supportive Services, the Division of Child and Family Services and the Division of Health Care Financing and Policy. (NRS 232.300) This bill creates a new department within the Executive Department of the State Government known as the Nevada Health Authority to assume certain responsibilities of the Department of Health and Human Services and other entities related to the management of certain public health insurance plans, the licensing and regulation of certain persons and entities involved in the provision of health care and the regulation of sanitation in food establishments and certain other locations.

Section 18 of this bill creates and establishes the purposes of the Authority, and **section 32** of this bill changes the name of the Department to the Department of Human Services. **Section 18** provides that the Authority consists of: (1) the Medicaid Division; (2) the Health Care Purchasing and Compliance Division; and (3) the Consumer Health Division. **Section 19** of this bill requires the Governor to appoint a Director of the Authority who possesses certain qualifications. **Sections 20-23 and 29** of this bill provide for the appointment of officers and the employment of staff for the Authority, including an administrator of each division of the Authority.



Sections 24 and 79 of this bill exempt the Authority from provisions of law governing state procurement, with certain exceptions, and **section 24** prescribes requirements governing procurement by the Authority. **Sections 24 and 61** of this bill provide for the confidentiality of certain information submitted to the Authority during the procurement process. **Section 25** of this bill authorizes: (1) the sharing of confidential information within the Authority; and (2) the Authority to share confidential information with certain agencies of local governments in certain circumstances. **Sections 26 and 34** of this bill transfer from the Department to the Authority the authority to administer certain programs for persons with developmental disabilities. **Section 28** of this bill requires the Director or the Director's designee to adopt each state plan required by the Federal Government for the administration of any program for which the Authority or a division thereof is responsible. **Section 31** of this bill creates the Nevada Health Authority Gift Fund to hold gifts, grants and other property which the Authority is authorized to accept. **Sections 113 and 227** of this bill require the deposit of certain money in the Fund. **Section 36** of this bill updates the name of the Department of Health and Human Services Gift Fund, which is created by existing law, to conform to the change in the name of the Department. (NRS 232.355)

Existing law requires the Office of Science, Innovation and Technology in the Office of the Governor to administer the Graduate Medical Education Grant Program, which is a program to award grants to institutions in this State seeking to create, expand or retain programs for residency training and postdoctoral fellowships for physicians. (NRS 223.631-223.639) **Sections 2-8 and 26** of this bill transfer to the Consumer Health Division the responsibility for administering the Program.

Existing law requires the Board of the Public Employees' Benefits Program to establish the Program to provide group life, accident or health insurance, or any combination thereof, to employees of the State Government. (NRS 287.043) **Section 68** of this bill places the Board within the Authority and makes revisions governing the appointment and membership of the Board. **Section 68.5** of this bill: (1) removes the authority of the Governor to designate the Chair of the Board and instead requires the Board to elect a Chair annually; and (2) requires the Governor to designate a Vice Chair of the Board. **Section 69** of this bill transfers from the Board to the Director of the Authority the responsibility for appointing the Executive Officer of the Program. **Section 65.5** of this bill requires the Board to biennially submit to the Legislature a report concerning the cost for a retired state employee to obtain coverage through the Program under Medicare. **Section 70** of this bill requires the Executive Officer to submit to the Authority a report regarding the administration and operation of the Program, in addition to certain other entities that currently receive the report. **Section 71** of this bill provides that the appointment of officers and unclassified employees to administer the Program is subject to the approval of the Director of the Authority. **Sections 72-74** of this bill authorize the Board to utilize certain services of the Authority, including procurement services, or to conduct procurement in accordance with either **section 24** or provisions of existing law governing procurement by state agencies. (Chapter 333 of NRS) **Section 72** additionally requires the Board, within the limits of available resources, to take such measures as are necessary to maximize the benefits available to participants in the Program and the ability of participants to access available benefits.

Existing law authorizes the Board of the Program to enter into contracts with physicians, surgeons, hospitals and rehabilitative facilities for medical, surgical and rehabilitative care and the evaluation, treatment and nursing care of members of the Program and covered dependents. (NRS 287.0434) **Section 367.7** of this bill requires the Authority and the Board to study and report to the Legislature concerning opportunities to directly contract with such providers.



Existing law requires: (1) the Department to administer Medicaid and the Children's Health Insurance Program; and (2) the Division of Health Care Financing and Policy of the Department to perform certain duties related to the administration of those programs. (Chapter 422 of NRS) **Sections 26, 34, 93-96, 113-117, 120.5 and 359** of this bill transfer from the Department and the Director of the Department to the Medicaid Division and the Director of the Authority the responsibility for administering Medicaid and the Children's Health Insurance Program. **Sections 32, 34 and 35** of this bill abolish the Division of Health Care Financing and Policy, and **sections 94 and 359** transfer the authority, duties and responsibilities of that Division to the Medicaid Division. **Section 86** of this bill authorizes the Authority to delegate to other governmental entities the responsibility for making determinations of eligibility for Medicaid and the Children's Health Insurance Program. **Section 87** of this bill creates the Office of the Medicaid Inspector General within the Authority to perform certain duties to ensure the integrity of Medicaid and the Children's Health Insurance Program and to prevent waste, fraud and abuse in those programs. **Sections 66, 88-91 and 371** of this bill transfer or provide to the Authority certain responsibilities related to the administration of those programs. **Sections 101-104, 109 and 110** of this bill establish provisions governing the qualifications, supervision and activities of the Administrator of the Medicaid Division, which are similar to the qualifications, supervision and activities of the Administrator of the Division of Health Care Financing and Policy. (NRS 422.2354-422.2364, 422.2372) **Sections 105-108, 111 and 112** of this bill transfer to the Director certain responsibilities relating to Medicaid and the Children's Health Insurance Program, including the responsibility for adopting regulations governing those programs. **Section 116** requires any contract for the expenditure of federal money under Medicaid to be signed by the Director. **Section 118** of this bill requires the Authority to: (1) include on an Internet website maintained by the Authority certain information to allow recipients of Medicaid through managed care to compare available plans; and (2) develop and implement a beneficiary support system for such recipients of Medicaid. **Section 371** repeals certain fiscal duties previously performed by the Administrator of the Division of Health Care Financing and Policy.

Sections 26, 34, 141, 144-146, 194, 217-224, 245-247, 250, 260, 276, 325-327 and 360 of this bill transfer from the Division of Public and Behavioral Health to the Health Care Purchasing and Compliance Division and from the Department of Health and Human Services to the Nevada Health Authority, as applicable, the responsibilities for credentialing and regulating: (1) programs for the treatment of persons who commit domestic violence; (2) health care facilities and certain entities involved in the provision of personal care services; (3) nontransplant anatomical donation organizations; (4) naprapaths; and (5) medical laboratories and their personnel. **Section 143** of this bill authorizes the State Board of Health to establish fees for the credentialing functions and certain other functions of the Health Care Purchasing and Compliance Division. **Sections 26, 34 and 162-171** of this bill transfer from the Division of Public and Behavioral Health to the Health Care Purchasing and Compliance Division the responsibility for administering provisions governing health and safety at health care facilities, including the reporting of sentinel events. **Section 35** reduces the number of deputy administrators in the Division of Public and Behavioral Health to account for the duties removed from that Division. **Section 367.8** of this bill requires the Department and the Authority to study and develop a plan to additionally transfer functions relating to behavioral health, maternal health and public health from that Division to the Authority.

Sections 26, 34, 141, 144, 145, 147-152, 154-160, 180-187, 197-200, 226-238, 240-244 and 359 of this bill transfer from the Department to the Authority the responsibility for administering: (1) the State Program for Oral Health; (2) provisions



governing health information technology; (3) the programs to increase public awareness of health care information concerning hospitals and surgical centers for ambulatory patients in this State; (4) provisions governing the reporting of information relating to the cost of certain prescription drugs and certain information concerning pharmacies; (5) the Nevada Health Facilities Assistance Act, which establishes a program to construct new health facilities in this State; and (6) certain requirements to ensure the quality of care offered by hospitals in this State and the financial stability of such hospitals. **Section 197** additionally authorizes the Authority to require the reporting of information concerning the cost of certain additional prescription drugs for which reporting is not currently required.

Existing law: (1) creates the Patient Protection Commission within the Office of the Director of the Department; and (2) requires the Commission to perform certain duties to improve the quality, accessibility and affordability of health care in this State. (NRS 439.908, 439.918) **Sections 26, 34, 172 and 173** of this bill transfer the Commission to the Consumer Health Division. **Sections 172 and 173** also transfer from the Governor to the Director of the Authority the responsibility for appointing the members and Executive Director of the Commission. **Sections 174 and 175** of this bill require the Commission to make certain recommendations and submit certain reports to the Director of the Authority.

Existing law authorizes the Division of Public and Behavioral Health to establish a secure Internet website which makes certain information available for a website client to conduct background investigations of certain persons who are required by law to undergo such an investigation. (NRS 449.942) **Sections 175.3 and 175.6** of this bill authorize the Authority to access information on that Internet website without restriction and without becoming a website client.

Existing law requires the Department to establish an all-payer claims database of information relating to health insurance claims resulting from medical, dental or pharmacy benefits provided in this State. (NRS 439B.835) **Section 29** creates the Office of Data Analytics within the Authority, and **sections 26, 34, 202-204 and 359** of this bill transfer to the Office the responsibility for operating the all-payer claims database.

Existing law: (1) requires the Division of Public and Behavioral Health to enforce provisions governing sanitation and food establishments under certain circumstances; and (2) requires each county where the Division provides such enforcement to pay an assessment to the Division. (NRS 439.4905, chapters 444 and 446 of NRS) **Sections 26, 34, 206-208 and 210-216** of this bill transfer to the Authority the authority to enforce provisions governing sanitation and food establishments, and **sections 30 and 153** of this bill require counties who currently pay to the Division an assessment for those functions to instead pay the assessment to the Authority.

Existing law requires the State Board of Health to license and regulate music therapists and dietitians. (Chapters 640D and 640E of NRS) **Sections 26, 283-297 and 300-323** of this bill transfer to the Health Care Purchasing and Compliance Division the responsibilities for issuing and renewing licenses to those professionals and enforcing provisions of law and regulations governing those professionals and leave the authority to adopt regulations governing those professions with the State Board.

Existing law creates the Silver State Health Insurance Exchange. (NRS 695I.200) Existing law requires the Exchange to: (1) create and administer a state-based health insurance exchange; (2) facilitate the purchase and sale of qualified health plans; (3) provide for the establishment of a program to help certain small employers in Nevada in facilitating the enrollment of employees in qualified health plans; and (4) perform all other duties required pursuant to the federal Patient Protection and Affordable



Care Act, the federal Health Care and Education Reconciliation Act of 2010 and any amendments to or regulations or guidance issued pursuant to those Acts. (Pub. L. No. 111-148, Pub. L. No. 111-152; NRS 695I.200, 695I.210) The Exchange is governed by the Board of Directors consisting of five voting members appointed by the Governor, one voting member appointed by the Senate Majority Leader, one voting member appointed by the Speaker of the Assembly and three ex officio, nonvoting members. (NRS 695I.300) **Sections 346-348** of this bill place the Exchange under the authority of the Consumer Health Division. **Section 348**: (1) reduces the number of members of the Board appointed by the Governor from five to two; (2) adds three heads of agencies whose work relates to public health or health insurance as ex officio, voting members of the Board; and (3) reduces the nonvoting membership of the Board. **Sections 349 and 350** of this bill make revisions governing the terms of the members and officers of the Board. **Section 352** of this bill transfers from the Board to the Director of the Authority or his or her designee the responsibility for appointing the Executive Director of the Exchange. **Sections 351 and 352** of this bill transfer certain duties relating to auditing and reports from the Board to the Executive Director. **Sections 353 and 354** of this bill transfer certain other duties related to the Exchange to Authority and its Director.

Existing law requires the Director of the Department, in consultation with the Commissioner of Insurance and the Executive Director of the Exchange, to design, establish and operate a health benefit plan known as the Public Option. (NRS 695K.200) **Section 355** of this bill transfers the responsibility for designing, establishing and operating the Public Option to the Director of the Authority.

Section 27 of this bill requires the Director and the Authority to: (1) take certain actions to facilitate determinations of eligibility for and the selection of plans under Medicaid and certain other public health insurance programs under the jurisdiction of the Authority; and (2) assess and recommend improvements to the Public Employees' Benefits Program. **Sections 9-13, 38-60, 62, 77, 78, 80, 81, 83, 96-98, 100, 121, 123, 125, 128-139, 142, 161, 178, 179, 188, 189, 195, 196, 205, 209, 248, 249, 251-275, 277-280, 324, 328-336, 338-341 and 356-358** of this bill make various conforming changes to reflect the authority transferred by the provisions of this bill. **Sections 32, 34, 38, 46, 99, 122, 127, 239, 287, 307 and 326** of this bill change the name of the Division of Welfare and Supportive Services of the Department to the Division of Social Services of the Department. **Sections 33, 37, 82, 119, 120, 123, 124, 126-128 and 368** of this bill revise the terminology to refer to certain programs operated by that Division from "welfare" to "public assistance." **Section 132** revises the term "transitional assistance" to "child care assistance" to describe certain assistance provided pursuant to federal Temporary Assistance for Needy Families program. **Sections 1, 16, 17, 64, 65, 85, 140, 176, 191, 192, 225, 240, 281, 298, 343 and 344** of this bill define certain terms, and **sections 15, 67, 75, 76, 92, 177, 193, 201, 282, 299, 337 and 345** of this bill make conforming changes to indicate the applicability of those definitions. **Section 371** eliminates certain definitions that are no longer necessary. **Sections 58.5 and 120.5** of this bill authorize the Board of State Prison Commissioners to obtain prescription drugs for the treatment of offenders through collaborative purchasing conducted by the Authority for Medicaid and certain public and nonprofit health plans.

Section 361 of this bill transfers to the Authority the duty to carry out any requirements of a bill that is enacted by the Legislature during this session and approved by the Governor to: (1) require the Department of Health and Human Services to operate a program to award money to support projects to address shortages of providers of health care in this State; or (2) impose certain requirements on Medicaid or the Children's Health Insurance Program.



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

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

Section 1. Chapter 223 of NRS is hereby amended by adding thereto a new section to read as follows:

As used in NRS 223.631 to 223.639, inclusive, unless the context otherwise requires, “Division” means the Consumer Health Division of the Nevada Health Authority.

Sec. 2. NRS 223.610 is hereby amended to read as follows:

223.610 The Director of the Office of Science, Innovation and Technology shall:

1. Advise the Governor and the Executive Director of the Office of Economic Development on matters relating to science, innovation and technology.

2. Work in coordination with the Office of Economic Development to establish criteria and goals for economic development and diversification in this State in the areas of science, innovation and technology.

3. As directed by the Governor, identify, recommend and carry out policies related to science, innovation and technology.

4. Report periodically to the Executive Director of the Office of Economic Development concerning the administration of the policies and programs of the Office of Science, Innovation and Technology.

5. Coordinate activities in this State relating to the planning, mapping and procurement of broadband service in a competitively neutral and nondiscriminatory manner, which must include, without limitation:

(a) Development of a strategic plan to improve the delivery of broadband services in this State to schools, libraries, providers of health care, transportation facilities, prisons and other community facilities;

(b) Applying for state and federal grants on behalf of eligible entities and managing state matching money that has been appropriated by the Legislature;

(c) Coordinating and processing applications for state and federal money relating to broadband services;

(d) Prioritizing construction projects which affect or involve the expansion or deployment of broadband services in this State;

(e) In consultation with providers of health care from various health care settings, the expansion of telehealth services to reduce health care costs and increase health care quality and access in this



State, especially in rural, unserved and underserved areas of this State;

(f) Expansion of the fiber optic infrastructure in this State for the benefit of the public safety radio and communications systems in this State;

(g) Collection and storage of data relating to agreements and contracts entered into by the State for the provision of fiber optic assets in this State;

(h) Administration of the trade policy for fiber optic infrastructure in this State; and

(i) Establishing and administering a program of infrastructure grants for the development or improvement of broadband services for persons with low income and persons in rural areas of this State using money from the Account for the Grant Program for Broadband Infrastructure created by NRS 223.660. The Director may adopt regulations to carry out his or duties pursuant to this paragraph.

6. ~~{Provide support to the Advisory Council on Graduate Medical Education and implement the Graduate Medical Education Grant Program established pursuant to NRS 223.637.~~

~~—7.}~~ In carrying out his or her duties pursuant to this section, consult with the Executive Director of the Office of Economic Development and cooperate with the Executive Director in implementing the State Plan for Economic Development developed by the Executive Director pursuant to subsection 2 of NRS 231.053.

~~{8.}~~ 7. Administer such grants as are provided by legislative appropriation.

Sec. 3. NRS 223.630 is hereby amended to read as follows:

223.630 1. The Account for the Office of Science, Innovation and Technology is hereby created in the State General Fund. The Account must be administered by the Director of the Office of Science, Innovation and Technology.

2. Except as otherwise provided in NRS ~~{223.631 and}~~ 223.660, any money accepted pursuant to NRS 223.620 must be deposited in the Account.

3. The interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.

4. The money in the Account must only be used to carry out the duties of the Director.

5. Claims against the Account must be paid as other claims against the State are paid.



Sec. 4. NRS 223.631 is hereby amended to read as follows:

223.631 1. The Account for the Graduate Medical Education Grant Program is hereby created in the State General Fund. The Director of the ~~{Office of Science, Innovation and Technology}~~ *Nevada Health Authority, or his or her designee*, shall administer the Account.

2. The Director of the ~~{Office of Science, Innovation and Technology}~~ *Nevada Health Authority, or his or her designee*, may:

(a) Accept any gift, donation, bequest or devise; and
(b) Apply for and accept any grant, loan or other source of money, ➤ for deposit in the Account to assist the Director in carrying out the Graduate Medical Education Grant Program established pursuant to NRS 223.637.

3. The interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.

4. The money in the Account must only be used to:

(a) Award competitive grants to institutions in this State seeking to create, expand or retain programs for residency training and postdoctoral fellowships that are approved by the Accreditation Council for Graduate Medical Education or its successor organization; and

(b) Defray the costs of establishing and administering the Graduate Medical Education Grant Program established pursuant to NRS 223.637.

5. Any money remaining in the Account at the end of the fiscal year does not revert to the State General Fund, and the balance in the Account must be carried forward to the next fiscal year.

6. Claims against the Account must be paid as other claims against the State are paid.

Sec. 5. NRS 223.633 is hereby amended to read as follows:

223.633 1. The Advisory Council on Graduate Medical Education is hereby created within the ~~{Office of Science, Innovation and Technology}~~ *Division*. The Council consists of:

(a) The dean of each medical school in this State that is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or their successor organizations, or his or her designee;

(b) The dean of each school of osteopathic medicine in this State that is accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association or its successor organization, or his or her designee;



(c) Two members appointed by the Governor who are physicians licensed pursuant to chapter 630 or 633 of NRS;

(d) One member appointed by the Governor who represents hospitals located in counties whose population is less than 100,000;

(e) One member appointed by the Governor who represents hospitals located in counties whose population is 100,000 or more but less than 700,000;

(f) One member appointed by the Governor who represents hospitals located in a county whose population is 700,000 or more;

(g) One member appointed by the Governor who represents the medical corps of any of the Armed Forces of the United States;

(h) One member appointed by the Governor who represents the Department of ~~Health and~~ Human Services; and

(i) One member appointed by the Governor who represents the Office of Economic Development in the Office of the Governor.

2. In addition to the members appointed by the Governor pursuant to subsection 1, the Governor may appoint two members as the Governor determines necessary to carry out the provisions of NRS 223.631 to 223.639, inclusive.

3. After the initial terms, the term of each member of the Council is 3 years, and members shall serve at the pleasure of the Governor.

4. Any vacancy occurring in the membership of the Council must be filled in the same manner as the original appointment not later than 30 days after the vacancy occurs.

5. The Council shall select from its members a Chair and a Vice Chair who shall hold office for 1 year and who may be reselected.

6. The Council shall meet at the call of the Chair as often as necessary to evaluate applications for competitive grants for the Graduate Medical Education Grant Program established pursuant to NRS 223.637 and make recommendations to the ~~Office of Science, Innovation and Technology~~ **Division** concerning the approval of applications for such grants.

7. A majority of the members of the Council constitutes a quorum for the transaction of business, and a majority of those members present at any meeting is sufficient for any official action taken by the Council.

8. The members of the Council serve without compensation, except that each member is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally while engaged in the official business of the Council.

9. A member of the Council who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for



and attend meetings of the Council and perform any work necessary to carry out the duties of the Council in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Council to:

- (a) Make up the time he or she is absent from work to carry out his or her duties as a member of the Council; or
- (b) Take annual leave or compensatory time for the absence.

Sec. 6. NRS 223.635 is hereby amended to read as follows:

223.635 The Advisory Council on Graduate Medical Education shall:

1. Evaluate applications for competitive grants for the Graduate Medical Education Grant Program established pursuant to NRS 223.637 and make recommendations to the ~~{Office of Science, Innovation and Technology}~~ **Division** concerning the approval of applications for such grants. In evaluating and making recommendations concerning such applications, the Council shall give priority to the award of grants for the retention of programs in this State for residency training and postdoctoral fellows when the federal funding for the support of such programs expires.

2. Study and make recommendations to the ~~{Office of Science, Innovation and Technology,}~~ **Division**, the Governor and the Legislature concerning:

(a) The creation and retention of programs in this State for residency training and postdoctoral fellows that are approved by the Accreditation Council for Graduate Medical Education or its successor organization; and

(b) The recruitment and retention of physicians necessary to meet the health care needs of the residents of this State, with the emphasis on those health care needs.

Sec. 7. NRS 223.637 is hereby amended to read as follows:

223.637 1. The ~~{Office of Science, Innovation and Technology}~~ **Division** shall establish and administer a Graduate Medical Education Grant Program as a competitive grant program to award grants to institutions in this State seeking to create, expand or retain programs for residency training and postdoctoral fellows that are approved by the Accreditation Council for Graduate Medical Education or its successor organization.

2. In awarding grants pursuant to the Program established pursuant to subsection 1, the ~~{Office of Science, Innovation and Technology}~~ **Division** shall consider the recommendations of the Advisory Council on Graduate Medical Education created by NRS 223.633 and give priority to the award of grants for the retention



of programs in this State for residency training and postdoctoral fellows when the federal funding for the support of such programs expires.

3. The ~~[Office of Science, Innovation and Technology]~~ **Division** shall establish a committee to develop a process, procedure and rubric for evaluating applications for grants pursuant to the Program established pursuant to subsection 1 to ensure that the process and procedure are transparent, without bias, fair, equitable and accessible. The committee established pursuant to this subsection must be composed of persons with expertise in subject matters related to graduate medical education who are not affiliated with any applicant for a grant pursuant to the Program established pursuant to subsection 1.

4. The ~~[Office of Science, Innovation and Technology]~~ **Division** may adopt regulations necessary to carry out the Program established pursuant to subsection 1. Such regulations may include, without limitation, the requirements to apply for and receive a grant.

Sec. 8. NRS 223.639 is hereby amended to read as follows:

223.639 1. On or before October 1 of each year, the ~~[Office of Science, Innovation and Technology]~~ **Division** shall submit a written report to:

- (a) The Governor; and
- (b) The Director of the Legislative Counsel Bureau for transmittal to:

(1) The Interim Finance Committee in an odd-numbered year; or

(2) The next regular session of the Legislature in an even-numbered year.

2. The report must include, without limitation:

(a) Information on the Graduate Medical Education Grant Program established pursuant to NRS 223.637; and

(b) Any recommendations regarding graduate medical education in this State, including, without limitation:

(1) The creation, expansion and retention of programs in this State for residency training and postdoctoral fellows; and

(2) Methods by which this State may recruit and retain physicians necessary to meet the health care needs of the residents of this State.

Sec. 9. NRS 223.950 is hereby amended to read as follows:

223.950 1. The Public Health Resource Office is hereby created within the Office of the Governor.

2. The Governor shall appoint a person who is knowledgeable in the field of public health to serve as the Public Health Resource



Officer. The Public Health Resource Officer is not in the classified or unclassified service of the State and serves at the pleasure of the Governor.

3. The Public Health Resource Office may accept gifts, grants and donations to support its duties.

4. The Public Health Resource Office shall:

(a) Analyze the existing infrastructure for meeting the public health needs of this State and the relationships between persons and entities involved in the provision of public health services, including, without limitation, the Division of Public and Behavioral Health of the Department of ~~{Health and}~~ Human Services, *the Nevada Health Authority*, local health authorities, providers of health care, health care facilities and nonprofit organizations; and

(b) Identify and make recommendations to the Governor, the Legislature, the Director of the Department of ~~{Health and}~~ Human Services, ~~{and}~~ the Administrator of the Division of Public and Behavioral Health of the Department *and the Director of the Nevada Health Authority* concerning:

- (1) Unmet needs for public health services;
- (2) Opportunities to obtain federal or private funding to support public health services; and
- (3) Ways in which to improve coordination between providers of public health services and maximize efficiency in the delivery of public health services.

Sec. 10. NRS 226.454 is hereby amended to read as follows:

226.454 “Provider of health care” means:

1. A physician;
2. A physician assistant licensed pursuant to chapter 630 or 633 of NRS;
3. A dentist;
4. A licensed nurse;
5. A person who holds a license as an attendant or is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;
6. An optometrist;
7. An audiologist;
8. A practitioner of respiratory care;
9. A podiatric physician;
10. A psychologist;
11. A clinical professional counselor;
12. A perfusionist;
13. A pharmacist or pharmacy technician;



14. An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

15. A midwife; or

16. A provider of doula services who is enrolled with the *Medicaid* Division of ~~{Health Care Financing and Policy of the Department of Health and Human Services}~~ *the Nevada Health Authority* to receive reimbursement through Medicaid pursuant to NRS 422.27177.

Sec. 11. NRS 228.410 is hereby amended to read as follows:

228.410 1. The Attorney General has primary jurisdiction to investigate and prosecute violations of NRS 422.540 to 422.570, inclusive, and any fraud in the administration of the Plan or in the provision of medical assistance pursuant to the Plan. The provisions of this section notwithstanding, the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* and the *Medicaid* Division of ~~{Health Care Financing and Policy of the Department of Health and Human Services}~~ *the Nevada Health Authority* shall enforce the Plan and any regulations adopted pursuant thereto.

2. For this purpose, the Attorney General shall establish within his or her office the Medicaid Fraud Control Unit. The Unit must consist of a group of qualified persons, including, without limitation, an attorney, an auditor and an investigator who, to the extent practicable, have expertise in nursing, medicine and the administration of medical facilities.

3. The Attorney General, acting through the Medicaid Fraud Control Unit:

(a) Is the single state agency responsible for the investigation and prosecution of violations of NRS 422.540 to 422.570, inclusive;

(b) May conduct any investigation or prosecution authorized pursuant to 42 U.S.C. § 1396b(q);

(c) Shall review reports of abuse or criminal neglect of patients in medical facilities which receive payments under the Plan and, when appropriate, investigate and prosecute the persons responsible;

(d) May review and investigate reports of misappropriation of money from the personal resources of patients in medical facilities that receive payments under the Plan and, when appropriate, shall prosecute the persons responsible;

(e) Shall cooperate with federal investigators and prosecutors in coordinating state and federal investigations and prosecutions involving fraud in the provision or administration of medical assistance pursuant to the Plan, and provide those federal officers



with any information in his or her possession regarding such an investigation or prosecution; and

(f) Shall protect the privacy of patients and establish procedures to prevent the misuse of information obtained in carrying out the provisions of this section and NRS 228.411.

4. When acting pursuant to this section or NRS 228.175, the Attorney General may commence an investigation and file a criminal action without leave of court, and has exclusive charge of the conduct of the prosecution.

5. The Attorney General may, by appropriate legal action, recover any reasonable costs or expenses incurred in conducting an investigation or prosecution pursuant to this section or NRS 228.411. The Attorney General may retain the costs and expenses recovered pursuant to this subsection up to an amount not exceeding, in the aggregate, three times the amount of any money paid by this State which matches federal grant money for the Medicaid Fraud Control Unit. Costs and expenses recovered by the Attorney General in excess of the amount retained by the Attorney General must be deposited in the State General Fund for credit to the appropriate account for the Plan.

6. As used in this section:

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

(b) “Plan” means the State Plan for Medicaid established pursuant to NRS 422.063.

Sec. 12. NRS 228.470 is hereby amended to read as follows:

228.470 1. The Committee on Domestic Violence is hereby created. The Committee is comprised of the Attorney General or a designee of the Attorney General and:

(a) The following members appointed by the Attorney General:

(1) One staff member of a program for victims of domestic violence;

(2) One staff member of a program for the treatment of persons who commit domestic violence;

(3) One representative from an office of the district attorney with experience in prosecuting criminal offenses;

(4) One representative from an office of the city attorney with experience in prosecuting criminal offenses;

(5) One law enforcement officer;

(6) One provider of mental health care;

(7) Two survivors of domestic violence;

(8) One justice of the peace or municipal judge;



(9) One representative from the Office of Court Administrator; and

(10) Any other person appointed by the Attorney General.

(b) One member who is a representative of the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~ *the Nevada Health Authority*, who is appointed by the Administrator of the Division and who has experience related to the certification of programs for the treatment of persons who commit domestic violence.

➤ Each appointed member serves a term of 2 years. Members may be reappointed for additional terms of 2 years. At least two members of the Committee must be residents of a county whose population is less than 100,000.

2. The Committee shall:

(a) Increase awareness of the existence and unacceptability of domestic violence in this State;

(b) Review and evaluate existing programs provided to peace officers for training related to domestic violence and make recommendations to the Peace Officers' Standards and Training Commission regarding such training;

(c) To the extent that money is available, provide financial support to programs for the prevention of domestic violence in this State;

(d) Study and review all appropriate issues related to the administration of the criminal justice system in rural Nevada with respect to offenses involving domestic violence, including, without limitation, the availability of counseling services;

(e) Study issues that relate to domestic violence, including, without limitation, the intersections between domestic violence and sexual assault and domestic violence and human trafficking; and

(f) Submit on or before March 1 of each odd-numbered year a report to the Director of the Legislative Counsel Bureau for distribution to the regular session of the Legislature. In preparing the report, the Committee shall solicit comments and recommendations from district judges, municipal judges and justices of the peace in rural Nevada. The report must include, without limitation:

(1) A summary of the work of the Committee and recommendations for any necessary legislation concerning domestic violence; and

(2) All comments and recommendations received by the Committee.



3. The Attorney General or the designee of the Attorney General is the Chair of the Committee.

4. The Committee shall annually elect a Vice Chair from among its members.

5. The Committee shall meet regularly at least three times in each calendar year and may meet at other times upon the call of the Chair.

6. At least one meeting in each calendar year must be held at a location within the Fourth Judicial District, Fifth Judicial District, Sixth Judicial District, Seventh Judicial District or Eleventh Judicial District.

7. The Attorney General shall provide the Committee with such staff as is necessary to carry out the duties of the Committee.

8. While engaged in the business of the Committee, each member and employee of the Committee is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

9. The Committee may adopt regulations necessary to carry out its duties pursuant to NRS 228.470 to 228.497, inclusive.

Sec. 13. NRS 231.3737 is hereby amended to read as follows:

231.3737 1. The financial operating plan for the qualified project prepared in accordance with paragraph (c) of subsection 4 of NRS 231.3727 must provide for the annual operations and maintenance of the facility as well as the ongoing capital needs of the facility.

2. To pay the operating costs of a facility within a qualified project, the State Controller shall, on July 1 of each fiscal year, transfer from the Homelessness Support Services Matching Account created by NRS 231.3739 an amount of money equal to the amount of money to be provided for that fiscal year by any participating municipalities pursuant to paragraph (b) of subsection 2 of NRS 231.3735, but such amount transferred by the State Controller must not exceed \$15,000,000 per fiscal year, as adjusted pursuant to subsection 5.

3. In addition to any support provided pursuant to subsection 2, the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* may administratively create any necessary provider codes to maximize Medicaid billing for the services provided by the qualified project.

4. Nothing contained in NRS 231.3711 to 231.3737, inclusive, shall be deemed to limit the ability of any participant in a qualified project from accessing programmatic funding for services provided



by the qualified project that would otherwise be available from a government, private sector or nonprofit source.

5. The monetary amount specified in subsection 2 shall be adjusted for each fiscal year by adding to the amount the product of the amount multiplied by the percentage increase in the consumer price inflation index between the calendar year ending on December 31, 2023, and the calendar year immediately preceding the fiscal year for which the adjustment is made.

6. For the purposes of this section, “consumer price inflation index” means the Consumer Price Index for All Urban Consumers, West Region (All Items), as published by the United States Department of Labor or, if that index ceases to be published by the United States Department of Labor, the published index selected by the Department of Taxation pursuant to subsection 11 of NRS 361.091.

Sec. 14. Chapter 232 of NRS is hereby amended by adding thereto the provisions set forth as sections 15 to 31, inclusive, of this act.

Sec. 15. *As used in sections 15 to 31, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 16 and 17 of this act have the meanings ascribed to them in those sections.*

Sec. 16. *“Authority” means the Nevada Health Authority.*

Sec. 17. *“Director” means the Director of the Authority.*

Sec. 18. 1. *The Nevada Health Authority is hereby created as a department within the Executive Department of the State Government.*

2. *The purposes of the Authority are to:*

(a) Improve access to health care that is safe, of high quality and affordable;

(b) Promote the development of a workforce of providers of health care that is sufficient to meet the demand for health care in this State;

(c) Ensure the availability of affordable health coverage for residents of this State, including, without limitation, current and retired employees of the State Government;

(d) Develop effective and efficient systems for delivering health care and value-based strategies for procuring health insurance coverage in the most sustainable and responsive manner possible; and

(e) Ensure the long-term stability of Medicaid, the Children’s Health Insurance Program, the Public Employees’ Benefits Program, the Silver State Health Insurance Exchange and the



Public Option by minimizing the financial burden of health care on persons who receive health coverage through those programs, the state budget and other residents of this State through the use of measures to contain costs, maximizing the impact of state and federal money and the application of innovative purchasing and contracting strategies.

3. The Authority consists of a Director and:

(a) The Medicaid Division;

(b) The Health Care Purchasing and Compliance Division; and

(c) The Consumer Health Division.

4. The Authority is the sole agency responsible for administering the provisions of law relating to its respective divisions.

Sec. 19. The Director:

1. Is appointed by, is responsible to, and serves at the pleasure of the Governor.

2. Is in the unclassified service of the State.

3. Except as otherwise provided in NRS 284.143, shall not engage in any other gainful employment or occupation.

4. Must have:

(a) A graduate degree from an accredited college or university in public health, public administration, law or a related field; and

(b) Broad, responsible experience in the field of administration or possess broad management skills or working knowledge of the field of health care or public health administration.

5. Must be selected with special reference to his or her training, experience and aptitude for coordinating related functions of public health agencies and public health insurance programs. The Director's knowledge and abilities should include the following:

(a) A comprehensive knowledge of administrative principles, and a working knowledge of principles of public finance and the laws, rules and regulations pertaining to public agencies.

(b) Administrative ability to assess the operating efficiency of component agencies and to delegate authority and duties to responsible deputy directors or other personnel of the Authority.

(c) The ability to organize and clearly present oral and written findings and recommendations to the Governor, the Legislature and other officials and agencies.

Sec. 20. 1. The Director may employ, within the limits of legislative appropriations, such staff as is necessary to the performance of the Director's duties.



2. Any provider of health care who is employed by the Authority for purposes related to Medicaid or the Children's Health Insurance Program must sign a form agreeing to:

(a) Avoid or minimize conflicts of interest between the personal interests of the provider of health care and the interests of Medicaid or the Children's Health Insurance Program; and

(b) If a conflict of interest described in paragraph (a) arises:

(1) Report the conflict to the Administrator of the Medicaid Division of the Authority; and

(2) Recuse himself or herself from action or deliberation on the matter in the capacity of his or her employment with the Authority.

3. Notwithstanding any other provision of law, except NRS 287.0424, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Authority.

Sec. 21. 1. The Director shall appoint, with the consent of the Governor, the following Deputy Directors:

(a) The Deputy Director of Operations, who shall oversee the operations of the Authority, including, without limitation, human resources, the training and development of staff and the management and improvement of agency processes; and

(b) The Deputy Director of Health Care Financing, who shall:

(1) Oversee the budgets of Medicaid, the Children's Health Insurance Program, the Silver State Health Insurance Exchange and the Public Option; and

(2) Maximize the ability of the State to leverage federal money to support programs under the jurisdiction of the Authority.

2. A Deputy Director appointed pursuant to this section:

(a) Is in the unclassified service of the State, except where otherwise required by federal law;

(b) Serves at the pleasure of the Director and is subject to the administrative supervision of the Director; and

(c) Except as otherwise provided in NRS 284.143, shall devote his or her entire time and attention to the business of his or her office and shall not pursue any other business or occupation or hold any other office of profit.

Sec. 22. 1. The Director shall appoint, with the consent of the Governor, administrators of the divisions of the Authority, who are respectively designated as follows:

(a) The Administrator of the Medicaid Division, who:

(1) Must possess the qualifications set forth in NRS 422.2354; and



(2) Shall perform the duties assigned to the Administrator by NRS 422.2354 to 422.2374, inclusive, and such other duties as assigned by the Director.

(b) The Administrator of the Health Care Purchasing and Compliance Division, who shall oversee activities relating to the purchasing of health care services, the licensure and inspection of facilities and providers of health care, activities to prevent waste and fraud and other activities relating to compliance with state and federal law.

(c) The Administrator of the Consumer Health Division, who shall oversee the services and activities relating to coverage and consumer health care that fall under the jurisdiction of the Authority.

2. An administrator appointed pursuant to this section:

(a) Is in the unclassified service of the State;

(b) Serves at the pleasure of the Director and is subject to the supervision of the Director; and

(c) Except as otherwise provided in NRS 284.143, shall devote his or her entire time and attention to the business of his or her office and shall not pursue any other business or occupation or hold any other office of profit.

Sec. 23. *1. The Administrator of the Health Care Purchasing and Compliance Division shall appoint, with the consent of the Director:*

(a) The Deputy Administrator of Licensure and Compliance, who shall administer activities related to the licensure and inspection of facilities and providers of health care regulated by the Authority;

(b) The Deputy Administrator of Fraud and Waste Prevention, who shall serve as the executive head of the Office of the Medicaid Inspector General created by section 87 of this act; and

(c) The Regulatory and Compliance Counsel, who:

(1) Must be an attorney admitted to practice law in one of the United States who is knowledgeable and experienced concerning the performance of the activities described in subparagraph (2); and

(2) Shall ensure the compliance of all programs and activities of the Authority with relevant state and federal laws.

2. The Administrator of the Medicaid Division may appoint, with the consent of the Director:

(a) Two deputy administrators who shall assist in the administration of Medicaid and the Children's Health Insurance Program, including, without limitation:



(1) The daily operations of Medicaid and the Children's Health Insurance Program;

(2) The management of services for recipients of Medicaid and the Children's Health Insurance Program;

(3) The development of coverage and the delivery of covered benefits under Medicaid and the Children's Health Insurance Program;

(4) Compliance with state and federal law governing Medicaid and the Children's Health Insurance Program;

(5) Oversight of billing and the payment of claims under Medicaid and the Children's Health Insurance Program; and

(6) Collaboration with the Federal Government relating to Medicaid and the Children's Health Insurance Program; and

(b) The following clinical officers:

(1) The Senior Pharmacy Officer, who:

(I) Must hold an active license to practice pharmacy in this State; and

(II) Shall oversee the development of pharmacy benefits under Medicaid and the Children's Health Insurance Program and assist in carrying out the provisions of NRS 422.401 to 422.406, inclusive; and

(2) The Medical Director, who:

(I) Must hold an active license to engage in the practice of medicine or osteopathic medicine in this State; and

(II) Shall provide clinical advice and guidance to the Administrator and his or her deputies to support the development of benefits, the review of claims and the processing of appeals for Medicaid and the Children's Health Insurance Program.

3. The officers appointed pursuant to this section:

(a) Are in the unclassified service of the State; and

(b) Serve at the pleasure of the appointing administrator and are subject to the supervision of that administrator.

Sec. 24. *1. Except as otherwise provided in this section and NRS 287.04345 and 695I.210 or other specific statute, the provisions of chapter 333 of NRS do not apply to purchasing by the Authority.*

2. The Authority may, as determined by the Director, conduct the process for procuring commodities and services, negotiating the cost of such commodities and services and entering into contracts for the provision of such commodities and services for the programs under the jurisdiction of the Authority. In conducting that process, the Authority may:



(a) Utilize a single or simultaneous competitive procurement process for multiple programs to provide high value for people who receive health coverage through those programs and the State Government;

(b) Solicit and receive responses from prospective vendors by posting requests for proposals, bids and documents establishing the scope of work to be performed on a project and other documents on an Internet website maintained by the Authority; and

(c) Join contracts with public or private entities in this State, the District of Columbia or other states or territories of the United States as appropriate to increase value for the State Government.

3. In consultation with the Department of Administration and the Office of the Attorney General, the Authority shall adopt regulations to carry out the provisions of this section. Those regulations must:

(a) Establish processes and rules governing any committee established to evaluate proposals;

(b) Require the provision of notice to prospective vendors who submit proposals to provide commodities or services before and after the Authority awards a contract;

(c) Provide for the confidentiality of information submitted as part of a proposal and any communication between a person who submits a proposal and the Authority or any members of a committee described in paragraph (a);

(d) Prescribe the procedure for awarding a contract, which may include, without limitation, procedures for:

(1) An invitation to bid, a request for proposals, a request for qualifications, a request for information, a request for a quote or any other generally accepted procedures for awarding contracts;

(2) Soliciting, bidding and receiving proposals and bids through an Internet website in accordance with paragraph (b) of subsection 2; and

(3) Determining the costs of a contract for the purpose of soliciting bids and responses;

(e) Establish preferences for bids or proposals submitted by businesses based in this State, businesses owned and operated by veterans with service-connected disabilities and other entities which are given preferences under chapter 333 of NRS;

(f) Establish the duties of persons who are authorized to enter into contracts on behalf of the Authority, which must be consistent with the duties prescribed by NRS 333.337;

(g) Prescribe prohibitions consistent with NRS 333.339 against entering into certain contracts;



(h) Prescribe procedures for determining and awarding contracts to bidders who will produce results that are high in quality and value;

(i) Procedures consistent with NRS 333.350 for:

(1) Awarding contracts for separate items or portions or groups of items, or for separate portions of a project;

(2) Rejecting all bids or proposals;

(3) Withdrawing bids or proposals; and

(4) Entering records of bids and proposals;

(j) Penalties consistent with NRS 333.365 for persons who enter into contracts with the Authority and do not perform according to the contract;

(k) Procedures for the submission of revised proposals;

(l) Procedures consistent with NRS 333.370 by which a person who makes an unsuccessful bid or proposal may submit an appeal, including, without limitation, requirements that such a person:

(1) File a notice of appeal with the Authority and the Hearings Division of the Department of Administration; and

(2) Post a bond with good and solvent surety in a form approved by the Director in an amount that is equal to or greater than 25 percent of the amount of the successful bid submitted for the same project;

(m) Procedures consistent with NRS 333.435 for purchasing prescription drugs, pharmaceutical services or medical supplies and related services; and

(n) Procedures for the awarding of contracts on a contingency basis.

4. The Director may require that:

(a) A bid or proposal submitted pursuant to this section be accompanied by a certified check, cashier's check or bond in an amount not to exceed 5 percent of the total value of the bid or proposal, if such a request applies to all persons who submit bids or proposals for the relevant project.

(b) A person or entity that submits a successful bid or proposal pursuant to this section submit, as a condition to entering into a contract with the Authority, a certified check, cashier's check or bond in an amount not to exceed the total value of the contract.

5. The Authority is not liable for any expense incurred by or loss of income sustained by any person as the result of a requirement imposed pursuant to subsection 4.

6. The requirements of NRS 333.705, 333.800 and 333.810 apply to procurement conducted pursuant to this section.



7. *Proprietary information, as defined in NRS 333.020, is confidential and is not a public record.*

8. *Except as otherwise provided in NRS 239.0115, any proposal submitted to the Authority under this section is confidential and may not be disclosed until the relevant contract is awarded.*

Sec. 25. 1. *The officers and divisions of the Authority, in the performance of their official duties, may share information in their possession amongst themselves which is otherwise declared confidential by statute, if the confidentiality of the information is otherwise maintained under the terms and conditions required by law.*

2. *The officers and divisions of the Authority may share confidential information with agencies of local governments which are responsible for the collection of debts or obligations or for aiding the Authority in its official duties, if the confidentiality of the information is otherwise maintained under the terms and conditions required by law.*

Sec. 26. 1. *The Authority shall administer:*

(a) *The provisions of chapters 446, 449, 449A, 634B, 640D, 640E, 652, 695I and 695K of NRS and NRS 223.631 to 223.639, inclusive, 287.0402 to 287.049, inclusive, and sections 64, 65 and 65.5 of this act, 422.001 to 422.410, inclusive, and sections 85 to 91, inclusive, of this act, 422.580, 439.258, 439.271 to 439.2794, inclusive, 439.581 to 439.597, inclusive, 439.800 to 439.918, inclusive, 439A.200 to 439A.290, inclusive, 439B.600 to 439B.695, inclusive, 439B.800 to 439B.875, inclusive, and section 192 of this act, and 444.003 to 444.430, inclusive, and all other provisions of law relating to the functions of the divisions of the Authority; and*

(b) *Any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.*

2. *The Governor may delegate functions to the Authority other than those described in sections 15 to 31, inclusive, of this act.*

Sec. 27. 1. *The Director shall:*

(a) *Enter into a contract with one or more qualified experts to develop and implement a plan to allow persons who are eligible for coverage under the Public Employees' Benefits Program, Medicaid, the Children's Health Insurance Program, the Silver State Health Insurance Exchange and the Public Option to select and, where applicable, purchase such coverage in a manner that improves access to affordable, quality health care and minimizes*



the cost of health care to the State. The plan must include, without limitation, strategies for:

(1) Purchasing coverage for the programs described in this subsection; and

(2) Strengthening networks of providers established for the programs described in this section.

(b) Periodically present the plan described in paragraph (a) to the Board of the Public Employees' Benefits Program, solicit input from the Board and make such adjustments as the Director deems appropriate in response to such input.

(c) Within the limits of available resources, utilize the experts contracted pursuant to paragraph (a) to:

(1) Assess and monitor the value, quality and accessibility of services provided by the Public Employees' Benefits Program to participants;

(2) Review national best practices applicable to insurance for current and retired public employees and dependents thereof;

(3) Make recommendations to the Board of the Public Employees' Benefits Program concerning ways to improve the value, quality and accessibility of services provided to participants, including, without limitation:

(I) Ways to provide additional support to participants in accessing and utilizing benefits;

(II) Measures to improve the health literacy of participants, including, without limitation, participants who have retired and have coverage through Medicare; and

(4) Provide such additional assessments and recommendations as requested by the Board of the Public Employees' Benefits Program.

(d) On or before February 1 of each odd-numbered year:

(1) Compile a report concerning the development and implementation of the plan described in paragraph (a), which must include, without limitation, a summary of:

(I) The input received from the Board of the Public Employees' Benefits Program pursuant to paragraph (b); and

(II) Any actions taken by the Director in response to such input; and

(2) Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature.

(e) Develop and implement a plan to facilitate real-time final determinations of eligibility for and enrollment in applicable state health subsidy programs through the Silver State Health Insurance



Exchange in a manner that includes the ability to make the comparisons described in paragraph (a) of subsection 6 of NRS 422.273, where applicable.

2. The Authority shall:

(a) Apply to the Secretary of Health and Human Services for any waiver of federal law or apply for any amendment to the State Plan for Medicaid or other federal authority that is necessary for the Authority to carry out the provisions of paragraph (e) of subsection 1.

(b) Fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver, amendment or other federal authority pursuant to paragraph (a).

3. As used in this section:

(a) “Applicable state health subsidy program” has the meaning ascribed to it in 42 U.S.C. § 18083(e).

(b) “Network” means a defined set of providers of health care who are under contract with the Authority to provide health care services pursuant to the Public Employees’ Benefits Program, Medicaid, the Children’s Health Insurance Program, the Silver State Health Insurance Exchange or the Public Option.

Sec. 28. *1. In addition to the adoption of any state plan required pursuant to NRS 422.063 and except where otherwise provided by a specific provision of law, the Director or the Director’s designee shall adopt each state plan required by the Federal Government, either directly or as a condition to the receipt of federal money, for the administration of any program for which the Authority or any of the appropriate divisions of the Authority is responsible. Such a plan must set forth, regarding the particular program to which the plan applies:*

(a) The requirements for eligibility;

(b) The nature and amounts of grants and other assistance which may be provided;

(c) The conditions imposed; and

(d) Such other provisions relating to the development and administration of the program as the Director or the Director’s designee deems necessary.

2. In developing and revising such a plan, the Director or the Director’s designee shall consider, without limitation:

(a) The amount of money available from the Federal Government;

(b) The conditions attached to the acceptance of that money; and



(c) *The limitations of legislative appropriations and authorizations,*

↳ *for the particular program to which the plan applies.*

3. *If a condition to the receipt of federal money is that the program for which the money is received must apply statewide and except as otherwise required by federal law or regulation, the Director may adopt regulations establishing formulas for the:*

(a) *Distribution of the federal money; and*

(b) *Assessment of any penalties or other sanctions imposed on the program.*

Sec. 29. 1. *The Office of Data Analytics is hereby created within the Authority.*

2. *The Office shall:*

(a) *Oversee the all-payer claims database established pursuant to NRS 439B.835; and*

(b) *Perform such other duties as delegated by the Director relating to population health and data analysis.*

3. *The Director shall appoint the Chief Biostatistician as the administrative head of the Office. The Chief Biostatistician:*

(a) *Is in the unclassified service of the State; and*

(b) *Serves at the pleasure of the Director and is subject to the supervision of the Director.*

Sec. 30. 1. *Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the Authority, in an amount determined by the Authority, for the costs of services provided in that county by the Authority pursuant to chapters 444 and 446 of NRS, regardless of whether the county has a local health authority.*

2. *Each county shall pay the assessment to the Nevada Health Authority in quarterly installments that are due on the first day of the first month of each calendar quarter.*

3. *A county may submit a proposal to the Governor for the county to carry out the services that would otherwise be provided by the Authority pursuant to chapters 444 and 446 of NRS and the regulations adopted pursuant to those chapters. If the Governor approves the proposal, the Governor shall submit a recommendation to the Interim Finance Committee to exempt the county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to approve the exemption, the Interim Finance Committee shall consider, among other things, the best interests of the State, the*



effect of the exemption and the intent of the Legislature in requiring 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.

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the Authority pursuant to chapters 444 and 446 of NRS and the regulations adopted pursuant to those chapters shall carry out those services in the manner set forth in those chapters and regulations.

6. The Authority may adopt such regulations as necessary to carry out the provisions of this section.

Sec. 31. *1. Except for gifts or grants specifically accounted for in another fund, all gifts or grants of money or other property which the divisions of the Authority are authorized to accept must be accounted for in the Nevada Health Authority Gift Fund, which is hereby created as a special revenue fund. The Fund is a continuing fund without reversion. The Authority may establish such accounts in the Fund as are necessary to account properly for gifts received. All such money received by the divisions of the Authority must be deposited in the State Treasury for credit to the Fund. The money in the Fund must be paid out on claims as other claims against the State are paid. Unless otherwise specifically provided by statute, claims against the Fund must be approved by the Director or the Director's delegate.*

2. Gifts of property other than money may be sold or exchanged when this is deemed by the head of the agency responsible for the gift to be in the best interest of the agency. The sale price must not be less than 90 percent of the value determined by a qualified appraiser appointed by the head of the agency. All money received from the sale must be deposited in the State Treasury to the credit of the appropriate gift account in the Nevada Health Authority Gift Fund. The money may be spent only for the purposes of the agency named in the title of the account. The property may not be sold or exchanged if doing so would violate the terms of the gift.

Sec. 32. NRS 232.300 is hereby amended to read as follows:

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

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

- (a) Aging and Disability Services Division.
- (b) Division of Public and Behavioral Health.



(c) Division of ~~[Welfare and Supportive]~~ **Social** Services.

(d) Division of Child and Family Services.

~~[(e) Division of Health Care Financing and Policy.]~~

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

Sec. 33. NRS 232.310 is hereby amended to read as follows:

232.310 The Director:

1. Is appointed by, is responsible to, and serves at the pleasure of the Governor.

2. Is in the unclassified service of the State.

3. Shall not engage in any other gainful employment or occupation.

4. Must have broad, responsible experience in the field of administration or possess broad management skills or working knowledge of the field of social services administration.

5. Must be selected with special reference to his or her training, experience and aptitude for coordinating related functions of public health, ~~[welfare]~~ **public assistance** and social service agencies. The Director's knowledge and abilities should include the following:

(a) A comprehensive knowledge of administrative principles, and a working knowledge of principles of public finance and the laws, rules and regulations pertaining to public agencies.

(b) Administrative ability to assess the operating efficiency of component agencies and to delegate authority and duties to responsible division and agency heads.

(c) Ability to organize and clearly present oral and written findings and recommendations to the Governor, the Legislature and other officials and agencies.

Sec. 34. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

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

(1) The Administrator of the Aging and Disability Services Division;

(2) The Administrator of the Division of ~~[Welfare and Supportive]~~ **Social** Services;

(3) The Administrator of the Division of Child and Family Services; **and**

(4) ~~[The Administrator of the Division of Health Care Financing and Policy; and~~



~~—(5)~~ The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to **437, 440, 441A, 442, [inclusive, 446 to] 447, 450, [inclusive,] 458A and 656A** of NRS, NRS 127.220 to 127.310, inclusive, ~~[422.001 to 422.410, inclusive, 422.580,]~~ 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, ~~[444.002 to 444.430,]~~ **439.010 to 439.255, inclusive, 439.259 to 439.265, inclusive, 439.280 to 439.580, inclusive, 439.600, 439.620, 439.630, 439.942 to 439.994, inclusive, 439A.010 to 439A.190, inclusive, 439B.260 to 439B.500, inclusive, 439B.700 to 439B.760,** inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

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

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

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

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

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

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

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

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



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

~~[(f)]~~ (e) Has such other powers and duties as are provided by law.

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

Sec. 35. NRS 232.350 is hereby amended to read as follows:

232.350 Unless federal law or regulation requires otherwise:

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

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

3. ~~[(The Administrator of the Division of Health Care Financing and Policy of the Department may appoint, with the consent of the Director, two deputies in the unclassified service of the State.]~~

~~—4.]~~ The Administrator of the Division of Public and Behavioral Health shall appoint, with the consent of the Director, ~~[(four)]~~ three deputies in the unclassified service of the State, one of whom must have expertise or experience in mental health services.

Sec. 36. NRS 232.355 is hereby amended to read as follows:

232.355 1. Except for gifts or grants specifically accounted for in another fund, all gifts or grants of money or other property which the divisions of the Department are authorized to accept must be accounted for in the Department of ~~[(Health and)]~~ Human Services' Gift Fund, which is hereby created as a special revenue fund. The Fund is a continuing fund without reversion. The Department may establish such accounts in the Fund as are necessary to account properly for gifts received. All such money received by the divisions must be deposited in the State Treasury for credit to the Fund. The money in the Fund must be paid out on claims as other claims against the State are paid. Unless otherwise specifically provided by statute,



claims against the Fund must be approved by the Director or the Director's delegate.

2. Gifts of property other than money may be sold or exchanged when this is deemed by the head of the facility or agency responsible for the gift to be in the best interest of the facility or agency. The sale price must not be less than 90 percent of the value determined by a qualified appraiser appointed by the head of the facility or agency. All money received from the sale must be deposited in the State Treasury to the credit of the appropriate gift account in the Department of ~~Health and~~ Human Services' Gift Fund. The money may be spent only for the purposes of the facility or agency named in the title of the account. The property may not be sold or exchanged if to do so would violate the terms of the gift.

Sec. 37. NRS 232.359 is hereby amended to read as follows:

232.359 1. The Department, in collaboration with any state or local agencies or community-based organizations which provide information and referral services concerning health, ~~[welfare,]~~ **public assistance**, human and social services and any group established by the Governor to implement a statewide information and referral system concerning health, ~~[welfare,]~~ **public assistance**, human and social services, shall establish and maintain a statewide information and referral system to provide nonemergency information and referrals to the general public concerning the health, ~~[welfare,]~~ **public assistance**, human and social services provided by public or private entities in this State. The system must:

(a) Integrate any information and referral systems previously established by state agencies, local agencies or community-based organizations with the system established pursuant to this section;

(b) Be the sole system in this State which is accessible to a person by dialing the digits 2-1-1 and which provides nonemergency information and referrals to the general public concerning the health, ~~[welfare,]~~ **public assistance**, human and social services provided by public or private entities in this State;

(c) Be accessible to a person using the public telephone system by dialing the digits 2-1-1;

(d) Include information concerning service-connected disabilities and diseases, including, without limitation, diseases presumed to be service-connected pursuant to 38 C.F.R. §§ 3.303 to 3.344, inclusive;

(e) Except as otherwise provided in paragraph (f), include information that is updated periodically; and

(f) Include information concerning the licensing status of any entity licensed pursuant to chapter 449 of NRS that is reviewed and updated at least quarterly.



2. In establishing the statewide information and referral system, the Department, any state or local agencies or community-based organizations which provide information and referral services concerning health, ~~{welfare,}~~ *public assistance*, human and social services and any group established by the Governor to implement a statewide information and referral system concerning health, ~~{welfare,}~~ *public assistance*, human and social services shall consult with representatives of:

- (a) The Public Utilities Commission of Nevada;
- (b) Telephone companies which provide service through a local exchange in this State;
- (c) Companies that provide wireless phone services in this State;
- (d) Existing information and referral services established by state agencies, local agencies or community-based organizations;
- (e) State and local agencies or other organizations that provide health, ~~{welfare,}~~ *public assistance*, human and social services;
- (f) Nonprofit organizations; and
- (g) Such other agencies, entities and organizations as determined necessary by the Department, any state or local agencies or community-based organizations which provide information and referral services concerning health, ~~{welfare,}~~ *public assistance*, human and social services or any group established by the Governor to implement a statewide information and referral system concerning health, ~~{welfare,}~~ *public assistance*, human and social services.

3. The Public Utilities Commission of Nevada, each telephone company which provides service through a local exchange in this State and each company that provides wireless phone services in this State shall cooperate with the Department, any state or local agencies or community-based organizations which provide information and referral services concerning health, ~~{welfare,}~~ *public assistance*, human and social services and any group established by the Governor to implement a statewide information and referral system concerning health, ~~{welfare,}~~ *public assistance*, human and social services in the establishment of the statewide information and referral system.

Sec. 38. NRS 233B.039 is hereby amended to read as follows:

233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:

- (a) The Governor.
- (b) Except as otherwise provided in subsection 7 and NRS 209.221 and 209.2473, the Department of Corrections.
- (c) The Nevada System of Higher Education.
- (d) The Office of the Military.
- (e) The Nevada Gaming Control Board.



(f) Except as otherwise provided in NRS 368A.140 and 463.765, the Nevada Gaming Commission.

(g) Except as otherwise provided in NRS 425.620, the Division of ~~[Welfare and Supportive]~~ **Social** Services of the Department of ~~[Health and]~~ Human Services.

(h) ~~[Except as otherwise provided in NRS 422.390, the Division of Health Care Financing and Policy of the Department of Health and Human Services.~~

~~—(i)]~~ Except as otherwise provided in NRS 533.365, the Office of the State Engineer.

~~[(j)]~~ (i) The Division of Industrial Relations of the Department of Business and Industry acting to enforce the provisions of NRS 618.375.

~~[(k)]~~ (j) The Administrator of the Division of Industrial Relations of the Department of Business and Industry in establishing and adjusting the schedule of fees and charges for accident benefits pursuant to subsection 2 of NRS 616C.260.

~~[(l)]~~ (k) The Board to Review Claims in adopting resolutions to carry out its duties pursuant to NRS 445C.310.

~~[(m)]~~ (l) The Silver State Health Insurance Exchange.


2. Except as otherwise provided in subsection 5 and NRS 391.323, the Department of Education, the Board of the Public Employees' Benefits Program and the Commission on Professional Standards in Education are subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

3. The special provisions of:

(a) Chapter 612 of NRS for the adoption of an emergency regulation or the distribution of regulations by and the judicial review of decisions of the Employment Security Division of the Department of Employment, Training and Rehabilitation;

(b) Chapters 616A to 617, inclusive, of NRS for the determination of contested claims;

(c) Chapter 91 of NRS for the judicial review of decisions of the Administrator of the Securities Division of the Office of the Secretary of State; and

(d) NRS 90.800 for the use of summary orders in contested cases,  prevail over the general provisions of this chapter.

4. The provisions of NRS 233B.122, 233B.124, 233B.125 and 233B.126 do not apply to the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** in the adjudication of contested cases involving the issuance of letters of approval for health facilities and agencies.



5. The provisions of this chapter do not apply to:

(a) Any order for immediate action, including, but not limited to, quarantine and the treatment or cleansing of infected or infested animals, objects or premises, made under the authority of the State Board of Agriculture, the State Board of Health, or any other agency of this State in the discharge of a responsibility for the preservation of human or animal health or for insect or pest control;

(b) An extraordinary regulation of the State Board of Pharmacy adopted pursuant to NRS 453.2184;

(c) A regulation adopted by the State Board of Education pursuant to NRS 388.255 or 394.1694;

(d) The judicial review of decisions of the Public Utilities Commission of Nevada;

(e) The adoption, amendment or repeal of policies by the Rehabilitation Division of the Department of Employment, Training and Rehabilitation pursuant to NRS 426.561 or 615.178;

(f) The adoption or amendment of a rule or regulation to be included in the State Plan for Services for Victims of Crime by the Department of ~~[Health—and]~~ Human Services pursuant to NRS 217.130;

(g) The adoption, amendment or repeal of rules governing the conduct of contests and exhibitions of unarmed combat by the Nevada Athletic Commission pursuant to NRS 467.075;

(h) The adoption, amendment or repeal of standards of content and performance for courses of study in public schools by the Council to Establish Academic Standards for Public Schools and the State Board of Education pursuant to NRS 389.520;

(i) The adoption, amendment or repeal of the statewide plan to allocate money from the Fund for a Resilient Nevada created by NRS 433.732 established by the Department of ~~[Health—and]~~ Human Services pursuant to paragraph (b) of subsection 1 of NRS 433.734; ~~[or]~~

(j) The adoption or amendment of a data request by the Commissioner of Insurance pursuant to NRS 687B.404 ~~[;]~~ *or*

(k) Except as otherwise provided in NRS 422.390, the adoption of any regulation by the Nevada Health Authority or the Director or Medicaid Division thereof pursuant to chapter 422 of NRS.

6. The State Board of Parole Commissioners is subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

7. The Department of Corrections is subject to the provisions of this chapter for the purpose of adopting regulations relating to fiscal



policy, correspondence with inmates and visitation with inmates of the Department of Corrections.

Sec. 39. NRS 21.090 is hereby amended to read as follows:

21.090 1. The following property is exempt from execution, except as otherwise specifically provided in this section or required by federal law:

(a) Private libraries, works of art, musical instruments and jewelry not to exceed \$5,000 in value, belonging to the judgment debtor or a dependent of the judgment debtor, to be selected by the judgment debtor, and all family pictures and keepsakes.

(b) Necessary household goods, furnishings, electronics, wearing apparel, other personal effects and yard equipment, not to exceed \$12,000 in value, belonging to the judgment debtor or a dependent of the judgment debtor, to be selected by the judgment debtor.

(c) Farm trucks, farm stock, farm tools, farm equipment, supplies and seed not to exceed \$4,500 in value, belonging to the judgment debtor to be selected by the judgment debtor.

(d) Professional libraries, equipment, supplies, and the tools, inventory, instruments and materials used to carry on the trade or business of the judgment debtor for the support of the judgment debtor and his or her family not to exceed \$10,000 in value.

(e) The cabin or dwelling of a miner or prospector, the miner's or prospector's cars, implements and appliances necessary for carrying on any mining operations and the mining claim actually worked by the miner or prospector, not exceeding \$4,500 in total value.

(f) Except as otherwise provided in paragraph (p), one vehicle if the judgment debtor's equity does not exceed \$15,000 or the creditor is paid an amount equal to any excess above that equity.

(g) For any workweek, 82 percent of the disposable earnings of a judgment debtor during that week if the gross weekly salary or wage of the judgment debtor on the date the most recent writ of garnishment was issued was \$770 or less, 75 percent of the disposable earnings of a judgment debtor during that week if the gross weekly salary or wage of the judgment debtor on the date the most recent writ of garnishment was issued exceeded \$770, or 50 times the minimum hourly wage prescribed by section 206(a)(1) of the federal Fair Labor Standards Act of 1938, 29 U.S.C. §§ 201 et seq., and in effect at the time the earnings are payable, whichever is greater. Except as otherwise provided in paragraphs (o), (s) and (t), the exemption provided in this paragraph does not apply in the case of any order of a court of competent jurisdiction for the support of any person, any order of a court of bankruptcy or of any debt due for any state or federal tax. As used in this paragraph:



(1) “Disposable earnings” means that part of the earnings of a judgment debtor remaining after the deduction from those earnings of any amounts required by law to be withheld.

(2) “Earnings” means compensation paid or payable for personal services performed by a judgment debtor in the regular course of business, including, without limitation, compensation designated as income, wages, tips, a salary, a commission or a bonus. The term includes compensation received by a judgment debtor that is in the possession of the judgment debtor, compensation held in accounts maintained in a bank or any other financial institution or, in the case of a receivable, compensation that is due the judgment debtor.

(h) All fire engines, hooks and ladders, with the carts, trucks and carriages, hose, buckets, implements and apparatus thereunto appertaining, and all furniture and uniforms of any fire company or department organized under the laws of this State.

(i) All arms, uniforms and accouterments required by law to be kept by any person, and also one gun, to be selected by the debtor.

(j) All courthouses, jails, public offices and buildings, lots, grounds and personal property, the fixtures, furniture, books, papers and appurtenances belonging and pertaining to the courthouse, jail and public offices belonging to any county of this State, all cemeteries, public squares, parks and places, public buildings, town halls, markets, buildings for the use of fire departments and military organizations, and the lots and grounds thereto belonging and appertaining, owned or held by any town or incorporated city, or dedicated by the town or city to health, ornament or public use, or for the use of any fire or military company organized under the laws of this State and all lots, buildings and other school property owned by a school district and devoted to public school purposes.

(k) All money, benefits, privileges or immunities accruing or in any manner growing out of any life insurance.

(l) The homestead as provided for by law, including:

(1) Subject to the provisions of NRS 115.055, the sum of \$605,000 that is paid to the defendant in execution pursuant to subsection 2 of NRS 115.050 or to a spouse pursuant to subsection 3 of NRS 115.050; and

(2) A homestead for which allodial title has been established and not relinquished and for which a waiver executed pursuant to NRS 115.010 is not applicable.

(m) The dwelling of the judgment debtor occupied as a home for himself or herself and family, where the amount of equity held by the



judgment debtor in the home does not exceed \$605,000 in value and the dwelling is situated upon lands not owned by the judgment debtor.

(n) All money reasonably deposited with a landlord by the judgment debtor to secure an agreement to rent or lease a dwelling that is used by the judgment debtor as his or her primary residence, except that such money is not exempt with respect to a landlord or the landlord's successor in interest who seeks to enforce the terms of the agreement to rent or lease the dwelling.

(o) All property in this State of the judgment debtor where the judgment is in favor of any state for failure to pay that state's income tax on benefits received from a pension or other retirement plan.

(p) Any vehicle owned by the judgment debtor for use by the judgment debtor or the judgment debtor's dependent that is equipped or modified to provide mobility for a person with a permanent disability.

(q) Any prosthesis or equipment prescribed by a physician or dentist for the judgment debtor or a dependent of the debtor.

(r) Money, not to exceed \$1,000,000 in present value, held in:

(1) An individual retirement arrangement which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 or 408A of the Internal Revenue Code, 26 U.S.C. §§ 408 and 408A, including, without limitation, an inherited individual retirement arrangement;

(2) A written simplified employee pension plan which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 of the Internal Revenue Code, 26 U.S.C. § 408, including, without limitation, an inherited simplified employee pension plan;

(3) A cash or deferred arrangement plan which is qualified and maintained pursuant to the Internal Revenue Code, including, without limitation, an inherited cash or deferred arrangement plan;

(4) A trust forming part of a stock bonus, pension or profit-sharing plan which is qualified and maintained pursuant to sections 401 et seq. of the Internal Revenue Code, 26 U.S.C. §§ 401 et seq.; and

(5) A trust forming part of a qualified tuition program pursuant to chapter 353B of NRS, any applicable regulations adopted pursuant to chapter 353B of NRS and section 529 of the Internal Revenue Code, 26 U.S.C. § 529, unless the money is deposited after the entry of a judgment against the purchaser or account owner or the money will not be used by any beneficiary to attend a college or university.

(s) All money and other benefits paid pursuant to the order of a court of competent jurisdiction for the support, education and



maintenance of a child, whether collected by the judgment debtor or the State.

(t) All money and other benefits paid pursuant to the order of a court of competent jurisdiction for the support and maintenance of a former spouse, including the amount of any arrearages in the payment of such support and maintenance to which the former spouse may be entitled.

(u) Payments, in an amount not to exceed \$16,150, received as compensation for personal injury, not including compensation for pain and suffering or actual pecuniary loss, by the judgment debtor or by a person upon whom the judgment debtor is dependent at the time the payment is received.

(v) Payments received as compensation for the wrongful death of a person upon whom the judgment debtor was dependent at the time of the wrongful death, to the extent reasonably necessary for the support of the judgment debtor and any dependent of the judgment debtor.

(w) Payments received as compensation for the loss of future earnings of the judgment debtor or of a person upon whom the judgment debtor is dependent at the time the payment is received, to the extent reasonably necessary for the support of the judgment debtor and any dependent of the judgment debtor.

(x) Payments received as restitution for a criminal act.

(y) Payments received pursuant to the federal Social Security Act, including, without limitation, retirement and survivors' benefits, supplemental security income benefits and disability insurance benefits.

(z) Any personal property not otherwise exempt from execution pursuant to this subsection belonging to the judgment debtor, including, without limitation, the judgment debtor's equity in any property, money, stocks, bonds or other funds on deposit with a financial institution, not to exceed \$10,000 in total value, to be selected by the judgment debtor.

(aa) Any tax refund received by the judgment debtor that is derived from the earned income credit described in section 32 of the Internal Revenue Code, 26 U.S.C. § 32, or a similar credit provided pursuant to a state law.

(bb) Stock of a corporation described in subsection 2 of NRS 78.746 except as set forth in that section.

(cc) Regardless of whether a trust contains a spendthrift provision:



(1) A distribution interest in the trust as defined in NRS 163.4155 that is a contingent interest, if the contingency has not been satisfied or removed;

(2) A distribution interest in the trust as defined in NRS 163.4155 that is a discretionary interest as described in NRS 163.4185, if the interest has not been distributed;

(3) A power of appointment in the trust as defined in NRS 163.4157 regardless of whether the power has been exercised;

(4) A power listed in NRS 163.5553 that is held by a trust protector as defined in NRS 163.5547 or any other person regardless of whether the power has been exercised; and

(5) A reserved power in the trust as defined in NRS 163.4165 regardless of whether the power has been exercised.

(dd) If a trust contains a spendthrift provision:

(1) A distribution interest in the trust as defined in NRS 163.4155 that is a mandatory interest as described in NRS 163.4185, if the interest has not been distributed; and

(2) Notwithstanding a beneficiary's right to enforce a support interest, a distribution interest in the trust as defined in NRS 163.4155 that is a support interest as described in NRS 163.4185, if the interest has not been distributed.

(ee) Proceeds received from a private disability insurance plan.

(ff) Money in a trust fund for funeral or burial services pursuant to NRS 689.700.

(gg) Compensation that was payable or paid pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS as provided in NRS 616C.205.

(hh) Unemployment compensation benefits received pursuant to NRS 612.710.

(ii) Benefits or refunds payable or paid from the Public Employees' Retirement System pursuant to NRS 286.670.

(jj) Money paid or rights existing for vocational rehabilitation pursuant to NRS 615.270.

(kk) Public assistance provided through the *Nevada Health Authority and the* Department of ~~[Health and]~~ Human Services pursuant to NRS 422.291 and 422A.325 ~~[,],~~ *respectively.*

(ll) Child welfare assistance provided pursuant to NRS 432.036.

2. Except as otherwise provided in NRS 115.010, no article or species of property mentioned in this section is exempt from execution issued upon a judgment to recover for its price, or upon a judgment of foreclosure of a mortgage or other lien thereon.

3. Any exemptions specified in subsection (d) of section 522 of the Bankruptcy Reform Act of 1978, 11 U.S.C. §§ 101 et seq., do not



apply to property owned by a resident of this State unless conferred also by subsection 1, as limited by subsection 2.

Sec. 40. NRS 108.850 is hereby amended to read as follows:

108.850 1. A petition to the district court for the imposition of a lien as described and limited in NRS 422.29306 to recover money owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of payment of benefits for Medicaid must set forth:

- (a) The facts concerning the giving of assistance;
- (b) The name and address of the person who is receiving or who received the benefits for Medicaid;
- (c) A description of the property, sufficient for identification;
- (d) The names, ages, residences and relationship of all persons who are claiming an interest in the property or who are listed as having any interest in the property, so far as known to the petitioner; and
- (e) An itemized list of the amount owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of payment of benefits for Medicaid.

2. No defect of form or in the statement of facts actually existing voids the petition for the lien.

Sec. 41. NRS 108.860 is hereby amended to read as follows:

108.860 1. A petition for the imposition of a lien must be signed by or on behalf of the Director of the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* or the Attorney General and filed with the clerk of the court, who shall set the petition for hearing.

2. Notice of a petition for the imposition of a lien must be given by registered or certified mail, postage prepaid, at least 10 days before the date set for hearing or other action by the court. Each such notice must be addressed to the intended recipient at the last address known to the Director, receipt for delivery requested. The Director shall cause the notice to be published, at least once a week for 3 successive weeks, in one newspaper published in the county, and if there is no newspaper published in the county, then in such mode as the court may determine, notifying all persons claiming any interest in the property of the filing of the petition, the object and the location, date and time of the hearing.

3. Notice of a petition for the imposition of a lien must be given to:

- (a) Each person who has requested notice;
- (b) The person who is receiving or has received benefits for Medicaid;



(c) The legal guardian or representative of a person who is receiving or has received benefits for Medicaid, if any;

(d) Each executor, administrator or trustee of the estate of a decedent who received benefits for Medicaid, if any;

(e) The heirs of such a decedent known to the Director; and

(f) Each person who is claiming any interest in the property or who is listed as having any interest in the subject property,

➤ and must state the filing of the petition, the object, and the time set for hearing.

4. At the time appointed, or at any other time to which the hearing may be continued, upon proof being made by affidavit or otherwise to the satisfaction of the court that notice has been given as required by this chapter, the court shall proceed to hear the testimony in support of the petition. Each witness who appears and is sworn shall testify orally.

5. The court shall make findings as to the appropriateness of the lien and the amount of the lien.

6. At the time of the filing of the petition for imposition of a lien, the Director shall file a notice of pendency of the action in the manner provided in NRS 14.010.

7. Upon imposition of the lien by the court, the Director shall serve the notice of lien upon the owner by certified or registered mail and file it with the office of the county recorder of each county where real property subject to the lien is located.

8. The notice of lien must contain:

(a) The amount due;

(b) The name of the owner of record of the property; and

(c) A description of the property sufficient for identification.

9. If the amount due as stated in the notice of lien is reduced by a payment, the Director shall amend the notice of lien, stating the amount then due, within 20 days after receiving the payment.

Sec. 42. NRS 108.870 is hereby amended to read as follows:

108.870 The Director of the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** may, to the extent not prohibited by 42 U.S.C. § 1396p(b), foreclose upon a lien for money owed to the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** as a result of the payment of benefits for Medicaid by action in the district court in the same manner as for foreclosure of any other lien.

Sec. 43. NRS 111.689 is hereby amended to read as follows:

111.689 1. To the extent the grantor's probate estate is insufficient to satisfy an allowed claim against the estate or a statutory



allowance to a surviving spouse or child, the estate may enforce the liability against property transferred pursuant to a deed upon death.

2. If more than one property is transferred pursuant to one or more deeds upon death, the liability for any claim must be apportioned among the properties in proportion to their net values at the grantor's death.

3. The beneficiary or beneficiaries under a deed upon death must, after the death of the grantor, cause to be published a notice in the manner specified in paragraph (b) of subsection 1 of NRS 155.020 and mail a copy of the notice to:

(a) The personal representative of the grantor, if known;

(b) The ~~[Department of Health and Human Services;]~~ *Nevada Health Authority*; and

(c) Known or readily ascertainable creditors of the grantor or the probate estate of the grantor.

4. The notice published pursuant to subsection 3 must be in substantially the following form:

NOTICE TO CREDITORS

Notice is hereby given that the undersigned is/are the beneficiary or beneficiaries under a deed upon death executed by (grantor(s)) on the day of, and that said grantor(s) died on the day of, and that said grantor(s) had a date of birth of the day of, A creditor having a claim against the grantor(s) or their estate must file a claim with the undersigned at the address given below within 90 days after the first publication of this notice.

Dated this day of,

Beneficiary or Beneficiaries:

Address:
.....

5. A person or entity having a claim, due or to become due, against a grantor or his or her probate estate, as applicable, must file the claim with the beneficiary or beneficiaries within 90 days after the mailing, for those required to be mailed, or 90 days after publication of the first notice to creditors pursuant to subsection 3. Any claim against a grantor or the probate estate of a grantor, as



applicable, not filed within that time is forever barred. After the expiration of the time to file a claim as provided in this section, the beneficiary or beneficiaries may sell or distribute the property transferred pursuant to the deed upon death, without personal liability for any claim which has not been timely filed with the beneficiary or beneficiaries if, in accordance with subsection 6, the beneficiary or beneficiaries have received a waiver of claim after providing written notice to the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* as required by subsection 3.

6. If notice to the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* is not given, the property transferred by the deed upon death remains subject to the right of the ~~[Department]~~ *Authority* to recover public assistance received by the grantor. The ~~[Department]~~ *Authority* may initiate an action to impose a lien on the real property transferred by the deed upon death pursuant to NRS 422.29306, take any other action allowable by law to secure the future recovery of benefits or make a written demand for payment, as applicable. The ~~[Department]~~ *Authority* shall notify the beneficiary or beneficiaries in writing within 45 days after receipt of a notice pursuant to subsection 3 whether the grantor was a recipient of public assistance and, if he or she was not a recipient of assistance, provide an original waiver of claim to the beneficiaries for the purposes of recording the deed upon death.

7. For claims not originating with the ~~[Department of Health and Human Services.]~~ *Nevada Health Authority*, if a claim is rejected by the beneficiary or beneficiaries under the deed upon death, in whole or in part, the beneficiary or beneficiaries must, within 10 days after the rejection, notify the claimant of the rejection by written notice sent by registered or certified mail to the mailing address of the claimant. The claimant must bring suit in the proper court against the beneficiary or beneficiaries within 30 days after the notice is sent, whether the claim is due or not, or the claim is barred forever and the beneficiary or beneficiaries under the deed upon death may distribute the property transferred by the deed upon death without personal liability to any creditor whose claim is barred forever.

8. A title company that is engaged regarding the transfer of the property identified in a deed upon death may recognize that the notices provided pursuant to this section constitute adequate notice required by law. A title company is not liable for claims of which the title company is not made aware by the beneficiaries.

9. A person dealing with a beneficiary of a deed upon death has the same rights and protections as the person would have if the beneficiary had been named as a distributee of the property in an order



for distribution of the grantor's estate that had become final if both of the following conditions are satisfied:

(a) The person acted in good faith and for valuable consideration; and

(b) A Death of Grantor Affidavit was recorded pursuant to NRS 111.699.

Sec. 44. NRS 111.779 is hereby amended to read as follows:

111.779 1. Except as otherwise provided in NRS 21.090 and other applicable law, a transferee of a nonprobate transfer is liable to the probate estate of the decedent for allowed claims against that decedent's probate estate to the extent the estate is insufficient to satisfy those claims.

2. The liability of a nonprobate transferee may not exceed the value of nonprobate transfers received or controlled by that transferee.

3. Nonprobate transferees are liable for the insufficiency described in subsection 1 in the following order of priority:

(a) A transferee specified in the decedent's will or any other governing instrument as being liable for such an insufficiency, in the order of priority provided in the will or other governing instrument;

(b) The trustee of a trust serving as the principal nonprobate instrument in the decedent's estate plan as shown by its designation as devisee of the decedent's residuary estate or by other facts or circumstances, to the extent of the value of the nonprobate transfer received or controlled; and

(c) Other nonprobate transferees, in proportion to the values received.

4. Unless otherwise provided by the trust instrument, interests of beneficiaries in all trusts incurring liabilities under this section abate as necessary to satisfy the liability, as if all the trust instruments were a single will and the interests were devised under it.

5. If a nonprobate transferee is a spouse or a minor child, the nonprobate transferee may petition the court to be excluded from the liability imposed by this section as if the nonprobate property received by the spouse or minor child were part of the decedent's estate. Such a petition may be made pursuant to the applicable provisions of chapter 146 of NRS, including, without limitation, the provisions of NRS 146.010 and 146.020 and subsection 2 of NRS 146.070.

6. A provision made in one instrument may direct the apportionment of the liability among the nonprobate transferees taking under that or any other governing instrument. If a provision in



one instrument conflicts with a provision in another, the later one prevails.

7. Upon due notice to a nonprobate transferee, the liability imposed by this section is enforceable in probate proceedings in this State, whether or not the transferee is located in this State.

8. If a probate proceeding is pending at the time of filing and it has been determined by a final order issued by the probate court that there are insufficient assets to pay a valid creditor, a proceeding under this section may be commenced by one of the following persons:

(a) The personal representative of the decedent's estate. A personal representative who declines in good faith to commence a proceeding incurs no personal liability for declining.

(b) A creditor of the estate, if the personal representative has declined or refused to commence an action within 30 days after receiving a written demand by a creditor. Such demand must identify the nonprobate transfers known to the creditor. If the creditor is unaware of any nonprobate transfers, in the probate proceeding, the creditor may, pursuant to NRS 155.170, obtain discovery, perpetuate testimony or conduct examinations in any manner authorized by law or by the Nevada Rules of Civil Procedure to ascertain whether any nonprobate transfers exist. If the creditor is unable to identify any nonprobate transfers within a reasonable time after conducting discovery, the creditor may not proceed under this section. If a creditor commences an action under this section:

(1) The creditor must proceed at the expense of the creditor and not of the estate.

(2) If a creditor successfully establishes an entitlement to payment under this section and collects nonprobate transfers, the court must order the reimbursement of the costs reasonably incurred by the creditor, including attorney's fees, from the transferee from whom the payment is to be made, subject to the limitations of subsection 2, or from the estate as a cost of administration, or partially from each, as the court deems just.

9. If a probate proceeding is not pending, a proceeding under this section may be commenced as a civil action by a creditor at the expense of the creditor.

10. If a proceeding is commenced pursuant to this section, it must be commenced:

(a) If a probate proceeding is pending in which notice to creditors has been given at the time of filing a proceeding under this section:

(1) As to a creditor whose claim was properly and timely filed, allowed by the personal representative or partially allowed by the personal representative, and accepted by the creditor pursuant to



NRS 147.160, within 60 days after the probate court enters an order confirming the amount of payment of the approved claim that is final and no longer subject to reconsideration or appeal or within 1 year after the decedent's death, whichever is later.

(2) As to a creditor:

(I) Whose claim was rejected by the personal representative, partially allowed by the personal representative and rejected by the creditor pursuant to NRS 147.160, or deemed rejected by the personal representative pursuant to NRS 147.110;

(II) Who adjudicated the creditor's claims in the proper court or by a summary adjudication; and

(III) Who obtained a favorable final judgment on its claim from the proper court,

↳ within 60 days after the probate court enters an order confirming the amount of payment of the approved claim that is final and no longer subject to reconsideration or appeal or within 1 year after the decedent's death, whichever is later.

(b) If an action had been commenced against the decedent before the decedent's death, the creditor receives a judgment against the decedent's estate and the creditor has filed a proper and timely creditor's claim against the estate, within 60 days after the probate court enters an order confirming the amount of payment of the adjudicated claim that is final and no longer subject to reconsideration or appeal or within 1 year after the decedent's death, whichever is later.

(c) As to the recovery of benefits paid for Medicaid, within 3 years after the decedent's death.

(d) As to all other creditors, within 1 year after the decedent's death.

11. Unless a written notice asserting that a decedent's probate estate is nonexistent or insufficient to pay allowed claims and statutory allowances has been received from the decedent's personal representative, the following rules apply:

(a) Payment or delivery of assets by a financial institution, registrar or other obligor to a nonprobate transferee in accordance with the terms of the governing instrument controlling the transfer releases the obligor from all claims for amounts paid or assets delivered.

(b) A trustee receiving or controlling a nonprobate transfer is released from liability under this section with respect to any assets distributed to the trust's beneficiaries. Each beneficiary to the extent of the distribution received becomes liable for the amount of the trustee's liability attributable to assets received by the beneficiary.



12. Except as otherwise provided in subsection 13, notwithstanding any provision of this section to the contrary:

(a) A creditor has no claim against:

(1) Property transferred pursuant to a power of appointment exercised by a decedent unless the power of appointment was actually exercised in favor of the decedent or the decedent's estate.

(2) Property transferred pursuant to a beneficiary designation by a decedent which transfers money held by any of the following:

(I) An individual retirement arrangement which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 or 408A of the Internal Revenue Code, 26 U.S.C. §§ 408 and 408A, including, without limitation, an inherited individual retirement arrangement;

(II) A written simplified employee pension plan which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 of the Internal Revenue Code, 26 U.S.C. § 408, including, without limitation, an inherited simplified employee pension plan;

(III) A cash or deferred arrangement plan which is qualified and maintained pursuant to the Internal Revenue Code, including, without limitation, an inherited cash or deferred arrangement plan;

(IV) A trust forming part of a stock bonus, pension or profit-sharing plan which is qualified and maintained pursuant to sections 401 et seq. of the Internal Revenue Code, 26 U.S.C. §§ 401 et seq.; and

(V) A trust forming part of a qualified tuition program pursuant to chapter 353B of NRS, any applicable regulations adopted pursuant to chapter 353B of NRS and section 529 of the Internal Revenue Code, 26 U.S.C. § 529, unless the money is deposited after the entry of a judgment against the purchaser or account owner or the money will not be used by any beneficiary to attend a college or university.

(3) Property transferred pursuant to a beneficiary designation by a decedent which transfers money, benefits or privileges that accrue in any manner out of life insurance.

(4) Proceeds of any wages of the decedent which were exempt from execution during the decedent's lifetime pursuant to paragraph (g) of subsection 1 of NRS 21.090.

(5) A trust, a beneficial interest of the decedent under a trust or amount payable from a trust if the trust was created by someone other than the decedent, except to enforce a valid assignment of the



decendent's beneficial interest under a trust that is not a spendthrift trust.

(6) An irrevocable trust or amounts payable from a trust if the trust was properly created as a valid spendthrift trust under chapter 166 of NRS, except with respect to property transferred to the trust by the decedent to the extent permitted under subsections 1, 2 and 3 of NRS 166.170.

(b) A purchaser for value of property or a lender who acquires a security interest in the property from a beneficiary of a nonprobate transfer after the death of the owner, in good faith:

(1) Takes the property free of any claims or of liability to the owner's estate, creditors of the owner's estate, persons claiming rights as beneficiaries under the nonprobate transfer or heirs of the owner's estate, in absence of actual knowledge that the transfer was improper; and

(2) Has no duty to verify sworn information relating to the nonprobate transfer. The protection provided by this subparagraph applies to information that relates to the ownership interest of the beneficiary in the property and the beneficiary's right to sell, encumber and transfer good title to a purchaser or lender and does not relieve a purchaser or lender from the notice imparted by instruments of record respecting the property.

13. Nothing in this section exempts any real or personal property from any statute of this State that authorizes the recovery of money owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of the payment of benefits from Medicaid.

14. As used in this section, "devise" has the meaning ascribed to it in NRS 132.095.

Sec. 45. NRS 115.090 is hereby amended to read as follows:

115.090 Nothing in this chapter exempts any real or personal property from any statute of this State that authorizes the recovery of money owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of the payment of benefits from Medicaid through the imposition or foreclosure of a lien against the property of a recipient of Medicaid in the manner set forth in NRS 422.29302, 422.29304 and 422.29306.

Sec. 46. NRS 123.259 is hereby amended to read as follows:

123.259 1. Except as otherwise provided in subsection 2, a court of competent jurisdiction may, upon a proper petition filed by a spouse or the guardian of a spouse, enter a decree dividing the income and resources of a married couple pursuant to this section if one



spouse is an institutionalized spouse and the other spouse is a community spouse.

2. The court shall not enter such a decree if the division is contrary to a premarital agreement between the spouses which is enforceable pursuant to chapter 123A of NRS.

3. Unless modified pursuant to subsection 4 or 5, the court may divide the income and resources:

(a) Equally between the spouses; or

(b) By protecting income for the community spouse through application of the maximum federal minimum monthly maintenance needs allowance set forth in 42 U.S.C. § 1396r-5(d)(3)(C) and by permitting a transfer of resources to the community spouse an amount which does not exceed the amount set forth in 42 U.S.C. § 1396r-5(f)(2)(A)(ii).

4. If either spouse establishes that the community spouse needs income greater than that otherwise provided under paragraph (b) of subsection 3, upon finding exceptional circumstances resulting in significant financial duress and setting forth in writing the reasons for that finding, the court may enter an order for support against the institutionalized spouse for the support of the community spouse in an amount adequate to provide such additional income as is necessary.

5. If either spouse establishes that a transfer of resources to the community spouse pursuant to paragraph (b) of subsection 3, in relation to the amount of income generated by such a transfer, is inadequate to raise the income of the community spouse to the amount allowed under paragraph (b) of subsection 3 or an order for support issued pursuant to subsection 4, the court may substitute an amount of resources adequate to provide income to fund the amount so allowed or to fund the order for support.

6. A copy of a petition for relief under subsection 4 or 5 and any court order issued pursuant to such a petition must be served on the Administrator of the Division of ~~Welfare and Supportive~~ **Social** Services of the Department of ~~Health and~~ Human Services when any application for medical assistance is made by or on behalf of an institutionalized spouse. The Administrator may intervene no later than 45 days after receipt by the Division of ~~Welfare and Supportive~~ **Social** Services of the Department of ~~Health and~~ Human Services of an application for medical assistance and a copy of the petition and any order entered pursuant to subsection 4 or 5, and may move to modify the order.

7. A person may enter into a written agreement with his or her spouse dividing their community income, assets and obligations into



equal shares of separate income, assets and obligations of the spouses. Such an agreement is effective only if one spouse is an institutionalized spouse and the other spouse is a community spouse or a division of the income or resources would allow one spouse to qualify for services under NRS 427A.250 to 427A.280, inclusive.

8. An agreement entered into or decree entered pursuant to this section may not be binding on the **Medicaid** Division of ~~[Welfare and Supportive Services of the Department of Health and Human Services]~~ **the Nevada Health Authority** in making determinations under the State Plan for Medicaid.

9. As used in this section, “community spouse” and “institutionalized spouse” have the meanings respectively ascribed to them in 42 U.S.C. § 1396r-5(h).

Sec. 47. NRS 132.390 is hereby amended to read as follows:

132.390 1. For the purposes of this title, a person is an interested person with respect to:

(a) A judicial proceeding, a notice of a proposed action or a nonjudicial settlement, if the person has or claims to have an enforceable right or interest that may be materially affected by the outcome of that proceeding, proposed action or nonjudicial settlement. While living, a settlor or a testator shall be deemed to have an enforceable right with respect to any trust or will that he or she created. For the purposes of this paragraph, a person may not claim to have a right or interest under an estate or trust after the entry of an order of the court declaring the right or interest invalid.

(b) An estate of a decedent, if the person:

(1) Is an heir, devisee, child, spouse, creditor, settlor or beneficiary;

(2) Has a property right in or claim against the estate of a decedent, including, without limitation, the Director of the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** in any case in which money is owed to the ~~[Department of Health and Human Services]~~ **Authority** as a result of the payment of benefits for Medicaid;

(3) Has priority for appointment as a personal representative; or

(4) Is any other fiduciary representing an interested person.

(c) A trust, if the person:

(1) Is a living settlor or, if a court has appointed a guardian of the estate of the settlor, the guardian of the estate appointed by the court;

(2) Is the trustee, including, without limitation, each acting cotrustee;



(3) Holds the presently exercisable right to remove or replace the trustee or a cotrustee;

(4) Asserts the right to serve as the trustee or as a cotrustee;

(5) Is a current beneficiary or a remainder beneficiary of that trust;

(6) Holds a presently exercisable power of appointment that permits the holder to designate or change the designation of a current beneficiary or a remainder beneficiary of that trust;

(7) Holds a presently exercisable power that permits the holder to designate, remove or otherwise change the designation of a person who, pursuant to this paragraph, would be an interested person;

(8) Is a creditor of the settlor who has a claim which has been accepted by the trustee or who has asserted the trustee's liability therefor in a probate proceeding or in a civil action under subsection 8 or 9 of NRS 111.779; or

(9) Is a creditor of the trust who has given the trustee written notice of its claim.

(d) A revocable trust that is the subject of a petition under NRS 164.015 relating to the validity of the trust or any trust-related document, if the person, after the death of the settlor, under the terms of any version of the trust documents in dispute, would be:

(1) A current beneficiary or a remainder beneficiary of that trust; or

(2) A trustee or a successor trustee, including, without limitation, a cotrustee.

(e) A will that, while the testator is still living, is the subject of a petition under subsection 2 of NRS 30.040, if the person, after the death of the testator, would be:

(1) A beneficiary of that will; or

(2) A fiduciary designated in or pursuant to the terms of that will.

2. For the purposes of this title, the following persons are not interested persons:

(a) With respect to a motion, petition or proceeding, any person holding or claiming an interest or right that is not affected by the motion, petition or proceeding.

(b) The Director of the ~~{Department of Health and Human Services}~~ **Nevada Health Authority** after any money owed to the ~~{Department}~~ **Authority** has been paid in full or with respect to the estate or trust of a decedent who did not receive any benefits from Medicaid.



(c) A vexatious litigant with regard to a motion, petition or proceeding for which the vexatious litigant has been denied standing pursuant to NRS 155.165.

(d) As to the estate of a decedent:

(1) After a will has been admitted to probate, an heir, child or spouse who is not a beneficiary of the will, except for the purposes of NRS 133.110, 133.160 and 137.080.

(2) A creditor whose claim has not been accepted by the personal representative, if the enforcement of the claim of the creditor is barred under the provisions of chapter 11 or 147 of NRS or any other applicable statute of limitations.

(e) As to a trust:

(1) The guardian of the person of an interested person, unless the guardian is expressly permitted to act for the interested person under the terms of the trust instrument;

(2) A beneficiary or creditor whose right or claim is barred by any applicable statute of limitations, including, without limitation, the statute of limitations found in chapter 11 of NRS or NRS 164.021, 164.025 or 166.170;

(3) Any beneficiary of a revocable trust, except as expressly provided in paragraph (d) of subsection 1; or

(4) Any disclaimant as to a disclaimed interest, except with respect to the enforcement of the disclaimer.

3. As used in this section:

(a) “Current beneficiary” has the meaning ascribed to it in NRS 165.020.

(b) “Remainder beneficiary” has the meaning ascribed to it in NRS 165.020.

Sec. 48. NRS 146.070 is hereby amended to read as follows:

146.070 1. All or part of the estate of a decedent may be set aside without administration by the order of the court as follows:

(a) If the value of a decedent’s estate does not exceed \$100,000, the estate may be set aside without administration by the order of the court; or

(b) If a decedent’s will directs that all or part of the decedent’s estate is to be distributed to the trustee of a nontestamentary trust established by the decedent and in existence at the decedent’s death, the portion of the estate subject to such direction may be set aside without administration. Any portion of a decedent’s estate set aside to the nontestamentary trust pursuant to this paragraph is subject to creditors of the estate unless the petitioner provides proof to the court that the trustee has published or mailed the requisite notice to such



creditors on behalf of the nontestamentary trust and settlor pursuant to NRS 164.025.

2. Except as otherwise provided in subsection 3, the whole estate set aside pursuant to paragraph (a) of subsection 1 must be assigned and set apart in the following order:

(a) To the payment of the petitioner's attorney's fees and costs incurred relative to the proceeding under this section;

(b) To the payment of funeral expenses, expenses of last illness, money owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of payment of benefits for Medicaid and creditors, if there are any;

(c) To the payment of other creditors, if any; and

(d) Any balance remaining to the claimant or claimants entitled thereto pursuant to a valid will of the decedent, and if there is no valid will, pursuant to intestate succession in accordance with chapter 134 of NRS.

3. If the value of the estate does not exceed \$100,000 and the decedent is survived by a spouse or one or more minor children, the court must set aside the estate for the benefit of the surviving spouse or the minor child or minor children of the decedent, subject to any reduction made pursuant to subsection 4 or 5. The court may allocate the entire estate to the surviving spouse, the entire amount to the minor child or minor children, or may divide the estate among the surviving spouse and minor child or minor children.

4. As to any amount set aside to or for the benefit of the surviving spouse or minor child or minor children of the decedent pursuant to subsection 3, the court must set aside the estate without the payment of creditors except as the court finds necessary to prevent a manifest injustice.

5. To prevent an injustice to creditors when there are nonprobate transfers that already benefit the surviving spouse or minor child or minor children of the decedent, the court has the discretion to reduce the amount set aside under subsection 3 to the extent that the value of the estate, when combined with the value of nonprobate transfers, as defined in NRS 111.721, from the decedent to or for the benefit of the surviving spouse or minor child or minor children of the decedent exceeds \$100,000.

6. In exercising the discretion granted in this section, the court shall consider the needs and resources of the surviving spouse and minor child or minor children, including any assets received by or for the benefit of the surviving spouse or minor child or minor children from the decedent by nonprobate transfers.



7. For the purpose of this section, a nonprobate transfer from the decedent to one or more trusts or custodial accounts for the benefit of the surviving spouse or minor child or minor children shall be considered a transfer for the benefit of such spouse or minor child or minor children.

8. Proceedings taken under this section must not begin until at least 30 days after the death of the decedent and must be originated by a petition containing:

(a) A specific description of all property in the decedent's estate;
(b) A list of all known liens and encumbrances against estate property at the date of the decedent's death, with a description of any that the petitioner believes may be unenforceable;

(c) An estimate of the value of the property, together with an explanation of how the estimated value was determined;

(d) A statement of the debts of the decedent so far as known to the petitioner;

(e) The names and residences of the heirs and devisees of the decedent and the age of any who is a minor and the relationship of the heirs and devisees to the decedent, so far as known to the petitioner; and

(f) If the decedent left a will, a statement concerning all evidence known to the petitioner that tends to prove that the will is valid.

9. If the petition seeks to have the estate set aside for the benefit of the decedent's surviving spouse or minor child or minor children without payment to creditors, the petition must also contain:

(a) A specific description and estimated value of property passing by one or more nonprobate transfers from the decedent to the surviving spouse or minor child or minor children; or

(b) An allegation that the estimated value of the property sought to be set aside, combined with the value of all nonprobate transfers from the decedent to the surviving spouse or minor child or minor children who are seeking to receive property pursuant to this section, is less than \$100,000.

10. When property is distributed pursuant to an order granted under this section, the court may allocate the property on a pro rata basis or a non-pro rata basis.

11. The clerk shall set the petition for hearing and the petitioner shall give notice of the petition and hearing in the manner provided in NRS 155.010 to the decedent's heirs and devisees and to the Director of the ~~[Department of Health and Human Services.] Nevada Health Authority~~. If a complete copy of the petition is not enclosed with the notice, the notice must include a statement setting forth to whom the estate is being set aside.



12. No court or clerk's fees may be charged for the filing of any petition in, or order of court thereon, or for any certified copy of the petition or order in an estate not exceeding \$2,500 in value.

13. At the hearing on a petition under this section, the court may require such additional evidence as the court deems necessary to make the findings required under subsection 14.

14. The order granting the petition shall include:

(a) The court's finding as to the validity of any will presented;
(b) The court's finding as to the value of the estate and, if relevant for the purposes of subsection 5, the value of any property subject to nonprobate transfers;

(c) The court's determination of any property set aside under subsection 2;

(d) The court's determination of any property set aside under subsection 3, including, without limitation, the court's determination as to any reduction made pursuant to subsection 4 or 5; and

(e) The name of each distributee and the property to be distributed to the distributee.

15. As to the distribution of the share of a minor child set aside pursuant to this section, the court may direct the manner in which the money may be used for the benefit of the minor child as is deemed in the court's discretion to be in the best interests of the minor child, and the distribution of the minor child's share shall be made as permitted for the minor child's share under the terms of the decedent's will or to one or more of the following:

(a) A parent of such minor child, with or without the filing of any bond;

(b) A custodian under chapter 167 of NRS; or

(c) A court-appointed guardian of the estate, with or without bond.

16. The court, upon request of a petitioner under this section and upon such terms and conditions the court deems advisable to protect any interested person of the estate:

(a) May order that any asset assigned and set apart pursuant to subsection 2 be distributed first to a designated person who resides in this State and is otherwise qualified pursuant to NRS 139.010;

(b) May order the designated person to distribute the assets to the person or persons entitled thereto; and

(c) Shall retain jurisdiction to enforce its orders until the designated person demonstrates to the court, by the production of satisfactory receipts, that all sums of money due and all the property of the estate has been distributed to the persons entitled thereto and all acts lawfully required have been performed.



17. For the purposes of this section, the value of property must be the fair market value of that property, reduced by the value of all enforceable liens and encumbrances. Property values and the values of liens and encumbrances must be determined as of the date of the decedent's death.

Sec. 49. NRS 146.080 is hereby amended to read as follows:

146.080 1. If a decedent leaves no real property, nor interest therein, nor mortgage or lien thereon, in this State, and the gross value of the decedent's property in this State, over and above any amounts due to the decedent for services in the Armed Forces of the United States and the value of any motor vehicles registered to the decedent, does not exceed the applicable amount, a person who has a right to succeed to the property of the decedent pursuant to the laws of succession for a decedent who died intestate or pursuant to the valid will of a decedent who died testate, on behalf of all persons entitled to succeed to the property claimed, or the Director of the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* or, as applicable, the public administrator or a person employed or contracted with pursuant to NRS 253.125, on behalf of the State or others entitled to the property, may, 40 days after the death of the decedent, without procuring letters of administration or awaiting the probate of the will, collect any money due the decedent, receive the property of the decedent, and have any evidences of interest, indebtedness or right transferred to the claimant upon furnishing the person, representative, corporation, officer or body owing the money, having custody of the property or acting as registrar or transfer agent of the evidences of interest, indebtedness or right, with an affidavit showing the right of the affiant or affiants to receive the money or property or to have the evidence transferred.

2. An affidavit made pursuant to this section must state:

(a) The affiant's name and address, and that the affiant is entitled by law to succeed to the property claimed;

(b) The date and place of death of the decedent;

(c) That the gross value of the decedent's property in this State, except amounts due the decedent for services in the Armed Forces of the United States or the value of any motor vehicles registered to the decedent, does not exceed the applicable amount, and that the property does not include any real property nor interest therein, nor mortgage or lien thereon;

(d) That at least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the certificate of death of the decedent attached to the affidavit;



(e) That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;

(f) That all debts of the decedent, including funeral and burial expenses, and money owed to the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** as a result of the payment of benefits for Medicaid, have been paid or provided for;

(g) A description of the personal property and the portion claimed;

(h) That the affiant has given written notice, by personal service or by certified mail, identifying the affiant's claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to that of the affiant, and that at least 14 days have elapsed since the notice was served or mailed;

(i) That the affiant is personally entitled, or the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** is entitled, to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property;

(j) That the affiant has no knowledge of any existing claims for personal injury or tort damages against the decedent; and

(k) That the affiant acknowledges an understanding that filing a false affidavit constitutes a felony in this State.

3. If the affiant:

(a) Submits an affidavit which does not meet the requirements of subsection 2 or which contains statements which are not entirely true, any money or property the affiant receives is subject to all debts of the decedent.

(b) Fails to give notice to other successors as required by subsection 2, any money or property the affiant receives is held by the affiant in trust for all other successors who have an interest in the property.

4. A person who receives an affidavit containing the information required by subsection 2 is entitled to rely upon that information, and if the person relies in good faith, the person is immune from civil liability for actions based on that reliance.

5. Upon receiving proof of the death of the decedent and an affidavit containing the information required by this section:

(a) A transfer agent of any security shall change the registered ownership of the security claimed from the decedent to the person claiming to succeed to ownership of that security.

(b) A governmental agency required to issue certificates of title, ownership or registration to personal property shall issue a new certificate of title, ownership or registration to the person claiming to



succeed to ownership of the property. The governmental agency may not refuse to accept an affidavit containing the information required by this section, regardless of the form of the affidavit.

6. If any property of the estate not exceeding the applicable amount is located in a state which requires an order of a court for the transfer of the property, or if the estate consists of stocks or bonds which must be transferred by an agent outside this State, any person qualified pursuant to the provisions of subsection 1 to have the stocks or bonds or other property transferred may do so by obtaining a court order directing the transfer. The person desiring the transfer must file a petition, which may be ex parte, containing:

(a) A specific description of all the property of the decedent.

(b) A list of all the liens and mortgages of record at the date of the decedent's death.

(c) An estimate of the value of the property of the decedent.

(d) The names, ages of any minors and residences of the decedent's heirs and devisees.

(e) A request for the court to issue an order directing the transfer of the stocks or bonds or other property if the court finds the gross value of the estate does not exceed the applicable amount.

(f) An attached copy of the executed affidavit made pursuant to subsection 2.

➤ If the court finds that the gross value of the estate does not exceed the applicable amount and the person requesting the transfer is entitled to it, the court may enter an order directing the transfer.

7. As used in this section, "applicable amount" means:

(a) If the claimant is the surviving spouse of the decedent, \$100,000.

(b) For any other claimant, \$25,000.

Sec. 50. NRS 147.070 is hereby amended to read as follows:

147.070 1. A claim for an amount of \$250 or more filed with the clerk must be supported by the affidavit of the claimant that:

(a) The amount is justly due (or if the claim is not yet due, that the amount is a just demand and will be due on the day of).

(b) No payments have been made thereon which are not credited.

(c) There are no offsets to the amount demanded to the knowledge of the claimant or other affiant.

2. Every claim filed with the clerk must contain the mailing address of the claimant. Any written notice mailed by a personal representative to the claimant at the address furnished is proper notice.



3. When the affidavit is made by any other person than the claimant, the reasons why it is not made by the claimant must be set forth in the affidavit.

4. The oath may be taken before any person authorized to administer oaths.

5. The amount of interest must be computed and included in the statement of the claim and the rate of interest determined.

6. Except as otherwise provided in subsection 7, the court may, for good cause shown, allow a defective claim or affidavit to be corrected or amended on application made at any time before the filing of the final account, but an amendment may not be made to increase the amount of a claim after the time for filing a claim has expired.

7. The court shall allow the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* to amend at any time before the filing of the final account a claim for the payment of benefits for Medicaid that the ~~{Department}~~ *Authority* identifies after the original claim has been filed.

Sec. 51. NRS 147.195 is hereby amended to read as follows:

147.195 The debts and charges of the estate must be paid in the following order:

1. Expenses of administration.
2. Funeral expenses.
3. The expenses of the last illness.
4. Family allowance.
5. Debts having preference by laws of the United States.
6. Money owed to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* as a result of the payment of benefits for Medicaid.

7. Wages to the extent of \$600, of each employee of the decedent, for work done or personal services rendered within 3 months before the death of the employer. If there is not sufficient money with which to pay all such labor claims in full, the money available must be distributed among the claimants in accordance with the amounts of their respective claims.

8. Judgments rendered against the decedent in his or her lifetime, and mortgages in order of their date. The preference given to a mortgage extends only to the proceeds of the property mortgaged. If the proceeds of that property are insufficient to pay the mortgage, the part remaining unsatisfied must be classed with other demands against the estate.

9. All other demands against the estate.



Sec. 52. NRS 150.230 is hereby amended to read as follows:

150.230 1. The personal representative shall, as soon as sufficient money is available, upon receipt of a sworn statement of the amount due and without any formal action upon creditors' claims, pay the funeral expenses, the expenses of the last illness, the allowance made to the family of the decedents, money owed to the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** as a result of payment of benefits for Medicaid and wage claims to the extent of \$600 of each employee of the decedent for work done or personal services rendered within 3 months before the death of the employer, but may retain the necessary expenses of administration.

2. The personal representative is not obliged to pay any other debt or any devise until the payment is ordered by the court.

3. The personal representative may, before court approval or order, pay any of the decedent's debts amounting to \$500 or less if:

(a) Claims for payment thereof have been properly filed in the proceedings;

(b) The debts are legally due; and

(c) The estate is solvent.

➔ In settling the account of the estate, the court shall allow any such payment if the conditions of paragraphs (a), (b) and (c) have been met. Otherwise, the personal representative is personally liable to any person sustaining loss or damage as a result of the payment.

4. Funeral expenses and expenses of a last illness are debts payable out of the estate of the decedent and must not be charged to the community share of a surviving spouse, whether or not the surviving spouse is financially able to pay those expenses and whether or not the surviving spouse or any other person is also liable therefor.

Sec. 53. NRS 159.034 is hereby amended to read as follows:

159.034 1. Except as otherwise provided in this section, by specific statute or as ordered by the court, a petitioner in a guardianship proceeding shall give notice of the time and place of the hearing on any petition filed in the guardianship proceeding to:

(a) The spouse of the protected person and all other known relatives of the protected person who are within the second degree of consanguinity.

(b) Any other interested person or the person's attorney who has filed a request for notice in the guardianship proceedings and has served a copy of the request upon the guardian. The request for notice must state the interest of the person filing the request and the person's name and address, or that of his or her attorney.



(c) The guardian, if the petitioner is not the guardian.

(d) Any person or care provider who is providing care for the protected person, except that if the person or care provider is not related to the protected person, such person or care provider must not receive copies of any inventory or accounting.

(e) Any office of the Department of Veterans Affairs in this State if the protected person is receiving any payments or benefits through the Department of Veterans Affairs.

(f) The Director of the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* if the protected person has received or is receiving benefits from Medicaid.

(g) Those persons entitled to notice if a proceeding were brought in the home state of the protected person.

2. The petitioner shall give notice not later than 10 days before the date set for the hearing:

(a) By mailing a copy of the notice by certified, registered or ordinary first-class mail to the residence, office or post office address of each person required to be notified pursuant to this section;

(b) By personal service; or

(c) In any other manner ordered by the court, upon a showing of good cause.

3. Except as otherwise provided in this subsection, if none of the persons entitled to notice of a hearing on a petition pursuant to this section can, after due diligence, be served by certified mail or personal service and this fact is proven by affidavit to the satisfaction of the court, service of the notice must be made by publication in the manner provided by the Nevada Rules of Civil Procedure. In all such cases, the notice must be published not later than 10 days before the date set for the hearing. If, after the appointment of a guardian, a search for relatives of the protected person listed in paragraph (a) of subsection 1 fails to find any such relative, the court may waive the notice by publication required by this subsection.

4. For good cause shown, the court may waive the requirement of giving notice.

5. A person entitled to notice pursuant to this section may waive such notice. Such a waiver must be in writing and filed with the court.

6. On or before the date set for the hearing, the petitioner shall file with the court proof of giving notice to each person entitled to notice pursuant to this section.

Sec. 54. NRS 159.047 is hereby amended to read as follows:

159.047 1. Except as otherwise provided in NRS 159.0475, 159.0523 and 159.0525, upon the filing of a petition under NRS 159.044, the clerk shall issue a citation setting forth a time and place



for the hearing and directing the persons or care provider referred to in subsection 2 to appear and show cause why a guardian should not be appointed for the proposed protected person.

2. A citation issued under subsection 1, together with a copy of the petition filed under NRS 159.044, must be served upon:

(a) The proposed protected person, regardless of whether the proposed protected person is considered to have the capacity to understand or appreciate the contents of the citation and petition;

(b) The spouse of the proposed protected person and all other known relatives of the proposed protected person who are:

(1) Fourteen years of age or older; and

(2) Within the second degree of consanguinity;

(c) The parents and custodian of the proposed protected person;

(d) Any person or officer of a care provider having the care, custody or control of the proposed protected person;

(e) The proposed guardian, if the petitioner is not the proposed guardian;

(f) Any office of the Department of Veterans Affairs in this State if the proposed protected person is receiving any payments or benefits through the Department of Veterans Affairs; and

(g) The Director of the ~~{Department of Health and Human Services}~~ **Nevada Health Authority** if the proposed protected person has received or is receiving any benefits from Medicaid.

3. A person who serves notice upon a proposed protected person pursuant to paragraph (a) of subsection 2 shall file with the court an affidavit stating that he or she served notice upon the proposed protected person in accordance with the provisions of NRS 159.0475.

Sec. 55. NRS 159.113 is hereby amended to read as follows:

159.113 1. Before taking any of the following actions, the guardian of the estate shall petition the court for an order authorizing the guardian to:

(a) Invest the property of the protected person pursuant to NRS 159.117.

(b) Continue the business of the protected person pursuant to NRS 159.119.

(c) Borrow money for the protected person pursuant to NRS 159.121.

(d) Except as otherwise provided in NRS 159.079, enter into contracts for the protected person or complete the performance of contracts of the protected person pursuant to NRS 159.123.



(e) Make gifts from the estate of the protected person or make expenditures for the relatives of the protected person pursuant to NRS 159.125.

(f) Sell, lease or place in trust any property of the protected person pursuant to NRS 159.127.

(g) Exchange or partition the property of the protected person pursuant to NRS 159.175.

(h) Release the power of the protected person as trustee, personal representative or custodian for a minor or guardian.

(i) Exercise or release the power of the protected person as a donee of a power of appointment.

(j) Exercise the right of the protected person to take under or against a will.

(k) Transfer to a trust created by the protected person any property unintentionally omitted from the trust.

(l) Submit a revocable trust or an irrevocable trust to the jurisdiction of the court if:

(1) The protected person or the spouse of the protected person, or both, are the grantors and sole beneficiaries of the income of the trust; or

(2) The trust was created by the court.

(m) Pay any claim by the ~~Department of Health and Human Services~~ *Nevada Health Authority* to recover benefits for Medicaid correctly paid to or on behalf of the protected person.

2. Before taking any of the following actions, unless the guardian has been otherwise ordered by the court to petition the court for permission to take specified actions or make specified decisions in addition to those described in subsection 1, the guardian may petition the court for an order authorizing the guardian to:

(a) Obtain advice, instructions and approval of any other proposed act of the guardian relating to the property of the protected person.

(b) Take any other action which the guardian deems would be in the best interests of the protected person.

3. The petition must be signed by the guardian and contain:

(a) The name, age, residence and address of the protected person.

(b) A concise statement as to the condition of the estate of the protected person.

(c) A concise statement as to the advantage to the protected person of or the necessity for the proposed action.

(d) The terms and conditions of any proposed sale, lease, partition, trust, exchange or investment, and a specific description of any property involved.



4. Any of the matters set forth in subsection 1 may be consolidated in one petition, and the court may enter one order authorizing or directing the guardian to do one or more of those acts.

5. A petition filed pursuant to paragraphs (b) and (d) of subsection 1 may be consolidated in and filed with the petition for the appointment of the guardian, and if the guardian is appointed, the court may enter additional orders authorizing the guardian to continue the business of the protected person, enter contracts for the protected person or complete contracts of the protected person.

Sec. 56. NRS 159A.047 is hereby amended to read as follows:

159A.047 1. Except as otherwise provided in NRS 159A.0475, 159A.049, 159A.052 and 159A.053, upon the filing of a petition under NRS 159A.044, the clerk shall issue a citation setting forth a time and place for the hearing and directing the persons or care provider referred to in subsection 2 to appear and show cause why a guardian should not be appointed for the proposed protected minor.

2. A citation issued under subsection 1, together with a copy of the petition filed under NRS 159A.044, must be served upon:

(a) A proposed protected minor who is 14 years of age or older, regardless of whether the proposed protected minor is considered to have the capacity to understand or appreciate the contents of the citation and petition;

(b) All known relatives of the proposed protected minor who are:

(1) Fourteen years of age or older; and

(2) Within the second degree of consanguinity;

(c) The parents and custodian of the proposed protected minor;

(d) Any person or officer of a care provider having the care, custody or control of the proposed protected minor;

(e) The proposed guardian, if the petitioner is not the proposed guardian; and

(f) The Director of the ~~Department of Health and Human Services~~ **Nevada Health Authority** if the proposed protected minor has received or is receiving any benefits from Medicaid.

3. A person who serves notice upon a proposed protected minor pursuant to paragraph (a) of subsection 2 shall file with the court an affidavit stating that he or she served notice upon the proposed protected minor in accordance with the provisions of NRS 159A.0475.

Sec. 57. NRS 159A.113 is hereby amended to read as follows:

159A.113 1. Before taking any of the following actions, the guardian of the estate shall petition the court for an order authorizing the guardian to:



(a) Invest the property of the protected minor pursuant to NRS 159A.117.

(b) Borrow money for the protected minor pursuant to NRS 159A.121.

(c) Except as otherwise provided in NRS 159A.079, enter into contracts for the protected minor or complete the performance of contracts of the protected minor pursuant to NRS 159A.123.

(d) Make gifts from the protected minor's estate pursuant to NRS 159A.125.

(e) Sell, lease or place in trust any property of the protected minor pursuant to NRS 159A.127.

(f) Exchange or partition the protected minor's property pursuant to NRS 159A.175.

(g) Exercise or release the power of the protected minor as a donee of a power of appointment.

(h) Exercise the right of the protected minor to take under or against a will.

(i) Transfer to a trust created by the protected minor any property unintentionally omitted from the trust.

(j) Submit a revocable trust or an irrevocable trust to the jurisdiction of the court if:

(1) The protected minor is the grantor and sole beneficiary of the income of the trust; or

(2) The trust was created by the court.

(k) Pay any claim by the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** to recover benefits for Medicaid correctly paid to or on behalf of the protected minor.

(l) Transfer money in a protected minor's blocked account to the Nevada Higher Education Prepaid Tuition Trust Fund created pursuant to NRS 353B.140.

2. Before taking any of the following actions, unless the guardian has been otherwise ordered by the court to petition the court for permission to take specified actions or make specified decisions in addition to those described in subsection 1, the guardian may petition the court for an order authorizing the guardian to:

(a) Obtain advice, instructions and approval of any other proposed act of the guardian relating to the protected minor's property.

(b) Take any other action which the guardian deems would be in the best interests of the protected minor.

3. The petition must be signed by the guardian and contain:

(a) The name, age, residence and address of the protected minor.



(b) A concise statement as to the condition of the protected minor's estate.

(c) A concise statement as to the advantage to the protected minor or the necessity for the proposed action.

(d) The terms and conditions of any proposed sale, lease, partition, trust, exchange or investment, and a specific description of any property involved.

4. Any of the matters set forth in subsection 1 may be consolidated in one petition, and the court may enter one order authorizing or directing the guardian to do one or more of those acts.

5. A petition filed pursuant to paragraph (c) of subsection 1 may be consolidated in and filed with the petition for the appointment of the guardian, and if the guardian is appointed, the court may enter additional orders authorizing the guardian to enter contracts for the protected minor or complete contracts of the protected minor.

Sec. 58. NRS 200.5093 is hereby amended to read as follows:

200.5093 1. Any person who is described in subsection 4 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to:

(1) The local office of the Aging and Disability Services Division of the Department of ~~Health and~~ Human Services;

(2) A police department or sheriff's office; or

(3) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of ~~Health and~~ Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person involves an act or omission of the Aging and Disability Services Division, another division of the Department of ~~Health and~~ Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of



the Department of ~~Health and~~ Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, expanded function dental assistant, chiropractic physician, naprapath, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, anesthesiologist assistant, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, behavior analyst, assistant behavior analyst, registered behavior technician, peer recovery support specialist, as defined in NRS 433.627, peer recovery support specialist supervisor, as defined in NRS 433.629, or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(g) Any employee of the Department of ~~Health and~~ Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to 45 C.F.R. § 1321.11.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.



(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons or vulnerable persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

(m) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

(n) Every person who is enrolled with the **Medicaid** Division ~~of Health Care Financing and Policy~~ of the ~~Department of Health and Human Services~~ **Nevada Health Authority** to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect, isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of ~~Health and~~ Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of ~~Health and~~ Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; and



(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of ~~[Health and]~~ Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.

Sec. 58.5. NRS 209.111 is hereby amended to read as follows:

209.111 **1.** The Board has full control of all grounds, buildings, labor, and property of the Department, and shall:

~~[1.]~~ **(a)** Purchase, or cause to be purchased, all commissary supplies, materials and tools necessary for any lawful purpose carried on at any institution or facility of the Department.

~~[2.]~~ **(b)** Regulate the number of officers and employees of the Department.

~~[3.]~~ **(c)** Prescribe regulations for carrying on the business of the Board and the Department.

2. The Board may elect to obtain prescription drugs for the treatment of offenders through the purchasing agreements negotiated by the Nevada Health Authority pursuant to paragraph (b) of subsection 1 of NRS 422.4025. To do so, the Board must notify the Authority in the form prescribed by the Authority.

Sec. 59. NRS 217.180 is hereby amended to read as follows:

217.180 **1.** Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall award compensation unless the injury or death of the victim was substantially attributable to a wrongful act of the victim or substantially provoked by the victim.

2. If the case involves a victim of domestic violence, sexual assault, facilitating sex trafficking or sex trafficking, the compensation officer shall not consider the wrongful act, provocation or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim.

3. If the applicant has received or is likely to receive an amount on account of the applicant's injury or the death of another from:



(a) The person who committed the crime that caused the victim's injury or from anyone paying on behalf of the offender;

(b) Insurance;

(c) The employer of the victim; or

(d) Another private or public source or program of assistance,

↳ the applicant shall report the amount received or that the applicant is likely to receive to the compensation officer. Any of those sources that are obligated to pay an amount after the award of compensation shall pay the Department the amount of compensation that has been paid to the applicant and pay the remainder of the amount due to the applicant. The compensation officer shall deduct the amounts that the applicant has received or is likely to receive from those sources from the applicant's total expenses.

4. An order for compensation may be made whether or not a person is prosecuted or convicted of an offense arising from the act on which the claim for compensation is based.

5. As used in this section:

(a) "Domestic violence" means an act described in NRS 33.018.

(b) "Facilitating sex trafficking" means a violation of NRS 201.301.

(c) "Public source or program of assistance" means:

(1) Public assistance, as defined in NRS 422A.065;

(2) *Medicaid or the Children's Health Insurance Program;*

(3) Social services provided by a social service agency, as defined in NRS 430A.080; or

~~(3)~~ (4) Other assistance provided by a public entity.

(d) "Sex trafficking" means a violation of subsection 2 of NRS 201.300.

(e) "Sexual assault" has the meaning ascribed to it in NRS 200.366.

Sec. 60. NRS 218E.405 is hereby amended to read as follows:

218E.405 1. Except as otherwise provided in subsection 2, the Interim Finance Committee may exercise the powers conferred upon it by law only when the Legislature is not in a regular or special session.

2. During a regular or special session, the Interim Finance Committee may also perform the duties imposed on it by NRS 228.1111, subsection 5 of NRS 284.115, NRS 285.070, subsection 2 of NRS 321.335, NRS 322.007, subsection 2 of NRS 323.020, NRS 323.050, subsection 1 of NRS 323.100, subsection 3 of NRS 341.126, NRS 341.142, paragraph (f) of subsection 1 of NRS 341.145, subsection 3 of NRS 349.073, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, 353.288, 353.335, 353.3375,



353C.224, 353C.226, paragraph (b) of subsection 4 of NRS 407.0762, NRS 428.375, 433.732, 439.4905, 439.620, 439.630, 445B.830, subsection 1 of NRS 445C.320 and NRS 538.650 ~~and~~ **and section 30 of this act.** In performing those duties, the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means may meet separately and transmit the results of their respective votes to the Chair of the Interim Finance Committee to determine the action of the Interim Finance Committee as a whole.

3. The Chair of the Interim Finance Committee may appoint a subcommittee consisting of six members of the Committee to review and make recommendations to the Committee on matters of the State Public Works Division of the Department of Administration that require prior approval of the Interim Finance Committee pursuant to subsection 3 of NRS 341.126, NRS 341.142 and paragraph (f) of subsection 1 of NRS 341.145. If the Chair appoints such a subcommittee:

(a) The Chair shall designate one of the members of the subcommittee to serve as the chair of the subcommittee;

(b) The subcommittee shall meet throughout the year at the times and places specified by the call of the chair of the subcommittee; and

(c) The Director or the Director's designee shall act as the nonvoting recording secretary of the subcommittee.

Sec. 61. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 164.041, 172.075, 172.245, 176.01334, 176.01385, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 178.5717, 179.495, 179A.070, 179A.165, 179D.160, 180.600, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 218G.615, 224.240, 226.462, 226.796, 228.270, 228.450, 228.495, 228.570,



231.069, 231.1285, 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.545, 247.550, 247.560, 250.087, 250.130, 250.140, 250.145, 250.150, 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.909, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 353D.250, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 427A.940, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988, 439.5282, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710, 604D.500, 604D.600, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110,



624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.043, 629.047, 629.069, 630.133, 630.2671, 630.2672, 630.2673, 630.2687, 630.30665, 630.336, 630A.327, 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283, 633.301, 633.427, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303, 634.214, 634A.169, 634A.185, 634B.730, 635.111, 635.158, 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090, 641.221, 641.2215, 641A.191, 641A.217, 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 670B.680, 671.365, 671.415, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and section 24 of this act*, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.



3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate, including, without limitation, electronically, the confidential information from the information included in the public book or record that is not otherwise confidential.

4. If requested, a governmental entity shall provide a copy of a public record in an electronic format by means of an electronic medium. Nothing in this subsection requires a governmental entity to provide a copy of a public record in an electronic format or by means of an electronic medium if:

(a) The public record:

- (1) Was not created or prepared in an electronic format; and
- (2) Is not available in an electronic format; or

(b) Providing the public record in an electronic format or by means of an electronic medium would:

- (1) Give access to proprietary software; or
- (2) Require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

5. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in the medium that is requested because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 62. NRS 277.0655 is hereby amended to read as follows:

277.0655 1. The Department of Education, the county school districts of the various counties, charter schools and the *Health Care Purchasing and Compliance* Division of ~~Public and Behavioral Health of the Department of Health and Human Services~~ *the Nevada Health Authority* may enter into cooperative agreements for the provision of educational services at any hospital or other facility which is licensed:



(a) By the Division that provides residential treatment to children and which operates a private school licensed pursuant to chapter 394 of NRS; or

(b) In the District of Columbia or any state or territory of the United States that:

(1) Meets the requirements of 42 C.F.R. §§ 441.151 to 441.156, inclusive;

(2) Provides residential treatment to children; and

(3) Operates an educational program accredited by a national organization and approved by the Department of Education.

2. The authorization provided by subsection 1 includes the right to pay over money appropriated to a county school district or charter school for the education of a child placed in such a hospital or facility.

3. As used in this section, “hospital” has the meaning ascribed to it in NRS 449.012.

Sec. 63. Chapter 287 of NRS is hereby amended by adding thereto the provisions set forth as sections 64, 65 and 65.5 of this act.

Sec. 64. *“Authority” means the Nevada Health Authority.*

Sec. 65. *“Director” means the Director of the Authority.*

Sec. 65.5. *1. To the extent that money and resources are available for this purpose, on or before August 31 of each even-numbered year, the Board shall:*

(a) Compile a report concerning the cost for a retired state employee to obtain coverage through the Program under Medicare that is actuarially comparable to the coverage provided through the Program but not under Medicare; and

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee.

2. The report compiled pursuant to subsection 1 must consider, without limitation:

(a) The cost of the lowest premium charged in this State for coverage pursuant to Medicare Part B, 42 U.S.C. §§ 1395j et seq.;

(b) The average cost in this State to obtain a Medicare supplemental policy that provides comparable benefits to those provided under the applicable plan of health insurance offered under the Program;

(c) The average cost in this State to obtain coverage of prescription drugs under Medicare Part D, 42 U.S.C. §§ 1395w-101 et seq.; and

(d) The average cost in this State to obtain dental and vision coverage, other than limited coverage, through a Medicare Advantage Plan under Medicare Part C, 42 U.S.C. §§ 1395w-21 et seq.



3. The Board may utilize the resources of the Authority, including, without limitation, the Office of Data Analytics of the Authority and persons and entities with which the Authority has contracted, to prepare the report required by this section.

Sec. 66. NRS 287.012 is hereby amended to read as follows:

287.012 A governing body of a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that provides coverage of prescription drugs pursuant to NRS 287.010 or any issuer of a policy of health insurance purchased pursuant to NRS 287.010 may use the list of preferred prescription drugs developed by the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to subsection 1 of NRS 422.4025 as its formulary and obtain prescription drugs through the purchasing agreements negotiated by the ~~[Department]~~ *Authority* pursuant to that section by notifying the ~~[Department]~~ *Authority* in the form prescribed by the ~~[Department.]~~ *Authority*.

Sec. 67. NRS 287.0402 is hereby amended to read as follows:

287.0402 As used in NRS 287.0402 to 287.049, inclusive, *and sections 64, 65 and 65.5 of this act*, unless the context otherwise requires, the words and terms defined in NRS 287.0404 to 287.04064, inclusive, *and sections 64 and 65 of this act*, have the meanings ascribed to them in those sections.

Sec. 68. NRS 287.041 is hereby amended to read as follows:

287.041 1. There is hereby created *within the Authority* the Board of the Public Employees' Benefits Program. The Board consists of 11 members appointed as follows:

(a) Two members who are professional employees of the Nevada System of Higher Education, appointed by the Governor upon consideration of any recommendations of organizations that represent employees of the Nevada System of Higher Education. One such member must reside in northern Nevada and the other member must reside in southern Nevada.

(b) Two members who are retired from public employment, appointed by the Governor upon consideration of any recommendations of organizations that represent retired public employees.

(c) Two members who are employees in the classified *or unclassified* service of the State, ~~[appointed by the Governor upon consideration of any recommendations of organizations that represent state employees.]~~, *with one such member appointed by the Senate Majority Leader and the other appointed by the Speaker of the Assembly.*



(d) One member who is employed by this State in a managerial capacity and has substantial and demonstrated experience in risk management, group insurance programs, health care administration or employee benefits programs appointed by the Governor.

(e) Two members who have substantial and demonstrated experience in risk management, group insurance programs, health care administration or employee benefits programs appointed by the Governor.

(f) One member who is an employee in the classified service of the State, appointed by the Governor from a list of nominations of ~~10~~ **at least 3** classified state employees submitted by the labor organization representing the largest number of classified state employees participating in the Program.

(g) The Director of the Department of Administration or a designee of the Director approved by the Governor.

2. Of the nine persons appointed to the Board pursuant to paragraphs (a) to (e), inclusive, of subsection 1, at least four members must have a bachelor's degree or a more advanced degree, or equivalent professional experience, in business administration, economics, medicine, accounting, actuarial science, insurance, risk management or health care administration, and at least two members must have education or proven experience in the management of employees' benefits, insurance, risk management, health care administration or business administration.

3. Each person appointed as a member of the Board must:

(a) Except for a member appointed pursuant to paragraph (e) of subsection 1, have been a participant in the Program for at least 1 year before the person's appointment;

(b) Except for a member appointed pursuant to paragraph (e) of subsection 1, be a current employee of the State of Nevada or another public employer that participates in the Program or a retired public employee who is a participant in the Program;

(c) Not be an elected officer of the State of Nevada or any of its political subdivisions; and

(d) Not participate in any business enterprise or investment:

(1) With any vendor or provider to the Program; or

(2) In real or personal property if the Program owns or has a direct financial interest in that enterprise or property.

4. *In making appointments pursuant to subsection 1, the Governor, the Senate Majority Leader and the Speaker of the Assembly shall coordinate to ensure that the membership of the Board is diverse and, to the extent practicable, proportionally and equitably represents the constituencies served by the Program.*



5. Except as otherwise provided in this subsection, after the initial terms, the term of an appointed member of the Board is 4 years and until the member's successor is appointed and takes office unless the member no longer possesses the qualifications for appointment set forth in this section or is removed by the ~~[Governor.]~~ *appointing authority*. If a member loses the requisite qualifications within the last 12 months of the member's term, the member may serve the remainder of the member's term. If the labor organization that submitted the name of the member appointed pursuant to paragraph (f) of subsection 1 ceases to represent the largest number of classified state employees participating in the Program during the member's term, the member continues to serve for the remainder of his or her unexpired term. Members are eligible for reappointment. A vacancy occurring in the membership of the Board must be filled in the same manner as the original appointment.

~~[5.]~~ 6. The appointed members of the Board serve at the pleasure of the ~~[Governor.]~~ *appointing authority*.

Sec. 68.5. NRS 287.0415 is hereby amended to read as follows:

287.0415 1. A majority of the members of the Board constitutes a quorum for the transaction of business.

2. *At the beginning of each calendar year, the Board shall elect one of its members to serve as the Chair.* The Governor shall designate one of the members of the Board to serve as the *Vice* Chair.

3. The Board shall meet at least once every calendar quarter and at other times upon the call of the Chair.

4. The Board may meet in closed session:

- (a) To discuss matters relating to personnel;
- (b) With investment counsel to plan future investments or establish investment objectives and policies;
- (c) With legal counsel to receive advice upon claims or suits by or against the Program;

(d) To prepare a request for a proposal or other solicitation for bids to be released by the Board for competitive bidding; or

(e) As otherwise provided pursuant to chapter 241 of NRS.

5. Except as otherwise provided in this subsection, if the Board causes a meeting to be transcribed by a court reporter who is certified pursuant to chapter 656 of NRS, the Board shall post a transcript of the meeting on its Internet website not later than 30 days after the meeting. The Board shall post a transcript of a closed session of the Board on its Internet website when the Board determines that the matters discussed no longer require confidentiality and, if applicable, the person whose character, conduct, competence or health was discussed in the closed session has consented to the posting.



6. The Board may appoint such advisory committees as it deems necessary to assist the Board in carrying out its duties pursuant to NRS 287.0402 to 287.049, inclusive ~~[]~~, *and sections 64, 65 and 65.5 of this act.*

7. As used in this section, “request for a proposal” has the meaning ascribed to it in subsection 8 of NRS 333.020.

Sec. 69. NRS 287.0424 is hereby amended to read as follows:

287.0424 1. The ~~[Board]~~ *Director* shall ~~[employ]~~ *appoint* an Executive Officer, subject to the approval of the Governor. *The Board shall interview qualified candidates for the position of Executive Officer and make recommendations to the Director and the Governor concerning the appointment.* The Executive Officer is in the unclassified service of the State and serves at the pleasure of the ~~[Board.]~~ *Governor.* The Board may delegate to the Executive Officer the exercise or discharge of any power, duty or function vested in or imposed upon the Board.

2. The Executive Officer must:

(a) Be a graduate of a 4-year college or university with a degree in business administration, *health sciences* or public administration or an equivalent degree, as determined by the ~~[Board.]~~ *Director;* and

(b) Possess at least 5 years’ experience in a high-level administrative or executive capacity in the field of *health care administration, health* insurance, management of employees’ benefits or risk management, including, without limitation, responsibility for a variety of administrative functions such as ~~[personnel, accounting, data-processing]~~ *overseeing contracts, the development of benefits under health insurance programs* or the *management and* structuring of *health* insurance programs.

3. Except as otherwise provided in NRS 284.143, the Executive Officer shall not pursue any other business or occupation or perform the duties of any other office of profit during normal office hours unless on leave approved in advance. The Executive Officer shall not participate in any business enterprise or investment:

(a) With any vendor or provider to the Program; or

(b) In real or personal property if the Program owns or has a direct financial interest in that enterprise or property.

4. The Executive Officer ~~[is entitled to an annual salary fixed by the Board.]~~ :

(a) *Serves under the supervision of the Director; and*

(b) *Shall, as directed by the Director and the Board, manage the operations of the Program and assist in developing innovative purchasing and contracting strategies for providing services under a program of insurance established pursuant to NRS 287.043.*



Sec. 70. NRS 287.0425 is hereby amended to read as follows:

287.0425 1. The Executive Officer shall submit a report regarding the administration and operation of the Program to the Board, *the Director of the Authority* and the Director of the Office of Finance, and to the Director of the Legislative Counsel Bureau for transmittal to the appropriate committees of the Legislature or, if the Legislature is not in regular session, to the Legislative Commission and the Interim Retirement and Benefits Committee of the Legislature created by NRS 218E.420. The report must include, without limitation:

(a) An audited financial statement of the Program Fund for the immediately preceding fiscal year. The statement must be prepared by an independent certified public accountant.

(b) An audited financial statement of the Retirees' Fund for the immediately preceding fiscal year. The statement must be prepared by an independent certified public accountant.

(c) A report of the utilization of the Program by participants during the immediately preceding plan year, segregated by benefit, administrative cost, active employees and retirees, including, without limitation, an assessment of the actuarial accuracy of reserves.

(d) Material provided generally to participants or prospective participants in connection with enrollment in the Program for the current plan year, including, without limitation:

(1) Information regarding rates and the costs for participation in the Program paid by participants on a monthly basis; and

(2) A summary of the changes in the plan design for the current plan year from the plan design for the immediately preceding plan year.

2. The Executive Officer shall submit a biennial report to the Board, *the Director of the Authority*, and the Director of the Office of Finance, and to the Director of the Legislative Counsel Bureau for transmittal to the appropriate committee or committees of the Legislature. The report must include, without limitation:

(a) An independent biennial certified actuarial valuation and report of the State's health and welfare benefits for current and future state retirees, which are provided for the purpose of developing the annual required contribution pursuant to the statements issued by the Governmental Accounting Standards Board.

(b) A biennial review of the Program to determine whether the Program complies with federal and state laws relating to taxes and employee benefits. The review must be conducted by an attorney who specializes in employee benefits.



Sec. 71. NRS 287.0426 is hereby amended to read as follows:

287.0426 1. The Executive Officer may, within the limits of legislative appropriations and other available money ~~and~~ *and subject to the approval of the Director*, appoint such officers and employees as are necessary for the administration of the Program, who are in the unclassified service of the State and serve at the pleasure of the Executive Officer.

2. The Director of the Department of Administration shall appoint a Quality Control Officer for the Program. The Director shall define the duties of the Quality Control Officer with the concurrence of the Board. The Quality Control Officer is in the unclassified service of the State and serves at the pleasure of the Director.

3. Each officer appointed pursuant to subsection 1 or 2 who is placed in charge of quality control, operations, finance or information technology must be a graduate of a 4-year college or university with a degree that is appropriate to their respective responsibilities or possess equivalent experience.

4. The Executive Officer may employ such staff in the classified service of the State as are necessary for the performance of the Executive Officer's duties, within limits of legislative appropriations or other available money.

Sec. 72. NRS 287.043 is hereby amended to read as follows:

287.043 1. The Board shall:

(a) Establish and carry out a program to be known as the Public Employees' Benefits Program which:

(1) Must include a program relating to group life, accident or health insurance, or any combination of these; and

(2) May include:

(I) A plan that offers flexibility in benefits, and for which the rates must be based only on the experience of the participants in the plan and not in combination with the experience of participants in any other plan offered under the Program; or

(II) A program to reduce taxable compensation or other forms of compensation other than deferred compensation,
➤ for the benefit of all state officers and employees and other persons who participate in the Program.

(b) Ensure that the Program is funded on an actuarially sound basis and operated in accordance with sound insurance and business practices. *To perform that duty, the Board may use actuarial services or other appropriate services and resources provided by the Authority or any contractor of the Authority.*

(c) Within the limits of available resources, maximize the benefits available to participants in the Program and the ability of



such participants to access available benefits to promote the recruitment and retention of state employees, including, without limitation, by establishing programs to ensure the provision of high quality customer service to assist participants in navigating the benefits available under the Program.

2. In establishing and carrying out the Program, the Board shall:

(a) For the purpose of establishing actuarial data to determine rates and coverage for active and retired state officers and employees and their dependents, commingle the claims experience of such active and retired officers and employees and their dependents for whom the Program provides primary health insurance coverage into a single risk pool.

(b) Except as otherwise provided in this paragraph, negotiate and contract pursuant to paragraph (a) of subsection 1 of NRS 287.025 with the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada that wishes to obtain exclusive group insurance for all of its active and retired officers and employees and their dependents, except as otherwise provided in sub-subparagraph (III) of subparagraph (2) of paragraph (h), by participation in the Program. The Board shall establish separate rates and coverage for active and retired officers and employees of those local governmental agencies and their dependents based on actuarial reports that commingle the claims experience of such active and retired officers and employees and their dependents for whom the Program provides primary health insurance coverage into a single risk pool.

(c) Except as otherwise provided in paragraph (d), provide public notice in writing of any proposed changes in rates or coverage to each participating public agency that may be affected by the changes. Notice must be provided at least 30 days before the effective date of the changes.

(d) If a proposed change is a change in the premium or contribution charged for, or coverage of, health insurance, provide written notice of the proposed change to all participants in the Program. The notice must be provided at least 30 days before the date on which a participant in the Program is required to select or change the participant's policy of health insurance.

(e) Purchase policies of life, accident or health insurance, or any combination of these, or, if applicable, a program to reduce the amount of taxable compensation pursuant to 26 U.S.C. § 125, from any company qualified to do business in this State or provide similar coverage through a plan of self-insurance established pursuant to



NRS 287.0433 for the benefit of all eligible participants in the Program.

(f) Except as otherwise provided in this title, develop and establish other employee benefits as necessary.

(g) Investigate and approve or disapprove any contract proposed pursuant to NRS 287.0479.

(h) Adopt such regulations and perform such other duties as are necessary to carry out the provisions of NRS 287.010 to 287.245, inclusive, *and sections 64, 65 and 65.5 of this act*, including, without limitation, the establishment of:

(1) Fees for applications for participation in the Program and for the late payment of premiums or contributions;

(2) Conditions for entry and reentry into and exit from the Program by local governmental agencies pursuant to paragraph (a) of subsection 1 of NRS 287.025, which:

(I) Must include a minimum period of 4 years of participation for entry into the Program;

(II) Must include a requirement that participation of any retired officers and employees of the local governmental agency whose last continuous period of enrollment with the Program began after November 30, 2008, terminates upon termination of the local governmental agency's contract with the Program; and

(III) May allow for the exclusion of active and retired officers and employees of the local governmental agency who are eligible for health coverage from a health and welfare plan or trust that arose out of collective bargaining under chapter 288 of NRS or a trust established pursuant to 29 U.S.C. § 186;

(3) Procedures by which a group of participants in the Program may leave the Program pursuant to NRS 287.0479 and conditions and procedures for reentry into the Program by those participants;

(4) Specific procedures for the determination of contested claims;

(5) Procedures for review and notification of the termination of coverage of persons pursuant to paragraph (b) of subsection 4 of NRS 287.023; and

(6) Procedures for the payments that are required to be made pursuant to paragraph (b) of subsection 4 of NRS 287.023.

3. The Board may use any services provided to state agencies and ~~shall~~ *may* use the *services of the Authority for procurement in accordance with section 24 of this act or the* services of the Purchasing Division of the Department of Administration to establish and carry out the Program.



4. The Board may engage the services of an attorney who specializes in health plans and health care law as necessary to assist in carrying out the Program.

5. The Board may make recommendations to the Legislature concerning legislation that it deems necessary and appropriate regarding the Program.

6. A participating public agency is not liable for any obligation of the Program other than indemnification of the Board and its employees against liability relating to the administration of the Program, subject to the limitations specified in NRS 41.0349.

7. As used in this section, “employee benefits” includes any form of compensation provided to a public employee except federal benefits, wages earned, legal holidays, deferred compensation and benefits available pursuant to chapter 286 of NRS.

Sec. 73. NRS 287.0433 is hereby amended to read as follows:

287.0433 1. The Board may establish a plan of life, accident or health insurance and provide for the payment of contributions into the Program Fund, a schedule of benefits and the disbursement of benefits from the Program Fund. The Board may reinsure any risk or any part of such a risk.

2. If the Board provides coverage of prescription drugs pursuant to this section, the Board or any entity with which the Board enters into a contract to provide such coverage may use the list of preferred prescription drugs developed by the ~~{Department of Health and Human Services}~~ *Authority* pursuant to subsection 1 of NRS 422.4025 as its formulary and obtain prescription drugs through the purchasing agreements negotiated by the ~~{Department}~~ *Authority* pursuant to that section by notifying the ~~{Department}~~ *Authority* in the form prescribed by the ~~{Department.}~~ *Authority*.

Sec. 74. NRS 287.04345 is hereby amended to read as follows:

287.04345 1. ~~{The}~~ *Except when using the procurement services of the Authority pursuant to subsection 3 of NRS 287.043 or conducting procurement under the provisions of section 24 of this act, the* Program is subject to the provisions of chapter 333 of NRS.

2. The Board shall act as the chief of the using agency for the purposes of NRS 333.335 ~~{;} and may conduct procurement under the provisions of section 24 of this act. The Board may delegate to the Executive Officer any or all of the duties of a purchasing officer, as defined in NRS 333.020, or any similar duties under section 24 of this act and the regulations adopted pursuant thereto. Such delegable duties may include, without limitation, assisting a committee to evaluate proposals for a contract for the Program~~



established pursuant to NRS 333.335 or section 24 of this act, as applicable, in evaluating proposals.

3. If a committee to evaluate proposals for a contract for the Program is established pursuant to NRS 333.335 ~~[, any number of members]~~ *or section 24 of this act, at least one member* of the Board may be appointed to the evaluation committee. If one or more members of the Board are appointed to an evaluation committee:

(a) No action or deliberation regarding any business of the Board other than the confidential review of the proposals pursuant to NRS 333.335 *or section 24 of this act, as applicable*, may be taken or conducted by the evaluation committee.

(b) Except as otherwise provided in paragraph (a), a meeting of the evaluation committee is not subject to chapter 241 of NRS.

4. The Board shall review the results of any evaluation of proposals for a contract for the Program pursuant to NRS 333.335 *or section 24 of this act, as applicable*, in a closed meeting.

5. The Board shall take the following actions only in an open meeting:

(a) Award the contract pursuant to NRS 333.335 ~~[]~~ *or section 24 of this act, as applicable*;

(b) Cancel the request for proposals; or

(c) Modify and reissue the request for proposals.

Sec. 75. NRS 287.048 is hereby amended to read as follows:

287.048 NRS 287.0402 to 287.047, inclusive, *and sections 64, 65 and 65.5 of this act* do not require any officer or employee of the State of Nevada to accept or join the Program, or to assign the officer's or employee's wages or salary in payment of premiums or contributions for the Program.

Sec. 76. NRS 287.0485 is hereby amended to read as follows:

287.0485 No officer, employee or retiree of this State has any inherent right to benefits provided pursuant to NRS 287.0402 to 287.049, inclusive ~~[]~~, *and sections 64, 65 and 65.5 of this act*.

Sec. 77. NRS 293.5768 is hereby amended to read as follows:

293.5768 1. The following agencies are automatic voter registration agencies:

(a) The Department of Motor Vehicles;

(b) The Department of ~~[Health and]~~ Human Services;

(c) *The Nevada Health Authority*;

(d) Any agency designated by the Director of the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* to receive applications for Medicaid ~~[]~~ *pursuant to section 86 of this act*;

~~[(d)]~~ (e) The Silver State Health Insurance Exchange created by NRS 695I.200;



~~[(e)]~~ (f) Any agency that has been designated by the Governor as an automatic voter registration agency pursuant to NRS 293.57682; and

~~[(d)]~~ (g) Any agency of an Indian tribe that has been designated by the Governor to be an automatic voter registration agency pursuant to NRS 293.57684.

2. If, in the normal course of business, an automatic voter registration agency collects sufficient information that demonstrates a person is qualified to vote pursuant to NRS 293.485, including, without limitation, proof of identity, citizenship, residence and date of birth, the provisions of NRS 293.5768 to 293.57699, inclusive, apply to the automatic voter registration agency when a person submits any of the following:

(a) An application for the issuance or renewal of or change of address for any type of driver's license or identification card issued by the Department of Motor Vehicles;

(b) An application for Medicaid through the system established by the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to NRS 422.2703;

(c) An application for health insurance through the Silver State Health Insurance Exchange; and

(d) An application for any service or assistance from an automatic voter registration agency described in paragraph ~~[(e)-or]~~ (f) *or* (g) of subsection 1.

3. An automatic voter registration agency shall not:

(a) Request any additional information for purposes of voter registration that is not required in the normal course of business; and

(b) Transmit any information about a person using the system established pursuant to NRS 293.57686 if the person did not provide the agency in the normal course of business sufficient information that demonstrates the person is qualified to vote pursuant to NRS 293.485, including, without limitation, proof of identity, citizenship, residence and date of birth.

Sec. 78. NRS 293.57682 is hereby amended to read as follows:

293.57682 1. The Governor may designate any agency in the Executive Department of the State Government not described in paragraphs (a) to ~~[(d)]~~ (e), inclusive, of subsection 1 of NRS 293.5768 as an automatic voter registration agency if the agency collects in the regular course of business from a person applying to the agency to receive any service or assistance sufficient information that demonstrates a person is qualified to vote pursuant to NRS 293.485, including, without limitation, proof of identity, citizenship, residence and date of birth.



2. Upon the designation of an agency as an automatic voter registration agency pursuant to subsection 1:

(a) The Governor shall notify the Secretary of State; and

(b) The Secretary of State and the automatic voter registration agency shall comply with the provisions of NRS 293.57686.

Sec. 79. NRS 333.020 is hereby amended to read as follows:

333.020 As used in this chapter, unless the context otherwise requires:

1. “Administrator” means the Administrator of the Purchasing Division.

2. “Best value” means the greatest possible economy consistent with grades or qualities of supplies, materials, equipment and services that are adapted to the purposes to be served.

3. “Director” means the Director of the Department of Administration.

4. “Invitation to bid” means a written statement which sets forth the requirements and specifications of a contract to be awarded by competitive selection.

5. “Proprietary information” means:

(a) Any trade secret or confidential business information that is contained in a bid or proposal submitted on a particular contract; or

(b) Any other trade secret or confidential business information submitted in a bid or proposal and designated as proprietary by the Administrator.

☞ As used in this subsection, “confidential business information” means any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid or proposal. The term does not include the amount of a bid or proposal.

6. “Purchasing Division” means the Purchasing Division of the Department of Administration.

7. “Purchasing officer” means a person who is authorized by the Administrator or a using agency to facilitate:

(a) The evaluation of bids or proposals for a contract;

(b) Any negotiations concerning a contract; or

(c) The development, review or approval of a contract.

8. “Request for proposals” means a written statement which sets forth the requirements and specifications of a contract to be awarded by competitive selection.

9. “Trade secret” has the meaning ascribed to it in NRS 600A.030.

10. “Using agencies” means all officers, departments, divisions, institutions, boards, commissions and other agencies in the Executive



Department of the State Government which derive their support from public money in whole or in part, whether the money is provided by the State of Nevada, received from the Federal Government or any branch, bureau or agency thereof, or derived from private or other sources. The term does not include ~~the~~ :

(1) *The* Nevada Rural Housing Authority, the Housing Division of the Department of Business and Industry, local governments as defined in NRS 354.474, conservation districts, irrigation districts and the Nevada System of Higher Education ~~H~~ ;
or

(2) *Except to the extent provided in section 24 of this act, the Nevada Health Authority.*

11. “Volunteer fire department” means a volunteer fire department which pays premiums for industrial insurance pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS.

Sec. 80. NRS 361.585 is hereby amended to read as follows:

361.585 1. When the time allowed by law for the redemption of a property described in a certificate has expired and no redemption has been made, the tax receiver who issued the certificate, or his or her successor in office, shall execute and deliver to the county treasurer a deed of the property in trust for the use and benefit of the State and county and any officers having fees due them.

2. The county treasurer and his or her successors in office, upon obtaining a deed of any property in trust under the provisions of this chapter, shall hold that property in trust until it is sold or otherwise disposed of pursuant to the provisions of this chapter.

3. Notwithstanding the provisions of NRS 361.595 or 361.603, at any time during the 90-day period specified in NRS 361.603, or not later than 5 p.m. on the third business day before the day of the sale by a county treasurer, as specified in the notice required by NRS 361.595, of any property held in trust by him or her by virtue of any deed made pursuant to the provisions of this chapter, any person specified in subsection 4 is entitled to have the property reconveyed upon the receipt by the county treasurer of payment by or on behalf of that person of an amount equal to the taxes accrued, together with any costs, penalties and interest legally chargeable against the property. A reconveyance may not be made after expiration of the 90-day period specified in NRS 361.603.

4. Property may be reconveyed pursuant to subsection 3 to one or more of the persons specified in the following categories, or to one or more persons within a particular category, as their interests may appear of record:



- (a) The owner.
- (b) The beneficiary under a note and deed of trust.
- (c) The mortgagee under a mortgage.
- (d) The creditor under a judgment.
- (e) The person to whom the property was assessed.
- (f) The person holding a contract to purchase the property before its conveyance to the county treasurer.
- (g) The Director of the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* if the owner has received or is receiving any benefits from Medicaid.
- (h) The successor in interest of any person specified in this subsection.

(i) A municipality that holds a lien against the property.

5. The provisions of this section apply to land held in trust by a county treasurer on or after April 17, 1971.

Sec. 81. NRS 387.1225 is hereby amended to read as follows:

387.1225 1. A hospital or other facility which is licensed by the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department of Health and Human Services}~~ *the Nevada Health Authority* that provides residential treatment to children and which operates a private school licensed pursuant to chapter 394 of NRS may request reimbursement from the school district or charter school in which a child is enrolled for the cost of providing educational services to the child if:

(a) The school district or charter school verifies that the child is a patient or resident of the hospital or facility; and

(b) The child attends the private school for more than 7 school days.

2. A hospital or other facility licensed in the District of Columbia or any state or territory of the United States that provides residential treatment and which operates an educational program accredited by a national organization and approved by the Department of Education may request reimbursement from the school district or charter school in which a child is enrolled for the cost of providing educational services to the child if:

(a) The Department and the school district or charter school, as applicable, verify that the child:

(1) Is a patient or resident of the hospital or facility; and

(2) Is a resident of this State; and

(b) The child:

(1) Is admitted to the hospital or facility on an order from a physician because the necessary treatment required for the child is not available in this State;



(2) Attends the accredited educational program for more than 7 school days;

(3) Is not homeschooled or enrolled in a private school; and

(4) Has been admitted to the medical facility under the order of a physician to receive medically necessary treatment for a medical or mental health condition with which the child has been diagnosed.

3. A hospital or other facility that wishes to receive reimbursement pursuant to subsection 2 shall:

(a) Notify the Department and the school district or charter school in which the child is enrolled upon admitting the child to the accredited educational program; and

(b) Transfer any educational records of the child to the school district or charter school in which the child is enrolled in accordance with any applicable regulations adopted pursuant to subsection 9.

4. Upon receiving a request for reimbursement pursuant to subsection 1 or 2, the school district or charter school in which the child is enrolled shall determine the amount of reimbursement to which the hospital or facility is entitled by multiplying the number of days determined pursuant to subsection 6 by the following, as applicable:

(a) The daily rate of the adjusted base per pupil funding for the school district which the child would otherwise attend. The daily rate of the adjusted base per pupil funding for the school district which the child would otherwise attend must be calculated by dividing the adjusted base per pupil funding provided to the school district in which the child is enrolled pursuant to NRS 387.1214 by 180.

(b) The daily rate of the statewide base per pupil funding amount or adjusted base per pupil funding, as applicable, for the charter school which the child would otherwise attend. The daily rate of the statewide base per pupil funding amount or adjusted base per pupil funding, as applicable, for the charter school which the child would otherwise attend must be calculated by dividing the statewide base per pupil funding amount or adjusted base per pupil funding, as applicable, provided to the charter school in which the child is enrolled pursuant to NRS 387.1214 by 180.

5. If the request for reimbursement is made pursuant to subsection 1, the child is a pupil with a disability and the hospital or facility is in compliance with the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 et seq., NRS 388.417 to 388.5243, inclusive, and any regulations adopted pursuant thereto, the hospital or facility is also entitled to an amount determined by increasing the daily rate determined pursuant to subsection 4 by the statewide multiplier for the pupil established pursuant to NRS 387.122, which



is received by the school district or charter school where the child was enrolled before being placed in the hospital or facility for the number of days determined pursuant to subsection 6. The Department shall distribute the money withheld from the school district or charter school to the hospital or facility.

6. For the purposes of subsections 4 and 5, the amount of reimbursement to which the hospital or facility is entitled must be calculated on the basis of the number of school days the child is a patient or resident of the hospital or facility and attends the private school or accredited educational program, as applicable, excluding the 7 school days prescribed in paragraph (b) of subsection 1 or subparagraph (2) of paragraph (b) of subsection 2, as applicable.

7. A hospital or other facility is not entitled to reimbursement for days of instruction provided to a child in a year in excess of the minimum number of days of free school required by NRS 388.090.

8. If a hospital or other facility requests reimbursement from a school district or charter school for the cost of providing educational services to a pupil with a disability pursuant to subsection 1 or 2, the school district or charter school in which the child is enrolled shall be deemed to be the local educational agency for the child for the purposes of the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 et seq., NRS 388.417 to 388.5243, inclusive, and any regulations adopted pursuant thereto.

9. The Department shall adopt any regulations necessary to carry out the provisions of this section, which may include, without limitation, regulations to:

(a) Prescribe a procedure for the transfer of educational records pursuant to subsection 3;

(b) Carry out or ensure compliance with the requirements of subsections 4 and 5 concerning reimbursement for educational services provided to a pupil with a disability; and

(c) Require the auditing of:

(1) A hospital or other facility that requests reimbursement; and

(2) A school district or charter school from which reimbursement is requested,

↪ pursuant to this section to ensure compliance with any applicable provisions of federal or state law.

10. The provisions of this section must not be construed to authorize reimbursement pursuant to this section of a hospital or facility for the cost of health care services provided to a child.

11. As used in this section:

(a) “Hospital” has the meaning ascribed to it in NRS 449.012.



(b) “Private school” has the meaning ascribed to it in NRS 394.103.

Sec. 82. NRS 388.1336 is hereby amended to read as follows:

388.1336 1. The board of trustees of each school district shall post on its Internet website and include in any written informational materials related to pupil safety prepared by the school district information regarding the statewide information and referral system concerning health, ~~[welfare,]~~ *public assistance*, human and social services created pursuant to NRS 232.359, including the number which may be used to access the system.

2. Each public school shall, to the extent money is available, post information regarding the statewide information and referral system concerning health, ~~[welfare,]~~ *public assistance*, human and social services created pursuant to NRS 232.359, including the number which may be used to access the system, in each restroom of the public school which is available for use by pupils.

Sec. 83. NRS 396.908 is hereby amended to read as follows:

396.908 1. The Medical Education Council of Nevada is hereby established within the University of Nevada School of Medicine to ensure that Nevada has an adequate, well-trained health care workforce to meet the needs of the residents of this State. The Medical Education Council of Nevada shall:

(a) Determine the workforce needs for the provision of health care services in this State;

(b) Determine the number and types of positions of employment for which money appropriated to the Medical Education Council of Nevada may be used, including, without limitation, positions for practitioners, other providers of health care and other personnel to staff health care facilities and programs;

(c) Investigate and make recommendations to the University of Nevada School of Medicine and the Legislature on the status and needs of practitioners, other providers of health care and other personnel of health care facilities or programs;

(d) Determine a method for reimbursing institutions that sponsor practitioners, other providers of health care or other personnel of health care facilities or programs;

(e) To the extent authorized by federal law, prepare and submit a formal application to the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services for the purpose of receiving and dispersing federal money for graduate medical education expenses;

(f) Distribute a portion of any money it receives for graduate medical education expenses in a manner that:



(1) Prepares postgraduate medical and dental residents, as defined by the Accreditation Council for Graduate Medical Education, to provide inpatient, outpatient and hospital services in various communities and in geographically diverse settings;

(2) Encourages the coordination of interdisciplinary clinical training by practitioners and other providers of health care to such postgraduate medical and dental residents; and

(3) Promotes funding for accredited clinical training programs provided by practitioners or other providers of health care to such postgraduate medical and dental residents;

(g) Apply for grants, gifts and donations from public and private sources, including the Federal Government, to carry out the objectives of the Medical Education Council of Nevada;

(h) Initiate a cooperative agreement with the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* to promote the intergovernmental transfer of money for the purposes of receiving and dispersing money to carry out the objectives of the Medical Education Council of Nevada; and

(i) Distribute additional financial resources to training programs for practitioners, other providers of health care or other personnel of health care facilities or programs in the State.

2. Any gift, donation, bequest, grant or other source of money received by the Medical Education Council of Nevada may be used to carry out the provisions of this section.

3. As used in this section, “practitioner” has the meaning ascribed to it in NRS 439A.0195.

Sec. 84. Chapter 422 of NRS is hereby amended by adding thereto the provisions set forth as sections 85 to 91, inclusive, of this act.

Sec. 85. *“Authority” means the Nevada Health Authority.*

Sec. 86. *1. The Authority may delegate to another state, local or tribal governmental agency the responsibility for making determinations concerning eligibility for Medicaid or the Children’s Health Insurance Program or conducting hearings under this chapter. If the Authority makes such a delegation, the Authority shall:*

(a) Ensure compliance with the provisions of 42 C.F.R. § 431.10; and

(b) Submit a biennial report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Legislative Commission which includes:

(1) The state, local or tribal governmental agencies to which the Authority has delegated functions;



(2) The functions delegated to each state, local or tribal governmental agency described in subparagraph (1);

(3) Information concerning the performance of each state, local or tribal governmental agency to which the Authority has delegated a function; and

(4) A description of any corrective action required of a state, local or tribal governmental agency to which the Authority has delegated a function.

2. Any entity to which the Authority delegates a responsibility pursuant to subsection 1 shall comply with the relevant provisions of this chapter to the same extent as the Authority.

3. Any delegation to a local governmental agency pursuant to subsection 1 must be made through an intergovernmental agreement between the Authority and the local governmental agency. Such an agreement must be signed by a natural person acting as the agent of the local governmental agency who has the legal authority to bind the local governmental agency to the agreement.

4. If an intergovernmental agreement entered into pursuant to subsection 3 delegates the responsibility for making determinations concerning eligibility for Medicaid or the Children's Health Insurance Program, the agreement must include, without limitation, measures to ensure compliance with applicable federal and state requirements for making such determinations of eligibility.

5. The Authority may seek any state or federal funding available to provide reimbursements to an entity to which the Authority has delegated functions pursuant to this section if the Authority has entered into an agreement with the entity that entitles the Authority to sufficient information to conduct regular audits of the delegated activities to ensure compliance with relevant state and federal requirements and the efficient use of funds. An entity to which functions are delegated pursuant to this section shall not use state or federal money to fund activities under a contract with a separate entity without written approval from the Director.

Sec. 86.5. (Deleted by amendment.)

Sec. 87. 1. *The Office of the Medicaid Inspector General is hereby created within the Authority.*

2. *The Office shall:*

(a) Establish policies and protocols to ensure the integrity of reimbursement under Medicaid and the participation of providers in Medicaid and the Children's Health Insurance Program;



(b) Review providers of services under Medicaid and the Children's Health Insurance Program, the enrollment of such providers and the revalidation of such providers;

(c) Review, audit and investigate providers of services under Medicaid and the Children's Health Insurance Program:

(1) To ensure compliance with applicable state and federal requirements; and

(2) Upon an allegation of waste, fraud or abuse against a provider;

(d) Make recommendations to the Authority regarding the prevention and detection of fraud, waste and abuse in Medicaid and the Children's Health Insurance Program;

(e) Take such actions as are necessary to maximize the ability of the Authority to prevent and recover improper reimbursements and other improper payments to providers; and

(f) Perform such other duties as delegated by the Director.

3. On or before October 1 of each year, the Office shall:

(a) Compile a report on the activities of the Office during the immediately preceding fiscal year which must include, without limitation:

(1) The number of investigations and administrative actions initiated pursuant to this chapter during the immediately preceding fiscal year, the subject of each such investigation or administrative action and a description of each such investigation or administrative action;

(2) A summary of the outcome and type of each completed investigation or administrative action;

(3) The number of referrals for prosecution to the Medicaid Fraud Control Unit established within the Office of the Attorney General pursuant to NRS 228.410 and other law enforcement agencies, the subject of each such referral and a description of each such referral; and

(b) Submit the report to the Director, the Governor and the Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the Joint Interim Standing Committee on Health and Human Services and the Joint Interim Standing Committee on Judiciary; and

(2) In even-numbered years, the next regular session of the Legislature.

Sec. 88. *Each application for Medicaid must include a statement that:*



1. Any assistance paid on behalf of a recipient may be recovered in an action filed against the estate of the recipient or the spouse of the recipient; and

2. Any person who signs an application for Medicaid and fails to report to the Authority or the entity to which the Authority has delegated eligibility determinations pursuant to section 86 of this act:

(a) Any required information which the recipient knew at the time the recipient signed the application; or

(b) Within the period allowed by the Authority or delegate, as applicable, any required information which the recipient obtained after the recipient filed the application,

↳ may be personally liable for any money incorrectly paid to the recipient.

Sec. 89. 1. If the Authority or the entity to which the Authority has delegated eligibility determinations pursuant to section 86 of this act denies an application for the Children's Health Insurance Program, the Authority or delegate, as applicable, shall provide written notice of the decision to the applicant. An applicant who disagrees with the denial of the application may request a review of the case and a hearing before an impartial hearing officer by filing a written request within 30 days after the date of the notice of the decision at the address specified in the notice.

2. The Authority shall adopt regulations regarding the review and hearing before an impartial hearing officer. The decision of the hearing officer must be in writing.

3. The applicant may, at any time within 30 days after the date on which the written decision is mailed, petition the district court of the judicial district in which the applicant resides to review the decision. The district court shall review the decision on the record. The decision and record must be certified as correct and filed with the court by the Director.

4. The review by the court must be in accordance with NRS 422.279.

Sec. 90. Notwithstanding any other provision of this chapter, the Authority shall not, pursuant to this chapter, deny, reduce, discontinue or terminate benefits under Medicaid or insurance under the Children's Health Insurance Program in violation of any requirement of federal law or condition to the receipt of federal money.

Sec. 91. 1. The Authority shall provide benefits under Medicaid or insurance under the Children's Health Insurance Program to a qualified person who is not a citizen or national of the



United States who complies with the requirements established by the Authority pursuant to federal law and this chapter for the receipt of benefits pursuant to that program.

2. A person who is not a citizen or national of the United States is considered “qualified” for the purposes of subsection 1 if the person meets the requirements of 8 U.S.C. § 1641(b).

Sec. 92. NRS 422.001 is hereby amended to read as follows:

422.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 422.003 to 422.054, inclusive, *and section 85 of this act* have the meanings ascribed to them in those sections.

Sec. 93. NRS 422.040 is hereby amended to read as follows:

422.040 “Director” means the Director of the ~~[Department.]~~
Authority.

Sec. 94. NRS 422.041 is hereby amended to read as follows:

422.041 “Division” means the *Medicaid* Division of ~~[Health Care Financing and Policy of]~~ the ~~[Department.]~~ *Authority.*

Sec. 95. NRS 422.061 is hereby amended to read as follows:

422.061 The purposes of the Division are:

1. To ensure that the Medicaid provided by this State and the insurance provided pursuant to the Children’s Health Insurance Program in this State are provided in the manner that is most efficient to this State.

2. To evaluate alternative methods of providing Medicaid and providing insurance pursuant to the Children’s Health Insurance Program ~~[]~~ *that promote improved health outcomes and value-based care.*

3. To review Medicaid, the Children’s Health Insurance Program and other health programs of this State to determine the maximum amount of money that is available from the Federal Government for such programs.

4. To ~~[promote access to quality health care for all residents of this State;~~

~~—5. To restrain the growth of the cost of health care in this State.]~~
ensure compliance with federal and state laws governing Medicaid and the Children’s Health Insurance Program.

5. To support the participation of providers of health care in Medicaid and the Children’s Health Insurance Program to meet the needs of recipients of Medicaid and insurance provided pursuant to the Children’s Health Insurance Program.

6. To promote the sustainability of Medicaid and the Children’s Health Insurance Program by leveraging all federal funding available for those programs and otherwise ensuring that



the public money of this State allocated to those programs is used efficiently and effectively.

Sec. 96. NRS 422.063 is hereby amended to read as follows:

422.063 1. The Director shall adopt each state plan required by the Federal Government, either directly or as a condition to the receipt of federal money, for the administration of ~~{any public assistance}~~ *Medicaid, the Children's Health Insurance Program* or *any* other program for which the Division is responsible. Such a plan must set forth, regarding the particular program to which the plan applies:

- (a) The requirements for eligibility;
- (b) The nature and amounts of grants and other assistance which may be provided;
- (c) The conditions imposed; and
- (d) Such other provisions relating to the development and administration of the program as the Director deems necessary.

2. In developing and revising such a plan, the Director shall consider, among other things:

- (a) The amount of money available from the Federal Government;
- (b) The conditions attached to the acceptance of that money; and
- (c) The limitations of legislative appropriations and authorizations,

↳ for the particular program to which the plan applies.

3. The Division shall comply with each state plan adopted pursuant to this section.

Sec. 97. NRS 422.065 is hereby amended to read as follows:

422.065 1. Notwithstanding any other provision of state ~~{or local}~~ law, ~~{a person or governmental entity that provides a state or local public benefit:}~~ *the Authority:*

(a) Shall comply with the provisions of 8 U.S.C. § 1621 regarding the eligibility of a person who is not a citizen or national of the United States for ~~{such a benefit:}~~ *benefits under Medicaid or the Children's Health Insurance Program.*

(b) Is not required to pay any costs or other expenses relating to the provision of ~~{such}~~ a benefit ~~{after July 1, 1997,}~~ *under Medicaid or the Children's Health Insurance Program* to a person who is not a citizen or national of the United States who, pursuant to 8 U.S.C. § 1621, is not eligible for the benefit.

2. Compliance with the provisions of 8 U.S.C. § 1621 must not be construed to constitute any form of discrimination, distinction or restriction made, or any other action taken, on the basis of national origin.



~~{3. — As used in this section, “state or local public benefit” has the meaning ascribed to it in 8 U.S.C. § 1621.}~~

Sec. 98. NRS 422.151 is hereby amended to read as follows:

422.151 1. The Medical Care Advisory Committee is hereby created within the Division.

2. The function of the Medical Care Advisory Committee is to:

(a) Advise the Division regarding the provision of services for the health and medical care of ~~{welfare}~~ recipients ~~{ }~~ *of Medicaid and insurance through the Children’s Health Insurance Program.*

(b) Participate, and increase the participation of ~~{welfare}~~ recipients ~~{ }~~ *of Medicaid and insurance through the Children’s Health Insurance Program,* in the development of policy and the administration of programs by the Division.

Sec. 99. NRS 422.185 is hereby amended to read as follows:

422.185 1. A reinvestment advisory committee is hereby established in each county whose population is 700,000 or more.

2. A reinvestment advisory committee consists of the following members:

(a) The Administrator, who serves as a voting member;

(b) The following voting members, appointed by the Director:

(1) The director of a social services agency of the county;

(2) A representative of the government of the county;

(3) Two members who represent the government of different cities whose population is 100,000 or more that are located in the county;

(4) Two members who represent nonprofit organizations that work with recipients of Medicaid who reside in the county and receive health care services through managed care; and

(5) One member who represents the Division of ~~{Welfare and Supportive}~~ *Social* Services of the Department ~~{ }~~ *of Human Services;* and

(c) Other persons that the Director deems necessary or appropriate to serve as nonvoting members.

3. The members appointed to a reinvestment advisory committee pursuant to paragraphs (b) and (c) of subsection 2 serve at the pleasure of the Director.

4. The members of a reinvestment advisory committee serve without compensation and are not entitled to the per diem allowance and travel expenses provided for state officers and employees generally.

5. Any member of a reinvestment advisory committee who is a public employee must be granted administrative leave from his or her duties to engage in the business of the committee without loss of his



or her regular compensation. Such leave does not reduce the amount of the member's other accrued leave.

Sec. 100. NRS 422.205 is hereby amended to read as follows:
422.205 1. A reinvestment advisory committee shall:

(a) Solicit and review reports from the Division and Medicaid managed care organizations concerning the reinvestment of funds by those Medicaid managed care organizations in the communities served by the Medicaid managed care organizations.

(b) Report to the Division and Medicaid managed care organizations concerning initiatives of local governments in the county to address homelessness, housing issues and social determinants of health.

(c) Make recommendations based on the reports reviewed pursuant to paragraph (a) to the Division and Medicaid managed care organizations concerning the reinvestment of funds by those Medicaid managed care organizations in the communities served by the Medicaid managed care organizations. Those recommendations must include, without limitation, recommendations for the use of such funds for the purposes of:

(1) Developing innovative partnerships with community development organizations and providers of housing services; and

(2) Supporting the initiatives of local governments in the county to address homelessness, housing issues and social determinants of health.

2. On or before December 31 of each year, a reinvestment advisory committee shall:

(a) Compile a report concerning:

(1) The uses of funds reinvested by Medicaid managed care organizations in the communities served by those Medicaid managed care organizations, including, without limitation, efforts to address homelessness, disparities in health care and social determinants of health; and

(2) The activities of the reinvestment advisory committee during the calendar year, including, without limitation, the recommendations made by the reinvestment advisory committee pursuant to paragraph (c) of subsection 1.

(b) Submit the report to:

(1) The Director of the Legislative Counsel Bureau for transmittal to:

(I) In odd-numbered years, the Joint Interim Standing Committee on Health and Human Services; and

(II) In even-numbered years, the next regular session of the Legislature.



(2) The Director of the ~~{Department.}~~ *Authority.*

3. As used in this section, “Medicaid managed care organization” means a managed care organization that provides health care services to recipients of Medicaid who reside in the county for which a reinvestment advisory committee is established.

Sec. 101. NRS 422.2354 is hereby amended to read as follows:
422.2354 The Administrator must:

1. Be appointed on the basis of his or her training, education, experience and interest in the financing of programs for public health, including, without limitation, the financing of Medicaid. In appointing the Administrator, the Director shall, to the extent practicable, give preference to a person who has a degree in a field of public administration, *public health*, business administration or a related field.

2. Have not less than 3 years of demonstrated successful experience in the financing of health care or other public programs, and not less than 1 year of experience relating to Medicaid, or any equivalent combination of training and experience.

3. Possess qualities of leadership in the fields of health care and the financing of health care.

Sec. 102. NRS 422.2356 is hereby amended to read as follows:
422.2356 The Administrator:

1. Shall serve as the Executive Officer of the Division ~~{.}~~ *under the supervision of the Director.*

2. Shall establish policies for the administration of the programs of the Division ~~{.}~~ *in a manner that ensures compliance with state and federal law* and shall administer all activities and services of the Division in accordance with those policies and any regulations of the ~~{Administrator.}~~ *Director*, subject to ~~{administrative}~~ supervision by the Director.

3. *Shall oversee the operations of Medicaid and the Children’s Health Insurance Program, including, without limitation, the administration of benefits, the reimbursement of providers and the oversight and administration of the system for delivering benefits under Medicaid and the Children’s Health Insurance Program.*

4. Is responsible for the management of the Division.

Sec. 103. NRS 422.2357 is hereby amended to read as follows:
422.2357 The Administrator and the Division shall administer the provisions of this chapter, subject to ~~{administrative}~~ supervision by the Director.

Sec. 104. NRS 422.2364 is hereby amended to read as follows:
422.2364 The Administrator:



1. May , *subject to the approval of the Director*, establish, consolidate and abolish sections within the Division ~~[]~~ *as necessary to operate the programs for which the Division is responsible more efficiently and effectively.*

2. Shall organize the Division to comply with the requirements of this chapter and with the standards required by federal legislation, subject to approval by the Director.

3. Shall appoint the heads of the sections of the Division.

4. May employ such assistants and employees as may be necessary for the efficient operation of the Division.

5. Shall set standards of service.

Sec. 105. NRS 422.2366 is hereby amended to read as follows:

422.2366 1. The ~~[Administrator]~~ *Director* or a designated representative may administer oaths and take testimony thereunder and issue subpoenas requiring the attendance of witnesses before the ~~[Division]~~ *Authority* at a designated time and place and the production of books, papers and records relative to:

(a) Eligibility or continued eligibility to provide medical care, remedial care or other services pursuant to the State Plan for Medicaid or the Children's Health Insurance Program;

(b) Verification of treatment and payments to a provider of medical care, remedial care or other services pursuant to the State Plan for Medicaid or the Children's Health Insurance Program; and

(c) Recovery of Medicaid benefits paid on behalf of a recipient of medical care, remedial care or other services pursuant to the State Plan for Medicaid or the Children's Health Insurance Program.

2. *The Director or a representative designated by the Director may administer oaths and take testimony thereunder and issue subpoenas requiring the attendance of witnesses before the Authority at a designated time and place and the production of books, papers and records relative to verification of treatment and payments to a provider of medical care, remedial care or other services pursuant to the State Plan for Medicaid.*

3. If a witness fails to appear or refuses to give testimony or to produce books, papers and records as required by the subpoena, the district court of the county in which the investigation is being conducted may compel the attendance of the witness, the giving of testimony and the production of books, papers and records as required by the subpoena.

Sec. 106. NRS 422.2368 is hereby amended to read as follows:

422.2368 The ~~[Administrator]~~ *Director* may adopt such regulations as are necessary for the administration of this chapter.



Sec. 107. NRS 422.23685 is hereby amended to read as follows:

422.23685 1. The ~~[Administrator]~~ *Director* shall include in the regulations adopted pursuant to NRS 422.2368 a provision prohibiting the State from:

(a) Denying, limiting or seeking reimbursement from an insured for care related to an organ transplant because the insured is a person with a disability;

(b) Denying a person with a disability eligibility or continued eligibility to enroll or renew coverage to avoid providing coverage in accordance with this section;

(c) Reducing or limiting the reimbursement of or otherwise penalizing a provider of medical or related services because the provider of medical or related services acted in accordance with NRS 460.160; or

(d) Providing monetary or nonmonetary incentives for a provider of medical or related services to induce the provider of medical or related services to provide care to an insured in a manner inconsistent with NRS 460.160.

2. As used in this section:

(a) “Disability” has the meaning ascribed to it in 42 U.S.C. § 12102(1).

(b) “Provider of medical or related services” has the meaning ascribed to it in NRS 460.160.

Sec. 108. NRS 422.2369 is hereby amended to read as follows:

422.2369 1. Before ~~[adopting, amending or repealing]~~ *the Director adopts, amends or repeals* any regulation for the administration of a program of public assistance or any other program for which the Division is responsible, the ~~[Administrator]~~ *Director or his or her delegate* must give at least 30 days’ notice of the intended action.

2. The notice of intent to act upon a regulation must:

(a) Include a statement of the need for and purpose of the proposed regulation, and either the terms or substance of the proposed regulation or a description of the subjects and issues involved, and of the time when, the place where and the manner in which interested persons may present their views thereon.

(b) Include a statement identifying the entities that may be financially affected by the proposed regulation and the potential financial impact, if any, upon local government.

(c) State each address at which the text of the proposed regulation may be inspected and copied.



(d) Be mailed to all persons who have requested in writing that they be placed upon a mailing list, which must be kept by the ~~[Administrator]~~ *Director or his or her delegate* for that purpose.

3. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments upon a proposed regulation, orally or in writing. The ~~[Administrator]~~ *Director or his or her delegate* shall consider fully all oral and written submissions relating to the proposed regulation.

4. The ~~[Administrator]~~ *Director or his or her delegate* shall keep, retain and make available for public inspection written minutes and an audio recording or transcript of each public hearing held pursuant to this section in the manner provided in NRS 241.035. A copy of the minutes or audio recordings must be made available to a member of the public upon request at no charge pursuant to NRS 241.035.

5. An objection to any regulation on the ground of noncompliance with the procedural requirements of this section may not be made more than 2 years after its effective date.

Sec. 109. NRS 422.2372 is hereby amended to read as follows:
422.2372 The Administrator shall:

1. Supply the Director with material on which to base proposed legislation.

2. Cooperate with the Federal Government and state governments for the more effective attainment of the purposes of this chapter.

3. Coordinate the activities of the Division with other agencies, both public and private, with related or similar activities.

4. Keep a complete and accurate record of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to the ~~[office of the Administrator.]~~ *Division.*

5. Inform the public in regard to the activities and operation of the Division, and provide other information which will acquaint the public with the financing of Medicaid programs.

6. Conduct studies into the causes of the social problems with which the Division is concerned.

7. Invoke any legal, equitable or special procedures for the enforcement of orders issued by the ~~[Administrator]~~ *Director* or the enforcement of the provisions of this chapter.

8. *Exclude from participation in Medicaid any provider of health care that fails to comply with the requirements of state law.*



9. Exercise any other powers that are necessary and proper for the standardization of state work, to expedite business and to promote the efficiency of the service provided by the Division.

Sec. 110. NRS 422.2372 is hereby amended to read as follows: 422.2372 The Administrator shall:

1. Supply the Director with material on which to base proposed legislation.

2. Cooperate with the Federal Government and state governments for the more effective attainment of the purposes of this chapter.

3. Coordinate the activities of the Division with other agencies, both public and private, with related or similar activities.

4. Keep a complete and accurate record of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to the Division.

5. Inform the public in regard to the activities and operation of the Division, and provide other information which will acquaint the public with the financing of Medicaid programs.

6. Conduct studies into the causes of the social problems with which the Division is concerned.

7. Invoke any legal, equitable or special procedures for the enforcement of orders issued by the Director or the enforcement of the provisions of this chapter.

8. Exclude from participation in Medicaid any provider of health care that fails to comply with the requirements of state law ~~[-~~

~~—9. Exclude from participation in Medicaid any provider of health care that fails to comply with the requirements of]~~ , *including, without limitation*, NRS 695K.230.

~~[10.]~~ 9. Exercise any other powers that are necessary and proper for the standardization of state work, to expedite business and to promote the efficiency of the service provided by the Division.

Sec. 111. NRS 422.2374 is hereby amended to read as follows: 422.2374 1. The ~~[Administrator]~~ *Director or his or her delegate* shall:

(a) Promptly comply with a request from the Unit for access to and free copies of any records or other information in the possession of the Division regarding a provider;

(b) Refer to the Unit all cases in which the ~~[Administrator]~~ *Director or his or her delegate* suspects that a provider has committed an offense pursuant to NRS 422.540 to 422.570, inclusive; and



(c) Suspend or exclude a provider who the ~~[Administrator]~~ *Director or his or her delegate* determines has committed an offense pursuant to NRS 422.540 to 422.570, inclusive, from participation as a provider or an employee of a provider, for a minimum of 3 years. A criminal action need not be brought against the provider before suspension or exclusion pursuant to this subsection.

2. As used in this section:

(a) “Provider” means a person who has applied to participate or who participates in the State Plan for Medicaid as the provider of goods or services.

(b) “Unit” means the Medicaid Fraud Control Unit established in the Office of the Attorney General pursuant to NRS 228.410.

Sec. 112. NRS 422.240 is hereby amended to read as follows:

422.240 1. Money to carry out the provisions of this chapter, including, without limitation, any federal money allotted to the State of Nevada pursuant to the State Plan for Medicaid, the Children’s Health Insurance Program or any other program for which the ~~[Division]~~ *Director* is responsible must, except as otherwise provided in NRS 422.3755 to 422.379, inclusive, and 439.630, be provided by appropriation by the Legislature from the State General Fund.

2. Disbursements for the purposes of this chapter must, except as otherwise provided in NRS 422.3755 to 422.379, inclusive, and 439.630, be made upon claims duly filed and allowed in the same manner as other money in the State Treasury is disbursed.

Sec. 113. NRS 422.242 is hereby amended to read as follows:

422.242 1. Any gifts or grants of money which the Division is authorized to accept must be deposited in the State Treasury to the credit of the Gift and Cooperative Account of the *Medicaid* Division ~~[of Health Care Financing and Policy]~~ which is hereby created in the ~~[Department of Health and Human Services’]~~ *Nevada Health Authority* Gift Fund.

2. Money in the Account must be used for health care purposes only and expended in accordance with the terms of the gift or grant.

3. All claims must be approved by the ~~[Administrator]~~ *Director or his or her delegate* before they are paid.

Sec. 114. NRS 422.260 is hereby amended to read as follows:

422.260 1. The State of Nevada assents to the purposes of the Act of Congress of the United States entitled the “Social Security Act,” approved August 14, 1935, and assents to such additional federal legislation as is not inconsistent with the purposes of this chapter. ~~[and NRS 432.010 to 432.085, inclusive.]~~

2. The State of Nevada further accepts, with the approval of the Governor, the appropriations of money by Congress in pursuance of



the *provisions of the Social Security Act that relate to Medicaid and the Children's Health Insurance Program* and authorizes the receipt of such money into the State Treasury for the use of the ~~{Department}~~ *Authority* in accordance with this chapter ~~[, NRS 432.010 to 432.085, inclusive,]~~ and the conditions imposed by the Social Security Act.

3. The State of Nevada may accept, with the approval of the Governor, any additional funds which may become or are made available for extension of programs and services administered by the ~~{Department}~~ *Authority* under the provisions of the Social Security Act. Such money must be deposited in the State Treasury for the use of the ~~{Department}~~ *Authority* in accordance with this chapter ~~[, NRS 432.010 to 432.085, inclusive,]~~ and the conditions and purposes under which granted by the Federal Government.

Sec. 115. NRS 422.265 is hereby amended to read as follows:

422.265 If Congress passes any law increasing the participation of the Federal Government in any program for which the ~~{Division}~~ *Authority* is responsible, whether relating to eligibility for assistance or otherwise:

1. The Director may accept, with the approval of the Governor, the increased benefits of such congressional legislation; and

2. The ~~{Administrator}~~ *Director* may adopt any regulations required by the Federal Government as a condition of acceptance.

Sec. 116. NRS 422.267 is hereby amended to read as follows:

422.267 *1.* The Director shall have the power to sign and execute, in the name of the State, by “The ~~{Department of Health and Human Services,} Nevada Health Authority~~” any contract or agreement with the Federal Government or its agencies.

2. Any contract that obligates this State to expend federal funding provided under Title XIX of the Social Security Act must be signed by the Director. Any contract that obligates this State to spend such money which does not meet the requirements of this subsection is void.

Sec. 117. NRS 422.270 is hereby amended to read as follows:

422.270 The ~~{Department}~~ *Authority* shall:

1. Administer Medicaid and the Children's Health Insurance Program.

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the State of Nevada to aid in the furtherance of Medicaid and the Children's Health Insurance Program.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary



for the efficient operation of Medicaid and the Children's Health Insurance Program and in increasing the efficiency of Medicaid and the Children's Health Insurance Program by prompt and judicious use of new federal grants which will assist the ~~{Department}~~ **Authority** in carrying out the provisions of this chapter.

4. Observe and study the changing nature and extent of needs for Medicaid and the Children's Health Insurance Program and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the State General Fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to Medicaid and institutional care, when deemed necessary or convenient by the Director.

Sec. 118. NRS 422.273 is hereby amended to read as follows:

422.273 1. For any Medicaid managed care program established in the State of Nevada, the ~~{Department}~~ **Authority** shall contract only with a health maintenance organization that has:

(a) Negotiated in good faith with a federally-qualified health center to provide health care services for the health maintenance organization;

(b) Negotiated in good faith with the University Medical Center of Southern Nevada to provide inpatient and ambulatory services to recipients of Medicaid; and

(c) Negotiated in good faith with the University of Nevada School of Medicine to provide health care services to recipients of Medicaid.

➤ Nothing in this section shall be construed as exempting a federally-qualified health center, the University Medical Center of Southern Nevada or the University of Nevada School of Medicine from the requirements for contracting with the health maintenance organization.

2. During the development and implementation of any Medicaid managed care program, the ~~{Department}~~ **Authority** shall cooperate with the University of Nevada School of Medicine by assisting in the provision of an adequate and diverse group of patients upon which the school may base its educational programs.

3. The University of Nevada School of Medicine may establish a nonprofit organization to assist in any research necessary for the development of a Medicaid managed care program, receive and accept gifts, grants and donations to support such a program and assist in establishing educational services about the program for recipients of Medicaid.



4. For the purpose of contracting with a Medicaid managed care program pursuant to this section, a health maintenance organization is exempt from the provisions of NRS 695C.123.

5. The provisions of this section apply to any managed care organization, including a health maintenance organization, that provides health care services to recipients of Medicaid under the State Plan for Medicaid or the Children’s Health Insurance Program pursuant to a contract with the Division. Such a managed care organization or health maintenance organization is not required to establish a system for conducting external reviews of adverse determinations in accordance with chapter 695B, 695C or 695G of NRS. This subsection does not exempt such a managed care organization or health maintenance organization for services provided pursuant to any other contract.

6. *The Authority shall:*

(a) Include on an Internet website maintained by the Authority the information required by 42 C.F.R. § 438.520(a)(3) to allow recipients of Medicaid to compare available plans offered by health maintenance organizations that have contracted with the Authority pursuant to this section. The Authority may take such additional measures as are necessary to facilitate the comparison of such plans.

(b) Develop and implement a beneficiary support system for recipients of health services under Medicaid through managed care in accordance with 42 C.F.R. § 438.71.

7. As used in this section, unless the context otherwise requires:

(a) “Federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(1)(2)(B).

(b) “Health maintenance organization” has the meaning ascribed to it in NRS 695C.030.

(c) “Managed care organization” has the meaning ascribed to it in NRS 695G.050.

Sec. 119. NRS 422.308 is hereby amended to read as follows:

422.308 As a part of the health and ~~[welfare]~~ *public assistance* programs of this State, the Division may:

1. Conduct a family planning service, or contract for the provision of a family planning service, in any county of the State. Such service may include the dispensing of information and the distribution of literature on birth control and family planning methods.

2. Establish a policy of referral of ~~[welfare]~~ recipients *of public assistance* for birth control.



Sec. 120. NRS 422.309 is hereby amended to read as follows:

422.309 1. As part of the health and ~~{welfare}~~ *public assistance* programs of this State, the Division or any other division designated by the Director may provide prenatal care to pregnant women who are indigent, or may contract for the provision of that care, at public or nonprofit hospitals in this State.

2. The Division or any other division designated by the Director shall provide to each person licensed to engage in social work pursuant to chapter 641B of NRS, each applicant for Medicaid and any other interested person, information concerning the prenatal care available pursuant to this section.

3. The Division or any other division designated by the ~~{Department}~~ *Authority* shall adopt regulations setting forth criteria of eligibility and rates of payment for prenatal care provided pursuant to the provisions of this section, and such other provisions relating to the development and administration of the Program for Prenatal Care as the Director or the Administrator, as applicable, deems necessary.

Sec. 120.5. NRS 422.4025 is hereby amended to read as follows:

422.4025 1. The ~~{Department}~~ *Authority* shall:

(a) By regulation, develop a list of preferred prescription drugs to be used for the Medicaid program and the Children's Health Insurance Program, and each public or nonprofit health benefit plan that elects to use the list of preferred prescription drugs as its formulary pursuant to NRS 287.012, 287.0433 or 687B.407; and

(b) Negotiate and enter into agreements to purchase the drugs included on the list of preferred prescription drugs on behalf of the health benefit plans described in paragraph (a) *and the Department of Corrections, if the Board of State Prison Commissioners elects pursuant to NRS 209.111 to participate in such agreements*, or enter into a contract pursuant to NRS 422.4053 with a pharmacy benefit manager, health maintenance organization or one or more public or private entities in this State, the District of Columbia or other states or territories of the United States, as appropriate, to negotiate such agreements.

2. The ~~{Department}~~ *Authority* shall, by regulation, establish a list of prescription drugs which must be excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs established pursuant to subsection 1. The list established pursuant to this subsection must include, without limitation:



(a) Prescription drugs that are prescribed for the treatment of the human immunodeficiency virus, including, without limitation, antiretroviral medications;

(b) Antirejection medications for organ transplants;

(c) Antihemophilic medications; and

(d) Any prescription drug which the Board identifies as appropriate for exclusion from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs.

3. The regulations must provide that the Board makes the final determination of:

(a) Whether a class of therapeutic prescription drugs is included on the list of preferred prescription drugs and is excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs;

(b) Which therapeutically equivalent prescription drugs will be reviewed for inclusion on the list of preferred prescription drugs and for exclusion from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs; and

(c) Which prescription drugs should be excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs based on continuity of care concerning a specific diagnosis, condition, class of therapeutic prescription drugs or medical specialty.

4. The list of preferred prescription drugs established pursuant to subsection 1 must include, without limitation:

(a) Any prescription drug determined by the Board to be essential for treating sickle cell disease and its variants; and

(b) Prescription drugs to prevent the acquisition of human immunodeficiency virus.

5. The regulations must provide that each new pharmaceutical product and each existing pharmaceutical product for which there is new clinical evidence supporting its inclusion on the list of preferred prescription drugs must be made available pursuant to the Medicaid program with prior authorization until the Board reviews the product or the evidence.

6. The Medicaid program must cover a prescription drug that is not included on the list of preferred prescription drugs as if the drug were included on that list if:

(a) The drug is:

(1) Used to treat hepatitis C;



(2) Used to provide medication-assisted treatment for opioid use disorder;

(3) Used to support safe withdrawal from substance use disorder; or

(4) In the same class as a drug on the list of preferred prescription drugs; and

(b) All preferred prescription drugs within the same class as the drug are unsuitable for a recipient of Medicaid because:

(1) The recipient is allergic to all preferred prescription drugs within the same class as the drug;

(2) All preferred prescription drugs within the same class as the drug are contraindicated for the recipient or are likely to interact in a harmful manner with another drug that the recipient is taking;

(3) The recipient has a history of adverse reactions to all preferred prescription drugs within the same class as the drug; or

(4) The drug has a unique indication that is supported by peer-reviewed clinical evidence or approved by the United States Food and Drug Administration.

7. The Medicaid program must automatically cover any typical or atypical antipsychotic medication or anticonvulsant medication that is not on the list of preferred prescription drugs upon the demonstrated therapeutic failure of one drug on that list to adequately treat the condition of a recipient of Medicaid.

8. On or before February 1 of each year, the ~~Department~~ *Authority* shall:

(a) Compile a report concerning the agreements negotiated pursuant to paragraph (b) of subsection 1 and contracts entered into pursuant to NRS 422.4053 which must include, without limitation, the financial effects of obtaining prescription drugs through those agreements and contracts, in total and aggregated separately for agreements negotiated by the ~~Department,~~ *Authority*, contracts with a pharmacy benefit manager, contracts with a health maintenance organization and contracts with public and private entities from this State, the District of Columbia and other states and territories of the United States; and

(b) Post the report on an Internet website maintained by the ~~Department~~ *Authority* and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the Legislature; or

(2) In even-numbered years, the Legislative Commission.

Sec. 121. NRS 422.410 is hereby amended to read as follows:

422.410 ~~+~~ Unless a different penalty is provided pursuant to NRS 422.361 to 422.369, inclusive, or 422.450 to 422.590, inclusive,



a person who knowingly and designedly, by any false pretense, false or misleading statement, impersonation, misrepresentation, or concealment, transfer, disposal or assignment of money or property obtains or attempts to obtain ~~{monetary or any other public assistance, or}~~ money, property, medical or remedial care or any other service provided pursuant to *Medicaid or the Children's Health Insurance Program*, having a value of \$100 or more, whether by one act or a series of acts, with the intent to cheat, defraud or defeat the purposes of this chapter or to enable a person to meet or appear to meet any requirements of eligibility prescribed by state law or by rule or regulation adopted by the ~~{Department}~~ *Authority* for ~~{a grant or an increase in a grant of any type of public assistance}~~ *Medicaid or the Children's Health Insurance Program* is guilty of a category E felony and shall be punished as provided in NRS 193.130. In addition to any other penalty, the court shall order the person to pay restitution.

~~{2. For the purposes of subsection 1, whenever a recipient of Temporary Assistance for Needy Families pursuant to the provisions of chapter 422A of NRS receives an overpayment of benefits for the third time and the overpayments have resulted from a false statement or representation by the recipient or from the failure of the recipient to notify the Division of Welfare and Supportive Services of the Department of a change in circumstances which would affect the amount of assistance the recipient receives, a rebuttable presumption arises that the payment was fraudulently received.~~

~~— 3. For the purposes of this section:~~

~~— (a) "Public assistance" includes any money, property, medical or remedial care or any other service provided pursuant to a state plan.~~

~~— (b) "Temporary Assistance for Needy Families" has the meaning ascribed to it in NRS 422A.080.]~~

Sec. 122. NRS 422A.030 is hereby amended to read as follows:

422A.030 "Division" means the Division of ~~{Welfare and Supportive}~~ *Social* Services of the Department.

Sec. 123. NRS 422A.065 is hereby amended to read as follows:

422A.065 ~~{1.}~~ "Public assistance" includes:

~~{(a)}~~ *1.* State Supplementary Assistance;

~~{(b)}~~ *2.* Temporary Assistance for Needy Families;

~~{(c)}~~ ~~Medicaid;~~

~~— (d)}~~ *3.* Supplemental Nutrition Assistance;

~~{(e)}~~ *4.* Low-Income Home Energy Assistance;

~~{(f)}~~ *5.* The Program for Child Care and Development; *and*

~~{(g)}~~ *6.* Benefits provided pursuant to any other public ~~{welfare}~~ *assistance* program administered by the Division pursuant to such



additional federal legislation as is not inconsistent with the purposes of this chapter . ~~[- and~~

~~—(h) Benefits provided pursuant to any other public welfare program administered by the Division of Health Care Financing and Policy pursuant to chapter 422 of NRS.~~

~~—2. The term does not include the Children’s Health Insurance Program.]~~

Sec. 124. NRS 422A.155 is hereby amended to read as follows:

422A.155 1. The Administrator must:

(a) Be selected on the basis of his or her training, experience, capacity and interest in public ~~[welfare services.]~~ **assistance.**

(b) Have not less than 3 years of demonstrated successful experience in the administration of a public agency, with responsibility for general direction of programs of the public agency and determination of policies for the implementation of programs of the public agency, or any equivalent combination of training and experience.

(c) Possess qualities of leadership.

2. In appointing the Administrator, the Director shall, to the extent practicable, give preference to a person who has a degree in a field of social science, public administration, business administration or a related field.

Sec. 125. NRS 422A.180 is hereby amended to read as follows:

422A.180 1. The Administrator or a representative designated by the Administrator may administer oaths and take testimony thereunder and issue subpoenas requiring the attendance of witnesses before the Division at a designated time and place and the production of books, papers and records relative to eligibility or continued eligibility for public assistance.

~~2. [The Director or a representative designated by the Director may administer oaths and take testimony thereunder and issue subpoenas requiring the attendance of witnesses before the Department at a designated time and place and the production of books, papers and records relative to verification of treatment and payments to a provider of medical care, remedial care or other services pursuant to the State Plan for Medicaid.~~

~~—3.]~~ If a witness fails to appear or refuses to give testimony or to produce books, papers and records as required by a subpoena issued pursuant to this section, the district court of the county in which the investigation is being conducted may compel the attendance of the witness, the giving of testimony and the production of books, papers and records as required by the subpoena.



Sec. 126. NRS 422A.195 is hereby amended to read as follows:
422A.195 The Administrator shall:

1. Supply the Director with material on which to base proposed legislation.
2. Cooperate with the Federal Government and state governments for the more effective attainment of the purposes of this chapter.
3. Coordinate the activities of the Division with other agencies, both public and private, with related or similar activities.
4. Keep a complete and accurate record of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to the office of the Administrator.
5. Inform the public in regard to the activities and operation of the Division, and provide other information which will acquaint the public with problems relating to ~~[welfare.]~~ **public assistance.**
6. Conduct studies into the causes of the social problems with which the Division is concerned.
7. Provide leadership in the community in order that all ~~[welfare]~~ **public assistance** activities are pointed toward the single goal of improving the public welfare.
8. Invoke any legal, equitable or special procedures for the enforcement of his or her orders or the enforcement of the provisions of this chapter.
9. Exercise any other powers that are necessary and proper for the standardization of state work, to expedite business, to ensure fair consideration of applications for aid and to promote the efficiency of the service provided by the Division.

Sec. 127. NRS 422A.232 is hereby amended to read as follows:

422A.232 1. Any gifts or grants of money which the Division is authorized to accept must be deposited in the State Treasury to the credit of the Division of ~~[Welfare and Supportive]~~ **Social** Services' Gift and Cooperative Account in the Department of ~~[Health and]~~ Human Services' Gift Fund.

2. Money in the Account must be used for ~~[welfare]~~ **public assistance** purposes only and expended in accordance with the terms of the gift or grant.

3. All claims must be approved by the Administrator before they are paid.

Sec. 128. NRS 422A.338 is hereby amended to read as follows:

422A.338 The Department shall:

1. Administer all public ~~[welfare]~~ **assistance** programs of this State, including:



- (a) State Supplementary Assistance;
- (b) Temporary Assistance for Needy Families;
- (c) ~~Medicaid;~~
- ~~(d)~~ Supplemental Nutrition Assistance;
- ~~(e)~~ (d) Low-Income Home Energy Assistance;
- ~~(f)~~ (e) The Program for Child Care and Development;
- ~~(g)~~ (f) The Program for the Enforcement of Child Support;
- ~~(h)~~ ~~The Children's Health Insurance Program;~~ and
- ~~(i)~~ (g) Other ~~welfare~~ *public assistance* activities and *social* services provided for by the laws of this State ~~[]~~ , *except for Medicaid and the Children's Health Insurance Program.*

2. Act as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal money granted to the State of Nevada to aid in the furtherance of any of the services and activities set forth in subsection 1.

3. Cooperate with the Federal Government in adopting state plans, in all matters of mutual concern, including adoption of methods of administration found by the Federal Government to be necessary for the efficient operation of ~~welfare~~ *public assistance* programs, and in increasing the efficiency of ~~welfare~~ *public assistance* programs by prompt and judicious use of new federal grants which will assist the Department in carrying out the provisions of this chapter.

4. Observe and study the changing nature and extent of ~~welfare~~ *public assistance* needs and develop through tests and demonstrations effective ways of meeting those needs and employ or contract for personnel and services supported by legislative appropriations from the State General Fund or money from federal or other sources.

5. Enter into reciprocal agreements with other states relative to public assistance, ~~welfare~~ *social* services and institutional care, when deemed necessary or convenient by the Director.

6. Make such agreements with the Federal Government as may be necessary to carry out the Supplemental Security Income Program.

Sec. 129. NRS 422A.342 is hereby amended to read as follows:

422A.342 1. To restrict the use or disclosure of any information concerning applicants for and recipients of public assistance ~~for assistance pursuant to the Children's Health Insurance Program~~ to purposes directly connected to the administration of this chapter, and to provide safeguards therefor, under the applicable provisions of the Social Security Act, the Division shall establish and enforce reasonable regulations governing the custody, use and



preservation of any records, files and communications filed with the Division.

2. If, pursuant to a specific statute or a regulation of the Division, names and addresses of, or information concerning, applicants for and recipients of assistance ~~[, including, without limitation, assistance pursuant to the Children's Health Insurance Program,]~~ are furnished to or held by any other agency or department of government, such agency or department of government is bound by the regulations of the Division prohibiting the publication of lists and records thereof or their use for purposes not directly connected with the administration of this chapter.

3. Except for purposes directly connected with the administration of this chapter, no person may publish, disclose or use, or permit or cause to be published, disclosed or used, any confidential information pertaining to a recipient of assistance ~~[, including, without limitation, a recipient of assistance pursuant to the Children's Health Insurance Program,]~~ under the provisions of this chapter.

Sec. 130. NRS 422A.372 is hereby amended to read as follows:

422A.372 1. The Department shall provide public assistance pursuant to:

(a) The program established to provide Temporary Assistance for Needy Families; *or*

(b) ~~[Medicaid; or~~

~~—(c)]~~ Any program for which a grant has been provided to this State pursuant to 42 U.S.C. §§ 1397 et seq.,

↳ to a qualified person who is not a citizen or national of the United States who complies with the requirements established by the Department pursuant to federal law and this chapter for the receipt of benefits pursuant to that program.

2. A person who is not a citizen or national of the United States is considered “qualified” for the purposes of subsection 1 if the person meets the requirements of 8 U.S.C. § 1641(b).

Sec. 131. NRS 422A.376 is hereby amended to read as follows:

422A.376 1. Except as otherwise provided in this section, the Department shall, to the extent that it is not prohibited by federal law, recover from a recipient of public assistance, the estate of the recipient or a person who signed the application for public assistance on behalf of the recipient an amount not to exceed the amount of public assistance incorrectly paid to the recipient, if the person who signed the application:

(a) Failed to report any required information to the Department that the person knew at the time the person signed the application;



(b) Refused to provide financial information regarding the recipient's income and assets, including, without limitation, information regarding any transfers or assignments of income or assets;

(c) Concealed information regarding the existence, transfer or disposition of the recipient's income and assets with the intent of enabling a recipient to meet any eligibility requirement for public assistance;

(d) Made any false representation regarding the recipient's income and assets, including, without limitation, any information regarding any transfers or assignments of income or assets; or

(e) Failed to report to the Department within the period allowed by the Department any required information that the person obtained after the person filed the application.

2. Except as otherwise provided in this section, a recipient of incorrectly paid public assistance or a person who signed the application for public benefits on behalf of the recipient shall reimburse the Department or appropriate state agency for the value of the incorrectly paid public assistance.

3. The Director or a person designated by the Director may, to the extent that it is not prohibited by federal law, determine the amount of, and settle, adjust, compromise or deny a claim against a recipient of public assistance, the estate of the recipient or a person who signed the application for public assistance on behalf of the recipient.

4. The Director may, to the extent that it is not prohibited by federal law, waive the repayment of public assistance incorrectly paid to a recipient if the incorrect payment was not the result of an intentional misrepresentation or omission by the recipient and if repayment would cause an undue hardship to the recipient. The Director shall, by regulation, establish the terms and conditions of such a waiver, including, without limitation, the circumstances that constitute undue hardship.

~~{5.—As used in this section, “public assistance” does not include Medicaid.}~~

Sec. 132. NRS 422A.575 is hereby amended to read as follows:

422A.575 1. If the plan for personal responsibility signed by the head of a household pursuant to NRS 422A.535 includes a provision providing for the payment of ~~{transitional}~~ **child care** assistance to the head of the household, the Division may provide ~~{transitional}~~ **child care** assistance to the head of the household if the household becomes ineligible for benefits for one or more of the reasons described in 42 U.S.C. § 608(a)(11). The Division shall not



provide ~~transitional~~ *child care* assistance pursuant to this section for more than 12 consecutive months.

2. As used in this section, ~~transitional~~ *“child care”* assistance” means ~~the~~

~~—(a) Assistance~~ *assistance* provided by the Division to low-income families to pay for the costs of child care. ~~the~~ *or*

~~—(b) Medicaid provided pursuant to the plan administered by the Department pursuant to NRS 422.063.]~~

Sec. 133. NRS 422A.700 is hereby amended to read as follows:

422A.700 1. Unless a different penalty is provided pursuant to NRS 422.361 to 422.369, inclusive, or 422.450 to 422.590, inclusive, a person who knowingly and designedly, by any false pretense, false or misleading statement, impersonation or misrepresentation, obtains or attempts to obtain monetary or any other public assistance ~~the or money, property, medical or remedial care or any other service provided pursuant to the Children’s Health Insurance Program,~~ having a value of \$100 or more, whether by one act or a series of acts, with the intent to cheat, defraud or defeat the purposes of this chapter *or to enable a person to meet or appear to meet any requirements of eligibility prescribed by state law or by rule or regulation adopted by the Department for a grant or increase in a grant of any type of public assistance* is guilty of a category E felony and shall be punished as provided in NRS 193.130. In addition to any other penalty, the court shall order the person to pay restitution.

2. For the purposes of subsection 1, whenever a recipient of Temporary Assistance for Needy Families pursuant to the provisions of this chapter receives an overpayment of benefits for the third time and the overpayments have resulted from a false statement or representation by the recipient or from the failure of the recipient to notify the Division of a change in circumstances which would affect the amount of assistance the recipient receives, a rebuttable presumption arises that the payment was fraudulently received.

~~[3. For the purposes of subsection 1, “public assistance” includes any money, property, medical or remedial care or any other service provided pursuant to a state plan.]~~

Sec. 134. NRS 424.042 is hereby amended to read as follows:

424.042 1. The Division shall periodically review the placement of children in specialized foster homes by each agency which provides child welfare services to determine whether children are being appropriately placed in such foster homes and are receiving the care and services that they need. Such a review may include, without limitation, an examination of:



(a) Demographics of children who are placed in specialized foster homes;

(b) Information from clinical evaluations of children who are placed in specialized foster homes;

(c) Relevant information submitted to the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to the State Plan for Medicaid;

(d) Case files maintained by the agency which provides child welfare services for children who are placed in specialized foster homes; and

(e) Any other information determined to be relevant by the Division.

2. If, after conducting a review pursuant to subsection 1, the Division determines that an agency which provides child welfare services is inappropriately placing children in specialized foster homes or that children placed in such foster homes are not receiving the care and services that they need, the Administrator of the Division shall require the agency which provides child welfare services to take corrective action. If an agency fails to take the corrective action required by the Administrator, the Division may require the agency which provides child welfare services to develop a corrective action plan pursuant to NRS 432B.2155.

Sec. 135. NRS 428.090 is hereby amended to read as follows:

428.090 1. When a nonresident or any other person who meets the uniform standards of eligibility prescribed by the board of county commissioners or by NRS 439B.310, if applicable, falls sick in the county, not having money or property to pay the person's board, nursing or medical aid, the board of county commissioners of the proper county shall, on complaint being made, give or order to be given such assistance to the poor person as is in accordance with the policies and standards established and approved by the board of county commissioners and within the limits of money which may be lawfully appropriated for this purpose pursuant to NRS 428.050, 428.285 and 450.425.

2. If the sick person dies, the board of county commissioners shall give or order to be given to the person a decent burial or cremation.

3. Except as otherwise provided in NRS 422.382, the board of county commissioners shall make such allowance for the person's board, nursing, medical aid, burial or cremation as the board deems just and equitable, and order it paid out of the county treasury.

4. The responsibility of the board of county commissioners to provide medical aid or any other type of remedial aid under this



section is relieved to the extent provided in NRS 422.382 and to the extent of the amount of money or the value of services provided by:

(a) The ~~[Department of Health and Human Services]~~ *Nevada Health Authority* to or for such persons for medical care or any type of remedial care under the State Plan for Medicaid; and

(b) The Fund for Hospital Care to Indigent Persons under the provisions of NRS 428.115 to 428.255, inclusive.

Sec. 136. NRS 428.206 is hereby amended to read as follows:

428.206 1. The Board of Trustees of the Fund for Hospital Care to Indigent Persons may enter into an agreement with the *Medicaid* Division of ~~[Health Care Financing and Policy of the Department of Health and Human Services]~~ *the Nevada Health Authority* whereby:

(a) The Board agrees to transfer an agreed upon amount of money each year from the Fund to the Division;

(b) The Division agrees to use the money so transferred to:

(1) Include in the State Plan for Medicaid an enhanced rate of reimbursement for hospital care provided to recipients of Medicaid or to make supplemental payments to the hospital for the provision of such hospital care through increased federal financial participation;

(2) Offset any decrease in savings generated by any component of the upper payment limit program established under the State Plan for Medicaid that results from providing supplemental payments to hospitals from the Fund pursuant to subparagraph (1); and

(3) Satisfy any portion of the obligation of a county to pay the nonfederal share of expenditures pursuant to NRS 422.272;

(c) The Division agrees to return any money transferred to the Division pursuant to the agreement if the Federal Government does not approve the enhanced rate of reimbursement or supplemental payments included in the State Plan;

(d) The Board agrees to continue to transfer not less than the same amount of money as the previous year if the State Plan is approved by the Federal Government until the Board has requested the Division to exclude the enhanced rate of reimbursement or supplemental payments from the State Plan and the Federal Government approves the State Plan without such enhanced rates or supplemental payments; and

(e) The Division agrees to exclude the enhanced rate of reimbursement or supplemental payments from the State Plan when it is next submitted to the Federal Government for approval if so requested by the Board.



2. Any money transferred from the Fund to the Division pursuant to this section must not be used to replace or supplant funding available from other sources for the same purpose.

3. As used in this section, “upper payment limit program” means a program providing for supplemental payments, not to exceed a limit calculated in the manner prescribed in the State Plan for Medicaid, to hospitals owned or operated by a governmental entity other than this State or an agency of this State.

Sec. 137. NRS 428.285 is hereby amended to read as follows:

428.285 1. The board of county commissioners of each county shall establish a tax rate of at least 6 cents on each \$100 of assessed valuation for the purposes of the tax imposed pursuant to subsection 2. A board of county commissioners may increase the rate to not more than 10 cents on each \$100 of assessed valuation.

2. In addition to the levies provided in NRS 428.050 and 428.185 and any tax levied pursuant to NRS 450.425, the board of county commissioners shall levy a tax ad valorem at a rate necessary to produce revenue in an amount equal to an amount calculated by multiplying the assessed valuation of all taxable property in the county by the tax rate established pursuant to subsection 1, and subtracting from the product the amount of unencumbered money remaining in the fund on May 1 of the current fiscal year.

3. For each fiscal year beginning on or after July 1, 1989, the board of county commissioners of each county shall remit to the State Controller from the money in the fund an amount of money equivalent to the amount collected from 1 cent on each \$100 of assessed valuation of all taxable property in the county for credit to the Intergovernmental Transfer Account in the State General Fund.

4. For each fiscal year beginning on or after July 1, 2013, in a county whose population is less than 100,000, the board of county commissioners shall, pursuant to an interlocal agreement with the State, remit to the State Controller an amount of money determined by the Director of the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* to be adequate for the State Plan for Medicaid to include the payment of the nonfederal share of expenditures set forth in NRS 422.272. In such a county, the amount of money that the board of county commissioners may be required to remit, as determined by the Director pursuant to this subsection, must not exceed an amount of money equivalent to the amount collected from 8 cents on each \$100 of assessed valuation of all taxable property in the county.

5. Not later than January 1, 2014, and not later than January 1 of each year thereafter, the board of county commissioners of each



county shall remit to the State Controller an amount equal to the amount collected by the board of county commissioners pursuant to NRS 439B.340 for the previous fiscal year for credit to the Fund for Hospital Care to Indigent Persons created by NRS 428.175.

6. The tax so levied and its proceeds must be excluded in computing the maximum amount of money which the county is permitted to receive from taxes ad valorem and the highest permissible rate of such taxes.

Sec. 138. NRS 428.295 is hereby amended to read as follows:

428.295 1. For each fiscal year the board of county commissioners shall, in the preparation of its final budget, allocate money for assistance to indigents pursuant to this chapter.

2. In a county whose population is less than 700,000, the amount allocated must be calculated by multiplying the amount allocated for that purpose for the previous fiscal year by 104.5 percent.

3. In a county whose population is 100,000 or more, the board of county commissioners may allocate money from its fund for medical assistance to indigent persons to make an intergovernmental transfer of money to the *Medicaid* Division of ~~[Health Care Financing and Policy of the Department of Health and Human Services]~~ *the Nevada Health Authority* in accordance with the regulations adopted pursuant to NRS 422.390 and for any or all of the following purposes:

(a) If an upper payment limit program is established in the State Plan for Medicaid, to provide supplemental payments to any public hospital located in the county that is eligible for supplemental payments under the program.

(b) If authorized under any other supplemental payment program administered by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, to:

(1) Provide an enhanced rate of reimbursement to any public hospital located in the county for the hospital care provided to recipients of Medicaid; or

(2) Make supplemental payments to any public hospital located in the county for the provision of such hospital care through increased federal financial participation.

4. When, during any fiscal year, the amount of money expended by the county for any program of medical assistance for those persons eligible pursuant to this chapter exceeds the amount allocated for that purpose in its budget, the board of county commissioners shall, to the extent that money is available in the fund, pay claims against the county from the fund for that purpose.

5. In a county whose population is 700,000 or more, the board of county commissioners may by resolution allocate money from the



fund in any fiscal year, in an amount not to exceed the equivalent of the amount collected from 2 cents on each \$100 of assessed valuation of all taxable property in the county, to make grants to any public hospital located in the county. Such a grant may be used by a hospital only to:

(a) Construct or acquire capital assets, including, without limitation, land, improvements to land and major items of equipment; and

(b) Renovate existing facilities of the hospital. Money granted for the renovation of facilities must not be used for the normal, recurring maintenance of the facilities.

6. As used in this section, “upper payment limit program” means a program providing for supplemental payments, not to exceed a limit calculated in the manner prescribed in the State Plan for Medicaid, to hospitals owned or operated by a governmental entity other than this State or an agency of the State.

Sec. 139. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has



reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) A person providing services licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 634B, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C, 641D or 653 of NRS or practicing as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by NRS 450B.145.

(b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of such a medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility.

(c) A coroner.

(d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A person employed by a public school or private school and any person who serves as a volunteer at such a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed pursuant to chapter 424 of NRS to conduct a foster home.

(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.



- (i) Except as otherwise provided in NRS 432B.225, an attorney.
- (j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.
- (k) Any person who is employed by or serves as a volunteer for a youth shelter. As used in this paragraph, “youth shelter” has the meaning ascribed to it in NRS 244.427.
- (l) Any adult person who is employed by an entity that provides organized activities for children, including, without limitation, a person who is employed by a school district or public school.
- (m) Any person who is enrolled with the ~~Medicaid~~ Division of ~~[Health Care Financing and Policy of the Department of Health and Human Services]~~ *the Nevada Health Authority* to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.
- (n) A peer recovery support specialist, as defined in NRS 433.627, or peer recovery support specialist supervisor, as defined in NRS 433.629.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this



State shall, at the time of initial licensure, certification or endorsement:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is licensed, certified or endorsed in this State.

8. The employer of a person who is described in subsection 4 and who is not required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State must, upon initial employment of the person:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is employed by the employer.

9. Before a person may serve as a volunteer at a public school or private school, the school must:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section and NRS 392.303;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section and NRS 392.303; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person serves as a volunteer at the school.

10. The provisions of subsection 8 do not apply to the employer of a person practicing as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by NRS 450B.145.

11. As used in this section:

(a) “Private school” has the meaning ascribed to it in NRS 394.103.

(b) “Public school” has the meaning ascribed to it in NRS 385.007.



Sec. 140. NRS 439.005 is hereby amended to read as follows:
439.005 As used in this chapter, unless the context requires otherwise:

1. “Administrator” means the Administrator of the Division.
2. *“Authority” means the Nevada Health Authority.*
3. “Department” means the Department of ~~[Health and]~~ Human Services.
- ~~[3.]~~ 4. “Director” means the Director of the Department.
- ~~[4.]~~ 5. “Division” means the Division of Public and Behavioral Health of the Department.
- ~~[5.]~~ 6. “Health authority” means the officers and agents of the Division or the officers and agents of the local boards of health.
- ~~[6.]~~ 7. *“Health Care Purchasing and Compliance Division” means the Health Care Purchasing and Compliance Division of the Authority.*
8. “Individually identifiable health information” has the meaning ascribed to it in 45 C.F.R. § 160.103.

Sec. 141. NRS 439.010 is hereby amended to read as follows:
439.010 Except as otherwise provided in NRS *439.258, 439.271 to 439.2794, inclusive*, 439.5102 to 439.5108, inclusive, ~~[and]~~ 439.581 to 439.597, inclusive, *and 439.800 to 439.918, inclusive*, the provisions of this chapter must be administered by the Administrator and the Division, subject to administrative supervision by the Director.

Sec. 142. NRS 439.015 is hereby amended to read as follows:
439.015 The Department, through the Division, may accept and direct the disbursement of money appropriated by any Act of Congress and apportioned or allocated to the State of Nevada for health purposes ~~[]~~ *under the jurisdiction of the Division*. This federal money must be deposited in the State Treasury for credit to the State Division of Public and Behavioral Health Federal Account within the State General Fund.

Sec. 143. NRS 439.150 is hereby amended to read as follows:
439.150 1. The State Board of Health is hereby declared to be supreme in all nonadministrative health matters. It has general supervision over all matters, except for administrative matters and as otherwise provided in NRS 439.950 to 439.983, inclusive, relating to the preservation of the health and lives of citizens of this State and over the work of the Chief Medical Officer and all district, county and city health departments, boards of health and health officers.

2. The Department is hereby designated as the agency of this State to cooperate with the federal authorities in the administration of those parts of the Social Security Act which relate to the general



promotion of public health. It may receive and expend all money made available to the Division by the Federal Government, the State of Nevada or its political subdivisions, or from any other source, for the purposes provided in this chapter. In developing and revising any state plan in connection with federal assistance for health programs, the Department shall consider, without limitation, the amount of money available from the Federal Government for those programs, the conditions attached to the acceptance of that money and the limitations of legislative appropriations for those programs.

3. Except as otherwise provided in NRS 576.128, the State 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 Division ~~[§]~~ *or the Health Care Purchasing and Compliance Division;*

(b) Programs and services of the Division ~~[§]~~ *and the Health Care Purchasing and Compliance Division;*

(c) Review of plans; and

(d) Certification and licensing of personnel.

↪ 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 Division *or the Health Care Purchasing and Compliance Division, as applicable*, by the Legislature.

Sec. 144. NRS 439.155 is hereby amended to read as follows:

439.155 1. For the purposes of ~~[this chapter,]~~ *NRS 439.010 to 439.255, inclusive, 439.259 to 439.265, inclusive, 439.280 to 439.580, inclusive, 439.600, 439.620, 439.630 and 439.942 to 439.994, inclusive*, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this State, a public or private corporation, an individual or a group of individuals. Such a contract or agreement may include provisions whereby the Division will provide staff, services or other resources, or any combination thereof, without payment, to further the purposes of the contract or agreement. If the contract or agreement includes a provision whereby the Division is paid for the provision of staff, services or other resources, the payment will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.



2. If the Administrator or the Administrator's designee enters into a contract or agreement pursuant to subsection 1 with a private nonprofit corporation, the contract or agreement may allow:

(a) The Division to enter and inspect any premises which are related to services provided under the contract or agreement and to inspect any records which are related to services provided under the contract or agreement to ensure the welfare of any consumer served by the private nonprofit corporation under the contract or agreement;

(b) The Division and the private nonprofit corporation to share confidential information concerning any consumer served by the private nonprofit corporation under the contract or agreement; and

(c) The private nonprofit corporation to assign rights and obligations of the private nonprofit corporation under the contract or agreement to the Division.

3. The State, the Department and the Division do not waive any immunity from liability or limitation on liability provided by law by entering into a contract or agreement pursuant to this section and any such contract or agreement must include a provision to that effect.

Sec. 145. NRS 439.160 is hereby amended to read as follows:

439.160 1. The Division is charged with:

(a) The thorough and efficient execution of the provisions of ~~[this chapter]~~ *NRS 439.010 to 439.255, inclusive, 439.259 to 439.265, inclusive, 439.280 to 439.580, inclusive, 439.600, 439.620, 439.630 and 439.942 to 439.994, inclusive*, in every part of the State; and

(b) Supervisory power over local health officers,
↳ to the end that all of the requirements of ~~[this chapter]~~ *NRS 439.010 to 439.255, inclusive, 439.259 to 439.265, inclusive, 439.280 to 439.580, inclusive, 439.600, 439.620, 439.630 and 439.942 to 439.994, inclusive*, shall be uniformly complied with.

2. The Division shall have authority to investigate cases of irregularity or violation of the law, and all local health officers shall aid the Division, upon request, in such investigations.

Sec. 146. NRS 439.258 is hereby amended to read as follows:

439.258 1. The *Health Care Purchasing and Compliance* Division shall evaluate, certify and monitor programs for the treatment of persons who commit domestic violence in accordance with the regulations adopted pursuant to subsection 2.

2. The ~~[Division]~~ *State Board of Health* shall adopt regulations ~~[governing]~~ :

(a) *Governing* the evaluation, certification and monitoring of programs for the treatment of persons who commit domestic violence ~~[]~~; and

(b) *Imposing fees for the certification of such programs.*



3. The regulations adopted pursuant to subsection 2 must include, without limitation, provisions:

(a) Requiring that a program:

(1) Include a module specific to victim safety; and

(2) Be based on:

(I) Evidence-based practices; and

(II) The assessment of a program participant by a supervisor of treatment or provider of treatment; and

(b) Allowing a program that is located in another state to become certified in this State to provide treatment to persons who:

(1) Reside in this State; and

(2) Are ordered by a court in this State to participate in a program for the treatment of persons who commit domestic violence.

Sec. 147. NRS 439.272 is hereby amended to read as follows:

439.272 1. The Director *of the Authority* shall appoint a State Dental Health Officer, who may serve in the unclassified service of the State or as a contractor for the ~~{Department.}~~ *Authority*. The State Dental Health Officer must:

(a) Be a resident of this State;

(b) Have satisfied the educational requirements for and may, but is not required to, satisfy any other requirements for the issuance of an unrestricted license to practice dentistry pursuant to chapter 631 of NRS; and

(c) Be appointed on the basis of his or her education, training and experience and his or her interest in public dental health and related programs.

2. The State Dental Health Officer shall:

(a) Determine the needs of the residents of this State for public dental health;

(b) Provide the Advisory Committee, ~~{and}~~ the Department *and the Authority* with advice regarding public dental health;

(c) Make recommendations to the Advisory Committee, the Department, *the Authority* and the Legislature regarding programs in this State for public dental health;

(d) Work collaboratively with the State Public Health Dental Hygienist; and

(e) Seek such information and advice from the Advisory Committee or from any dental education program in this State, including any such programs of the Nevada System of Higher Education, as necessary to carry out his or her duties.

Sec. 148. NRS 439.279 is hereby amended to read as follows:

439.279 1. The ~~{Department}~~ *Director of the Authority* shall appoint a State Public Health Dental Hygienist, who may serve in the



unclassified service of the State or as a contractor for the ~~{Department}~~ *Authority*. The State Public Health Dental Hygienist:

- (a) Must be a resident of this State;
- (b) May, but is not required to, hold a current license to practice dental hygiene issued pursuant to chapter 631 of NRS with a special endorsement issued pursuant to NRS 631.287; and
- (c) Must be appointed on the basis of his or her education, training and experience and his or her interest in public health dental hygiene and related programs.

2. The State Public Health Dental Hygienist:

- (a) Shall work collaboratively with the State Dental Health Officer in carrying out his or her duties; and
- (b) May:

(1) Provide advice and make recommendations to the Advisory Committee, ~~{and}~~ the Department *and the Authority* regarding programs in this State for public health dental hygiene; and

(2) If he or she holds a license to practice dental hygiene issued pursuant to chapter 631 of NRS with a special endorsement issued pursuant to NRS 631.287, perform any acts authorized pursuant to NRS 631.287.

3. The ~~{Department}~~ *Authority* may solicit and accept gifts and grants to pay the costs associated with the position of State Public Health Dental Hygienist.

Sec. 149. NRS 439.2791 is hereby amended to read as follows:

439.2791 There is hereby established within the ~~{Department}~~ *Authority* the State Program for Oral Health to increase public knowledge and raise public awareness of the importance of oral health and to educate the residents of this State on matters relating to oral health, including, without limitation:

1. Proper oral hygiene;
2. The factors that increase the risk of a person developing oral diseases; and
3. The prevention and treatment of oral diseases.

Sec. 150. NRS 439.2792 is hereby amended to read as follows:

439.2792 1. There is hereby created within the ~~{Department}~~ *Authority* the Advisory Committee on the State Program for Oral Health to advise and make recommendations to the ~~{Department}~~ *Authority* concerning the Program.

2. The Director *of the Authority* shall appoint to the Advisory Committee 13 members, including, without limitation, one or more persons who are representatives of:

- (a) Public health care professionals and educators;
- (b) Providers of oral health care;



(c) Persons knowledgeable in promoting and educating the public on oral health issues; and

(d) National dental and other oral health organizations and their local or state chapters.

3. After the initial terms, the members of the Advisory Committee serve terms of 2 years commencing on July 1. A member may be reappointed.

4. Members of the Advisory Committee serve without compensation, except that each member is entitled, while engaged in the business of the Advisory Committee, to the per diem allowance and travel expenses provided for state officers and employees generally.

5. Any member of the Advisory Committee who is a public employee must be granted administrative leave from his or her duties to engage in the business of the Advisory Committee without loss of his or her regular compensation. Such leave does not reduce the amount of the member's other accrued leave.

6. A majority of the members of the Advisory Committee constitutes a quorum for the transaction of business, and a majority of a quorum present at any meeting is sufficient for any official action taken by the Advisory Committee.

7. The Advisory Committee shall:

(a) At its first meeting and annually thereafter, elect a Chair from among its members;

(b) Meet at the call of the Director ~~H~~ *of the Authority*, the Chair or a majority of its members as necessary and within the budget of the Advisory Committee; and

(c) On or before July 1 of each year, submit a written report to the Director *of the Authority* summarizing the activities of the Advisory Committee and any recommendations of the Advisory Committee.

Sec. 151. NRS 439.2793 is hereby amended to read as follows:

439.2793 To carry out the provisions of NRS 439.271 to 439.2794, inclusive, the ~~Department~~ *Authority* shall, with advice and recommendations of the Advisory Committee:

1. Establish a solid scientific database of the most current information on the importance of oral health, using information obtained through surveillance, epidemiology and research related to oral health;

2. Provide educational materials and information on research concerning matters relating to oral health to health care professionals, providers of oral health care and the public, including, without limitation, materials and information concerning programs and



services available to the public and strategies for the prevention of oral diseases;

3. Coordinate the establishment of regional coalitions to support the efforts of the Program;

4. Increase public awareness about the prevention, detection and treatment of oral diseases among state and local governmental officials who are responsible for matters relating to oral health, health care professionals, providers of oral health care and policymakers;

5. Coordinate state and local programs and services to ensure that the public has adequate access to dental services;

6. Work with other governmental agencies, national health organizations and their local and state chapters, community and business leaders, community organizations and providers of oral health care to:

(a) Coordinate the work of the Program with the work of those agencies, organizations and persons; and

(b) Maximize the resources of state and local governments in the efforts to educate the public about the importance of oral health, including, without limitation, the prevention and detection of oral diseases and proper oral hygiene;

7. Develop and carry out public awareness and media campaigns in each county, targeting groups of persons who are considered at risk for developing oral diseases;

8. Evaluate the need to improve the quality and accessibility of dental services that exist in communities in this State; and

9. Develop and coordinate, in cooperation with the Department of Education, recommendations for dental programs to encourage proper oral hygiene by children.

Sec. 152. NRS 439.2794 is hereby amended to read as follows: 439.2794 1. The ~~Department~~ **Authority** may:

(a) Enter into contracts for any services necessary to carry out or assist the ~~Department~~ **Authority** 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

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



2. Any money that is accepted by the ~~{Department}~~ *Authority* pursuant to subsection 1 must be deposited in the State Treasury and accounted for separately in the State General Fund.

3. The Director *of the Authority* shall administer the account created pursuant to subsection 2. Money in the account does not lapse to the State General Fund at the end of the fiscal year. The interest and 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.

Sec. 153. NRS 439.4905 is hereby amended to read as follows:

439.4905 1. Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the Division, in an amount determined by the Division, for the costs of services provided in that county by the Division or by the Chief Medical Officer, including, without limitation, services provided pursuant to this chapter and chapters 441A ~~{, 444, 446}~~ and 583 of NRS and the regulations adopted pursuant to those chapters, regardless of whether the county has a local health authority.

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

3. A county may submit a proposal to the Governor for the county to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and chapters 441A ~~{, 444, 446}~~ and 583 of NRS and the regulations adopted pursuant to those chapters. If the Governor approves the proposal, the Governor shall submit a recommendation to the Interim Finance Committee to exempt the county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to approve the exemption, the Interim Finance Committee shall consider, among other things, the best interests of the State, the effect of the exemption and the intent of the Legislature in requiring 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.

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and chapters 441A ~~{, 444, 446}~~ and 583 of NRS and the regulations



adopted pursuant to those chapters shall carry out those services in the manner set forth in those chapters and regulations.

6. The Division may adopt such regulations as necessary to carry out the provisions of this section.

Sec. 154. NRS 439.580 is hereby amended to read as follows:

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

2. Except as otherwise provided in NRS 439.589, each person who violates any of the provisions of this chapter or refuses or neglects to obey any lawful order, rule or 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

(b) Director *of the Authority* adopted pursuant to NRS 439.581 to 439.597, inclusive,

↳ is guilty of a misdemeanor.

Sec. 155. NRS 439.587 is hereby amended to read as follows:

439.587 1. The Director *of the Authority* is the state authority for health information technology.

2. The Director *of the Authority* may establish or contract with one or more health information exchanges to be responsible for compiling statewide master indexes of patients, health care providers and payers. The Director *of the Authority* may by regulation prescribe the requirements for such a health information exchange, including, without limitation, the procedure by which any patient, health care provider or payer master index created pursuant to any contract is transferred to the State upon termination of the contract.

3. The Director *of the Authority* may enter into contracts, apply for and accept available gifts, grants and donations, and adopt such regulations as are necessary to carry out the provisions of NRS 439.581 to 439.597, inclusive.

Sec. 156. NRS 439.588 is hereby amended to read as follows:

439.588 1. A health information exchange shall not operate in this State without first obtaining certification as provided in subsection 2.

2. The Director *of the Authority* shall by regulation establish the manner in which a health information exchange may apply for certification and the requirements for granting such certification, which must include, without limitation, that the health information



exchange demonstrate its financial and operational sustainability, adherence to the privacy, security and patient consent standards adopted pursuant to NRS 439.589 and capacity for interoperability with any other health information exchange certified pursuant to this section.

3. The Director *of the Authority* may deny an application for certification or may suspend or revoke any certification issued pursuant to subsection 2 for failure to comply with the provisions of NRS 439.581 to 439.597, inclusive, or the regulations adopted pursuant thereto or any applicable federal or state law.

4. When the Director *of the Authority* intends to deny, suspend or revoke a certification, he or she shall give reasonable notice to all parties by certified mail. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. A health information exchange that wishes to contest the action of the Director *of the Authority* must file an appeal with the Director *of the Authority*.

5. The Director *of the Authority* shall adopt regulations establishing the manner in which a person may file a complaint with the Director *of the Authority* regarding a violation of the provisions of this section.

6. The Director *of the Authority* may impose an administrative fine against a health information exchange which operates in this State without holding a certification in an amount established by the Director *of the Authority* by regulation. The Director *of the Authority* shall afford a health information exchange so fined an opportunity for a hearing pursuant to the provisions of NRS 233B.121.

7. The Director *of the Authority* may adopt such regulations as he or she determines are necessary to carry out the provisions of this section.

Sec. 157. NRS 439.589 is hereby amended to read as follows:

439.589 1. The Director *of the Authority*, in consultation with health care providers, third parties and other interested persons and entities, shall by regulation prescribe a framework for the electronic maintenance, transmittal and exchange of electronic health records, prescriptions, health-related information and electronic signatures and requirements for electronic equivalents of written entries or written approvals in accordance with federal law. The regulations must:

(a) Establish standards for networks and technologies to be used to maintain, transmit and exchange health information, including, without limitation, standards:

(1) That require:



(I) The use of networks and technologies that allow patients to access electronic health records directly from the health care provider of the patient and forward such electronic health records electronically to other persons and entities; and

(II) The interoperability of such networks and technologies in accordance with the applicable standards for the interoperability of Qualified Health Information Networks prescribed by the Office of the National Coordinator for Health Information Technology of the United States Department of Health and Human Services;

(2) To ensure that electronic health records retained or shared are secure;

(3) To maintain the confidentiality of electronic health records and health-related information, including, without limitation, standards to maintain the confidentiality of electronic health records relating to a child who has received health care services without the consent of a parent or guardian and which ensure that a child's right to access such health care services is not impaired;

(4) To ensure the privacy of individually identifiable health information, including, without limitation, standards to ensure the privacy of information relating to a child who has received health care services without the consent of a parent or guardian;

(5) For obtaining consent from a patient before retrieving the patient's health records from a health information exchange, including, without limitation, standards for obtaining such consent from a child who has received health care services without the consent of a parent or guardian;

(6) For making any necessary corrections to information or records;

(7) For notifying a patient if the confidentiality of information contained in an electronic health record of the patient is breached;

(8) Governing the ownership, management and use of electronic health records, health-related information and related data; and

(9) For the electronic transmission of prior authorizations for prescription medication;

(b) Ensure compliance with the requirements, specifications and protocols for exchanging, securing and disclosing electronic health records, health-related information and related data prescribed pursuant to the provisions of the Health Information Technology for Economic and Clinical Health Act, 42 U.S.C. §§ 300jj et seq. and 17901 et seq., the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and other applicable federal and state law; and



(c) Be based on nationally recognized best practices for maintaining, transmitting and exchanging health information electronically.

2. The standards prescribed pursuant to this section must include, without limitation:

(a) Requirements for the creation, maintenance and transmittal of electronic health records;

(b) Requirements for protecting confidentiality, including control over, access to and the collection, organization and maintenance of electronic health records, health-related information and individually identifiable health information;

(c) Requirements for the manner in which a patient may, through a health care provider who participates in the sharing of health records using a health information exchange, revoke his or her consent for a health care provider to retrieve the patient's health records from the health information exchange;

(d) A secure and traceable electronic audit system for identifying access points and trails to electronic health records and health information exchanges; and

(e) Any other requirements necessary to comply with all applicable federal laws relating to electronic health records, health-related information, health information exchanges and the security and confidentiality of such records and exchanges.

3. The regulations adopted pursuant to this section must not require any person or entity to use a health information exchange.

4. Except as otherwise provided in subsections 5, 6 and 7, the Department and the divisions thereof, *the Authority and the divisions thereof*, other state and local governmental entities, health care providers, third parties, pharmacy benefit managers and other entities licensed or certified pursuant to title 57 of NRS shall maintain, transmit and exchange health information in accordance with the regulations adopted pursuant to this section, the provisions of NRS 439.581 to 439.597, inclusive, and any other regulations adopted pursuant thereto.

5. The Federal Government and employees thereof, a provider of health coverage for federal employees, a provider of health coverage that is subject to the Employee Retirement Income Security Act of 1974, 29 U.S.C. §§ 1001 et seq., or a Taft-Hartley trust formed pursuant to 29 U.S.C. § 186(c)(5) is not required to but may maintain, transmit and exchange electronic information in accordance with the regulations adopted pursuant to this section.

6. A health care provider may apply to the ~~Department~~ *Authority* for a waiver from the provisions of subsection 4 on the



basis that the health care provider does not have the infrastructure necessary to comply with those provisions, including, without limitation, because the health care provider does not have access to the Internet. The ~~{Department}~~ Authority shall grant a waiver if it determines that:

(a) The health care provider does not currently have the infrastructure necessary to comply with the provisions of subsection 4; and

(b) Obtaining such infrastructure is not reasonably practicable, including, without limitation, because the cost of such infrastructure would make it difficult for the health care provider to continue to operate.

7. The provisions of subsection 4 do not apply to the Department of Corrections.

8. A violation of the provisions of this section or any regulations adopted pursuant thereto is not a misdemeanor.

9. As used in this section:

(a) “Pharmacy benefit manager” has the meaning ascribed to it in NRS 683A.174.

(b) “Third party” means any insurer, governmental entity or other organization providing health coverage or benefits in accordance with state or federal law.

Sec. 158. NRS 439.5895 is hereby amended to read as follows:

439.5895 1. The ~~{Department}~~ Authority shall notify each regulatory body of this State that has issued a current, valid license to a licensed provider or insurer if:

(a) The ~~{Department}~~ Authority determines that the licensed provider or insurer is not in compliance with the requirements of subsection 4 of NRS 439.589; and

(b) The licensed provider or insurer:

(1) Is not exempt from those requirements pursuant to subsection 5 of NRS 439.589; and

(2) Has not received a waiver of those requirements pursuant to subsection 6 of NRS 439.589.

2. If the ~~{Department}~~ Authority determines that a licensed provider or insurer for which notice was previously provided pursuant to subsection 1 has come into compliance with the requirements of subsection 4 of NRS 439.589, the ~~{Department}~~ Authority shall immediately notify the regulatory body that issued the license.

3. As used in this section:

(a) “License” means any license, certificate, registration, permit or similar type of authorization to practice an occupation or



profession or engage in a business in this State issued to a licensed provider or insurer.

(b) “Licensed provider or insurer” means:

(1) A medical facility licensed pursuant to chapter 449 of NRS;

(2) The holder of a permit to operate an ambulance, an air ambulance or a vehicle of a fire-fighting agency pursuant to chapter 450B of NRS;

(3) A provider of health care, as defined in NRS 629.031, who is licensed pursuant to title 54 of NRS; or

(4) Any person licensed pursuant to title 57 of NRS.

(c) “Regulatory body” means any governmental entity that issues a license.

Sec. 159. NRS 439.590 is hereby amended to read as follows:

439.590 1. Except as otherwise authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, a person shall not use, release or publish:

(a) Individually identifiable health information from an electronic health record or a health information exchange for a purpose unrelated to the treatment, care, well-being or billing of the person who is the subject of the information; or

(b) Any information contained in an electronic health record or retained by or retrieved from a health information exchange for a marketing purpose.

2. Individually identifiable health information obtained from an electronic health record or a health information exchange concerning health care services received by a child without the consent of a parent or guardian of the child must not be disclosed to the parent or guardian of the child without the consent of the child which is obtained in the manner established pursuant to NRS 439.589.

3. A person who accesses an electronic health record or a health information exchange without authority to do so is guilty of a misdemeanor and liable for any damages to any person that result from the unauthorized access.

4. The Director *of the Authority* shall adopt regulations establishing the manner in which a person may file a complaint with the Director *of the Authority* regarding a violation of the provisions of this section. The Director *of the Authority* shall also post on the Internet website of the ~~[Department]~~ *Authority* and publish in any other manner the Director *of the Authority* deems necessary and appropriate information concerning the manner in which to file a complaint with the Director *of the Authority* and the manner in which



to file a complaint of a violation of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

Sec. 160. NRS 439.591 is hereby amended to read as follows:

439.591 1. Except as otherwise provided in subsection 2 of NRS 439.597, a patient must not be required to participate in a health information exchange. Before a patient's health care records may be retrieved from a health information exchange, the patient must be fully informed and affirmatively consent, in the manner prescribed by the Director *of the Authority*. It is the public policy of this State that, except as otherwise provided in NRS 439.597, a patient's health care records must not be retrieved from a health information exchange unless the patient provides such affirmative consent.

2. A patient must be notified in the manner prescribed by the Director *of the Authority* of any breach of the confidentiality of electronic health records of the patient or a health information exchange.

3. A patient who consents to the retrieval of his or her electronic health record from a health information exchange may at any time request that a health care provider access and provide the patient with his or her electronic health record in accordance with the provisions of 45 C.F.R. § 164.524.

Sec. 161. NRS 439.803 is hereby amended to read as follows:

439.803 "Health facility" means:

1. Any facility licensed by the *Health Care Purchasing and Compliance* Division pursuant to chapter 449 of NRS; and

2. A home operated by a provider of community-based living arrangement services, as defined in NRS 449.0026.

Sec. 162. NRS 439.835 is hereby amended to read as follows:

439.835 1. Except as otherwise provided in subsection 2:

(a) A person who is employed by a health facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the health facility, notify the patient safety officer of the facility of the sentinel event; and

(b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description of the sentinel event to:

(1) The *Health Care Purchasing and Compliance* Division; and

(2) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

2. If the patient safety officer of a health facility personally discovers or becomes aware, in the absence of notification by another employee, of a sentinel event that occurred at the health facility, the



patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description of the sentinel event to:

- (a) The *Health Care Purchasing and Compliance* Division; and
- (b) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

3. The State Board of Health shall prescribe the manner in which reports of sentinel events must be made pursuant to this section.

Sec. 163. NRS 439.840 is hereby amended to read as follows:

439.840 1. The *Health Care Purchasing and Compliance* Division shall:

(a) Collect and maintain reports received pursuant to NRS 439.835 and 439.843 and any additional information requested by the *Health Care Purchasing and Compliance* Division pursuant to NRS 439.841;

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access;

(c) Annually prepare a report of sentinel events reported pursuant to NRS 439.835 by a health facility, including, without limitation, the type of event, the number of events, the rate of occurrence of events, and the health facility which reported the event, and provide the report for inclusion on the Internet website maintained *by the Authority* pursuant to NRS 439A.270; and

(d) Annually prepare a summary of the reports received pursuant to NRS 439.835 and provide a summary for inclusion on the Internet website maintained *by the Authority* pursuant to NRS 439A.270. The *Health Care Purchasing and Compliance* Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the health facility identified in the reports submitted pursuant to NRS 439.835 when preparing the annual summary pursuant to this paragraph.

2. Except as otherwise provided in this section and NRS 239.0115, reports received pursuant to NRS 439.835 and subsection 1 of NRS 439.843 and any additional information requested by the *Health Care Purchasing and Compliance* Division pursuant to NRS 439.841 are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

3. The report prepared pursuant to paragraph (c) of subsection 1 must provide to the public information concerning each health facility which ~~[provided medical services and care in]~~ *reported a sentinel event during* the immediately preceding calendar year and must:



(a) Be presented in a manner that allows a person to view and compare the information for the health facilities;

(b) Be readily accessible and understandable by a member of the general public;

(c) Use standard statistical methodology, including without limitation, risk-adjusted methodology when applicable, and include the description of the methodology and data limitations contained in the report;

(d) Not identify a patient, provider of health care or other member of the staff of the health facility; and

(e) Not be reported for a health facility if reporting the data would risk identifying a patient.

Sec. 164. NRS 439.841 is hereby amended to read as follows:

439.841 1. Upon receipt of a report pursuant to NRS 439.835, the *Health Care Purchasing and Compliance* Division may, as often as deemed necessary by the Administrator *of the Health Care Purchasing and Compliance Division* to protect the health and safety of the public, request additional information regarding the sentinel event or conduct an audit or investigation of the health facility.

2. A health facility shall provide to the *Health Care Purchasing and Compliance* Division any information requested in furtherance of a request for information, an audit or an investigation pursuant to this section.

3. If the *Health Care Purchasing and Compliance* Division conducts an audit or investigation pursuant to this section, the *Health Care Purchasing and Compliance* Division shall, within 30 days after completing such an audit or investigation, report its findings to the State Board of Health.

4. A health facility which is audited or investigated pursuant to this section shall pay to the *Health Care Purchasing and Compliance* Division the actual cost of conducting the audit or investigation.

Sec. 165. NRS 439.843 is hereby amended to read as follows:

439.843 1. On or before March 1 of each year, each health facility shall provide to the *Health Care Purchasing and Compliance* Division, in the form prescribed by the State Board of Health, a summary of the reports submitted by the health facility pursuant to NRS 439.835 during the immediately preceding calendar year. The summary must include, without limitation:

(a) The total number and types of sentinel events reported by the health facility, if any;

(b) For a medical facility:



(1) A copy of the most current patient safety plan established pursuant to NRS 439.865; and

(2) A summary of the membership and activities of the patient safety committee established pursuant to NRS 439.875; and

(c) Any other information required by the State Board of Health concerning the reports submitted by the health facility pursuant to NRS 439.835.

2. On or before June 1 of each year, the *Health Care Purchasing and Compliance* Division shall submit to the State Board of Health an annual summary of the reports and information received by the *Health Care Purchasing and Compliance* Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the health facility pursuant to NRS 439.835. The *Health Care Purchasing and Compliance* Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the health facility identified in the reports submitted pursuant to NRS 439.835 and any other identifying information of a person requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

3. The ~~[Department]~~ *Authority* shall post on the Internet website maintained pursuant to NRS 439A.270 or any other website maintained by the ~~[Department]~~ *Authority* a copy of the most current patient safety plan submitted by each health facility pursuant to subsection 1.

Sec. 166. NRS 439.845 is hereby amended to read as follows:

439.845 1. The *Health Care Purchasing and Compliance* Division shall analyze and report trends regarding sentinel events.

2. When the *Health Care Purchasing and Compliance* Division receives notice from a health facility that the health facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the *Health Care Purchasing and Compliance* Division shall:

(a) Make a record of the information;

(b) Ensure that the information is released in a manner so as not to reveal the identity of a specific patient, provider of health care or member of the staff of the facility; and

(c) At least quarterly, report its findings regarding the analysis of trends of sentinel events on the Internet website maintained *by the Authority* pursuant to NRS 439A.270.



Sec. 167. NRS 439.847 is hereby amended to read as follows:

439.847 1. Each medical facility and facility for skilled nursing which provided medical services and care to an average of 25 or more patients during each business day in the immediately preceding calendar year shall, within 120 days after becoming eligible, participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems. As part of that participation, the medical facility or facility for skilled nursing shall provide, at a minimum, the information required by the *Health Care Purchasing and Compliance* Division pursuant to this subsection. The *Health Care Purchasing and Compliance* Division shall by regulation prescribe the information which must be provided by a medical facility or facility for skilled nursing, including, without limitation, information relating to infections and procedures.

2. Each medical facility or facility for skilled nursing which provided medical services and care to an average of less than 25 patients during each business day in the immediately preceding calendar year may participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems.

3. A medical facility or facility for skilled nursing that participates in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion shall:

(a) Authorize the *Health Care Purchasing and Compliance* Division to access all information submitted to the system by:

(1) A medical facility, on or after October 15, 2010; and

(2) A facility for skilled nursing, on or after January 1, 2012; and

(b) Provide consent for the *Health Care Purchasing and Compliance* Division to prepare and post reports pursuant to paragraph (b) of subsection 4, including without limitation, permission to identify the medical facility or facility for skilled nursing that is the subject of each report:

(1) For a medical facility, on or after October 15, 2010; and

(2) For a facility for skilled nursing, on or after January 1, 2012.

4. The *Health Care Purchasing and Compliance* Division:



(a) Shall analyze the information submitted to the system by medical facilities and facilities for skilled nursing pursuant to this section and recommend regulations and legislation relating to the reporting required pursuant to NRS 439.800 to 439.890, inclusive.

(b) Shall annually prepare a report of the information submitted to the system by each medical facility and each facility for skilled nursing pursuant to this section and provide the reports for inclusion on the Internet website maintained *by the Authority* pursuant to NRS 439A.270. The information must be reported in a manner that allows a person to compare the information for the medical facilities and for the facilities for skilled nursing and expressed as a total number and a rate of occurrence.

(c) Shall enter into an agreement with the Division of Healthcare Quality Promotion to carry out the provisions of this section.

5. As used in this section, “facility for skilled nursing” has the meaning ascribed to it in NRS 449.0039.

Sec. 168. NRS 439.856 is hereby amended to read as follows:
439.856 1. A medical facility shall:

(a) Provide to each patient of the medical facility, upon admission of the patient, the general and facility-specific information relating to facility-acquired infections required by subsection 2.

(b) Post in publicly accessible areas of the medical facility information on reporting facility-acquired infections, including, without limitation, the contact information for making reports to the *Health Care Purchasing and Compliance* Division. Such information may be added to other required notices concerning the making of reports to the *Health Care Purchasing and Compliance* Division.

2. The information provided to each patient pursuant to paragraph (a) of subsection 1 must include, without limitation:

(a) The measures used by the medical facility for preventing infections, including facility-acquired infections;

(b) Information on determining whether a patient had an infection upon admission to the medical facility, risk factors for acquiring infections and determining whether an infection has been acquired;

(c) Information on preventing facility-acquired infections;

(d) Instructions for reporting facility-acquired infections, including, without limitation, the contact information for making reports to the *Health Care Purchasing and Compliance* Division; and

(e) Any other information that the medical facility deems necessary.



Sec. 169. NRS 439.873 is hereby amended to read as follows:

439.873 1. A medical facility shall designate an officer or employee of the facility to serve as the infection control officer of the medical facility.

2. The person who is designated as the infection control officer of a medical facility:

(a) Shall serve on the patient safety committee.

(b) Shall monitor the occurrences of infections at the medical facility to determine the number and severity of infections.

(c) Shall report to the patient safety committee concerning the number and severity of infections at the medical facility.

(d) Shall take such action as he or she determines is necessary to prevent and control infections alleged to have occurred at the medical facility.

(e) Shall carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.

3. If a medical facility has 175 or more beds, the person who is designated as the infection control officer of the medical facility must be certified as an infection preventionist by the Certification Board of Infection Control and Epidemiology, Inc., or a successor organization. A person may serve as the certified infection preventionist for more than one medical facility if the facilities have common ownership.

4. A medical facility that designates an infection control officer who is not a certified infection preventionist must ensure that the person has successfully completed a nationally recognized basic training program in infection control, which may include, without limitation, the program offered by the Association for Professionals in Infection Control and Epidemiology, Inc., or a successor organization. A medical facility shall ensure that an infection control officer completes at least 4 hours of continuing education each year on topics relating to current practices in infection control and prevention.

5. A medical facility shall ensure that it maintains a ratio of at least one employee who has the training described in subsection 4 for every 100 occupied beds. The number of beds must be determined based upon the most recent annual calendar-year average reported by the medical facility to the Director *of the Authority* pursuant to NRS 449.490 and the regulations adopted pursuant thereto.

6. A medical facility shall maintain records concerning the certification and training required by this section.



7. The *Health Care Purchasing and Compliance* Division shall provide education and technical assistance relating to infection control and prevention in medical facilities.

Sec. 170. NRS 439.875 is hereby amended to read as follows:

439.875 1. A medical facility shall establish a patient safety committee.

2. Except as otherwise provided in subsection 3:

(a) A patient safety committee established pursuant to subsection 1 must be composed of:

(1) The infection control officer of the medical facility.

(2) The patient safety officer of the medical facility, if he or she is not designated as the infection control officer of the medical facility.

(3) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.

(4) One member of the executive or governing body of the medical facility.

(b) A patient safety committee shall meet at least once each month.

3. The Administrator *of the Health Care Purchasing and Compliance Division* shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.

4. A patient safety committee shall:

(a) Receive reports from the patient safety officer pursuant to NRS 439.870.

(b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.

(c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.

(d) Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.

(e) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur at the medical facility.

(f) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:



(1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;

(2) The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and

(3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.

(g) Adopt patient safety checklists and patient safety policies as required by NRS 439.877, review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

5. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS 49.265.

Sec. 171. NRS 439.885 is hereby amended to read as follows:

439.885 1. If a health 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

(b) Of its own volition, reports the violation to the Administrator **of the Health Care Purchasing and Compliance Division**,
→ such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a health 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 **of the Health Care Purchasing and Compliance Division**, the **Health Care Purchasing and Compliance 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

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

3. Before the **Health Care Purchasing and Compliance Division** imposes an administrative sanction pursuant to subsection 2, the **Health Care Purchasing and Compliance Division** shall provide the health facility with reasonable notice. The notice must



contain the legal authority, jurisdiction and reasons for the action to be taken. If a health facility wants to contest the action, the facility may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the *Health Care Purchasing and Compliance* Division shall hold a 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 Care Purchasing and Compliance* Division to provide training and education to employees of the *Health Care Purchasing and Compliance* Division, employees of health facilities and members of the general public regarding issues relating to the provision of quality and safe health care.

Sec. 172. NRS 439.908 is hereby amended to read as follows:

439.908 1. The Patient Protection Commission is hereby created within the ~~{Office of the Director.}~~ *Consumer Health Division of the Authority*. The Commission consists of:

(a) The following 12 voting members appointed by *the Director of the Authority, subject to the approval of* the Governor:

(1) Two members who are persons with expertise and experience in advocating on behalf of patients.

(2) One member who is a provider of health care who operates a for-profit business to provide health care.

(3) One member who is a registered nurse who practices primarily at a nonprofit hospital.

(4) One member who is a physician or registered nurse who practices primarily at a federally-qualified health center, as defined in 42 U.S.C. § 1396d(1)(2)(B).

(5) One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.

(6) One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.

(7) One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.

(8) One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.



(9) One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.

(10) One member who is an employee or a consultant of the ~~{Department}~~ *Authority* with expertise in health information technology and patient access to medical records.

(11) One member who is a representative of the general public.

(b) The Director of the ~~{Department,}~~ *Authority*, the Commissioner of Insurance, the Executive Director of the Silver State Health Insurance Exchange and the Executive Officer of the Public Employees' Benefits Program or his or her designee as ex officio, nonvoting members.

2. The ~~{Governor}~~ *Director of the Authority* shall:

(a) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Majority Leader of the Senate;

(b) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Speaker of the Assembly; and

(c) Ensure that the members appointed by the ~~{Governor}~~ *Director of the Authority* to the Commission reflect the geographic diversity of this State.

3. Members of the Commission serve:

(a) At the pleasure of the ~~{Governor,}~~ *Director of the Authority*; and

(b) Without compensation or per diem but are entitled to receive reimbursement for travel expenses in the same amount provided for state officers and employees generally.

4. After the initial terms, the term of each voting member is 2 years, except that the ~~{Governor}~~ *Director of the Authority* may remove a voting member at any time and for any reason. A member may be reappointed.

5. If a vacancy occurs during the term of a voting member, the ~~{Governor}~~ *Director of the Authority* shall appoint a person similarly qualified to replace that member for the remainder of the unexpired term.

6. The ~~{Governor}~~ *Director of the Authority* shall annually designate a voting member to serve as the Chair of the Commission.

7. A majority of the voting members of the Commission constitutes a quorum for the transaction of business, and a majority of the members of a quorum present at any meeting is sufficient for any official action taken by the Commission.



8. The members of the Commission shall comply with the requirements of NRS 281A.420 applicable to public officers generally.

Sec. 173. NRS 439.914 is hereby amended to read as follows:

439.914 1. The ~~[Governor]~~ *Director of the Authority* shall, *subject to the approval of the Governor*, appoint the Executive Director of the Commission within the ~~[Office of the Governor.]~~ *Authority*. The Executive Director:

- (a) Must have experience in health care or health insurance;
- (b) Is in the unclassified service of the State; and
- (c) Serves at the pleasure of the ~~[Governor.]~~ *Director of the Authority*.

2. The Executive Director shall:

(a) Perform the administrative duties of the Commission and such other duties as are directed by the Commission ~~[H]~~ *and the Director of the Authority or his or her designee*; and

(b) To the extent that money is available for this purpose, appoint employees to assist the Executive Director in carrying out the duties prescribed in paragraph (a). Such employees serve at the pleasure of the Executive Director and are in the unclassified service of the State.

3. The Executive Director may request any information maintained by a state agency that is necessary for the performance of his or her duties, including, without limitation, information that is otherwise declared confidential by law. Except as otherwise provided in NRS 598A.110, to the extent authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, an agency from which such information is requested shall provide the information to the Executive Director.

4. The Executive Director:

(a) Shall maintain any information obtained pursuant to subsection 3 under the same conditions as the information is maintained by the agency that provided the information; and

(b) Except as otherwise provided in this paragraph, shall not disclose any confidential information obtained pursuant to subsection 3 to any other person or entity, including, without limitation, the Commission or a member thereof. The Executive Director may disclose or publish aggregated information in a manner that does not reveal the identity of any person.

Sec. 174. NRS 439.916 is hereby amended to read as follows:

439.916 1. The Commission shall systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care, including,



without limitation, prescription drugs, in this State. The review must include, without limitation:

(a) Comprehensively examining the system for regulating health care in this State, including, without limitation, the licensing and regulation of health care facilities and providers of health care and the role of professional licensing boards, commissions and other bodies established to regulate or evaluate policies related to health care.

(b) Identifying gaps and duplication in the roles of such boards, commissions and other bodies.

(c) Examining the cost of health care and the primary factors impacting those costs.

(d) Examining disparities in the quality and cost of health care between different groups, including, without limitation, minority groups and other distinct populations in this State.

(e) Reviewing the adequacy and types of providers of health care who participate in networks established by health carriers in this State and the geographic distribution of the providers of health care who participate in each such network.

(f) Reviewing the availability of health benefit plans, as defined in NRS 687B.470, in this State.

(g) Reviewing the effect of any changes to Medicaid, including, without limitation, the expansion of Medicaid pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, on the cost and availability of health care and health insurance in this State.

(h) If a data dashboard is established pursuant to NRS 439.245, using the data dashboard to review access by different groups and populations in this State to services provided through telehealth and evaluating policies to make such access more equitable.

(i) Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to health care in this State.

(j) Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State, including, without limitation:

(1) The use of purchasing pools to decrease the cost of health care;

(2) Increasing transparency concerning the cost or provision of health care;

(3) Regulatory measures designed to increase the accessibility and the quality of health care, regardless of geographic location or ability to pay;

(4) Facilitating access to data concerning insurance claims for medical services to assist in the development of public policies;



(5) Resolving problems relating to the billing of patients for medical services;

(6) Leveraging the expenditure of money by the Medicaid program and reimbursement rates under Medicaid to increase the quality and accessibility of health care for low-income persons; and

(7) Increasing access to health care for uninsured populations in this State, including, without limitation, retirees and children.

(k) Monitoring and evaluating proposed and enacted federal legislation and regulations and other proposed and actual changes to federal health care policy to determine the impact of such changes on the cost of health care in this State.

(l) Evaluating the degree to which the role, structure and duties of the Commission facilitate the oversight of the provision of health care in this State by the Commission and allow the Commission to perform activities necessary to promote the health care needs of residents of this State.

(m) Making recommendations to the Governor, the Legislature, the Department of ~~[Health and]~~ Human Services, *the Authority*, local health authorities and any other person or governmental entity to increase the quality, accessibility and affordability of health care in this State, including, without limitation, recommendations concerning the items described in this subsection.

2. The Commission may request that any state or local governmental entity submit not more than two reports each year containing or analyzing information that is not confidential by law concerning the cost of health care, consolidation among entities that provide or pay for health care or other issues related to access to health care. To the extent that a governmental entity from which such a report is requested has the resources to compile the report and the disclosure of the information requested is authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the governmental entity shall provide the report to the Executive Director of the Commission and submit a copy of the report to the Attorney General.

3. If a data dashboard is established pursuant to NRS 439.245, the Commission shall make available on an Internet website maintained by the Commission a hyperlink to the data dashboard.

4. As used in this section:

(a) “Health carrier” has the meaning ascribed to it in NRS 687B.625.

(b) “Network” has the meaning ascribed to it in NRS 687B.640.

(c) “Telehealth” has the meaning ascribed to it in NRS 629.515.



Sec. 175. NRS 439.918 is hereby amended to read as follows:
439.918 1. In addition to conducting the review described in NRS 439.916, the Commission shall:

(a) Attempt to identify and facilitate collaboration between existing state governmental entities that study or address issues relating to the quality, accessibility and affordability of health care in this State, including, without limitation, the regional behavioral health policy boards created by NRS 433.429;

(b) Attempt to coordinate with such entities to reduce any duplication of efforts among and between those entities and the Commission;

(c) Establish, submit to the Director *of the Authority* and annually update a plan to increase access by patients to their medical records and provide for the interoperability of medical records between providers of health care in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any other applicable federal law or regulations; and

(d) Make recommendations to the Director *of the Authority* and the Legislature concerning:

(1) The analysis and use of data to improve access to and the quality of health care in this State, including, without limitation, using data to establish priorities for addressing health care needs; and

(2) Ensuring that data concerning health care in this State is publicly available and transparent.

2. On or before January 1 and July 1 of each year, the Commission shall:

(a) Compile a report describing the meetings of the Commission and the activities of the Commission during the immediately preceding 6 months. The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.

(b) Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to:

(1) In January of odd-numbered years, the next regular session of the Legislature.

(2) In all other cases, to the Joint Interim Standing Committee on Health and Human Services.

3. Upon receiving a report pursuant to subsection 2, the Governor shall post the report on an Internet website maintained by the Governor.



4. The Commission may prepare and publish additional reports on specific topics at the direction of the Chair.

Sec. 175.3. NRS 439.942 is hereby amended to read as follows:

439.942 1. The Division may establish a secure Internet website which makes certain information available for *the Authority* *or* a website client to conduct an investigation into the background and personal history of a person that is required pursuant to the provisions of this chapter or chapter 62B, 63, 424, 427A, 432, 432A, 432B, 433, 433B, 435 or 449 of NRS.

2. To become a website client, a person or governmental entity must:

(a) Create an account on the Internet website;

(b) Comply with NRS 439.942 to 439.948, inclusive, and any regulations adopted pursuant thereto governing use of the Internet website; and

(c) Designate a website client administrator who is responsible for:

(1) Determining the persons who are authorized to use the Internet website;

(2) Providing the Division with the names of the persons who are authorized to use the Internet website;

(3) Ensuring that only those authorized persons have access to the Internet website; and

(4) Notifying the Division of any change in the persons who are authorized to use the Internet website.

3. Authorized employees of the Division and of the Department of Public Safety may be designated to serve as administrators of the Internet website with access to all the data and information on the Internet website.

4. Except as otherwise provided in this section and NRS 239.0115, information collected, maintained, stored, backed up or on file on the Internet website is confidential, not subject to subpoena or discovery and is not subject to inspection by the general public.

5. The Division shall ensure that any information collected, maintained and stored on the Internet website is protected adequately from fire, theft, loss, destruction, other hazards and unauthorized access, and is backed-up in a manner that ensures proper confidentiality and security.

6. The Internet website must be maintained in accordance with any requirements of the Office of the Chief Information Officer within the Office of the Governor established for use of the equipment or services of the Office pursuant to NRS 242.181.



Sec. 175.6. NRS 439.947 is hereby amended to read as follows:

439.947 1. When establishing permissions for a website client to access information on the Internet website established pursuant to NRS 439.942, the Division shall determine the information necessary for the website client to conduct an investigation into the background and personal history of a person and limit access to the website client to only the information necessary for that website client.

2. Information regarding a person whose background and personal history is investigated must not be shared with any other website client.

3. A person who is authorized to use the Internet website by the website client administrator pursuant to NRS 439.942 may be given permission to access any information deemed necessary pursuant to subsection 1.

4. The Authority or any division thereof may access information on the Internet website established pursuant to NRS 439.942 without restriction, without becoming a website client pursuant to NRS 439.942 and without paying any fee imposed pursuant to NRS 439.948.

Sec. 176. Chapter 439A of NRS is hereby amended by adding thereto a new section to read as follows:

“Authority” means the Nevada Health Authority.

Sec. 177. NRS 439A.010 is hereby amended to read as follows:

439A.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 439A.012 to 439A.0195, inclusive, *and section 176 of this act* have the meanings ascribed to them in those sections.

Sec. 178. NRS 439A.100 is hereby amended to read as follows:

439A.100 1. Except as otherwise provided in this section, in a county whose population is less than 100,000, or in an incorporated city or unincorporated town whose population is less than 25,000 that is located in a county whose population is 100,000 or more, no person may undertake any proposed expenditure for new construction by or on behalf of a health facility in excess of the greater of \$2,000,000 or such an amount as the ~~{Department}~~ *Authority* may specify by regulation, which under generally accepted accounting principles consistently applied is a capital expenditure, without first applying for and obtaining the written approval of the Director. The *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department}~~ *the Authority* shall not issue a new license or alter an existing license for such a project unless the Director has issued such an approval.

2. The provisions of subsection 1 do not apply to:



- (a) Any capital expenditure for:
 - (1) The acquisition of land;
 - (2) The construction of a facility for parking;
 - (3) The maintenance of a health facility;
 - (4) The renovation of a health facility to comply with standards for safety, licensure, certification or accreditation;
 - (5) The installation of a system to conserve energy;
 - (6) The installation of a system for data processing or communication; or
 - (7) Any other project which, in the opinion of the Director, does not relate directly to the provision of any health service;
 - (b) Any project for the development of a health facility that has received legislative approval and authorization; or
 - (c) A project for the construction of a hospital in an unincorporated town if:
 - (1) The population of the unincorporated town is more than 24,000;
 - (2) No other hospital exists in the town;
 - (3) No other hospital has been approved for construction or qualified for an exemption from approval for construction in the town pursuant to this section; and
 - (4) The unincorporated town is at least a 45-minute drive from the nearest center for the treatment of trauma that is ~~licensed~~ *approved* by the *Administrator of the* Division of Public and Behavioral Health of the Department ~~is~~ *pursuant to NRS 450B.236.*
- ➡ Upon determining that a project satisfies the requirements for an exemption pursuant to this subsection, the Director shall issue a certificate which states that the project is exempt from the requirements of this section.
3. In reviewing an application for approval, the Director shall:
- (a) Comparatively assess applications for similar projects affecting the same geographic area; and
 - (b) Base his or her decision on criteria established by the Director by regulation. The criteria must include:
 - (1) The need for and the appropriateness of the project in the area to be served;
 - (2) The financial feasibility of the project;
 - (3) The effect of the project on the cost of health care; and
 - (4) The extent to which the project is consistent with the purposes set forth in NRS 439A.020 and the priorities set forth in NRS 439A.081, including, without limitation:
 - (I) The impact of the project on other health care facilities;



(II) The need for any equipment that the project proposes to add, the manner in which such equipment will improve the quality of health care and any protocols provided in the project for avoiding repetitive testing;

(III) The impact of the project on disparate health outcomes for different populations in the area that will be served by the project;

(IV) The manner in which the project will expand, promote or enhance the capacity to provide primary health care in the area that will be served by the project;

(V) Any plan by the applicant to collect and analyze data concerning the effect of the project on health care quality and patient outcomes in the area served by the project;

(VI) Any plan by the applicant for controlling the spread of infectious diseases; and

(VII) The manner in which the applicant will coordinate with and support existing health facilities and practitioners, including, without limitation, mental health facilities, programs for the treatment and prevention of substance use disorders and providers of nursing services.

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

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

6. As used in this section, “hospital” has the meaning ascribed to it in NRS 449.012.

Sec. 179. NRS 439A.102 is hereby amended to read as follows:

439A.102 1. Except as otherwise provided in this section, no person may close a hospital in a county whose population is 100,000 or more or convert a hospital in such a county into a different type of health facility without first applying for and obtaining the written approval of the Director or the designee of the Director. The **Health Care Purchasing and Compliance** Division of ~~[Public and Behavioral Health of the Department]~~ **the Authority** shall not issue a new license or alter an existing license for conversion to a different type of health facility unless the Director or the designee of the Director has issued such an approval.

2. The Director may adopt regulations which prescribe the process to apply for written approval pursuant to this section.

3. An applicant must provide any information requested by the Director or the designee of the Director for consideration of an



application, which must include, without limitation, information related to:

- (a) The location of the hospital;
- (b) The ownership structure of the hospital;
- (c) Whether the closure or conversion is likely to benefit any other health facility in the same geographic area as the hospital in which any person with an ownership interest in the hospital also has an ownership interest;
- (d) An explanation of the need for the closure or conversion;
- (e) Data regarding the population served by the hospital in the 24 months immediately preceding the application; and
- (f) The manner in which and the locations where the population served by the hospital will be able to obtain the health services that were provided by the hospital during the 24 months following the closure or conversion of the hospital.

4. The Director or the designee of the Director shall not approve an application submitted pursuant to subsection 1 without considering the information required to be submitted pursuant to subsection 3.

5. The decision of the Director or the designee of the Director pursuant to this section is a final decision for the purposes of judicial review.

6. The provisions of this section do not apply to any person who ceases to operate hospitals in this State.

Sec. 180. NRS 439A.220 is hereby amended to read as follows:

439A.220 1. The ~~Department~~ **Authority** shall establish and maintain a program to increase public awareness of health care information concerning the hospitals in this State. The program must be designed to assist consumers with comparing the quality of care provided by the hospitals in this State and the charges for that care.

2. The program must include, without limitation, the collection, maintenance and provision of information concerning:

(a) Inpatients and outpatients of each hospital in this State as reported in the forms submitted pursuant to NRS 449.485;

(b) The quality of care provided by each hospital in this State as determined by applying measures of quality endorsed by the entities described in subparagraph (1) of paragraph (b) of subsection 1 of NRS 439A.230, expressed as a number of events and rate of occurrence, if such measures can be applied to the information reported in the forms submitted pursuant to NRS 449.485;

(c) How consistently each hospital follows recognized practices to prevent the infection of patients, to speed the recovery of patients and to avoid medical complications of patients;



(d) For each hospital, the total number of patients discharged, the average length of stay and the average billed charges, reported by diagnosis-related groups for inpatients and for the 50 medical treatments for outpatients that the ~~Department~~ Authority determines are most useful for consumers;

(e) The total number of patients discharged from the hospital and the total number of potentially preventable readmissions, which must be expressed as a total number and a rate of occurrence of potentially preventable readmissions, and the average length of stay and the average billed charges for those potentially preventable readmissions;

(f) To the extent that money is available for that purpose, for each hospital, the name of each physician who performed a surgical procedure in the hospital and the total number of surgical procedures performed by the physician, reported by diagnosis-related group if the information is available and by principal diagnosis, principal surgical procedure and secondary surgical procedure; and

(g) Any other information relating to the charges imposed and the quality of the services provided by the hospitals in this State which the ~~Department~~ Authority determines is:

- (1) Useful to consumers;
- (2) Nationally recognized; and
- (3) Reported in a standard and reliable manner.

3. As used in this section, “diagnosis-related group” means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

Sec. 181. NRS 439A.230 is hereby amended to read as follows:
439A.230 1. The ~~Department~~ Authority shall, by regulation:

(a) Prescribe the information that each hospital in this State must submit to the ~~Department~~ Authority for the program established pursuant to NRS 439A.220.

(b) Prescribe the measures of quality for hospitals that are required pursuant to paragraph (b) of subsection 2 of NRS 439A.220. In adopting the regulations, the ~~Department~~ Authority shall:

(1) Use the measures of quality endorsed by the Agency for Healthcare Research and Quality, the National Quality Forum, Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, a quality improvement organization of the Centers for Medicare and Medicaid Services and the Joint Commission;

(2) Prescribe a reasonable number of measures of quality which must not be unduly burdensome on the hospitals; and



(3) Take into consideration the financial burden placed on the hospitals to comply with the regulations.

→ The measures prescribed pursuant to this paragraph must report health outcomes of hospitals, which do not necessarily correlate with the inpatient diagnosis-related groups or the outpatient treatments that are posted on the Internet website pursuant to NRS 439A.270.

(c) Prescribe the manner in which a hospital must determine whether the readmission of a patient must be reported pursuant to NRS 439A.220 as a potentially preventable readmission and the form for submission of such information.

(d) Require each hospital to:

(1) Provide the information prescribed in paragraphs (a), (b) and (c) in the format required by the ~~[Department]~~ *Authority*; and

(2) Report the information separately for inpatients and outpatients.

2. The information required pursuant to this section and NRS 439A.220 must be submitted to the ~~[Department]~~ *Authority* not later than 45 days after the last day of each calendar month.

3. If a hospital fails to submit the information required pursuant to this section or NRS 439A.220 or submits information that is incomplete or inaccurate, the ~~[Department]~~ *Authority* shall send a notice of such failure to the hospital and to the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department.]~~ *the Authority*.

Sec. 182. NRS 439A.240 is hereby amended to read as follows:

439A.240 1. The ~~[Department]~~ *Authority* shall establish and maintain a program to increase public awareness of health care information concerning the surgical centers for ambulatory patients in this State. The program must be designed to assist consumers with comparing the quality of care provided by the surgical centers for ambulatory patients in this State and the charges for that care.

2. The program must include, without limitation, the collection, maintenance and provision of information concerning:

(a) The charges imposed on outpatients by each surgical center for ambulatory patients in this State as reported in the forms submitted pursuant to NRS 439A.250;

(b) The quality of care provided by each surgical center for ambulatory patients in this State as determined by applying uniform measures of quality prescribed by the ~~[Department]~~ *Authority* pursuant to NRS 439A.250;

(c) How consistently each surgical center for ambulatory patients follows recognized practices to prevent the infection of patients, to



speed the recovery of patients and to avoid medical complications of patients;

(d) For each surgical center for ambulatory patients, the total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the ~~{Department}~~ Authority determines are most useful for consumers;

(e) To the extent that money is available for that purpose, for each surgical center for ambulatory patients, the name of each physician who performed a surgical procedure in the surgical center for ambulatory patients and the total number of surgical procedures performed by the physician, reported by type of medical treatment, principal diagnosis and, if the information is available, by principal surgical procedure and secondary surgical procedure; and

(f) Any other information relating to the charges imposed and the quality of the services provided by the surgical centers for ambulatory patients in this State which the ~~{Department}~~ Authority determines is:

- (1) Useful to consumers;
- (2) Nationally recognized; and
- (3) Reported in a standard and reliable manner.

Sec. 183. NRS 439A.250 is hereby amended to read as follows:
439A.250 1. The ~~{Department}~~ Authority shall, by regulation:

(a) Prescribe the information that each surgical center for ambulatory patients in this State must submit to the ~~{Department}~~ Authority for the program as set forth in NRS 439A.240 and the form for submission of such information.

(b) Prescribe the measures of quality for surgical centers for ambulatory patients that are required pursuant to paragraph (b) of subsection 2 of NRS 439A.240. In adopting the regulations, the ~~{Department}~~ Authority shall:

(1) Use measures of quality which are substantially similar to those required pursuant to subparagraph (1) of paragraph (b) of subsection 1 of NRS 439A.230;

(2) Prescribe a reasonable number of measures of quality which must not be unduly burdensome on the surgical centers for ambulatory patients; and

(3) Take into consideration the financial burden placed on the surgical centers for ambulatory patients to comply with the regulations.

↪ The measures prescribed pursuant to this paragraph must report health outcomes of surgical centers for ambulatory patients, which do not necessarily correlate with the outpatient treatments posted on the Internet website pursuant to NRS 439A.270.



(c) Require each surgical center for ambulatory patients to provide the information prescribed in paragraphs (a) and (b) in the format required by the ~~{Department}~~ Authority.

(d) Prescribe which surgical centers for ambulatory patients in this State must participate in the program established pursuant to NRS 439A.240.

2. The information required pursuant to this section and NRS 439A.240 must be submitted to the ~~{Department}~~ Authority not later than 45 days after the last day of each calendar month.

3. If a surgical center for ambulatory patients fails to submit the information required pursuant to this section or NRS 439A.240 or submits information that is incomplete or inaccurate, the ~~{Department}~~ Authority shall send a notice of such failure to the surgical center for ambulatory patients and to the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department}~~ the Authority.

Sec. 184. NRS 439A.260 is hereby amended to read as follows:

439A.260 1. The ~~{Department}~~ Authority shall collect and maintain all information that it receives from the hospitals and surgical centers for ambulatory patients in this State pursuant to NRS 439A.220 to 439A.250, inclusive. Upon request, the ~~{Department}~~ Authority shall make a summary of the information available to:

- (a) Consumers of health care;
- (b) Providers of health care;
- (c) Representatives of the health insurance industry; and
- (d) The general public.

2. The ~~{Department}~~ Authority shall ensure that the information it provides pursuant to this section is aggregated so as not to reveal the identity of a specific inpatient or outpatient of a hospital or of a surgical center for ambulatory patients.

Sec. 185. NRS 439A.270 is hereby amended to read as follows:

439A.270 1. The ~~{Department}~~ Authority shall establish and maintain an Internet website that includes the information concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State as required by the programs established pursuant to NRS 439A.220 and 439A.240. The information must:

(a) Include, for each hospital in this State, the:

(1) Total number of patients discharged, the average length of stay and the average billed charges, reported for the diagnosis-related groups for inpatients and the 50 medical treatments for outpatients that the ~~{Department}~~ Authority determines are most useful for consumers;



(2) Total number of potentially preventable readmissions reported pursuant to NRS 439A.220, the rate of occurrence of potentially preventable readmissions, and the average length of stay and average billed charges of those potentially preventable readmissions, reported by the diagnosis-related group for inpatients for which the patient originally received treatment at a hospital; and

(3) Name of each physician who performed a surgical procedure in the hospital and the total number of surgical procedures performed by each physician in the hospital, reported for the most frequent surgical procedures that the ~~{Department}~~ Authority determines are most useful for consumers if the information is available;

(b) Include, for each surgical center for ambulatory patients in this State, the:

(1) Total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the ~~{Department}~~ Authority determines are most useful for consumers; and

(2) Name of each physician who performed a surgical procedure in the surgical center for ambulatory patients and the total number of surgical procedures performed by each physician in the surgical center for ambulatory patients, reported for the most frequent surgical procedures that the ~~{Department}~~ Authority determines are most useful for consumers;

(c) Be presented in a manner that allows a person to view and compare the information for the hospitals by:

- (1) Geographic location of each hospital;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;

(d) Be presented in a manner that allows a person to view and compare the information for the surgical centers for ambulatory patients by:

- (1) Geographic location of each surgical center for ambulatory patients;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;

(e) Be presented in a manner that allows a person to view and compare the information separately for:

- (1) The inpatients and outpatients of each hospital; and
- (2) The outpatients of each surgical center for ambulatory patients;

(f) Be readily accessible and understandable by a member of the general public;



(g) Include the annual summary of reports of sentinel events prepared for each health facility pursuant to paragraph (c) of subsection 1 of NRS 439.840;

(h) Include the annual summary of reports of sentinel events prepared pursuant to paragraph (d) of subsection 1 of NRS 439.840;

(i) Include the reports of information prepared for each medical facility pursuant to paragraph (b) of subsection 4 of NRS 439.847;

(j) Include a link to electronic copies of all reports, summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive;

(k) Include, for each hospital with 100 or more beds, a summary of financial information which is readily understandable by a member of the general public and which includes, without limitation, a summary of:

(1) The expenses of the hospital which are attributable to providing community benefits and in-kind services as reported pursuant to NRS 449.490;

(2) The capital improvement report submitted to the ~~Department~~ Authority pursuant to NRS 449.490;

(3) The net income of the hospital;

(4) The net income of the consolidated corporation, if the hospital is owned by such a corporation and if that information is publicly available;

(5) The operating margin of the hospital;

(6) The ratio of the cost of providing care to patients covered by Medicare to the charges for such care;

(7) The ratio of the total costs to charges of the hospital; and

(8) The average daily occupancy of the hospital; and

(l) Provide any other information relating to the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the ~~Department~~ Authority determines is:

(1) Useful to consumers;

(2) Nationally recognized; and

(3) Reported in a standard and reliable manner.

2. The ~~Department~~ Authority shall:

(a) Publicize the availability of the Internet website;

(b) Update the information contained on the Internet website at least quarterly;

(c) Ensure that the information contained on the Internet website is accurate and reliable;

(d) Ensure that the information reported by a hospital or surgical center for ambulatory patients for inpatients and outpatients which is



contained on the Internet website is expressed as a total number and as a rate, and must be reported in a manner so as not to reveal the identity of a specific inpatient or outpatient of a hospital or surgical center for ambulatory patients;

(e) Post a disclaimer on the Internet website indicating that the information contained on the website is provided to assist with the comparison of hospitals and is not a guarantee by the ~~{Department}~~ Authority or its employees as to the charges imposed by the hospitals in this State or the quality of the services provided by the hospitals in this State, including, without limitation, an explanation that the actual amount charged to a person by a particular hospital may not be the same charge as posted on the website for that hospital;

(f) Provide on the Internet website established pursuant to this section a link to the Internet website of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(g) Upon request, make the information that is contained on the Internet website available in printed form.

3. As used in this section, “diagnosis-related group” means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

Sec. 186. NRS 439A.280 is hereby amended to read as follows:

439A.280 1. On or before July 1 of each odd-numbered year, the ~~{Department}~~ Authority shall make a determination of whether sufficient money is available and authorized for expenditure to fund one or more components of the programs and other duties of the ~~{Department}~~ Authority relating to NRS 439A.200 to 439A.290, inclusive.

2. The ~~{Department}~~ Authority shall temporarily suspend any components of the program or duties of the ~~{Department}~~ Authority, other than those set forth in NRS 439A.240 and 439A.250, for which it determines pursuant to subsection 1 that sufficient money is not available.

3. The ~~{Department}~~ Authority may accept any gift, donation, bequest, grant or other source of money for the purpose of carrying out the provisions of NRS 439A.200 to 439A.290, inclusive.

Sec. 187. NRS 439A.290 is hereby amended to read as follows:

439A.290 1. In carrying out the provisions of NRS 439A.200 to 439A.290, inclusive, the ~~{Department}~~ Authority:

(a) Shall work in consultation with a quality improvement organization of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and



(b) May contract with the Nevada System of Higher Education or any appropriate, independent and qualified person or entity to analyze the information collected and maintained by the ~~{Department}~~ *Authority* pursuant to NRS 439A.200 to 439A.290, inclusive. Such a contractor may release or publish or otherwise use information made available to it pursuant to the contract if the ~~{Department}~~ *Authority* determines that the information is accurate and the contractor complies with the regulations adopted pursuant to subsection 2.

2. The ~~{Department}~~ *Authority* shall adopt regulations for the review and release of information collected and maintained by the ~~{Department}~~ *Authority* pursuant to NRS 439A.200 to 439A.290, inclusive. The regulations must require, without limitation, the ~~{Department}~~ *Authority* to review each request for information if the request is for purposes other than research.

3. The ~~{Department}~~ *Authority* shall, on or before July 1 of each year, submit to the Joint Interim Standing Committee on Health and Human Services a report concerning each request that is made pursuant to subsection 2 and the determination of the ~~{Department}~~ *Authority* with regard to each request.

Sec. 188. NRS 439A.300 is hereby amended to read as follows:

439A.300 1. Except as provided in subsection 2, the Department *or the Authority, as applicable*, may apply to any court of competent jurisdiction to enjoin any person, state agency or local governmental agency which has engaged in or is about to engage in any act which violates any provision of this chapter or the regulations adopted pursuant thereto. Such injunction may be issued without proof of actual damage sustained by any person.

2. The Department *or the Authority, as applicable*, shall not seek injunctive relief under this section if it has imposed a civil penalty for the same violation.

Sec. 189. NRS 439A.310 is hereby amended to read as follows:

439A.310 1. Except as otherwise provided in subsection 2, any person who violates any of the provisions of this chapter is liable to the State for a civil penalty of:

(a) Where the provision violated governs the licensing of a project which is required to be approved pursuant to NRS 439A.100 or 439A.102, not more than 10 percent of the proposed expenditure for the project.

(b) Where any other provision is violated, not more than \$20,000 for each violation.

2. The Department *or the Authority* shall not impose a penalty under this section if it applies for injunctive relief to prevent the same violation.



Sec. 190. Chapter 439B of NRS is hereby amended by adding thereto the provisions set forth as sections 191 and 192 of this act.

Sec. 191. *“Authority” means the Nevada Health Authority.*

Sec. 192. *“Office” means the Office of Data Analytics of the Authority.*

Sec. 193. NRS 439B.010 is hereby amended to read as follows:

439B.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 439B.030 to 439B.150, inclusive, *and section 191 of this act* have the meanings ascribed to them in those sections.

Sec. 194. NRS 439B.110 is hereby amended to read as follows:

439B.110 “Hospital” means any facility licensed as a medical, surgical or obstetrical hospital, or as any combination of medical, surgical or obstetrical hospital, by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department.]~~ *the Authority.*

Sec. 195. NRS 439B.410 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

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

(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders 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

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

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

5. As used in this section:

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

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

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

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

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

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

(II) Serious impairment of bodily functions; or

(III) Serious dysfunction of any bodily organ or part.



(b) “Medically fit” means that the condition of the patient has been sufficiently stabilized so that the patient may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the patient resulting from the transfer and whether the risks to the patient’s health are outweighed by the expected benefits, and must be documented in the patient’s records before the transfer.

6. If an allegation of a violation of the provisions of subsection 2 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department]~~ *the Authority* shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.

7. If an allegation of a violation of the provisions of subsection 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. 196. NRS 439B.618 is hereby amended to read as follows:
439B.618 “Third party” means:

1. An insurer, as that term is defined in NRS 679B.540;
2. A health benefit plan, as that term is defined in NRS 687B.470, for employees which provides coverage for prescription drugs;
3. The Public Employees’ Benefits Program established pursuant to subsection 1 of NRS 287.043;



4. A governing body of a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency that provides health coverage to employees through a self-insurance reserve fund pursuant to NRS 287.010;

5. The ~~[Department,]~~ *Authority*, with regard to Medicaid and the Children's Health Insurance Program; and

6. Any other insurer or organization providing coverage of prescription drugs in accordance with state or federal law.

Sec. 197. NRS 439B.630 is hereby amended to read as follows:

439B.630 1. On or before February 1 of each year, the ~~[Department]~~ *Authority* shall compile:

(a) A list of prescription drugs that the ~~[Department]~~ *Authority* determines to be essential for treating diabetes in this State and the wholesale acquisition cost of each such drug on the list. The list must include, without limitation, all forms of insulin and biguanides marketed for sale in this State.

(b) A list of prescription drugs described in paragraph (a) that have been subject to an increase in the wholesale acquisition cost of a percentage equal to or greater than:

(1) The percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding calendar year; or

(2) Twice the percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding 2 calendar years.

(c) A list of prescription drugs ~~[with]~~ *that:*

(1) Except as otherwise provided in subsection 2, have a wholesale acquisition cost exceeding \$40 for a course of therapy ~~[that have]~~ ; or

(2) Have been subject to an increase in the wholesale acquisition cost of a percentage equal to or greater than:

~~[(1)]~~ *(I) Ten percent during the immediately preceding calendar year; or*

~~[(2)]~~ *(II) Twenty percent during the immediately preceding 2 calendar years.*

2. *To the extent that money is available to include such drugs in the reporting conducted pursuant to NRS 439B.635 to 439B.645, inclusive, the Authority may include on the list compiled pursuant to paragraph (c) of subsection 1 prescription drugs that meet the criteria prescribed in subparagraph (2) of that paragraph but have a wholesale acquisition cost that does not exceed \$40 for a course of therapy. The Authority shall prioritize for inclusion the prescription drugs for which the benefit to the public of reporting*



pursuant to NRS 439B.635 to 439B.645, inclusive, would be the greatest, as determined by the Authority.

3. As used in this section, “course of therapy” means:

(a) Except as otherwise provided in paragraph (b), the recommended daily dosage of a prescription drug, as set forth on the label for the prescription drug approved by the United States Food and Drug Administration, for 30 days.

(b) If the normal course of treatment using a prescription drug is less than 30 days, the recommended daily dosage of a prescription drug, as set forth on the label for the prescription drug approved by the United States Food and Drug Administration, for the duration of the recommended course of treatment.

Sec. 198. NRS 439B.650 is hereby amended to read as follows:

439B.650 On or before June 1 of each year, the ~~{Department}~~ *Authority* shall:

1. Analyze the information submitted pursuant to NRS 439B.635 to 439B.645, inclusive, and compile a report on the price of prescription drugs. The report:

(a) Must include, without limitation, a separate analysis of the information reported by manufacturers, pharmacy benefit managers and wholesalers, the reasons for any increases in the prices of prescription drugs in this State and the effect of those prices on overall spending on prescription drugs, insurance premiums and cost-sharing in this State; and

(b) May include, without limitation, opportunities for persons and entities in this State to lower the cost of prescription drugs while maintaining access to such drugs.

2. Present the findings in the report at a public hearing.

Sec. 199. NRS 439B.680 is hereby amended to read as follows:

439B.680 The ~~{Department}~~ *Authority* and its members, officers and employees are not liable civilly or criminally for any act, omission, error or technical problem that results in:

1. The failure to provide to consumers information regarding a pharmacy, prescription drug or nonprofit organization, including, without limitation, the information made available on the ~~{Department's}~~ *Authority's* Internet website pursuant to NRS 439B.670; or

2. The providing to consumers of incorrect information regarding a pharmacy, prescription drug or nonprofit organization, including, without limitation, the information made available on the ~~{Department's}~~ *Authority's* Internet website pursuant to NRS 439B.670.



Sec. 200. NRS 439B.695 is hereby amended to read as follows:

439B.695 1. If a pharmacy that is licensed under the provisions of chapter 639 of NRS and is located within the State of Nevada fails to provide to the ~~{Department}~~ *Authority* the information required to be provided pursuant to NRS 439B.655 or fails to provide such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the ~~{Department}~~ *Authority* may impose against the pharmacy an administrative penalty of not more than \$500 for each day of such failure.

2. If a manufacturer fails to provide to the ~~{Department}~~ *Authority* the information required by NRS 439B.635, 439B.640 or 439B.660, a pharmacy benefit manager fails to provide to the ~~{Department}~~ *Authority* the information required by NRS 439B.645, a wholesaler fails to provide to the ~~{Department}~~ *Authority* the information required by NRS 439B.642 or a nonprofit organization fails to post or provide to the ~~{Department}~~ *Authority*, as applicable, the information required by NRS 439B.665 or a manufacturer, pharmacy benefit manager, wholesaler or nonprofit organization fails to post or provide, as applicable, such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the ~~{Department}~~ *Authority* may impose against the manufacturer, pharmacy benefit manager, wholesaler or nonprofit organization, as applicable, an administrative penalty of not more than \$5,000 for each day of such failure.

3. If a pharmaceutical sales representative fails to comply with the requirements of NRS 439B.660, the ~~{Department}~~ *Authority* may impose against the pharmaceutical sales representative an administrative penalty of not more than \$500 for each day of such failure.

4. Any money collected as administrative penalties pursuant to this section must be accounted for separately and used by the ~~{Department}~~ *Authority*:

(a) For purposes relating to improvement of transparency concerning the costs of prescription drugs, including, without limitation, carrying out and administering the provisions of NRS 439B.600 to 439B.695, inclusive, and 439B.800 to 439B.875, inclusive ~~{,}~~ *and section 192 of this act*; and

(b) To establish and carry out programs to:

(1) Educate patients concerning ways to reduce the cost of health care and prescription drugs; and

(2) Provide education concerning chronic diseases.



Sec. 201. NRS 439B.800 is hereby amended to read as follows:
439B.800 As used in NRS 439B.800 to 439B.875, inclusive, *and section 192 of this act*, unless the context otherwise requires, the words and terms defined in NRS 439B.805 to 439B.830, inclusive, *and section 192 of this act* have the meanings ascribed to them in those sections.

Sec. 202. NRS 439B.835 is hereby amended to read as follows:
439B.835 1. The ~~{Department}~~ *Office* shall, to the extent that federal money is available for this purpose, establish an all-payer claims database of information relating to health insurance claims resulting from medical, dental or pharmacy benefits provided in this State.

2. If the ~~{Department}~~ *Office* establishes an all-payer claims database pursuant to subsection 1, the ~~{Department}~~ *Office* shall:

(a) Establish a secure process for uploading data to the database pursuant to NRS 439B.840. When establishing that process, the ~~{Department}~~ *Office* shall consider the time and cost incurred to upload data to the database.

(b) Establish and carry out a process to review the data submitted to the database to:

(1) Ensure the accuracy of the data and the consistency of records; and

(2) Identify and remove duplicate records.

3. If the ~~{Department}~~ *Office* establishes an all-payer claims database pursuant to subsection 1, the ~~{Department}~~ *Office*:

(a) Shall adopt regulations to establish an advisory committee to make recommendations to the ~~{Department}~~ *Office* concerning the collection, analysis and reporting of data in the all-payer claims database, secure access to such data and the release of such data pursuant to NRS 439B.800 to 439B.875, inclusive ~~{ }~~, *and section 192 of this act*.

(b) May adopt regulations to establish any other advisory committee if necessary to assist the ~~{Department}~~ *Office* in carrying out the provisions of NRS 439B.800 to 439B.875, inclusive ~~{ }~~, *and section 192 of this act*.

4. The membership of any advisory committee established pursuant to subsection 3 must include, without limitation, representatives of providers of health care, health facilities, health authorities, as defined in NRS 439.005, health maintenance organizations, private insurers, nonprofit organizations that represent consumers of health care services and each of the two entities that submit data concerning the largest number of claims to the database.



Sec. 203. NRS 439B.870 is hereby amended to read as follows:
439B.870 1. No person or entity providing information to the ~~{Department}~~ *Office*, including, without limitation, data submitted to the all-payer claims database, if established pursuant to NRS 439B.835, in accordance with NRS 439B.800 to 439B.875, inclusive, *and section 192 of this act*, may be held liable in a civil or criminal action for disclosing confidential information unless the person or entity has done so in bad faith or with malicious purpose.

2. The ~~{Department}~~ *Office* and its members, officers and employees are not liable in any civil or criminal action for any damages resulting from any act, omission, error or technical problem that causes incorrect information from the all-payer claims database to be provided to any person or entity.

Sec. 204. NRS 439B.875 is hereby amended to read as follows:
439B.875 If the all-payer claims database is established pursuant to NRS 439B.835:

1. The ~~{Department}~~ *Office* shall adopt regulations that prescribe:

(a) The data that must be submitted to the all-payer claims database pursuant to NRS 439B.840, the format for submitting such data and the date by which such data must be submitted. Those regulations must align with applicable nationally and regionally recognized standards for all-payer claims databases, where applicable and to the extent that those standards do not conflict with each other or the provisions of NRS 439B.800 to 439B.875, inclusive ~~{H}~~, *and section 192 of this act*.

(b) The privacy and security of data maintained in the all-payer claims database and the procedure for releasing data from the all-payer claims database pursuant to subsection 3 of NRS 439B.855, which must ensure compliance with subsection 2 of NRS 439B.845.

(c) The use of data released from the all-payer claims database, including, without limitation, requirements concerning the reporting and publication of information from the database.

(d) Administrative penalties to be assessed against any person or entity who violates any provision of NRS 439B.800 to 439B.875, inclusive, *and section 192 of this act*, or the regulations adopted pursuant thereto. Any penalties for the failure to comply with the requirements of NRS 439B.840 or the regulations adopted pursuant to this section concerning the submission of data to the all-payer claims database must not exceed \$5,000 for each day of such failure.

2. The ~~{Department}~~ *Office* may adopt:

(a) Regulations that require entities that provide health coverage in this State, in addition to the entities required by NRS 439B.840 but



not including entities exempt from reporting pursuant to subsection 1 of that section, to upload data to the all-payer claims database; and

(b) Any other regulations necessary to carry out the provisions of NRS 439B.800 to 439B.875, inclusive ~~[H]~~, and *section 192 of this act*.

3. The ~~[Department]~~ *Office* may:

(a) Enter into any contract or agreement necessary to carry out the provisions of NRS 439B.800 to 439B.875, inclusive ~~[H]~~, and *section 192 of this act*; and

(b) Accept any gifts, grants and donations for the purpose of carrying out the provisions of NRS 439B.800 to 439B.875, inclusive ~~[H]~~, and *section 192 of this act*.

4. Any contract or agreement entered into pursuant to paragraph (a) of subsection 3 must:

(a) Prohibit the contractor from collecting data containing direct patient identifiers or using data for any purpose not specified by the contract; and

(b) Require the contractor to:

(1) Obtain certification by the HITRUST Alliance or its successor organization and maintain such certification for the term of the contract;

(2) Comply with the requirements of subsection 2 of NRS 439B.845 to the same extent as the ~~[Department;]~~ *Office*; and

(3) Comply with any applicable standards prescribed by the National Institute of Standards and Technology of the United States Department of Commerce.

5. Any money collected as administrative penalties under the regulations adopted pursuant to this section must be accounted for separately and used by the ~~[Department]~~ *Office* to:

(a) Carry out the provisions of NRS 439B.600 to 439B.695, inclusive, and 439B.800 to 439B.875, inclusive ~~[H]~~, and *section 192 of this act*; and

(b) Establish and carry out programs to educate patients concerning ways to reduce the cost of health care and prescription drugs.

Sec. 205. NRS 441A.220 is hereby amended to read as follows:

441A.220 All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease, drug overdose or attempted suicide, or by any person who has a communicable disease, has suffered a drug overdose or has attempted suicide, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including



pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in NRS 439.597.
2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.
3. In a prosecution for a violation of this chapter.
4. In a proceeding for an injunction brought pursuant to this chapter.
5. In reporting the actual or suspected abuse or neglect of a child or elderly person.
6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.
7. If the person who is the subject of the information consents in writing to the disclosure.
8. Pursuant to NRS 629.069.
9. If the disclosure is made to the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* and the person about whom the disclosure is made has been diagnosed with the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.
10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.
11. If the disclosure is authorized or required by NRS 239.0115 or another specific statute.

Sec. 206. NRS 444.003 is hereby amended to read as follows:

444.003 As used in this chapter, *unless the context otherwise requires*, “health authority” means the officers and agents of the ~~[Division]~~ *Nevada Health Authority* or the officers and agents of the local boards of health.

Sec. 207. NRS 444.160 is hereby amended to read as follows:

444.160 Every construction or labor camp must have convenient and suitable toilet facilities or portable facilities for temporarily holding sewage that is treated with chemicals which must be kept in a clean and sanitary state. The toilet facilities and portable facilities must conform to the provisions of the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials, as adopted by the ~~[Division,]~~ *Nevada Health Authority*, and all



applicable administrative regulations which pertain to the disposal of sewage.

Sec. 208. NRS 444.270 is hereby amended to read as follows:

444.270 1. Every children's camp must have suitable toilets and disposal systems or portable facilities for temporarily holding sewage that is treated with chemicals which conform to the provisions of the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials, as adopted by the ~~[Division,]~~ *Nevada Health Authority*, and all applicable administrative regulations which pertain to the disposal of sewage.

2. A children's camp must provide one toilet or portable facility for every 15 persons or fraction thereof in the camp population.

Sec. 209. NRS 444.310 is hereby amended to read as follows:

444.310 Nothing in NRS 444.220 to 444.320, inclusive, shall be interpreted to limit the powers and duties of the Division *of Public and Behavioral Health of the Department of Human Services* prescribed by NRS 439.170 and 439.570.

Sec. 210. NRS 444.330 is hereby amended to read as follows:

444.330 1. The ~~[Division]~~ *Nevada Health Authority* has supervision over the sanitation, healthfulness, cleanliness and safety, as it pertains to the foregoing matters, of the following state institutions:

- (a) Institutions and facilities of the Department of Corrections.
- (b) Northern Nevada Adult Mental Health Services.
- (c) Nevada Youth Training Center, Caliente Youth Center and any other state facility for the detention of children that is operated pursuant to title 5 of NRS.

(d) Nevada System of Higher Education.

2. The State Board of Health may adopt regulations pertaining thereto as are necessary to promote properly the sanitation, healthfulness, cleanliness and, as it pertains to the foregoing matters, the safety of those institutions.

3. The Chief Medical Officer or an authorized agent of the Officer shall inspect those institutions at least once each calendar year and whenever he or she deems an inspection necessary to carry out the provisions of this section. The inspection of any state facility for the detention of children that is operated pursuant to title 5 of NRS must include, without limitation, an inspection of all areas where food is prepared and served, bathrooms, areas used for sleeping, common areas and areas located outdoors that are used by children at the facility.

4. The Chief Medical Officer shall publish reports of the inspections of any state facility for the detention of children that is



operated pursuant to title 5 of NRS and may publish reports of the inspections of other state institutions.

5. All persons charged with the duty of maintenance and operation of the institutions named in this section shall operate the institutions in conformity with the regulations adopted by the State Board of Health pursuant to subsection 2.

6. The 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.

Sec. 211. NRS 444.420 is hereby amended to read as follows:

444.420 The State Public Works Board shall:

1. Review all proposed adoptions of the Uniform Plumbing Code by any city or county and any proposed changes to the Uniform Plumbing Code, and advise such city or county on whether or not such change is deemed warranted by geographic, topographic or climatic conditions.

2. Submit a copy of the Uniform Plumbing Code adopted by any city or county to the ~~[Division.]~~ *Nevada Health Authority*.

Sec. 212. NRS 446.050 is hereby amended to read as follows:

446.050 “Health authority” means the officers and agents of the ~~[Division of Public and Behavioral Health of the Department of Health and Human Services.]~~ *Nevada Health Authority* or the officers and agents of the local boards of health.

Sec. 213. NRS 446.057 is hereby amended to read as follows:

446.057 “Potentially hazardous food” has the meaning ascribed to it in subpart 1-201 of the 1999 edition of the Food Code published by the Food and Drug Administration of the United States Department of Health and Human Services, unless the ~~[Administrator]~~ *Director* of the ~~[Division of Public and Behavioral Health of the Department of Health and Human Services]~~ *Nevada Health Authority* has adopted a later edition of the Food Code for this purpose.

Sec. 214. NRS 446.841 is hereby amended to read as follows:

446.841 A food establishment engaged in the cutting and packaging of meat, poultry or fish for retail sale may use sawdust on the floors in that area of such establishment not visited by the public if:



1. Such sawdust is treated in a manner approved by the ~~[Division of Public and Behavioral Health of the Department of Health and Human Services;]~~ *Nevada Health Authority*; and

2. The floors are cleaned and fresh sawdust is used daily.

Sec. 215. NRS 446.842 is hereby amended to read as follows:

446.842 1. Except as otherwise provided in subsection 5, each food establishment in which alcoholic beverages are sold by the drink for consumption on the premises shall post at least one sign that meets the requirements of this section in a location conspicuous to the patrons of the establishment. The conspicuous location described in this subsection may include, without limitation, a women’s restroom that is located within the establishment.

2. Each sign required by subsection 1 must be not less than 8 1/2 by 11 inches in size and must contain a notice in boldface type that is clearly legible and, except as otherwise provided in paragraph (a) of subsection 4, in substantially the following form:

HEALTH WARNING

Drinking wine, beer and other alcoholic beverages during pregnancy can cause birth defects.

¡ADVERTENCIA!

El consumo de vino, cerveza y otras bebidas alcohólicas durante el embarazo puede causar defectos físicos y/o mentales en el feto.

3. The letters in the words “HEALTH WARNING” and “¡ADVERTENCIA!” in the sign must be written in not less than 40-point type, and the letters in all other words in the sign must be written in not less than 30-point type.

4. The ~~[Division of Public and Behavioral Health of the Department of Health and Human Services]~~ *Nevada Health Authority* may:

(a) Provide by regulation for one or more alternative forms for the language of the warning to be included on the signs required by subsection 1 to increase the effectiveness of the signs. Each alternative form must contain substantially the same message as is stated in subsection 2.

(b) Solicit and accept the donation of signs that satisfy the requirements of this section from a nonprofit organization or any other source. To the extent that such signs are donated, the ~~[Division of Public and Behavioral Health]~~ *Nevada Health Authority* shall



distribute the signs upon request to food establishments that are required to post the signs.

5. A food establishment is not required to post the sign otherwise required by this section if the food establishment provides to its patrons a food or drink menu that contains a notice, in boldface type that is clearly legible and not less than the size of the type used for the items on the menu, in substantially the same form and language as is set forth in subsection 2 or authorized pursuant to paragraph (a) of subsection 4.

6. As used in this section, “alcoholic beverage” means:

(a) Beer, ale, porter, stout and other similar fermented beverages, including, without limitation, sake and similar products, of any name or description containing one-half of 1 percent or more of alcohol by volume, brewed or produced from malt, wholly or in part, or from any substitute therefor.

(b) Any beverage obtained by the fermentation of the natural content of fruits or other agricultural products containing sugar, of one-half of 1 percent or more of alcohol by volume.

(c) Any distilled spirits commonly referred to as ethyl alcohol, ethanol or spirits of wine in any form, including, without limitation, all dilutions and mixtures thereof from whatever process produced.

Sec. 216. NRS 446.872 is hereby amended to read as follows:

446.872 Any person who knowingly sells any flesh of any diseased animal or any container containing shellfish, if the container does not have an approved stamp authorized by the ~~[Division of Public and Behavioral Health of the Department of Health and Human Services,]~~ *Nevada Health Authority*, is guilty of a gross misdemeanor.

Sec. 217. NRS 449.0032 is hereby amended to read as follows:

449.0032 “Division” means the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~ *the Nevada Health Authority*.

Sec. 218. 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 449.029 to 449.2428, inclusive, must file with the Division an application on a form prescribed, prepared and furnished by the Division, containing:

1. The name of the applicant and, if a natural person, whether the applicant has attained the age of 21 years.
2. The type of facility to be operated.
3. The location of the facility.



4. In specific terms, the nature of services and type of care to be offered, as defined in the regulations.

5. The number of beds authorized by the Director of the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* or, if such authorization is not required, the number of beds the facility will contain.

6. The name of the person in charge of the facility.

7. Such other information as may be required by the Division for the proper administration and enforcement of NRS 449.029 to 449.2428, inclusive.

8. Evidence satisfactory to the Division that the applicant is of reputable and responsible character. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, similar evidence must be submitted as to the members thereof and the person in charge of the facility for which application is made. If the applicant is a political subdivision of the State or other governmental agency, similar evidence must be submitted as to the person in charge of the institution for which application is made.

9. Evidence satisfactory to the Division of the ability of the applicant to comply with the provisions of NRS 449.029 to 449.2428, inclusive, and the standards and regulations adopted by the Board.

10. Evidence satisfactory to the 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.

Sec. 219. 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 Care Purchasing and Compliance* Division of ~~[Public and Behavioral]~~ *the Nevada Health Authority* a surety bond:

(a) If the facility, agency, organization or home employs less than 7 employees, in the amount of \$5,000;

(b) If the facility, agency, organization or home employs at least 7 but not more than 25 employees, in the amount of \$25,000; or

(c) If the facility, agency, organization or home employs more than 25 employees, in the amount of \$50,000.

2. A bond filed pursuant to this section must be executed by the facility, agency, organization or home as principal and by a surety



company as surety. The bond must be payable to the Aging and Disability Services Division of the Department of ~~{Health and}~~ Human Services and must be conditioned to provide indemnification to an older patient who the Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability or a Related Condition determines has suffered property damage as a result of any act or failure to act by the facility, agency, organization or home to protect the property of the older patient.

3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.

4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the Administrator of the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health,}~~ *the Nevada Health Authority*, but the release does not discharge or otherwise affect any claim filed by an older patient for property damaged as a result of any act or failure to act by the facility, agency, organization or home to protect the property of the older patient alleged to have occurred while the bond was in effect.

5. A license is suspended by operation of law when the facility, agency, organization or home is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to NRS 449.067. The Administrator of the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral}~~ *the Nevada Health Authority* shall give the facility, agency, organization or home at least 20 days' written notice before 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 surety bond or substitute for the surety bond is filed in the same manner and amount as the bond or substitute being terminated.

6. The Administrator of the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral}~~ *the Nevada Health Authority* may exempt a residential facility for groups or a home for individual residential care from the requirement of filing a surety bond pursuant to this section if the Administrator determines that the requirement would result in undue hardship to the residential facility for groups or home for individual residential care.

7. The requirement of filing a surety bond set forth in this section does not apply to a 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 or agency



to provide nursing in the home that is operated and maintained by the State of Nevada or an agency thereof.

8. As used in this section, “older patient” means a patient who is 60 years of age or older.

Sec. 220. NRS 449.067 is hereby amended to read as follows:

449.067 1. As a substitute for the surety bond required pursuant to NRS 449.065, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups, a home for individual residential care, an agency to provide personal care services in the home and an agency to provide nursing in the home may deposit with any bank or trust company authorized to do business in this State, upon approval from the Administrator of the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health;}~~ *the Nevada Health Authority*:

(a) An obligation of a bank, savings and loan association, savings bank, thrift company or credit union licensed to do business in this State;

(b) Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or

(c) Any obligation of this State or any city, county, town, township, school district or other instrumentality of this State, or guaranteed by this State, in an aggregate amount, based upon principal amount or market value, whichever is lower.

2. The obligations of a bank, savings and loan association, savings bank, thrift company or credit union must be held to secure the same obligation as would the surety bond required by NRS 449.065. With the approval of the Administrator of the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health;}~~ *the Nevada Health Authority*, the depositor may substitute other suitable obligations for those deposited, which must be assigned to the Aging and Disability Services Division of the Department of ~~{Health and}~~ Human Services and are negotiable only upon approval by the Administrator of the Aging and Disability Services Division.

3. Any interest or dividends earned on the deposit accrue to the account of the depositor.

4. The deposit must be an amount at least equal to the surety bond required by NRS 449.065 and must state that the amount may not be withdrawn except by direct and sole order of the Administrator of the Aging and Disability Services Division.

Sec. 221. NRS 449.103 is hereby amended to read as follows:

449.103 1. Except as otherwise provided in subsection 3, to enable an agent or employee of a medical facility, facility for the



dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who is described in subsection 2 to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who is described in subsection 2 so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are:

- (a) From various racial and ethnic backgrounds;
- (b) From various religious backgrounds;
- (c) Persons with various sexual orientations and gender identities or expressions;
- (d) Children and senior citizens;
- (e) Persons with a mental or physical disability; and
- (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board.

↪ The Board shall set forth by regulation the frequency with which a medical facility, facility for the dependent or other facility is required to provide such training relating to cultural competency.

2. Except as otherwise provided in subsection 3, the requirements of subsection 1 apply to any agent or employee of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who:

- (a) Provides clinical, administrative or support services and has direct patient contact at least once each week on average as a part of his or her regular job duties; or
- (b) Oversees an agent or employee described in paragraph (a).

3. A medical facility, facility for the dependent or other facility is not required to provide training relating specifically to cultural competency to an agent or employee who is described in subsection 2 and who has successfully completed a course or program in cultural competency as part of the continuing education requirements for the agent or employee to renew his or her professional license, registration or certificate, as applicable.

4. Except as otherwise provided in subsection 6, the training relating specifically to cultural competency conducted by a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed pursuant to subsection 1 must be provided



through a course or program that is approved by the ~~{Department of Health and Human Services.}~~ *Nevada Health Authority.*

5. The Office of Minority Health and Equity of the Department of ~~{Health and}~~ Human Services shall:

(a) Establish and maintain a list of the courses and programs that are approved for training relating to cultural competency pursuant to subsection 4. The Office shall make the most current list available on the Internet website of the Office.

(b) Ensure that the list established and maintained pursuant to paragraph (a) is distributed to each medical facility, facility for the dependent or other facility which is required to conduct training relating specifically to cultural competency pursuant to subsection 1.

6. A medical facility, facility for the dependent or other facility which is required to conduct training specifically relating to cultural competency may apply to the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* to provide a course or program on cultural competency that is not approved by the ~~{Department}~~ *Authority* pursuant to subsection 4. Any such request must be approved or denied by the ~~{Department}~~ *Authority* not later than 10 business days after the receipt of the application.

7. On or before October 1 of each year, the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* shall report the average length of time within which the ~~{Department}~~ *Authority* approved a course of program or training relating to cultural competency in the immediately preceding year pursuant to subsection 4 or 6, as applicable, to the Director of the Legislative Counsel Bureau for transmittal to the Joint Interim Standing Committee on Health and Human Services and the Joint Interim Standing Committee on Commerce and Labor.

8. As used in this section:

(a) “Direct patient contact” means direct contact with a patient or resident of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed which is in person or using telephone, electronic mail, telehealth or other electronic means, except that the term does not include incidental contact.

(b) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 222. NRS 449.132 is hereby amended to read as follows:

449.132 Every medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed may be inspected at any time, with or without notice, as often as is necessary by:



1. The *Health Care Purchasing and Compliance* Division of ~~Public and Behavioral~~ *the Nevada Health Authority* to ensure compliance with all applicable regulations and standards; and

2. Any person designated by the Aging and Disability Services Division of the Department of ~~Health and~~ Human Services to investigate complaints made against the facility.

Sec. 223. NRS 449.167 is hereby amended to read as follows:

449.167 1. If the Division receives notification from the ~~Department of Health and Human Services~~ *Nevada Health Authority* pursuant to NRS 439.5895 that a medical facility licensed pursuant to this chapter is not in compliance with the requirements of subsection 4 of NRS 439.589, the Division may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative penalty in the amount prescribed by NRS 449.163.

2. The Division shall not suspend or revoke a license for failure to comply with the requirements of subsection 4 of NRS 439.589.

Sec. 224. NRS 449.2488 is hereby amended to read as follows:

449.2488 1. The ~~Department of Health and Human Services~~ *Nevada Health Authority* shall develop a brochure and website to assist persons who are 55 years of age or older in determining the appropriate level of care and type of housing that they require to meet their individual needs. The brochure and website must include, without limitation:

(a) The various types of housing and levels of care that are available to persons who are 55 years of age or older, including, without limitation, residential facilities for groups, facilities for intermediate care and facilities for skilled nursing, distinguishing the varying degree of services that are offered by the different types of facilities;

(b) Whether individual facilities accept payment through Medicaid or Medicare for the level of care and type of housing that the facilities provide;

(c) The manner in which a person may obtain information concerning whether the facility has ever been found to have violated the provisions of this chapter; and

(d) Such other information as the ~~Department~~ *Nevada Health Authority* deems to be beneficial to persons who are 55 years of age or older in determining the appropriate level of care and type of housing that they require to meet their individual needs.

2. As used in this section:

(a) “Medicaid” has the meaning ascribed to it in NRS 439B.120.

(b) “Medicare” has the meaning ascribed to it in NRS 439B.130.



Sec. 225. NRS 449.260 is hereby amended to read as follows:
449.260 As used in NRS 449.250 to 449.430, inclusive:

1. *“Authority” means the Nevada Health Authority, acting through its appropriate divisions.*

2. “Community mental health center” means a facility providing services for the prevention or diagnosis of mental illness, or care and treatment of patients with mental illness, or rehabilitation of such persons, which services are provided principally for persons residing in a particular community in or near which the facility is situated.

~~[2.]~~ 3. “Construction” includes the construction of new buildings, modernization, expansion, remodeling and alteration of existing buildings, and initial equipment of such buildings, including medical transportation facilities, and includes architects’ fees, but excludes the cost of off-site improvements and, except with respect to public health centers, the cost of the acquisition of the land.

~~[3.]~~ 4. “Facility for persons with intellectual disabilities” means a facility specially designed for the diagnosis, treatment, education, training or custodial care of persons with intellectual disabilities, including facilities for training specialists and sheltered workshops for persons with intellectual disabilities, but only if such workshops are part of facilities which provide or will provide comprehensive services for persons with intellectual disabilities.

~~[4.]~~ 5. “Federal Act” means 42 U.S.C. §§ 291 to 291o-1, inclusive, and 300k to 300t, inclusive, and any other federal law providing for or applicable to the provision of assistance for health facilities.

~~[5.]~~ 6. “Federal agency” means the federal department, agency or official designated by law, regulation or delegation of authority to administer the Federal Act.

~~[6.]~~ 7. “Health facility” includes a public health center, hospital, facility for hospice care, facility for persons with intellectual disabilities, community mental health center, and other facility to provide diagnosis, treatment, care, rehabilitation, training or related services to persons with physical or mental impairments, including diagnostic or diagnostic and treatment centers, rehabilitation facilities and nursing homes, as those terms are defined in the Federal Act, and such other facilities for which federal aid may be authorized under the Federal Act, but, except for facilities for persons with intellectual disabilities, does not include any facility furnishing primarily domiciliary care.

~~[7.]~~ 8. “Nonprofit health facility” means any health facility owned and operated by a corporation or association, no part of the net



earnings of which inures or may lawfully inure to the benefit of any private shareholder or natural person.

~~[8.]~~ 9. “Public health center” means a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics and administrative offices operated in connection with public health centers.

~~[9. “State Department” means the Department of Health and Human Services, acting through its appropriate divisions.]~~

Sec. 226. NRS 449.270 is hereby amended to read as follows:

449.270 The ~~[State Department]~~ **Nevada Health Authority** shall constitute the sole agency of the State for the purpose of:

1. Inventorying existing health facilities, surveying the need for construction of health facilities, and developing programs of health facilities construction as provided in NRS 449.250 to 449.430, inclusive.

2. Developing and administering state plans for the construction of public and other nonprofit health facilities as provided in NRS 449.250 to 449.430, inclusive.

3. Developing and administering any other plan or program providing assistance to health facilities for which funds may be available to this state under the Federal Act.

Sec. 227. NRS 449.280 is hereby amended to read as follows:

449.280 In carrying out the purposes of NRS 449.250 to 449.430, inclusive, the ~~[State Department]~~ **Nevada Health Authority** is authorized and directed:

1. To require such reports, make such inspections and investigations, and prescribe such regulations as it deems necessary.

2. To provide such methods of administration, appoint all necessary officers and other personnel and take such other action as may be necessary to comply with the requirements of NRS 449.250 to 449.430, inclusive, the Federal Act and the regulations thereunder.

3. To procure in its discretion the temporary or intermittent services of experts or consultants, by contract, when such services are to be performed on a part-time or fee-for-service basis and do not involve the performance of administrative duties.

4. To the extent that it considers desirable to effectuate the purposes of NRS 449.250 to 449.430, inclusive, to enter into agreements for the utilization of the facilities and services of other departments, agencies and institutions, public or private.

5. To accept on behalf of the State and to deposit with the State Treasurer in appropriate accounts in the ~~[Department of Health and Human Services’]~~ **Nevada Health Authority** Gift Fund any grant, gift or contribution made to assist in meeting the cost of carrying out the



purposes of NRS 449.250 to 449.430, inclusive, and to expend the same for such purposes.

6. To do all other things on behalf of the State necessary or advisable to obtain the maximum benefits available under the Federal Act.

7. All claims must be approved by the Health Officer before they are paid.

Sec. 228. NRS 449.300 is hereby amended to read as follows:

449.300 The ~~{State-Department}~~ **Authority** is authorized and directed to inventory existing health facilities, including public, nonprofit, and proprietary health facilities, to survey the need for construction of health facilities, and, on the basis of such inventory and survey, to develop programs for the construction of such public and other nonprofit health facilities as will, in conjunction with existing facilities, afford the necessary physical facilities for furnishing adequate health facility services to all the people of the State.

Sec. 229. NRS 449.320 is hereby amended to read as follows:

449.320 1. The ~~{State-Department}~~ **Authority** may apply to the federal agency for federal money to assist in carrying out the surveys, planning and construction activities provided for in NRS 449.250 to 449.430, inclusive.

2. The money must be deposited in the State Treasury and must be available to the ~~{State-Department}~~ **Authority** for expenditure for carrying out the purposes of NRS 449.250 to 449.430, inclusive.

Sec. 230. NRS 449.340 is hereby amended to read as follows:

449.340 1. The ~~{State-Department}~~ **Authority** may, by regulation, establish standards for the maintenance and operation of health facilities, which supersede all local ordinances and regulations inconsistent therewith.

2. A copy of the regulations, giving the date that they take effect, must be issued in pamphlet form.

3. Any health facility that applies for and accepts federal aid for construction under a state plan does so on the condition that the health facility qualify under the minimum standards for maintenance and operation adopted and enforced by the ~~{State-Department.}~~ **Authority.**

4. Any person, partnership, association or corporation establishing, conducting, managing or operating any health facility within the meaning of NRS 449.250 to 449.430, inclusive, who violates any of the provisions of this section or regulations lawfully adopted thereunder is guilty of a misdemeanor.



Sec. 231. NRS 449.345 is hereby amended to read as follows:

449.345 Before the ~~{State-Department}~~ **Authority** may adopt any regulation concerning the construction, maintenance, operation or safety of a building, structure or other property in this State, the ~~{State-Department}~~ **Authority** shall consult with the Deputy Administrator of the Public Works - Compliance and Code Enforcement Section for the purposes of subsection 9 of NRS 341.100.

Sec. 232. NRS 449.360 is hereby amended to read as follows:

449.360 1. Applications for health facility construction projects for which federal funds are required must be submitted to the appropriate health systems agency and the ~~{State-Department,}~~ **Authority**. They may be submitted by the State or any political subdivision thereof or by any public or nonprofit agency authorized to construct and operate a health facility.

2. Each application for a construction project must conform to federal and state requirements and must be submitted in the manner and form prescribed by the ~~{State-Department,}~~ **Authority**.

Sec. 233. NRS 449.370 is hereby amended to read as follows:

449.370 1. The ~~{State-Department}~~ **Authority** shall afford to every applicant for assistance for a construction project an opportunity for a fair hearing before the ~~{State-Department}~~ **Authority** upon 10 days' written notice to the applicant.

2. If the ~~{State-Department,}~~ **Authority**, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that an application is in conformity with the state plan, the ~~{State-Department}~~ **Authority** shall approve the application and shall recommend and forward it to the federal agency.

3. The ~~{State-Department}~~ **Authority** shall consider and forward applications in the order of relative need set forth in the state plan.

Sec. 234. NRS 449.380 is hereby amended to read as follows:

449.380 From time to time, the ~~{State-Department}~~ **Authority** shall inspect each construction project approved by the federal agency and, if the inspection so warrants, the ~~{State-Department}~~ **Authority** shall certify to the federal agency that work has been performed upon the project, or that purchases have been made, in accordance with the approved plans and specifications, and that payment of an installment of federal funds is due to the applicant.

Sec. 235. NRS 449.390 is hereby amended to read as follows:

449.390 1. The ~~{State-Department}~~ **Authority** is hereby authorized to receive federal funds in behalf of, and transmit them to, applicants.



2. There is hereby established a nonreverting trust fund designated as the Health Facilities Assistance Fund. Money received from the Federal Government for a construction project approved by the federal agency shall be transmitted to the State Treasurer to be deposited in the State Treasury to the credit of the Health Facilities Assistance Fund, and shall be used solely for payments due applicants for work performed, purchases made or other approved expenditures in carrying out approved projects or plans, except that any moneys in such Fund which become available under the Federal Act and regulations for expenditure in administering an approved state plan may be expended for that purpose.

3. The ~~[State Department]~~ **Authority** shall establish and maintain such accounts and fiscal controls of moneys deposited in and disbursed from the Health Facilities Assistance Fund as may be required by the Federal Act and regulations promulgated thereunder.

Sec. 236. NRS 449.400 is hereby amended to read as follows:

449.400 1. In order to provide state assistance for construction projects for publicly owned hospitals, hospitals for the chronically ill and impaired, facilities for persons with intellectual disabilities, community mental health facilities, diagnostic or diagnostic and treatment centers, rehabilitation facilities, nursing homes and other facilities financed in part by federal funds in accordance with NRS 449.250 to 449.430, inclusive, and to promote maximum utilization of federal funds available for such projects, there is hereby created in the State Treasury a nonreverting trust fund to be known as the State Public Health Facilities Construction Assistance Fund. Money for the Fund may be provided from time to time by legislative appropriation.

2. The State Public Health Facilities Construction Assistance Fund must be administered by the ~~[State Department]~~ **Authority** in accordance with the purposes and provisions of NRS 449.250 to 449.430, inclusive.

Sec. 237. NRS 449.410 is hereby amended to read as follows:

449.410 1. Money in the State Public Health Facilities Construction Assistance Fund must be used to supplement money from the Federal Government and money provided by the sponsor of a project for approved projects for the construction of publicly owned hospitals, hospitals for the chronically ill or impaired, facilities for persons with intellectual disabilities, community mental health facilities, diagnostic or diagnostic and treatment centers, rehabilitation facilities, nursing homes and other facilities financed in part by federal funds pursuant to NRS 449.250 to 449.430, inclusive, and for no other purpose or purposes.



2. Applications for state assistance for construction projects must be submitted to the ~~[State Department]~~ **Authority** for consideration in the manner prescribed in NRS 449.250 to 449.430, inclusive, for applications for federal assistance.

3. No project is entitled to receive state assistance unless it is entitled to receive federal assistance.

Sec. 238. NRS 449.420 is hereby amended to read as follows:

449.420 Money in the State Public Health Facilities Construction Assistance Fund must be allocated and paid to construction projects on the basis of relative need in accordance with the need identified in the state health plan and in accordance with a ratio between state money and federal money determined by the ~~[State Department]~~ **Authority**. In no event may the amount of state assistance made available or paid out for a project exceed the amount supplied by the sponsor of the project.

Sec. 239. NRS 449.4313 is hereby amended to read as follows:

449.4313 1. An applicant for the issuance or renewal of a certificate to operate an intermediary service organization must submit to the Division the statement prescribed by the Division of ~~[Welfare and Supportive]~~ **Social** Services of the Department of **Human Services** pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Division shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the certificate; or

(b) A separate form prescribed by the Division.

3. A certificate as an intermediary service organization may not be issued or renewed by the Division if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or



other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 240. NRS 449.450 is hereby amended to read as follows:

449.450 As used in NRS 449.450 to 449.530, inclusive, unless the context otherwise requires:

1. “Admitted health insurer” means an insurer authorized to transact health insurance in this State under a certificate of authority issued by the Commissioner of Insurance.

2. ~~“Department” means the Department of Health and Human Services.~~ **“Authority” means the Nevada Health Authority.**

3. “Director” means the Director of the ~~{Department.}~~ **Authority.**

4. “Institution” means any person, place, building or agency which maintains and operates facilities for the diagnosis, care and treatment of human illness and provides beds for inpatient care. The term includes but is not limited to hospitals, convalescent care facilities, nursing care facilities, detoxification centers and all specialized medical health care facilities.

Sec. 241. NRS 449.460 is hereby amended to read as follows:

449.460 The Director may:

1. Adopt regulations respecting the exercise of the powers conferred by NRS 449.450 to 449.530, inclusive.

2. Hold public hearings, conduct investigations and require the filing of information relating to any matter affecting the cost of services in all institutions subject to the provisions of NRS 449.450 to 449.530, inclusive, and may subpoena witnesses, financial papers, records and documents in connection therewith. An order requiring the filing of information or a subpoena issued pursuant to this subsection must state the purpose for which it is issued. The Director may also administer oaths in any hearing or investigation.

3. Exercise, subject to the limitations and restrictions imposed in NRS 449.450 to 449.530, inclusive, all other powers which are reasonably necessary to carry out the expressed objects of those sections.

4. Delegate to any of the divisions of the ~~{Department.}~~ **Authority** the authority to carry out the provisions of NRS 449.450 to 449.530, inclusive.

Sec. 242. NRS 449.485 is hereby amended to read as follows:

449.485 1. Each hospital in this State shall use for all patients discharged a form prescribed by the Director and shall include in the form all information required by the ~~{Department.}~~ **Authority.** Any form prescribed by the Director must be a form that is commonly used



nationwide by hospitals, if applicable, and comply with federal laws and regulations.

2. Each hospital in this State shall, on a monthly basis, report to the ~~{Department,}~~ *Authority* the information required to be included in the form for each patient. The information reported must be complete, accurate and timely.

3. Each insurance company or other payer shall accept the form as the bill for services provided by hospitals in this State.

4. Except as otherwise provided in subsection 5, each hospital in this State shall provide the information required pursuant to subsection 2 in an electronic form specified by the ~~{Department,}~~ *Authority*.

5. The Director may exempt a hospital from the requirements of subsection 4 if requiring the hospital to comply with the requirements would cause the hospital financial hardship.

6. The ~~{Department,}~~ *Authority* shall use the information submitted pursuant to this section for the program established pursuant to NRS 439A.220 to increase public awareness of health care information concerning the hospitals in this State.

Sec. 243. NRS 449.490 is hereby amended to read as follows:

449.490 1. Every institution which is subject to the provisions of NRS 449.450 to 449.530, inclusive, shall file with the ~~{Department,}~~ *Authority* the following financial statements or reports in a form and at intervals specified by the Director but at least annually:

(a) A balance sheet detailing the assets, liabilities and net worth of the institution for its fiscal year; and

(b) A statement of income and expenses for the fiscal year.

2. Each hospital with 100 or more beds shall file with the ~~{Department,}~~ *Authority*, in a form and at intervals specified by the Director but at least annually, a capital improvement report which includes, without limitation, any major service line that the hospital has added or is in the process of adding since the previous report was filed, any major expansion of the existing facilities of the hospital that has been completed or is in the process of being completed since the previous report was filed, and any major piece of equipment that the hospital has acquired or is in the process of acquiring since the previous report was filed.

3. In addition to the information required to be filed pursuant to subsections 1 and 2, each hospital with 100 or more beds shall file with the ~~{Department,}~~ *Authority*, in a form and at intervals specified by the Director but at least annually:



(a) The expenses that the hospital has incurred for providing community benefits and the in-kind services that the hospital has provided to the community in which it is located. These expenses must be reported as the total amount expended for community benefits and in-kind services and reported as a percentage of the total net revenues of the hospital. For the purposes of this paragraph, “community benefits” includes, without limitation, goods, services and resources provided by a hospital to a community to address the specific needs and concerns of that community, services provided by a hospital to the uninsured and underserved persons in that community, training programs for employees in a community and health care services provided in areas of a community that have a critical shortage of such services, for which the hospital does not receive full reimbursement.

(b) A statement of its policies and procedures for providing discounted services to, or reducing charges for services provided to, persons without health insurance that are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260.

(c) A list of the services which the hospital purchased from its corporate home office.

(d) A report of the cost to the hospital of providing services to patients covered by Medicare.

(e) Financial information from the consolidated corporation, if the hospital is owned by such a corporation and if that information is publicly available, including, without limitation, the annual report of the consolidated corporation.

(f) A statement of its policies regarding patients’ account receivables, including, without limitation, the manner in which a hospital collects or makes payment arrangements for patients’ account receivables, the factors that initiate collections and the method by which unpaid account receivables are collected.

4. A complete current charge master must be available at each hospital during normal business hours for review by the Director, any payor that has a contract with the hospital to pay for services provided by the hospital, any payor that has received a bill from the hospital and any state agency that is authorized to review such information. The complete and current charge master must be made available to the ~~{Department,}~~ **Authority**, at the request of the Director, in an electronic format specified by the ~~{Department,}~~ **Authority**. The ~~{Department,}~~ **Authority** may use the electronic copy of the charge master to review and analyze the data contained in the charge master and, except as otherwise provided in NRS 439A.200 to 439A.290,



inclusive, shall not release or publish the information contained in the charge master.

5. The Director shall require the certification of specified financial reports by an independent certified public accountant and may require attestations from responsible officers of the institution that the reports are, to the best of their knowledge and belief, accurate and complete to the extent that the certifications and attestations are not required by federal law.

6. The Director shall require:

(a) The filing of all reports by specified dates, and may adopt regulations which assess penalties for failure to file as required; and

(b) The submission of a final annual report not later than 6 months after the close of the fiscal year,

➤ and may grant extensions to institutions which can show that the required information is not available on the required reporting date.

7. All reports, except privileged medical information, filed under any provisions of NRS 449.450 to 449.530, inclusive:

(a) Are open to public inspection;

(b) Must be in a form which is readily understandable by a member of the general public;

(c) Must, as soon as practicable after those reports become available, be posted on the Internet website maintained *by the Authority* pursuant to NRS 439A.270; and

(d) Must be available for examination at the office of the ~~{Department}~~ *Authority* during regular business hours.

Sec. 244. NRS 449.520 is hereby amended to read as follows:

449.520 1. On or before October 1 of each year, the Director shall prepare and transmit to the Governor, the Joint Interim Standing Committee on Health and Human Services and the Interim Finance Committee a report of the ~~{Department's}~~ *Authority's* operations and activities for the preceding fiscal year.

2. The report prepared pursuant to subsection 1 must ~~{include:}~~ *include, for the immediately preceding fiscal year:*

(a) Copies of all reports, summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive, together with such facts, suggestions and policy recommendations as the Director deems necessary;

(b) A summary of the trends of the audits of hospitals in this State that the ~~{Department}~~ *Authority* required or performed during the previous year;

(c) An analysis of the trends in the costs, expenses and profits of hospitals in this State;



(d) An analysis of the methodologies used to determine the corporate home office allocation of hospitals in this State;

(e) An examination and analysis of the manner in which hospitals are reporting the information that is required to be filed pursuant to NRS 449.490, including, without limitation, an examination and analysis of whether that information is being reported in a standard and consistent manner, which fairly reflect the operations of each hospital;

(f) A review and comparison of the policies and procedures used by hospitals in this State to provide discounted services to, and to reduce charges for services provided to, persons without health insurance;

(g) A review and comparison of the policies and procedures used by hospitals in this State to collect unpaid charges for services provided by the hospitals; and

(h) A summary of the status of the programs established pursuant to NRS 439A.220 and 439A.240 to increase public awareness of health care information concerning the hospitals and surgical centers for ambulatory patients in this State, including, without limitation, the information that was posted in the preceding fiscal year on the Internet website maintained *by the Authority* for those programs pursuant to NRS 439A.270.

3. The Joint Interim Standing Committee on Health and Human Services shall develop a comprehensive plan concerning the provision of health care in this State which includes, without limitation:

(a) A review of the health care needs in this State as identified by state agencies, local governments, providers of health care and the general public; and

(b) A review of the capital improvement reports submitted by hospitals pursuant to subsection 2 of NRS 449.490.

Sec. 245. NRS 449A.017 is hereby amended to read as follows:

449A.017 “Division” means the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority.*

Sec. 246. NRS 449A.186 is hereby amended to read as follows:

449A.186 1. Except as otherwise provided in this section, a person other than the patient or the representative of the patient who has requested the installation and use of an electronic communication device pursuant to NRS 449A.182 shall not intentionally:



(a) Obstruct, tamper with or destroy the electronic communication device or any recording made by the electronic communication device; or

(b) View or listen to any images or sounds which are displayed, broadcast or recorded by the electronic communication device.

2. The following persons may view or listen to the images or sounds which are displayed, broadcast or recorded by an electronic communication device installed and used pursuant to NRS 449A.182 or temporarily disable or turn off such a device:

(a) A representative of a law enforcement agency who is conducting an investigation;

(b) A representative of the Aging and Disability Services Division ~~for the Division of Public and Behavioral Health~~ of the Department of ~~Health and~~ Human Services *or the Health Care Purchasing and Compliance Division of the Nevada Health Authority* who is conducting an investigation;

(c) The State Long-Term Care Ombudsman; and

(d) An attorney who is representing the patient or a roommate of the patient and acting within the scope of that representation.

3. A patient or the representative of the patient who has requested the installation and use of an electronic communication device pursuant to NRS 449A.182 may authorize a person other than a person described in subsection 2 to view or listen to the images or sounds which are displayed, broadcast or recorded by the electronic communication device. Any such authorization must be made in writing. The patient or representative, as applicable, may provide a copy of the authorization to the facility and the roommate of the patient or the representative of the roommate, if any.

4. A person who temporarily disables or turns off an electronic communication device pursuant to subsection 2 shall ensure that the functions of the electronic communication device are appropriately enabled or turned back on before exiting the living quarters of the patient.

5. A facility for skilled nursing shall not deny admission to or discharge a patient from the facility or otherwise discriminate or retaliate against a patient because of a decision to request the installation and use of an electronic communication device in the living quarters of the patient pursuant to NRS 449A.182.

Sec. 247. NRS 449A.280 is hereby amended to read as follows:

449A.280 A contract between a resident and a residential facility for groups for the delivery of services to the resident must:

1. Be entitled “Service Delivery Contract for Residential Facility for Groups”;



2. Be printed in at least 12 point type; and
3. Include, without limitation, the following information in the body of the contract or in a supporting document or attachment:
 - (a) The name, physical address and mailing address, if different, of the residential facility for groups;
 - (b) The name and mailing address of every person, partnership, association or corporation which establishes, conducts, manages or operates the residential facility for groups;
 - (c) The name and address of at least one person who is authorized to accept service on behalf of the parties described in paragraph (b);
 - (d) A telephone number or the address of the Internet website of:
 - (1) The Division that the resident or a representative of the resident may use to verify the status of the license of the residential facility for groups; and
 - (2) Each licensing board or other regulatory body that has issued a license to a provider of health care or other person required to be licensed who provides services to residents at the residential facility for groups that the resident or a representative of the resident may use to verify the status of the license of the provider of health care or other person;
 - (e) The duration of the contract;
 - (f) The manner in which the contract may be modified, amended or terminated;
 - (g) The base rate to be paid by the resident and a description of the services to be provided as part of the base rate;
 - (h) A fee schedule outlining the cost of any additional services;
 - (i) Any additional fee to be paid by the resident pursuant to the fee schedule and a description of any additional services to be provided as part of that fee, either directly by the residential facility for groups or by a third-party provider of services under contract with the facility;
 - (j) A statement affirming the freedom of the resident to receive services from a provider of services with whom the residential facility for groups does not have a contractual arrangement, which may also disclaim liability on the part of the residential facility for groups for any such services;
 - (k) The procedures and requirements for billing and payment under the contract;
 - (l) A statement detailing the criteria and procedures for admission, management of risk and termination of residency;
 - (m) The obligations of the resident in order to maintain residency and receive services, including, without limitation, compliance with



the annual physical examination and assessment required by NRS 449.1845;

(n) A description of the process of the residential facility for groups for resolving the complaints of residents and contact information for the Aging and Disability Services Division ~~[and the Division of Public and Behavioral Health]~~ of the Department of ~~[Health and]~~ Human Services ~~[;]~~ *and the Health Care Purchasing and Compliance Division of the Nevada Health Authority;*

(o) The name and mailing address of any representative of the resident, if applicable; and

(p) Contact information for:

(1) The State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125;

(2) The Nevada Disability Advocacy and Law Center, or its successor organization; or

(3) Other resources for legal aid or mental health assistance, as appropriate.

Sec. 248. NRS 450.750 is hereby amended to read as follows:

450.750 For the purposes of NRS 422.380 to 422.390, inclusive, if a hospital district created pursuant to NRS 450.550 to 450.750, inclusive, includes territory within more than one county, the board of county commissioners of the county in which the hospital is located shall be deemed to be the local government responsible for transferring payments of money to the ~~[Department]~~ *Nevada Health Authority* for treatment of patients pursuant to the provisions of NRS 422.380 to 422.390, inclusive.

Sec. 249. NRS 450B.215 is hereby amended to read as follows:

450B.215 1. If the health authority receives notification from the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to NRS 439.5895 that the holder of a permit to operate an ambulance, air ambulance or vehicle of a fire-fighting agency is not in compliance with the requirements of subsection 4 of NRS 439.589, the health authority may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative penalty in an amount established by regulation of the board.

2. The health authority shall not suspend or revoke a permit for failure to comply with the requirements of subsection 4 of NRS 439.589.

Sec. 250. NRS 451.587 is hereby amended to read as follows:

451.587 1. Each nontransplant anatomical donation organization that procures a human body or part in this State shall:

(a) Be certified by the Division;



(b) Follow the standards and guidelines established by the State Board of Health pursuant to subsection 2; and

(c) Report to the Division, in a manner and frequency prescribed by the State Board of Health, the number and disposition of human bodies or parts procured by the nontransplant anatomical donation organization.

2. The State Board of Health shall:

(a) Adopt regulations that establish standards and guidelines for nontransplant anatomical donation organizations which must be substantially based upon federal laws and regulations relating to the procurement of human bodies and parts, NRS 451.500 to 451.598, inclusive, and the best standards and practices in the industry; and

(b) Adopt any regulations necessary to carry out the provisions of this section, including, without limitation, regulations that establish a fee for an application for the issuance or renewal of a certification as a nontransplant anatomical donation organization.

3. Before adopting or amending any regulation pursuant to subsection 2, the State Board of Health shall seek input from each procurement organization and nontransplant anatomical donation organization in this State.

4. The Division shall:

(a) Collect and analyze information from each nontransplant anatomical donation organization in this State on the number and disposition of human bodies and parts procured by the nontransplant anatomical donation organization and make such information available to the Governor and the Legislature upon request; and

(b) Monitor all nontransplant anatomical donation organizations in this State for compliance with federal and state laws and regulations.

5. A person who engages in the activity of a nontransplant anatomical donation organization without being certified by the Division pursuant to this section or who violates the standards and guidelines adopted by the State Board of Health pursuant to subsection 2 is guilty of a category C felony and shall be punished as provided in NRS 193.130, or by a fine of not more than \$50,000, or by both fine and the punishment provided in NRS 193.130.

6. As used in this section:

(a) “Division” means the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority.*

(b) “Nontransplant anatomical donation organization” means a person who engages in the recovery, screening, testing, processing,



storage or distribution of human bodies or parts for a purpose other than transplantation, including, without limitation, education, research or the advancement of medical, dental or mortuary science.

Sec. 251. NRS 453.038 is hereby amended to read as follows:

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

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

2. Under emergency treatment in a hospital by a physician, advanced practice registered nurse, certified registered nurse anesthetist, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant or anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse, certified registered nurse anesthetist, dentist or podiatric physician authorizing the administration of a drug to the patient.

Sec. 252. NRS 453.316 is hereby amended to read as follows:

453.316 1. A person who opens or maintains any place for the purpose of unlawfully selling, giving away or using any controlled substance is guilty of a category C felony and shall be punished as provided in NRS 193.130.

2. If a person convicted of violating this section has previously been convicted of violating this section, or if, in the case of a first conviction of violating this section, the person has been convicted of an offense under the laws of the United States or any state, territory or district which, if committed in this State, would amount to a felony under this section, the person is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, and may be further punished by a fine of not more than \$10,000.

3. This section does not apply to:

(a) Any rehabilitation clinic established ~~for licensed~~ by the Division of Public and Behavioral Health of the Department ~~[]~~ *or licensed by the Health Care Purchasing and Compliance Division of the Nevada Health Authority.*

(b) Any cannabis consumption lounge, as defined in NRS 678A.087, whose activities are confined to those authorized in title 56 of NRS.

(c) Any person who opens or maintains any public place in which a person is authorized to consume cannabis, as defined in NRS 678A.085, or cannabis products, as defined in NRS 678A.120,



pursuant to regulations adopted by the Cannabis Compliance Board pursuant to NRS 678B.645, and whose activities are confined to those authorized by such regulations.

Sec. 253. NRS 453.411 is hereby amended to read as follows:

453.411 1. It is unlawful for a person knowingly to use or be under the influence of a controlled substance except in accordance with a lawfully issued prescription.

2. It is unlawful for a person knowingly to use or be under the influence of a controlled substance except when administered to the person at a rehabilitation clinic established ~~for licensed~~ by the Division of Public and Behavioral Health of the Department ~~[]~~ *or licensed by the Health Care Purchasing and Compliance Division of the Nevada Health Authority*, or a hospital certified by the Department.

3. Unless a greater penalty is provided in NRS 212.160, a person who violates this section shall be punished for a misdemeanor.

Sec. 254. NRS 454.0041 is hereby amended to read as follows:

454.0041 “Chart order” means an order entered on the chart of a patient:

1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services;]~~ *the Nevada Health Authority*; or

2. Under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

Sec. 255. NRS 483.800 is hereby amended to read as follows:

483.800 1. The following sources shall submit, within 30 days after learning such information, to the Department the name, address, birth date, social security number, visual acuity and any other information which may be required by regulation of the Department, of persons who are blind or night-blind or whose vision is severely impaired and shall designate whether the person is blind, night-blind or has severely impaired vision:

(a) Hospitals, medical clinics and similar institutions which treat persons who are blind, night-blind or whose vision is severely impaired; and

(b) Agencies of the State and political subdivisions which provide special tax consideration for blindness.

2. When any source described in subsection 1 learns that vision has been restored to any person whose name appears in the registry established pursuant to subsection 3, the fact of restoration of vision



must be reported to the registry within 30 days after learning of that fact.

3. The Department may establish a registry for the purposes of this section and adopt regulations governing reports to and operation of the registry.

4. The Department shall maintain a file of the names, addresses, birth dates and social security numbers of persons who are blind or night-blind or whose vision is severely impaired.

5. Except as otherwise provided in NRS 239.0115, all information learned by the Department pursuant to this section is confidential and any person who, without the consent of the person concerned, reveals that information for purposes other than those specified in this section, or other than for administration of the Program for Supplemental Security Income, including State Supplementary Assistance pursuant to chapter ~~[422 or]~~ 422A of NRS, or services to persons who are blind pursuant to NRS 426.517 to 426.610, inclusive, is guilty of a misdemeanor.

Sec. 256. NRS 608.156 is hereby amended to read as follows:

608.156 1. In addition to any benefits required by NRS 608.1555, if an employer provides health benefits for his or her employees, the employer shall provide benefits for the expenses for the treatment of alcohol and substance use disorders. The annual benefits provided by the employer must include, without limitation:

(a) Treatment for withdrawal from the physiological effects of alcohol or drugs, with a maximum benefit of \$1,500 per calendar year.

(b) Treatment for a patient admitted to a facility, with a maximum benefit of \$9,000 per calendar year.

(c) Counseling for a person, group or family who is not admitted to a facility, with a maximum benefit of \$2,500 per calendar year.

2. The maximum amount which may be paid in the lifetime of the insured for any combination of the treatments listed in subsection 1 is \$39,000.

3. Except as otherwise provided in NRS 687B.409, these benefits must be paid in the same manner as benefits for any other illness covered by the employer are paid.

4. The employee is entitled to these benefits if treatment is received in any:

(a) Program for the treatment of alcohol or substance use disorders which is certified by the Division of Public and Behavioral Health of the Department of ~~[Health and]~~ Human Services.

(b) Hospital or other medical facility or facility for the dependent which is licensed by the *Health Care Purchasing and Compliance*



Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~ *the Nevada Health Authority*, is accredited by The Joint Commission or CARF International and provides a program for the treatment of alcohol or substance use disorders as part of its accredited activities.

Sec. 257. NRS 608.630 is hereby amended to read as follows:

608.630 1. As soon as practicable after the appointment of the members of a home care employment standards board pursuant to NRS 608.610, the Director shall fix a date for the first meeting of the board. If a home care employment standards board is established upon the petition of 50 or more home care employees pursuant to NRS 608.610, the first meeting of the board must be held not later than 60 days after the date of the meeting described in NRS 608.620.

2. Before the first meeting of a home care employment standards board, the Director and the Labor Commissioner shall conduct a preliminary investigation into the wages and working conditions of home care employees in this State and the compliance of home care employers with applicable federal, state and local laws. The Director and the Labor Commissioner shall coordinate with the Aging and Disability Services Division of the Department, the *Medicaid* Division of ~~[Health Care Financing and Policy of]~~ the ~~[Department]~~ *Nevada Health Authority* and the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department]~~ *the Nevada Health Authority* as necessary to complete the investigation.

3. The Director and the Labor Commissioner shall present the results of the preliminary investigation conducted pursuant to subsection 2 to the home care employment standards board at the first meeting of the board.

4. As used in this section, “Department” means the Department of ~~[Health and]~~ Human Services.

Sec. 258. NRS 612.167 is hereby amended to read as follows:

612.167 “Hospital” means an institution which has been licensed, certified or approved by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~ *the Nevada Health Authority*.

Sec. 259. NRS 618.7317 is hereby amended to read as follows:

618.7317 1. The Division shall, in consultation with the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~



the Nevada Health Authority, define by regulation the term “unit” for the purposes of NRS 618.7301 to 618.7318, inclusive.

2. In addition to the regulations adopted pursuant to subsection 1, the Division shall adopt regulations that:

(a) Prescribe minimum requirements for the procedures for assessing and responding to situations that create the potential for workplace violence included in the plan adopted pursuant to paragraph (b) of subsection 1 of NRS 618.7312.

(b) Prescribe minimum requirements for the engineering controls, work practice controls and other appropriate measures to prevent and mitigate the risk of workplace violence carried out pursuant to NRS 618.7315.

(c) Prescribe the required contents of a record of workplace violence maintained pursuant to NRS 618.7316.

Sec. 260. NRS 618.7318 is hereby amended to read as follows:

618.7318 1. A medical facility shall submit to the Division the most current annual summary of workplace injuries and illnesses compiled pursuant to 29 C.F.R. § 1904.32.

2. The Division shall make available on an Internet website maintained by the Division a copy of the most recent:

(a) Annual summary submitted by each medical facility in this State pursuant to subsection 1;

(b) Reports prepared by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services]~~ *the Nevada Health Authority* pursuant to NRS 439.840 and 439.845; and

(c) Sentinel Event Data Summary published by The Joint Commission or its successor organization or, if that summary ceases to be published, a similar report selected by the Division.

Sec. 261. NRS 622.315 is hereby amended to read as follows:

622.315 1. Any regulatory body may share information in its possession relating to public health concerns with any other regulatory body and with the Division of Public and Behavioral Health of the Department of ~~[Health and]~~ Human Services ~~[.]~~ *or the Health Care Purchasing and Compliance Division of the Nevada Health Authority*, if the confidentiality of the information is otherwise maintained in accordance with the terms and conditions required by law.

2. Any regulatory body may conduct a joint investigation with the Division of Public and Behavioral Health *or the Health Care Purchasing and Compliance Division* if either of them so requests and the regulatory body and the Division *of Public and Behavioral Health or the Health Care Purchasing and Compliance Division*,



as applicable, agree that each of them will benefit from conducting a joint investigation.

Sec. 262. NRS 622A.120 is hereby amended to read as follows:

622A.120 1. The following regulatory bodies are exempted from the provisions of this chapter:

- (a) State Contractors' Board.
- (b) Real Estate Commission, Real Estate Administrator and Real Estate Division of the Department of Business and Industry.
- (c) Commission of Appraisers of Real Estate.
- (d) Commissioner of Mortgage Lending and Division of Mortgage Lending of the Department of Business and Industry.
- (e) Commissioner of Financial Institutions and Division of Financial Institutions of the Department of Business and Industry.
- (f) State Board of Health ~~and~~, Division of Public and Behavioral Health of the Department of ~~Health and~~ Human Services ~~and~~ *and Health Care Purchasing and Compliance Division of the Nevada Health Authority.*

2. Any regulatory body which is exempted from the provisions of this chapter pursuant to subsection 1 may elect by regulation to follow the provisions of this chapter or any portion thereof.

Sec. 263. NRS 629.051 is hereby amended to read as follows:

629.051 1. Except as otherwise provided in this section and in regulations adopted by the State Board of Health pursuant to NRS 652.135 with regard to the records of a medical laboratory and unless a longer period is provided by federal law, each custodian of health care records shall retain the health care records of patients as part of the regularly maintained records of the custodian for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc, magnetic tape and optical disc, which does not adversely affect their use for the purposes of NRS 629.061. Health care records:

(a) Must, except as otherwise provided in subsections 5 and 6 of NRS 439.589, be created, maintained, transmitted and exchanged electronically as required by subsection 4 of NRS 439.589; and

(b) May be created, authenticated and stored in a health information exchange which meets the requirements of NRS 439.581 to 439.597, inclusive, and the regulations adopted pursuant thereto.

2. A provider of health care shall post, in a conspicuous place in each location at which the provider of health care performs health care services, a sign which discloses to patients that their health care records may be destroyed after the period set forth in subsection 1.



3. When a provider of health care performs health care services for a patient for the first time, the provider of health care shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be destroyed after the period set forth in subsection 1.

4. If a provider of health care fails to deliver the written statement to the patient pursuant to subsection 3, the provider of health care shall deliver to the patient the written statement described in subsection 3 when the provider of health care next performs health care services for the patient.

5. In addition to delivering a written statement pursuant to subsection 3 or 4, a provider of health care may deliver such a written statement to a patient at any other time.

6. A written statement delivered to a patient pursuant to this section may be included with other written information delivered to the patient by a provider of health care.

7. A custodian of health care records shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.

8. If a health care licensing board receives notification from the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to NRS 439.5895 that a provider of health care to which the health care licensing board has issued a license is not in compliance with the requirements of subsection 4 of NRS 439.589, the health care licensing board may, after notice and the opportunity for a hearing in accordance with the provisions of this title, require corrective action or impose an administrative penalty in an amount not to exceed the maximum penalty that the health care licensing board is authorized to impose for other violations. The health care licensing board shall not suspend or revoke a license for failure to comply with the requirements of subsection 4 of NRS 439.589.

9. The provisions of this section, except for the provisions of paragraph (a) of subsection 1 and subsection 8, do not apply to a pharmacist.

10. The State Board of Health shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the signs and written statements required pursuant to this section; and



(b) Any other regulations necessary to carry out the provisions of this section.

11. As used in this section:

(a) “Health care licensing board” means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 641, 641A, 641B, 641C or 641D of NRS.

(2) The Division of Public and Behavioral Health of the Department of ~~[Health and]~~ Human Services.

(3) The ~~[State Board of Health with respect to licenses issued pursuant to chapter 640D or 640E of NRS.]~~ *Health Care Purchasing and Compliance Division of the Nevada Health Authority.*

(b) “License” has the meaning ascribed to it in NRS 439.5895.

Sec. 264. NRS 629.079 is hereby amended to read as follows:

629.079 1. If a health care licensing board determines that a complaint received by the health care licensing board concerns a matter within the jurisdiction of another health care licensing board, the health care licensing board which received the complaint shall:

(a) Except as otherwise provided in paragraph (b), refer the complaint to the other health care licensing board within 5 days after making the determination; and

(b) If the health care licensing board also determines that the complaint concerns an emergency situation, immediately refer the complaint to the other health care licensing board.

2. If a health care licensing board determines that a complaint received by the health care licensing board concerns a public health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health care licensing board shall immediately notify the appropriate health authority for the purposes of NRS 439.970.

3. A health care licensing board may refer a complaint pursuant to subsection 1 or provide notification pursuant to subsection 2 orally, electronically or in writing.

4. The provisions of subsections 1 and 2 apply to any complaint received by a health care licensing board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the health care licensing board that received the complaint and by another health care licensing board; and



(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another health care licensing board.

5. The provisions of this section do not prevent a health care licensing board from acting upon a complaint which concerns a matter within the jurisdiction of the health care licensing board regardless of whether the health care licensing board refers the complaint pursuant to subsection 1 or provides notification based upon the complaint pursuant to subsection 2.

6. A health care licensing board or an officer or employee of the health care licensing board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

7. As used in this section:

(a) “Health care facility” means any facility licensed pursuant to chapter 449 of NRS.

(b) “Health care licensing board” means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, ~~640D, 640E,~~ 641, 641A, 641B, 641C or 641D of NRS.

(2) The Division of Public and Behavioral Health of the Department of ~~Health and~~ Human Services.

(3) The Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 265. NRS 629.250 is hereby amended to read as follows:

629.250 1. A health care licensing board shall not disqualify a person from licensure or subject any person to discipline solely:

(a) For providing or assisting in the provision of reproductive health care services; or

(b) As a consequence of any judgment, discipline or other sanction threatened or imposed under the laws of the District of Columbia or any state or territory of the United States for providing or assisting in the provision of reproductive health care services,

➡ if the reproductive health care services as provided would have been lawful and consistent with standards for the practice of the relevant profession in this State.

2. As used in this section:

(a) “Health care licensing board” means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, ~~640D, 640E,~~ 641, 641A, 641B, 641C or 641D of NRS.

(2) The Division of Public and Behavioral Health of the Department of ~~Health and~~ Human Services.



(3) The Health Care Purchasing and Compliance Division of the Nevada Health Authority.

(b) “Reproductive health care services” means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State.

Sec. 266. NRS 629.260 is hereby amended to read as follows:

629.260 1. A health care facility shall not provide a patient with human reproductive material for assisted reproduction except in accordance with any written agreement entered into between:

- (a) The health care facility and the patient; and
- (b) The health care facility and the donor.

2. A health care facility that violates the provisions of this section is subject to a civil penalty of not more than \$10,000 for each violation. This penalty must be recovered in a civil action, brought in the name of the State of Nevada by the Attorney General. In such an action, the Attorney General may recover reasonable attorney’s fees and costs. If a civil penalty is imposed against a health care facility for violating the provisions of this section, the Attorney General shall, within 30 days after the imposition of the civil penalty, notify:

(a) The ***Health Care Purchasing and Compliance*** Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ ***the Nevada Health Authority***, if the violation was committed by a medical facility or medical laboratory.

(b) The occupational licensing board responsible for licensing the provider of health care who oversees an unlicensed health care facility, if the violation was committed by a health care facility that is not a medical facility or medical laboratory.

3. As used in this section:

(a) “Assisted reproduction” has the meaning ascribed to it in NRS 126.510.

(b) “Health care facility” means a medical facility, sperm bank, laboratory, clinic or office of a provider of health care that provides services relating to assisted reproduction.

(c) “Human reproductive material” means a gamete or human organism at any stage of development from fertilized ovum to embryo.

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



(e) “Medical laboratory” has the meaning ascribed to it in NRS 652.060.

(f) “Provider of health care” has the meaning ascribed to it in NRS 200.975.

Sec. 267. NRS 630.133 is hereby amended to read as follows:

630.133 1. The Board shall immediately notify the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department of Health and Human Services}~~ *the Nevada Health Authority* if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the *Health Care Purchasing and Compliance* Division ~~{of Public and Behavioral Health}~~ pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 268. NRS 630.307 is hereby amended to read as follows:

630.307 1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care on a form provided by the Board. The form may be submitted in writing or electronically. If a complaint is submitted anonymously, the Board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. Any licensee, medical school or medical facility that becomes aware that a person practicing medicine, perfusion or respiratory care in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.

3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in the privileges of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to practice while the physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care concerning the care of a patient or



the competency of the physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care within 30 days after the change in privileges is made or disciplinary action is taken.

4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days after a change in the privileges of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to practice that is based on:

(a) An investigation of the mental, medical or psychological competency of the physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care; or

(b) Suspected or alleged substance abuse in any form by the physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care.

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority*. If, after a hearing, the *Health Care Purchasing and Compliance* Division ~~[of Public and Behavioral Health]~~ determines that any such facility or society failed to comply with the requirements of subsection 3 or 4, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

6. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care:

(a) Is mentally ill;

(b) Is mentally incompetent;

(c) Has been convicted of a felony or any law governing controlled substances or dangerous drugs;

(d) Is guilty of abuse or fraud under any state or federal program providing medical assistance; or

(e) Is liable for damages for malpractice or negligence,

➔ within 45 days after such a finding, judgment or determination is made.



7. The Board shall retain all complaints filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

Sec. 269. NRS 630.415 is hereby amended to read as follows:

630.415 1. A physician or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the physician or a person acting on behalf of the employee who in good faith:

(1) Reports to the Board of Medical Examiners information relating to the conduct of the physician which may constitute grounds for initiating disciplinary action against the physician or which otherwise raises a reasonable question regarding the competence of the physician to practice medicine with reasonable skill and safety to patients; or

(2) Reports a sentinel event to the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services]~~ *the Nevada Health Authority* pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician and who:

(1) In good faith, reports to the physician, the Board of Medical Examiners, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the physician or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the physician, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse, nursing assistant or



medication aide - certified to disciplinary action by the State Board of Nursing; or

(c) An employee of the physician, a person acting on behalf of the employee or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician and who cooperates or otherwise participates in an investigation or proceeding conducted by the Board of Medical Examiners or another governmental entity relating to conduct described in paragraph (a) or (b).

2. A physician or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certificate who is employed by or contracts to provide nursing services for the physician because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified has taken an action described in subsection 1.

3. A physician or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician to take an action described in subsection 1.

4. As used in this section:

(a) “Good faith” means honesty in fact in the reporting of the information or in the cooperation of the investigation concerned.

(b) “Retaliate or discriminate”:

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;

(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

(VI) The denial of a promotion;

(VII) A suspension;

(VIII) A dismissal;



(IX) A transfer; or

(X) Frequent changes in working hours or workdays.

(2) Does not include an action described in sub-subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 270. NRS 632.121 is hereby amended to read as follows:

632.121 1. The Board shall immediately notify the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department of Health and Human Services}~~ *the Nevada Health Authority* if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the *Health Care Purchasing and Compliance* Division ~~{of Public and Behavioral Health}~~ pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 271. NRS 632.127 is hereby amended to read as follows:

632.127 1. The Board shall supply the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department of Health and Human Services}~~ *the Nevada Health Authority* upon request with a list of each training program approved by the Board.

2. The Board shall share with each state agency which regulates medical facilities and facilities for the dependent any information the Board receives concerning disciplinary action taken against nursing assistants or medication aides - certified who work in the facilities.

Sec. 272. NRS 633.283 is hereby amended to read as follows:

633.283 1. The Board shall immediately notify the *Health Care Purchasing and Compliance* Division of ~~{Public and Behavioral Health of the Department of Health and Human Services}~~ *the Nevada Health Authority* if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the *Health Care Purchasing and Compliance* Division ~~{of Public and Behavioral Health}~~ pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.



Sec. 273. NRS 633.524 is hereby amended to read as follows:

633.524 1. The Board shall require each holder of a license to practice osteopathic medicine issued pursuant to this chapter to submit to the Board, on a form provided by the Board, and in the format required by the Board by regulation, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

(a) At a medical facility as that term is defined in NRS 449.0151; or

(b) Outside of this State.

2. In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice osteopathic medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1. The report must be submitted in the manner prescribed by the Board which must be substantially similar to the manner prescribed by the State Board of Health for reporting information pursuant to NRS 439.835.

3. Each holder of a license to practice osteopathic medicine shall submit the reports required pursuant to subsections 1 and 2:

(a) At the time the holder of the license renews his or her license; and

(b) Whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly or willfully filing false information in a report constitutes grounds for initiating disciplinary action pursuant to NRS 633.511.

4. In addition to the reports required pursuant to subsections 1 and 2, the Board shall require each holder of a license to practice osteopathic medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.

5. The Board shall:

(a) Collect and maintain reports received pursuant to subsections 1, 2 and 4;

(b) Ensure that the reports, and any additional documents created from the reports, are protected adequately from fire, theft, loss, destruction and other hazards, and from unauthorized access; and

(c) Submit to the *Health Care Purchasing and Compliance* Division of ~~Public and Behavioral~~ *the Nevada Health Authority* a



copy of the report submitted pursuant to subsection 1. The Division shall maintain the confidentiality of such reports in accordance with subsection 6.

6. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1, 2 or 4 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

7. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to relieve the patient's anxiety or pain, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation.

8. In addition to any other remedy or penalty, if a holder of a license to practice osteopathic medicine fails to submit a report or knowingly or willfully files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice osteopathic medicine with notice and opportunity for a hearing, impose against the holder of a license an administrative penalty for each such violation. The Board shall establish by regulation a sliding scale based on the severity of the violation to determine the amount of the administrative penalty to be imposed against the holder of the license to practice osteopathic medicine. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

9. As used in this section:

(a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

(b) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(c) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

(d) "Sentinel event" has the meaning ascribed to it in NRS 439.830.

Sec. 274. NRS 633.533 is hereby amended to read as follows:

633.533 1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against an osteopathic physician, physician assistant or anesthesiologist assistant on a form provided by the Board. The form may be submitted in writing or electronically. If a complaint is submitted anonymously, the Board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the



complaint impossible or unfair to the person who is the subject of the complaint.

2. Any licensee, medical school or medical facility that becomes aware that a person practicing osteopathic medicine or practicing as a physician assistant or anesthesiologist assistant in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.

3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall file a written report with the Board of any change in the privileges of an osteopathic physician, physician assistant or anesthesiologist assistant to practice while the osteopathic physician, physician assistant or anesthesiologist assistant is under investigation, and the outcome of any disciplinary action taken by the facility or society against the osteopathic physician, physician assistant or anesthesiologist assistant concerning the care of a patient or the competency of the osteopathic physician, physician assistant or anesthesiologist assistant, within 30 days after the change in privileges is made or disciplinary action is taken.

4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days after a change in the privileges of an osteopathic physician, physician assistant or anesthesiologist assistant that is based on:

(a) An investigation of the mental, medical or psychological competency of the osteopathic physician, physician assistant or anesthesiologist assistant; or

(b) A suspected or alleged substance use disorder in any form by the osteopathic physician, physician assistant or anesthesiologist assistant.

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the **Health Care Purchasing and Compliance** Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ **the Nevada Health Authority**. If, after a hearing, the Division determines that any such facility or society failed to comply with the requirements of subsection 3 or 4, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.



6. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that an osteopathic physician, physician assistant or anesthesiologist assistant:

- (a) Is mentally ill;
 - (b) Is mentally incompetent;
 - (c) Has been convicted of a felony or any law governing controlled substances or dangerous drugs;
 - (d) Is guilty of abuse or fraud under any state or federal program providing medical assistance; or
 - (e) Is liable for damages for malpractice or negligence,
- within 45 days after the finding, judgment or determination.

Sec. 275. NRS 633.750 is hereby amended to read as follows:

633.750 1. An osteopathic physician or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the osteopathic physician or a person acting on behalf of the employee who in good faith:

(1) Reports to the State Board of Osteopathic Medicine information relating to the conduct of the osteopathic physician which may constitute grounds for initiating disciplinary action against the osteopathic physician or which otherwise raises a reasonable question regarding the competence of the osteopathic physician to practice medicine with reasonable skill and safety to patients; or

(2) Reports a sentinel event to the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services]~~ *the Nevada Health Authority* pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician and who:

(1) In good faith, reports to the osteopathic physician, the State Board of Osteopathic Medicine, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the osteopathic physician or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or



(III) Any other concerns regarding the osteopathic physician, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to disciplinary action by the State Board of Nursing; or

(c) An employee of the osteopathic physician, a person acting on behalf of the employee or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician and who cooperates or otherwise participates in an investigation or proceeding conducted by the State Board of Osteopathic Medicine or another governmental entity relating to conduct described in paragraph (a) or (b).

2. An osteopathic physician or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the osteopathic physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified has taken an action described in subsection 1.

3. An osteopathic physician or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the osteopathic physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician to take an action described in subsection 1.

4. As used in this section:

(a) “Good faith” means honesty in fact in the reporting of the information or in the cooperation in the investigation concerned.

(b) “Retaliate or discriminate”:

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified took an action described in subsection 1:



- (I) Frequent or undesirable changes in the location where the person works;
- (II) Frequent or undesirable transfers or reassignments;
- (III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;
- (IV) A demotion;
- (V) A reduction in pay;
- (VI) The denial of a promotion;
- (VII) A suspension;
- (VIII) A dismissal;
- (IX) A transfer; or
- (X) Frequent changes in working hours or workdays.

(2) Does not include an action described in sub-subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 276. NRS 634B.040 is hereby amended to read as follows:

634B.040 “Division” means the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority.*

Sec. 277. NRS 639.004 is hereby amended to read as follows:

639.004 “Chart order” means an order entered on the chart of a patient in a hospital, recovery center, facility for intermediate care or facility for skilled nursing which is licensed as such by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority* or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

Sec. 278. NRS 639.0144 is hereby amended to read as follows:

639.0144 “Recovery center” means any public or private facility that provides only short-term care, not to exceed 72 hours, to a person recovering from surgery, which is licensed as such by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority.*

Sec. 279. NRS 639.2327 is hereby amended to read as follows:

639.2327 A facility for intermediate care or facility for skilled nursing which is licensed as such by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority* and is registered with the Board pursuant to this chapter



may maintain a stock of drugs for emergency treatment of inpatients, subject to the following conditions:

1. The Board shall by regulation determine the specific drugs and the quantities thereof which may be maintained.

2. The emergency stock of drugs must be maintained at all times in a solid, sealed container and the seal must remain intact except when the drugs are needed for emergency treatment of a patient in the facility. The sealed container must be stored at all times in a locked compartment on the premises of the facility.

3. All drugs delivered to a facility must be signed for by the nurse or other person in charge. An inventory of the stock of drugs must be appended to the sealed container. Immediately after the drugs are needed, the physician or registered nurse who breaks the seal shall enter on the inventory sheet the following information:

- (a) The date and time the sealed container is opened;
- (b) The name of the patient for whom the drugs are to be used;
- (c) The name of the patient's physician or the physician who directs the administration of the drugs, if different;
- (d) An itemization of the drugs removed; and
- (e) The signature of the person who opened the sealed container.

4. When the drugs have been removed and the information required by subsection 3 has been entered on the inventory, the physician or registered nurse shall immediately replace the container in a locked compartment and shall notify the pharmaceutical consultant, as soon as it is practical to do so, that the container has been opened.

5. The sealed container and its contents at all times remain the responsibility of the pharmaceutical consultant. Upon being notified that the sealed container has been opened, or on the next business day if notification is not received during business hours, but in no event more than 48 hours following receipt of the notification, the pharmaceutical consultant shall:

- (a) Examine the inventory sheet;
- (b) Replace the drugs removed;
- (c) Secure a written prescription for the drugs replaced, if one is required by law;
- (d) Enter the name and quantity of the drugs so replaced on the inventory sheet, together with the date and time of replacement;
- (e) Reseal the container; and
- (f) Sign the inventory sheet.

6. No person other than a licensed physician or registered nurse may open the container or remove any drugs from the container.



7. The Board, its agents and inspectors may at all times have access to the premises of the facility to determine compliance with this section.

Sec. 280. NRS 639.23275 is hereby amended to read as follows:

639.23275 1. Except as otherwise provided in NRS 453.256, no pharmacy may deliver a controlled substance or dangerous drug for a specific patient to a hospital, recovery center, facility for intermediate care or facility for skilled nursing which is licensed as such by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services]~~ *the Nevada Health Authority* which does not have a pharmacy on the premises except pursuant to a prescription given:

- (a) Directly from the prescribing practitioner to a pharmacist;
- (b) Indirectly by means of an order signed by the prescribing practitioner; or
- (c) By an oral order transmitted by an agent of the prescribing practitioner.

2. If an order for entry on a chart is given by a prescribing practitioner, the chart order must be signed by the practitioner who authorized the administration of the drug within 48 hours after the order is given by that practitioner.

Sec. 281. Chapter 640D of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 282. NRS 640D.020 is hereby amended to read as follows:

640D.020 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 640D.030 to 640D.070, inclusive, *and section 281 of this act* have the meanings ascribed to them in those sections.

Sec. 283. NRS 640D.060 is hereby amended to read as follows:

640D.060 “Music therapy” means the clinical use of music interventions by a licensee to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed a music therapy program approved by the ~~[Board.]~~ *Division*. The term does not include:

1. The practice of psychology or medicine;
2. The psychological assessment or treatment of couples or families;
3. The prescribing of drugs or electroconvulsive therapy;
4. The medical treatment of physical disease, injury or deformity;



5. The diagnosis or psychological treatment of a psychotic disorder;

6. The use of projective techniques in the assessment of personality;

7. The use of psychological, neuropsychological, psychometric assessment or clinical tests designed to identify or classify abnormal or pathological human behavior or to determine intelligence, personality, aptitude, interests or addictions;

8. The use of individually administered intelligence tests, academic achievement tests or neuropsychological tests;

9. The use of psychotherapy to treat the concomitants of organic illness;

10. The diagnosis of any physical or mental disorder; or

11. The evaluation of the effects of medical and psychotropic drugs.

Sec. 284. NRS 640D.090 is hereby amended to read as follows:

640D.090 1. The Board may adopt such regulations as it deems necessary to carry out the provisions of this chapter. The regulations may include, without limitation, additional:

(a) Standards of training for music therapists;

(b) Requirements for continuing education for music therapists; and

(c) Standards of practice for music therapists.

2. The ~~Board~~ Division shall:

(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto, to the extent that money is available for that purpose; and

(b) Maintain a list of:

(1) Applicants for a license;

(2) Licensees; and

(3) Persons whose licenses have been revoked or suspended by the ~~Board~~ Division.

3. The ~~Board~~ Division shall, upon request and payment of any fee, provide a copy of a list maintained pursuant to paragraph (b) of subsection 2. A fee charged for providing the copy must not exceed the actual cost incurred by the ~~Board~~ Division to make the copy.

4. The ~~Board~~ Division may accept gifts, grants, donations and contributions from any source to assist in carrying out the provisions of this chapter.

Sec. 285. NRS 640D.100 is hereby amended to read as follows:

640D.100 1. The Board may establish a Music Therapy Advisory Group consisting of persons familiar with the practice of music therapy to provide the Board *and the Division* with expertise



and assistance in carrying out ~~its~~ *their* duties pursuant to this chapter. If a Music Therapy Advisory Group is established, the Board must:

- (a) Determine the number of members;
- (b) Appoint the members;
- (c) Establish the terms of the members; and
- (d) Determine the duties of the Music Therapy Advisory Group.

2. Members of a Music Therapy Advisory Group established pursuant to subsection 1 serve without compensation.

Sec. 286. NRS 640D.110 is hereby amended to read as follows:

640D.110 1. The ~~[Board]~~ *Division* shall issue a license to practice music therapy to an applicant who:

- (a) Is at least 18 years of age;
- (b) Is of good moral character; and
- (c) Submits to the ~~[Board:]~~ *Division:*

(1) A completed application on a form provided by the ~~[Board:]~~ *Division;*

(2) Proof that the applicant has successfully completed an academic program approved by the American Music Therapy Association or its successor organization with a bachelor's degree or higher degree in music therapy;

(3) A fee in the amount of \$200 or such other amount as prescribed by regulation by the Board;

(4) A complete set of fingerprints and written permission authorizing the ~~[Board]~~ *Division* to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(5) Proof that the applicant has passed the examination for board certification offered by the Certification Board for Music Therapists or its successor organization or is certified as a music therapist by that Board or its successor organization.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the ~~[Board]~~ *Division* to carry out the provisions of this chapter.

Sec. 287. NRS 640D.120 is hereby amended to read as follows:

640D.120 1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license as a music therapist shall:

(a) Include the social security number of the applicant in the application submitted to the ~~[Board:]~~ *Division.*

(b) Submit to the ~~[Board]~~ *Division* the statement prescribed by the Division of ~~[Welfare and Supportive]~~ *Social* Services of the Department of ~~[Health and]~~ Human Services pursuant to



NRS 425.520. The statement must be completed and signed by the applicant.

2. The ~~{Board}~~ *Division* shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the ~~{Board}~~ *Division*.

3. A license may not be issued or renewed by the ~~{Board}~~ *Division* if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the ~~{Board}~~ *Division* shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 288. NRS 640D.130 is hereby amended to read as follows:

640D.130 1. Each license to practice music therapy expires 3 years after the date on which it is issued and may be renewed if, before the license expires, the licensee submits to the ~~{Board}~~ *Division*.

(a) A completed application for renewal on a form prescribed by the ~~{Board}~~ *Division*;

(b) Proof that the applicant has continuously maintained for the previous 3 years his or her certification with and is currently certified as a music therapist by the Certification Board for Music Therapists or its successor organization;

(c) Proof that the applicant has completed not less than 100 units of continuing education approved by the Certification Board for Music Therapists or its successor organization; and

(d) A fee in the amount of \$200 or such other amount as prescribed by regulation by the Board.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the ~~{Board}~~ *Division* to carry out the provisions of this chapter.



Sec. 289. NRS 640D.135 is hereby amended to read as follows:
640D.135 1. The ~~[Board]~~ *Division* may:

(a) Make the data request developed by the Director of the Department of ~~[Health and]~~ Human Services pursuant to NRS 439A.116 available to applicants for the renewal of a license pursuant to this chapter through a link on the electronic application for the renewal of a license; and

(b) Request each applicant to complete and electronically submit the data request to the Director.

2. The information provided by an applicant for the renewal of a license pursuant to subsection 1 is confidential and, except as required by subsection 1, must not be disclosed to any person or entity.

3. An applicant for the renewal of a license is not required to complete a data request pursuant to subsection 1 and is not subject to disciplinary action, including, without limitation, refusal to renew the license, for failure to do so.

Sec. 290. NRS 640D.140 is hereby amended to read as follows:

640D.140 1. A license that is not renewed on or before the date on which it expires is delinquent. The ~~[Board]~~ *Division* shall, within 30 days after the license becomes delinquent, send a notice to the licensee by certified mail, return receipt requested, to the address of the licensee as indicated in the records of the ~~[Board.]~~ *Division.*

2. A licensee may renew a delinquent license within 60 days after the license becomes delinquent by complying with the requirements of NRS 640D.130.

3. A license expires 60 days after it becomes delinquent if it is not renewed within that period.

Sec. 291. NRS 640D.160 is hereby amended to read as follows:

640D.160 1. If any member of the Board or a Music Therapy Advisory Group *or an officer or employee of the Division* becomes aware of any ground for initiating disciplinary action against a licensee, the member *, officer or employee* must file a written complaint with the ~~[Board.]~~ *Division.*

2. As soon as practicable after receiving a complaint, the ~~[Board]~~ *Division* shall:

(a) Forward the complaint to the Certification Board for Music Therapists or its successor organization for investigation of the complaint and request a written report of the findings of such investigation; or

(b) To the extent money is available to do so, conduct an investigation of the complaint to determine whether the allegations in



the complaint merit the initiation of disciplinary proceedings against the licensee.

3. The ~~{Board}~~ **Division** shall retain a copy of each complaint filed with the ~~{Board}~~ **Division** pursuant to this section for at least 10 years, including, without limitation, any complaint that is not acted upon.

Sec. 292. NRS 640D.170 is hereby amended to read as follows:

640D.170 The ~~{Board}~~ **Division** may refuse to grant or may suspend or revoke a license to practice music therapy for any of the following reasons:

1. Submitting false, fraudulent or misleading information to the ~~{Board}~~ **Division** or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government.

2. Violating any provision of this chapter or any regulation adopted pursuant thereto.

3. Conviction of a felony relating to the practice of music therapy or of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof.

4. Having an alcohol or other substance use disorder.

5. Impersonating a licensed music therapist or allowing another person to use his or her license.

6. Using fraud or deception in applying for a license to practice music therapy.

7. Failing to comply with the “Code of Professional Practice” of the Certification Board for Music Therapists or its successor organization or committing any other unethical practices contrary to the interest of the public as determined by the ~~{Board}~~ **Division**.

8. Negligence, fraud or deception in connection with the music therapy services a licensee is authorized to provide pursuant to this chapter.

Sec. 293. NRS 640D.180 is hereby amended to read as follows:

640D.180 1. If, after an investigation conducted by the ~~{Board}~~ **Division** or receiving the findings from an investigation of a complaint from the Certification Board for Music Therapists or its successor organization, and after notice and a hearing as required by law, the ~~{Board}~~ **Division** finds one or more grounds for taking disciplinary action, the ~~{Board}~~ **Division** may:

(a) Place the licensee on probation for a specified period or until further order of the ~~{Board}~~ **Division**;

(b) Administer to the applicant or licensee a public reprimand;

(c) Refuse to renew the license of the licensee;

(d) Suspend or revoke the license of the licensee;



(e) Impose an administrative fine of not more than \$500 for each violation; or

(f) Take any combination of actions set forth in paragraphs (a) to (e), inclusive.

2. The order of the ~~{Board}~~ *Division* may include such other terms, provisions or conditions as the ~~{Board}~~ *Division* deems appropriate.

3. The order of the ~~{Board}~~ *Division* and the findings of fact and conclusions of law supporting that order are public records.

4. The ~~{Board}~~ *Division* shall not issue a private reprimand.

Sec. 294. NRS 640D.190 is hereby amended to read as follows:

640D.190 1. Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the ~~{Board}~~ *Division*, all documents and other information filed with the complaint and all documents and other information returned from the Certification Board for Music Therapists or its successor organization as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the ~~{Board}~~ *Division* requesting that such documents and information be made public records.

2. The charging documents filed with the ~~{Board}~~ *Division* to initiate disciplinary action pursuant to chapter 622A of NRS and all documents and information considered by the ~~{Board}~~ *Division* when determining whether to impose discipline are public records.

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

4. The provisions of this section do not prohibit the ~~{Board}~~ *Division* from communicating or cooperating with or providing any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.

Sec. 295. NRS 640D.200 is hereby amended to read as follows:

640D.200 1. If the ~~{Board}~~ *Division* receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license as a music therapist, the ~~{Board}~~ *Division* shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the ~~{Board}~~ *Division* receives a letter issued to the holder of the license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the



subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The ~~{Board}~~ *Division* shall reinstate a license as a music therapist that has been suspended by a district court pursuant to NRS 425.540 if the ~~{Board}~~ *Division* receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

Sec. 296. NRS 640D.210 is hereby amended to read as follows:

640D.210 1. If the ~~{Board}~~ *Division* determines that a person has violated or is about to violate any provision of this chapter or a regulation adopted pursuant thereto, the ~~{Board}~~ *Division* may bring an action in a court of competent jurisdiction to enjoin the person from engaging in or continuing the violation.

2. An injunction:

(a) May be issued without proof of actual damage sustained by any person.

(b) Does not prohibit the criminal prosecution and punishment of the person who commits the violation.

Sec. 297. NRS 640D.220 is hereby amended to read as follows:

640D.220 1. A person who is not licensed to practice music therapy pursuant to this chapter, or a person whose license to practice music therapy has expired or has been suspended or revoked by the ~~{Board}~~ *Division*, shall not:

(a) Provide music therapy services;

(b) Use in connection with his or her name the words or letters “MT,” “music therapist,” “licensed, board-certified music therapist,” “MT-BC,” “Music Therapist - Board Certified,” “MT - BC/L” or “Licensed Music Therapist - Board Certified” or any other letters, words or insignia indicating or implying that he or she is licensed to practice music therapy, or in any other way, orally, or in writing or print, or by sign, directly or by implication, use the words “music therapy” or represent himself or herself as licensed or qualified to engage in the practice of music therapy; or

(c) List or cause to have listed in any directory, including, without limitation, a telephone directory, his or her name or the name of his or her company under the heading “Music Therapy” or “Music Therapist” or any other term that indicates or implies that he or she is licensed or qualified to practice music therapy.

2. A person who violates the provisions of this section is guilty of a misdemeanor.



Sec. 298. Chapter 640E of NRS is hereby amended by adding thereto a new section to read as follows:

“Division” means the Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 299. NRS 640E.020 is hereby amended to read as follows:

640E.020 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 640E.030 to 640E.080, inclusive, ***and section 298 of this act*** have the meanings ascribed to them in those sections.

Sec. 300. NRS 640E.100 is hereby amended to read as follows:

640E.100 1. The ~~{Board}~~ ***Division*** shall make and keep a complete record of all its proceedings pursuant to this chapter, including, without limitation:

(a) A file of all applications for licenses pursuant to this chapter, together with the action of the ~~{Board}~~ ***Division*** upon each application;

(b) A register of all licensed dietitians in this State; and

(c) Documentation of any disciplinary action taken by the ~~{Board}~~ ***Division*** against a licensee.

2. The ~~{Board}~~ ***Division*** shall maintain in its main office a public docket or other record in which it shall record, from time to time as made, the rulings or decisions upon all complaints filed with the ~~{Board}~~ ***Division*** and all investigations instituted by it, upon or in connection with which any hearing has been held or in which the licensee charged has made no defense.

Sec. 301. NRS 640E.110 is hereby amended to read as follows:

640E.110 1. The Board may:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to engage in the practice of dietetics.

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

(b) Investigate and determine the eligibility of an applicant for a license pursuant to this chapter.

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

2. The Board shall adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license pursuant to this chapter.

(b) Standards for the continuing professional competence of licensees. The ~~{Board}~~ ***Division*** may evaluate licensees periodically for compliance with those standards.



3. The Board shall adopt regulations establishing a schedule of reasonable fees and charges for:

(a) Investigating licensees and applicants for a license pursuant to this chapter;

(b) Evaluating the professional competence of licensees;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the ~~{Board,}~~ *Division*;
and

(e) Surveying, evaluating and approving schools and courses of dietetics,

➤ and may collect the fees established pursuant to this subsection.

4. The Board may adopt such other regulations as it determines necessary to carry out the provisions of this chapter relating to the practice of dietetics.

Sec. 302. NRS 640E.120 is hereby amended to read as follows:

640E.120 The ~~{Board,}~~ *Division* may:

1. Accept gifts or grants of money to pay for the costs of administering the provisions of this chapter.

2. Enter into contracts with other public agencies and accept payment from those agencies to pay the expenses incurred by the ~~{Board,}~~ *Division* in carrying out the provisions of this chapter relating to the practice of dietetics.

Sec. 303. NRS 640E.130 is hereby amended to read as follows:

640E.130 1. The Board may establish a Dietitian Advisory Group consisting of persons familiar with the practice of dietetics to provide the Board *and the Division* with expertise and assistance in carrying out ~~{its}~~ *their* duties pursuant to this chapter. If a Dietitian Advisory Group is established, the Board shall:

(a) Determine the number of members;

(b) Appoint the members;

(c) Establish the terms of the members; and

(d) Determine the duties of the Dietitian Advisory Group.

2. Members of a Dietitian Advisory Group established pursuant to subsection 1 serve without compensation.

Sec. 304. NRS 640E.150 is hereby amended to read as follows:

640E.150 1. An applicant for a license to engage in the practice of dietetics in this State must submit to the ~~{Board,}~~ *Division* a completed application on a form prescribed by the ~~{Board,}~~ *Division*. The application must include evidence that the applicant is a registered dietitian in good standing.

2. Each applicant must remit the applicable fee required pursuant to this chapter with the application for a license to engage in the practice of dietetics in this State.



3. Each applicant shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174 and immediately inform the ~~{Board}~~ *Division* of whether the applicant has been convicted of such a crime.

Sec. 305. NRS 640E.180 is hereby amended to read as follows:

640E.180 1. Upon application and payment of the applicable fee required pursuant to this chapter, the ~~{Board}~~ *Division* may grant a provisional license to engage in the practice of dietetics in this State to an applicant who provides evidence to the ~~{Board}~~ *Division* that the applicant is eligible to take, but has not successfully completed, the Registration Examination for Dietitians administered by the Commission on Dietetic Registration, or its successor organization.

2. A provisional license is valid for 1 year after the date of issuance. A provisional license may be renewed for not more than 6 months if the applicant submits evidence satisfactory to the ~~{Board}~~ *Division* for the failure of the applicant to obtain a license to engage in the practice of dietetics during the time the applicant held the provisional license.

3. A person who holds a provisional license may engage in the practice of dietetics only under the supervision of a licensed dietitian.

Sec. 306. NRS 640E.190 is hereby amended to read as follows:

640E.190 1. Upon application and payment of the applicable fee required pursuant to this chapter, the ~~{Board}~~ *Division* may grant a temporary license to engage in the practice of dietetics in this State to a person who holds a corresponding license in another jurisdiction if:

(a) The corresponding license is in good standing; and

(b) The requirements for licensure in the other jurisdiction are substantially equal to the requirements for licensure in this State.

2. A temporary license may be issued for the limited purpose of authorizing the licensee to treat patients in this State.

3. A temporary license is valid for the 10-day period designated on the license.

Sec. 307. NRS 640E.200 is hereby amended to read as follows:

640E.200 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license to engage in the practice of dietetics in this State shall include the social security



number of the applicant in the application submitted to the ~~{Board}~~ *Division*.

(b) An applicant for the issuance or renewal of a license to engage in the practice of dietetics in this State shall submit to the ~~{Board}~~ *Division* the statement prescribed by the Division of ~~{Welfare and Supportive}~~ *Social* Services of the Department of ~~{Health and}~~ Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The ~~{Board}~~ *Division* shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the ~~{Board}~~ *Division*.

3. A license to engage in the practice of dietetics may not be issued or renewed by the ~~{Board}~~ *Division* if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the ~~{Board}~~ *Division* shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 308. NRS 640E.220 is hereby amended to read as follows:

640E.220 1. A license to engage in the practice of dietetics expires 2 years after the date of issuance.

2. The ~~{Board}~~ *Division* may renew a license if the applicant:

(a) Submits a completed written application and the appropriate fee required pursuant to this chapter;

(b) Submits documentation of completion of such continuing training and education as required by regulations adopted by the Board;

(c) Has not committed any act which is grounds for disciplinary action, unless the ~~{Board}~~ *Division* determines that sufficient restitution has been made or the act was not substantially related to the practice of dietetics;



(d) Submits information that the credentials of the applicant are in good standing; and

(e) Submits all other information required to complete the renewal.

Sec. 309. NRS 640E.225 is hereby amended to read as follows:
640E.225 1. The ~~[Board]~~ **Division** may:

(a) Make the data request developed by the Director of the Department of ~~[Health and]~~ Human Services pursuant to NRS 439A.116 available to applicants for the renewal of a license pursuant to this chapter through a link on the electronic application for the renewal of a license; and

(b) Request each applicant to complete and electronically submit the data request to the Director.

2. The information provided by an applicant for the renewal of a license pursuant to subsection 1 is confidential and, except as required by subsection 1, must not be disclosed to any person or entity.

3. An applicant for the renewal of a license is not required to complete a data request pursuant to subsection 1 and is not subject to disciplinary action, including, without limitation, refusal to renew the license, for failure to do so.

Sec. 310. NRS 640E.230 is hereby amended to read as follows:
640E.230 The ~~[Board]~~ **Division** shall act upon an application for

a license submitted pursuant to this chapter without unnecessary delay. If an applicant is found qualified, the applicant must be issued a license to engage in the practice of dietetics.

Sec. 311. NRS 640E.240 is hereby amended to read as follows:
640E.240 1. The Board shall adopt regulations establishing

reasonable fees for:

(a) The issuance of a license;

(b) The issuance of a provisional license;

(c) The issuance of a temporary license;

(d) The renewal of a license;

(e) The reinstatement of a license which has been suspended or revoked; and

(f) Changing the name on a license.

2. The fees established pursuant to subsection 1 must be set in such an amount as to reimburse the ~~[Board]~~ **Division** for the cost of carrying out the provisions of this chapter, except that no such fee may exceed \$250.



Sec. 312. NRS 640E.250 is hereby amended to read as follows:
640E.250 1. Any licensee whose license is revoked by the ~~{Board}~~ **Division** may apply for reinstatement of the license pursuant to regulations adopted by the Board.

2. The ~~{Board}~~ **Division** may reinstate the license upon compliance by the licensee with all requirements for reinstatement established by regulations adopted by the Board and payment of the applicable fee required pursuant to this chapter.

Sec. 313. NRS 640E.270 is hereby amended to read as follows:
640E.270 1. The ~~{Board}~~ **Division** may deny, refuse to renew, revoke or suspend any license applied for or issued pursuant to this chapter, or take such other disciplinary action against a licensee as authorized by regulations adopted by the Board, upon determining that the licensee:

(a) Is guilty of fraud or deceit in procuring or attempting to procure a license pursuant to this chapter.

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

(2) Relating to the qualifications, functions or duties of a licensee.

(c) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license.

(d) Is guilty of unprofessional conduct, which includes, without limitation:

(1) Impersonating another licensed dietitian.

(2) Permitting or allowing another person to use his or her license to engage in the practice of dietetics.

(3) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee.

(4) Physical, verbal or psychological abuse of a patient.

(5) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.

(e) Has willfully or repeatedly violated any provision of this chapter.

(f) Is guilty of aiding or abetting any person in violating any provision of this chapter.

(g) Has been disciplined in another state in connection with the practice of dietetics or has committed an act in another state which would constitute a violation of this chapter.



(h) Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.

(i) Has willfully failed to comply with a regulation ~~{}~~ *of the Board or a* subpoena or order of the ~~{Board}~~ *Division*.

2. In addition to any criminal or civil penalty that may be imposed pursuant to this chapter, the ~~{Board}~~ *Division* may assess against and collect from a licensee all costs incurred by the ~~{Board}~~ *Division* in connection with any disciplinary action taken against the licensee, including, without limitation, costs for investigators and stenographers, attorney's fees and other costs of the hearing.

3. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a conviction of an offense. The ~~{Board}~~ *Division* may take disciplinary action pending the appeal of a conviction.

Sec. 314. NRS 640E.280 is hereby amended to read as follows:

640E.280 1. If the ~~{Board}~~ *Division* receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license issued pursuant to this chapter, the ~~{Board}~~ *Division* shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the ~~{Board}~~ *Division* receives a letter issued to the holder of the license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The ~~{Board}~~ *Division* shall reinstate a license issued pursuant to this chapter that has been suspended by a district court pursuant to NRS 425.540 if:

(a) The ~~{Board}~~ *Division* receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560; and

(b) The person whose license was suspended pays the appropriate fee required pursuant to this chapter.

Sec. 315. NRS 640E.290 is hereby amended to read as follows:

640E.290 1. If any member of the Board or a Dietitian Advisory Group established pursuant to NRS 640E.130 *or an officer or employee of the Division* becomes aware of any ground for initiating disciplinary action against a licensee, the member , *officer*



or employee shall file an administrative complaint with the ~~{Board}~~ *Division*.

2. As soon as practical after receiving an administrative complaint, the ~~{Board}~~ *Division* shall:

(a) Notify the licensee in writing of the charges against him or her, accompanying the notice with a copy of the administrative complaint; and

(b) Forward a copy of the complaint to the Commission on Dietetic Registration, or its successor organization, for investigation of the complaint and request a written report of the findings of the investigation or, to the extent money is available to do so, conduct an investigation of the complaint to determine whether the allegations in the complaint merit the initiation of disciplinary proceedings against the licensee.

3. Written notice to the licensee may be served by delivering it personally to the licensee, or by mailing it by registered or certified mail to the last known residential address of the licensee.

4. If the licensee, after receiving a copy of the administrative complaint pursuant to subsection 1, submits a written request, the ~~{Board}~~ *Division* shall furnish the licensee with a copy of each communication, report and affidavit in the possession of the ~~{Board}~~ *Division* which relates to the matter in question.

5. If, after an investigation conducted by the ~~{Board}~~ *Division* or receiving the findings from an investigation of the complaint from the Commission on Dietetic Registration, or its successor organization, the ~~{Board}~~ *Division* determines that the administrative complaint is valid, the ~~{Board}~~ *Division* shall hold a hearing on the charges at such time and place as the ~~{Board}~~ *Division* prescribes. If the ~~{Board}~~ *Division* receives a report pursuant to subsection 5 of NRS 228.420, the hearing must be held within 30 days after receiving the report. If requested by the licensee, the hearing must be held within the county in which the licensee resides.

Sec. 316. NRS 640E.300 is hereby amended to read as follows:

640E.300 The ~~{Board}~~ *Division* may delegate its authority to conduct hearings pursuant to NRS 640E.290 concerning the discipline of a licensee to a hearing officer. The hearing officer has the powers of the ~~{Board}~~ *Division* in connection with such hearings, and shall report to the ~~{Board}~~ *Division* his or her findings of fact and conclusions of law within 30 days after the final hearing on the matter. The ~~{Board}~~ *Division* may take action based upon the report of the hearing officer, refer the matter to the hearing officer for further hearings or conduct its own hearings on the matter.



Sec. 317. NRS 640E.310 is hereby amended to read as follows:
640E.310 The ~~{Board}~~ **Division** may:

1. Issue subpoenas for the attendance of witnesses and the production of books, papers and documents; and
2. Administer oaths when taking testimony in any matter relating to the duties of the ~~{Board}~~ **Division**.

Sec. 318. NRS 640E.320 is hereby amended to read as follows:

640E.320 1. The district court in and for the county in which any hearing is held by the ~~{Board}~~ **Division** may compel the attendance of witnesses, the giving of testimony and the production of books, papers and documents as required by any subpoena issued by the ~~{Board}~~ **Division**.

2. In case of the refusal of any witness to attend or testify or produce any books, papers or documents required by a subpoena, the ~~{Board}~~ **Division** may report to the district court in and for the county in which the hearing is pending, by petition setting forth:

(a) That due notice has been given of the time and place of attendance of the witness or the production of books, papers or documents;

(b) That the witness has been subpoenaed in the manner prescribed by this chapter; and

(c) That the witness has failed and refused to attend or produce the books, papers or documents required by the subpoena before the ~~{Board}~~ **Division** in the cause or proceeding named in the subpoena, or has refused to answer questions propounded to him or her in the course of the hearing,

➤ and ask an order of the court compelling the witness to attend and testify or produce the books, papers or documents before the ~~{Board}~~ **Division**.

3. The court, upon petition of the ~~{Board}~~ **Division**, shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in the order, the time to be not more than 10 days after the date of the order, to show cause why the witness has not attended or testified or produced the books, papers or documents before the ~~{Board}~~ **Division**. A certified copy of the order must be served upon the witness.

4. If it appears to the court that the subpoena was regularly issued by the ~~{Board}~~ **Division**, the court shall enter an order that the witness appear before the ~~{Board}~~ **Division** at the time and place fixed in the order and testify or produce the required books, papers or documents. Upon failure to obey the order, the witness must be dealt with as for contempt of court.



Sec. 319. NRS 640E.330 is hereby amended to read as follows:

640E.330 1. The ~~{Board}~~ **Division** shall render a decision on any administrative complaint within 60 days after the final hearing thereon. For the purposes of this subsection, the final hearing on a matter delegated to a hearing officer pursuant to NRS 640E.300 is the final hearing conducted by the hearing officer unless the Board conducts a hearing with regard to the administrative complaint.

2. The ~~{Board}~~ **Division** shall notify the licensee of its decision in writing by certified mail, return receipt requested. The decision of the ~~{Board}~~ **Division** becomes effective on the date the licensee receives the notice or on the date the ~~{Board}~~ **Division** receives a notice from the United States Postal Service stating that the licensee refused to accept delivery or could not be located.

Sec. 320. NRS 640E.340 is hereby amended to read as follows:

640E.340 1. Except as otherwise provided in this section and NRS 239.0115, any records or information obtained during the course of an investigation by the ~~{Board}~~ **Division** and any record of the investigation are confidential.

2. Any complaint or other document filed by the ~~{Board}~~ **Division** to initiate disciplinary action and all documents and information considered by the ~~{Board}~~ **Division** when determining whether to impose disciplinary action are public records.

3. This section does not prevent or prohibit the ~~{Board}~~ **Division** from communicating or cooperating with another licensing board or any agency that is investigating a licensee, including a law enforcement agency.

Sec. 321. NRS 640E.350 is hereby amended to read as follows:

640E.350 If the ~~{Board,}~~ **Division**, based on evidence satisfactory to it, believes that any person has violated or is about to violate any provision of this chapter, the terms of any license, or any order, decision, demand or requirement, or any part thereof, the ~~{Board}~~ **Division** may bring an action, in the name of the ~~{Board,}~~ **Division**, in the district court in and for the county in which the person resides, against the person to enjoin the person from continuing the violation or engaging in any act that constitutes such a violation. The court may enter an order or judgment granting such injunctive relief as it determines proper, but no such injunctive relief may be granted without at least 5 days' notice to the opposite party.

Sec. 322. NRS 640E.360 is hereby amended to read as follows:

640E.360 If a person is not licensed to engage in the practice of dietetics pursuant to this chapter, or if a person's license to engage in the practice of dietetics has been suspended or revoked by the ~~{Board,}~~ **Division**, the person shall not:



1. Engage in the practice of dietetics;
2. Use in connection with his or her name the words or letters “L.D.,” “licensed dietitian” or any other letters, words or insignia indicating or implying that he or she is licensed to engage in the practice of dietetics, or in any other way, orally, or in writing or print, or by sign, directly or by implication, use the word “dietetics” or represent himself or herself as licensed or qualified to engage in the practice of dietetics in this State; or
3. List or cause to have listed in any directory, including, without limitation, a telephone directory, his or her name or the name of his or her company under the heading “Dietitian” or any other term that indicates or implies that he or she is licensed or qualified to engage in the practice of dietetics in this State.

Sec. 323. NRS 640E.370 is hereby amended to read as follows:

640E.370 1. A person who violates any provision of this chapter or any regulation adopted pursuant thereto is guilty of a misdemeanor.

2. In addition to any criminal penalty that may be imposed pursuant to subsection 1, the ~~Board~~ **Division** may, after notice and hearing, impose a civil penalty of not more than \$100 for each such violation. For the purposes of this subsection, each day on which a violation occurs constitutes a separate offense, except that the aggregate civil penalty that may be imposed against a person pursuant to this subsection may not exceed \$10,000.

Sec. 324. NRS 644A.880 is hereby amended to read as follows:

644A.880 1. If the Board determines that a complaint filed with the Board concerns a matter within the jurisdiction of another licensing board, the Board shall refer the complaint to the other licensing board within 5 days after making the determination.

2. The Board may refer a complaint pursuant to subsection 1 orally, electronically or in writing.

3. The provisions of subsection 1 apply to any complaint filed with the Board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the Board or by another licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another licensing board.

4. The provisions of this section do not prevent the Board from acting upon a complaint which concerns a matter within the jurisdiction of the Board regardless of whether the Board refers the complaint pursuant to subsection 1.



5. The Board or an officer or employee of the Board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

6. As used in this section, “licensing board” means:

(a) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, ~~640D, 640E,~~ 641, 641A, 641B, 641C, 641D, 643 or 654 of NRS; ~~and~~

(b) The Division of Public and Behavioral Health of the Department of ~~Health and~~ Human Services ~~;~~ *and*

(c) The Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 325. NRS 652.035 is hereby amended to read as follows:

652.035 “Division” means the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority.*

Sec. 326. NRS 652.075 is hereby amended to read as follows:

652.075 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license or certificate issued pursuant to NRS 652.125 shall include the social security number of the applicant in the application submitted to the ~~[Board.]~~ *Health Care Purchasing and Compliance Division.*

(b) An applicant for the issuance or renewal of a license or certificate issued pursuant to NRS 652.125 shall submit to the ~~[Board]~~ *Health Care Purchasing and Compliance Division* the statement prescribed by the Division of ~~[Welfare and Supportive]~~ *Social* Services of the Department of ~~Health and~~ Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The ~~[Board]~~ *Health Care Purchasing and Compliance Division* shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license or certificate; or

(b) A separate form prescribed by the ~~[Board.]~~ *Division.*

3. A license or certificate may not be issued or renewed by the ~~[Board]~~ *Health Care Purchasing and Compliance Division* pursuant to NRS 652.125 if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or



(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the ~~{Board}~~ *Health Care Purchasing and Compliance Division* shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 327. NRS 652.223 is hereby amended to read as follows:

652.223 1. If the ~~{Board}~~ *Division* receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license or certificate issued pursuant to NRS 652.125, the ~~{Board}~~ *Division* shall deem the license or certificate issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the ~~{Board}~~ *Division* receives a letter issued to the holder of the license or certificate by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license or certificate has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The ~~{Board}~~ *Division* shall reinstate a license or certificate issued pursuant to NRS 652.125 that has been suspended by a district court pursuant to NRS 425.540 if the ~~{Board}~~ *Division* receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license or certificate was suspended stating that the person whose license or certificate was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

Sec. 328. NRS 654.185 is hereby amended to read as follows:

654.185 1. If the Board determines that a complaint filed with the Board concerns a matter within the jurisdiction of another licensing board, the Board shall refer the complaint to the other licensing board within 5 days after making the determination.

2. The Board may refer a complaint pursuant to subsection 1 orally, electronically or in writing.



3. The provisions of subsection 1 apply to any complaint filed with the Board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the Board or by another licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another licensing board.

4. The provisions of this section do not prevent the Board from acting upon a complaint which concerns a matter within the jurisdiction of the Board regardless of whether the Board refers the complaint pursuant to subsection 1.

5. The Board or an officer or employee of the Board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions in this section.

6. As used in this section, “licensing board” means:

(a) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, ~~640D, 640E,~~ 641, 641A, 641B, 641C, 641D, 643 or 644A of NRS; ~~and~~

(b) The Division of Public and Behavioral Health of the Department of ~~Health and~~ Human Services ~~[-]~~; and

(c) The Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 329. NRS 680A.225 is hereby amended to read as follows:

680A.225 1. If the Commissioner receives notification from the ~~Department of Health and Human Services~~ *Nevada Health Authority* pursuant to NRS 439.5895 that an insurer is not in compliance with the requirements of subsection 4 of NRS 439.589, the Commissioner may, after notice and the opportunity for a hearing in accordance with the provisions of this title, require corrective action or impose an administrative fine in the amount prescribed by NRS 680A.200.

2. The Commissioner shall not suspend or revoke the certificate of authority of an insurer for failure to comply with the requirements of subsection 4 of NRS 439.589.

Sec. 330. NRS 683A.0891 is hereby amended to read as follows:

683A.0891 1. If the Commissioner receives notification from the ~~Department of Health and Human Services~~ *Nevada Health Authority* pursuant to NRS 439.5895 that an administrator is not in compliance with the requirements of subsection 4 of NRS 439.589,



the Commissioner may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative fine in the amount prescribed by NRS 683A.461.

2. The Commissioner shall not suspend or revoke the certificate of registration of an administrator for failure to comply with the requirements of subsection 4 of NRS 439.589.

Sec. 331. NRS 683A.1785 is hereby amended to read as follows:

683A.1785 1. A pharmacy benefit manager shall not:

(a) Discriminate against a covered entity, a contract pharmacy or a 340B drug in the amount of reimbursement for any item or service or the procedures for obtaining such reimbursement;

(b) Assess any fee, chargeback, clawback or adjustment against a covered entity or contract pharmacy on the basis that the covered entity or contract pharmacy dispenses a 340B drug or otherwise limit the ability of a covered entity or contract pharmacy to receive the full benefit of purchasing the 340B drug at or below the ceiling price, as calculated pursuant to 42 U.S.C. § 256b(a)(1);

(c) Exclude a covered entity or contract pharmacy from any network because the covered entity or contract pharmacy dispenses a 340B drug;

(d) Restrict the ability of a person to receive a 340B drug, including, without limitation, by imposing a copayment, coinsurance, deductible or other cost-sharing obligation on the drug that is different from a similar drug on the basis that the drug is a 340B drug;

(e) Restrict the methods by which a covered entity or contract pharmacy may dispense or deliver a 340B drug or the entity through which a covered entity may dispense or deliver such a drug in a manner that does not apply to drugs that are not 340B drugs; or

(f) Prohibit a covered entity or contract pharmacy from purchasing a 340B drug or interfere with the ability of a covered entity or contract pharmacy to purchase a 340B drug.

2. This section does not:

(a) Apply to a pharmacy benefit manager that has entered into a contract with the ~~{Department of Health and Human Services}~~ **Nevada Health Authority** pursuant to NRS 422.4053 when the pharmacy benefit manager is managing prescription drug benefits under Medicaid, including, without limitation, where such benefits are delivered through a Medicaid managed care organization.

(b) Prohibit the ~~{Department of Health and Human Services,}~~ **Nevada Health Authority**, the **Medicaid** Division of ~~{Health Care Financing and Policy of the Department of Health and Human~~



~~Services]~~ *the Nevada Health Authority* or a Medicaid managed care organization from taking such actions as are necessary to:

(1) Prevent duplicate discounts or rebates where prohibited by 42 U.S.C. § 256b(a)(5)(A); or

(2) Ensure the financial stability of the Medicaid program, including, without limitation, by including or enforcing provisions in any contract with a pharmacy benefit manager entered into pursuant to NRS 422.4053.

3. As used in this section:

(a) “340B drug” means a prescription drug that is purchased by a covered entity under the 340B Program.

(b) “340B Program” means the drug pricing program established by the United States Secretary of Health and Human Services pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, as amended.

(c) “Contract pharmacy” means a pharmacy that enters into a contract with a covered entity to dispense 340B drugs and provide related pharmacy services to the patients of the covered entity.

(d) “Covered entity” has the meaning ascribed to it in 42 U.S.C. § 256b(a)(4).

(e) “Medicaid managed care organization” has the meaning ascribed to it in 42 U.S.C. § 1396b(m).

(f) “Network” means a defined set of providers of health care who are under contract with a pharmacy benefit manager or third party to provide health care services to covered persons.

Sec. 332. NRS 686A.315 is hereby amended to read as follows:

686A.315 1. If a hospital submits to an insurer the form prescribed by the Director of the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to NRS 449.485, that form must contain or be accompanied by a statement that reads substantially as follows:

Any person who misrepresents or falsifies essential information requested on this form may, upon conviction, be subject to a fine and imprisonment under state or federal law, or both.

2. If a person who is licensed to practice one of the health professions regulated by title 54 of NRS submits to an insurer the form commonly referred to as the “HCFA-1500” for a patient who is not covered by any governmental program which offers insurance coverage for health care, the form must be accompanied by a statement that reads substantially as follows:



Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

3. The failure to provide any of the statements required by this section is not a defense in a prosecution for insurance fraud pursuant to NRS 686A.291.

Sec. 333. NRS 687B.407 is hereby amended to read as follows:

687B.407 1. A nonprofit health benefit plan may use the list of preferred prescription drugs developed by the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* pursuant to subsection 1 of NRS 422.4025 as its formulary and obtain prescription drugs through the purchasing agreements negotiated by the ~~{Department}~~ *Authority* pursuant to that section by notifying the ~~{Department}~~ *Authority* in the form prescribed by the ~~{Department.}~~ *Authority*.

2. As used in this section “health benefit plan” has the meaning ascribed to it in NRS 422.4021.

Sec. 334. NRS 687B.805 is hereby amended to read as follows:

687B.805 1. A health carrier shall not:

(a) Discriminate against a covered entity, a contract pharmacy or a 340B drug in the amount of reimbursement for any item or service or the procedures for obtaining such reimbursement;

(b) Assess any fee, chargeback, clawback or adjustment against a covered entity or contract pharmacy on the basis that the covered entity or contract pharmacy dispenses a 340B drug or otherwise limit the ability of a covered entity or contract pharmacy to receive the full benefit of purchasing the 340B drug at or below the ceiling price, as calculated pursuant to 42 U.S.C. § 256b(a)(1);

(c) Exclude a covered entity or contract pharmacy from any network because the covered entity or contract pharmacy dispenses a 340B drug;

(d) Restrict the ability of a person to receive a 340B drug, including, without limitation, by imposing a copayment, coinsurance, deductible or other cost-sharing obligation on the drug that is different from a similar drug on the basis that the drug is a 340B drug;

(e) Restrict the methods by which a covered entity or contract pharmacy may dispense or deliver a 340B drug or the entity through which a covered entity may dispense or deliver such a drug in a manner that does not apply to drugs that are not 340B drugs; or



(f) Prohibit a covered entity or contract pharmacy from purchasing a 340B drug or interfere with the ability of a covered entity or contract pharmacy to purchase a 340B drug.

2. This section does not prohibit the ~~[Department of Health and Human Services]~~ *Nevada Health Authority*, the *Medicaid* Division of ~~[Health Care Financing and Policy of the Department of Health and Human Services]~~ *the Nevada Health Authority* or a Medicaid managed care organization from taking such actions as are necessary to:

(a) Prevent duplicate discounts or rebates where prohibited by 42 U.S.C. § 256b(a)(5)(A); or

(b) Ensure the financial stability of the Medicaid program, including, without limitation, by including or enforcing provisions in any relevant contract.

3. As used in this section:

(a) “340B drug” means a prescription drug that is purchased by a covered entity under the 340B Program.

(b) “340B Program” means the drug pricing program established by the United States Secretary of Health and Human Services pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, as amended.

(c) “Contract pharmacy” means a pharmacy that enters into a contract with a covered entity to dispense 340B drugs and provide related pharmacy services to the patients of the covered entity.

(d) “Covered entity” has the meaning ascribed to it in 42 U.S.C. § 256b(a)(4).

(e) “Medicaid managed care organization” has the meaning ascribed to it in 42 U.S.C. § 1396b(m).

Sec. 335. NRS 689A.046 is hereby amended to read as follows:

689A.046 1. In addition to the benefits required by NRS 689A.0459, the benefits provided by a policy for health insurance for treatment of alcohol or substance use disorder must include, without limitation:

(a) Treatment for withdrawal from the physiological effect of alcohol or drugs, with a minimum benefit of \$1,500 per calendar year.

(b) Treatment for a patient admitted to a facility, with a minimum benefit of \$9,000 per calendar year.

(c) Counseling for a person, group or family who is not admitted to a facility, with a minimum benefit of \$2,500 per calendar year.

2. Except as otherwise provided in NRS 687B.409, these benefits must be paid in the same manner as benefits for any other illness covered by a similar policy are paid.



3. The insured person is entitled to these benefits if treatment is received in any:

(a) Facility for the treatment of alcohol or substance use disorder which is certified by the Division of Public and Behavioral Health of the Department of ~~[Health and]~~ Human Services.

(b) Hospital or other medical facility or facility for the dependent which is licensed by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services.]~~ *the Nevada Health Authority*, accredited by The Joint Commission or CARF International and provides a program for the treatment of alcohol or substance use disorder as part of its accredited activities.

Sec. 336. NRS 689A.405 is hereby amended to read as follows:

689A.405 1. An insurer that offers or issues a policy of health insurance which provides coverage for prescription drugs shall include with any summary, certificate or evidence of that coverage provided to an insured, notice of whether a formulary is used and, if so, of the opportunity to secure information regarding the formulary from the insurer pursuant to subsection 2. The notice required by this subsection must:

(a) Be in a language that is easily understood and in a format that is easy to understand;

(b) Include an explanation of what a formulary is; and

(c) If a formulary is used, include:

(1) An explanation of:

(I) How often the contents of the formulary are reviewed; and

(II) The procedure and criteria for determining which prescription drugs are included in and excluded from the formulary; and

(2) The telephone number of the insurer for making a request for information regarding the formulary pursuant to subsection 2.

2. If an insurer offers or issues a policy of health insurance which provides coverage for prescription drugs and a formulary is used, the insurer shall:

(a) Provide to any insured or participating provider of health care, upon request:

(1) Information regarding whether a specific drug is included in the formulary.

(2) Access to the most current list of prescription drugs in the formulary, organized by major therapeutic category, with an indication of whether any listed drugs are preferred over other listed



drugs. If more than one formulary is maintained, the insurer shall notify the requester that a choice of formulary lists is available.

(b) Notify each person who requests information regarding the formulary, that the inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.

(c) During each period for open enrollment, publish on an Internet website that is operated by the insurer and accessible to the public or include in any enrollment materials distributed by the insurer a notice of all prescription drugs that:

(1) Are included on the most recent list of drugs that are essential for treating diabetes in this State compiled by the ~~[Department of Health and Human Services]~~ **Nevada Health Authority** pursuant to paragraph (a) of subsection 1 of NRS 439B.630; and

(2) Have been removed or will be removed from the formulary during the current plan year or the next plan year.

(d) Update the notice required by paragraph (c) throughout the period for open enrollment.

Sec. 337. NRS 689B.065 is hereby amended to read as follows:

689B.065 1. A policy of group health insurance issued to replace any discontinued policy or coverage for group health insurance must:

(a) Provide coverage for all persons who were covered under the previous policy or coverage on the date it was discontinued; and

(b) Except as otherwise provided in subsection 2, provide benefits which are at least as extensive as the benefits provided by the previous policy or coverage, except that benefits may be reduced or excluded to the extent that such a reduction or exclusion was permissible under the terms of the previous policy or coverage,

↪ if that replacement policy is issued within 60 days after the date on which the previous policy or coverage was discontinued.

2. If an employer obtains a replacement policy pursuant to subsection 1 to cover the employees of the employer, any benefits provided by the previous policy or coverage may be reduced if notice of the reduction is given to the employees of the employer pursuant to NRS 608.1577.

3. Any insurer which issues a replacement policy pursuant to subsection 1 may submit a written request to the insurer who provided the previous policy or coverage for a statement of benefits which were provided under that policy or coverage. Upon receiving such a request, the insurer who provided the previous policy or coverage shall give a written statement to the insurer providing the replacement



policy which indicates what benefits were provided and what exclusions or reductions were in effect under the previous policy or coverage.

4. The provisions of this section:

(a) Apply to a self-insured employer who provides health benefits to the employees of the employer and replaces those benefits with a policy of group health insurance.

(b) Do not apply to the Public Employees' Benefits Program established pursuant to NRS 287.0402 to 287.049, inclusive ~~[H]~~, and *sections 64, 65 and 65.5 of this act.*

Sec. 338. NRS 689C.167 is hereby amended to read as follows:

689C.167 1. In addition to the benefits required by NRS 689C.1665, the benefits provided by a group policy for health insurance, as required by NRS 689C.166, for the treatment of alcohol or substance use disorders must include, without limitation:

(a) Treatment for withdrawal from the physiological effects of alcohol or drugs, with a minimum benefit of \$1,500 per calendar year.

(b) Treatment for a patient admitted to a facility, with a minimum benefit of \$9,000 per calendar year.

(c) Counseling for a person, group or family who is not admitted to a facility, with a minimum benefit of \$2,500 per calendar year.

2. Except as otherwise provided in NRS 687B.409, these benefits must be paid in the same manner as benefits for any other illness covered by a similar policy are paid.

3. The insured person is entitled to these benefits if treatment is received in any:

(a) Facility for the treatment of alcohol or substance use disorders which is certified by the Division of Public and Behavioral Health of the Department of ~~[Health and]~~ Human Services.

(b) Hospital or other medical facility or facility for the dependent which is licensed by the *Health Care Purchasing and Compliance* Division of ~~[Public and Behavioral Health of the Department of Health and Human Services,]~~ *the Nevada Health Authority*, is accredited by The Joint Commission or CARF International and provides a program for the treatment of alcohol or substance use disorders as part of its accredited activities.

Sec. 339. NRS 695C.202 is hereby amended to read as follows:

695C.202 If the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* obtains a waiver to provide the dental care described in NRS 422.27247, a health maintenance organization that provides health care services through managed care to recipients of Medicaid must:



1. Provide written notice to each such recipient who is diagnosed with diabetes and is eligible to receive dental care pursuant to NRS 422.27247 of his or her eligibility to receive such care; and

2. Coordinate with any entity necessary to ensure that eligible recipients of Medicaid receive the benefits prescribed by that section.

Sec. 340. NRS 695C.329 is hereby amended to read as follows:

695C.329 1. If the Commissioner receives notification from the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* pursuant to NRS 439.5895 that a health maintenance organization is not in compliance with the requirements of subsection 4 of NRS 439.589, the Commissioner may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative fine in the amount prescribed by NRS 695C.350.

2. The Commissioner shall not suspend or revoke the certificate of authority of a health maintenance organization for failure to comply with the requirements of subsection 4 of NRS 439.589.

Sec. 341. NRS 695G.325 is hereby amended to read as follows:

695G.325 If the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* obtains a waiver to provide the dental care described in NRS 422.27247, a managed care organization that provides health care services through managed care to recipients of Medicaid must:

1. Provide written notice to each such recipient who is diagnosed with diabetes and is eligible to receive dental care pursuant to NRS 422.27247 of his or her eligibility to receive such care; and

2. Coordinate with any entity necessary to ensure that eligible recipients of Medicaid receive the benefits prescribed by that section.

Sec. 342. Chapter 695I of NRS is hereby amended by adding thereto the provisions set forth as sections 343 and 344 of this act.

Sec. 343. *“Authority” means the Nevada Health Authority.*

Sec. 344. *“Division” means the Consumer Health Division of the Authority.*

Sec. 345. NRS 695I.010 is hereby amended to read as follows:

695I.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 695I.020 to 695I.110, inclusive, *and sections 343 and 344 of this act* have the meanings ascribed to them in those sections.

Sec. 346. NRS 695I.200 is hereby amended to read as follows:

695I.200 The Silver State Health Insurance Exchange is hereby established *within the Division* to:

1. Facilitate the purchase and sale of qualified health plans in the individual market in Nevada;



2. Assist qualified small employers in Nevada in facilitating the enrollment and purchase of coverage and the application for subsidies for small business enrollees;

3. Reduce the number of uninsured persons in Nevada;

4. Provide a transparent marketplace for health insurance and consumer education on matters relating to health insurance; and

5. Assist residents of Nevada with access to programs, premium assistance tax credits and cost-sharing reductions.

Sec. 347. NRS 695I.210 is hereby amended to read as follows:

695I.210 1. The ~~[Exchange]~~ *Division* shall ~~[:]~~ *, through the Exchange:*

(a) Create and administer a health insurance exchange;

(b) Facilitate the purchase and sale of qualified health plans consistent with established patterns of care within the State;

(c) Provide for the establishment of a program to assist qualified small employers in Nevada in facilitating the enrollment of their employees in qualified health plans offered in the small group market;

(d) Except as otherwise authorized by a waiver obtained pursuant to NRS 695I.505, make only qualified health plans available to qualified individuals and qualified small employers; and

(e) Unless the Federal Act is repealed or is held to be unconstitutional or otherwise invalid or unlawful, perform all duties that are required of the Exchange to implement the requirements of the Federal Act.

2. The ~~[Exchange]~~ *Division* may ~~[:]~~ *, through the Exchange:*

(a) Enter into contracts with any person, including, without limitation, a local government, a political subdivision of a local government and a governmental agency, to assist in carrying out the duties and powers of the Exchange ; ~~[or the Board;]~~ and

(b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the duties and powers of the Exchange ; ~~[or the Board.]~~

3. ~~[The]~~ *Except for purchasing conducted by the Authority pursuant to section 24 of this act, the* Exchange is subject to the provisions of chapter 333 of NRS.

Sec. 348. NRS 695I.300 is hereby amended to read as follows:

695I.300 1. The ~~[governing authority]~~ *Board* of the Exchange is ~~[the Board, consisting]~~ *hereby created within the Division. The Board consists* of seven voting members and ~~[three]~~ *one* ex officio nonvoting ~~[members.]~~ *member.*

2. Subject to the provisions of subsections 3 to 6, inclusive:

(a) The Governor shall appoint ~~[five]~~ *two* voting members of the Board;



(b) The Senate Majority Leader shall appoint one voting member of the Board; ~~and~~

(c) The Speaker of the Assembly shall appoint one voting member of the Board ~~and~~;

(d) The Administrator of the Medicaid Division of the Authority or his or her designee shall serve as a voting member;

(e) The Director of the Department of Human Services or his or her designee shall serve as a voting member; and

(f) The Commissioner of Insurance or his or her designee shall serve as a voting member.

3. Each *appointed or designated* voting member of the Board must have:

(a) Expertise in the sale or marketing of individual or small employer health insurance;

(b) Expertise in health care administration, health care financing, health information technology or health insurance;

(c) Expertise in the administration of health care delivery systems;

(d) Experience as a consumer who would benefit from services provided by the Exchange; or

(e) Experience as a consumer advocate, including, without limitation, experience in consumer outreach and education for those who would benefit from services provided by the Exchange.

4. When making an appointment pursuant to subsection 2, the Governor, the Majority Leader and the Speaker of the Assembly shall consider the collective expertise and experience of the voting members of the Board and shall attempt to make each appointment so that:

(a) The areas of expertise and experience described in subsection 3 are collectively represented by the voting members of the Board; and

(b) The voting members of the Board represent a range and diversity of skills, knowledge, experience and geographic and stakeholder perspectives.

5. When making an appointment pursuant to subsection 2, the Governor, the Majority Leader and the Speaker of the Assembly shall, as vacancies on the Board occur, ensure that not more than two voting members of the Board represent any particular area of expertise or experience described in paragraph (a), (b), (c), (d) or (e) of subsection 3.

6. A voting member of the Board may not be a Legislator or hold any elective office in State Government.



7. The ~~following are ex officio~~ *Director of the Office of Finance or his or her designee shall serve as a nonvoting member* of the Board ~~who shall~~ *to* assist the voting members of the Board by providing advice and expertise . ~~[-~~

~~—(a) The Director of the Department of Health and Human Services, or his or her designee;~~

~~—(b) The Director of the Department of Business and Industry, or his or her designee; and~~

~~—(c) The Director of the Office of Finance, or his or her designee.]~~

Sec. 349. NRS 695I.310 is hereby amended to read as follows:

695I.310 1. After the initial terms, the term of each ~~voting~~ *appointed* member of the Board is 3 years.

2. ~~A voting~~ *An appointed* member of the Board may be reappointed to *an additional nonconsecutive term on* the Board.

3. The appointing authority who appoints a ~~voting~~ member of the Board may remove that ~~voting~~ member if the voting member neglects his or her duty or commits misfeasance, malfeasance or nonfeasance in office.

4. A vacancy on the Board in the position of a voting member must be filled in the same manner as the original appointment.

~~[5. Upon the expiration of his or her term of office, a voting member of the Board may continue to serve until he or she is reappointed or a person is appointed as a successor.]~~

Sec. 350. NRS 695I.320 is hereby amended to read as follows:

695I.320 1. The Board shall elect a Chair and a Vice Chair from among its members.

2. The terms of the Chair and Vice Chair are 1 year.

3. The Chair and Vice Chair may be reelected to *not more than one additional term.* ~~[or more terms.]~~

4. If a vacancy occurs, the members of the Board shall elect a replacement Chair or Vice Chair, as applicable, for the remainder of the unexpired term.

Sec. 351. NRS 695I.370 is hereby amended to read as follows:

695I.370 1. The Board shall:

(a) *Advise the Executive Director concerning the governance and operation of the Exchange in accordance with the Federal Act;*

(b) Adopt bylaws setting forth its procedures and governing its operations;

~~[(b) On or before June 30 and December 31 of each year, submit a]~~

(c) *Review the* written fiscal and operational report *described in paragraph (a) of subsection 5 of NRS 695I.380 before the Executive Director submits the report* to the Governor and the Legislature ~~[-~~



~~which must include, without limitation, any recommendations concerning the Exchange;~~

~~—(e);~~

(d) On or before December 31 of each year, prepare a report for the public summarizing the activities of the Board and the contributions of the Exchange to the health of the residents of Nevada during the previous year;

~~[(d) Provide for an]~~

(e) *Review the* annual audit ~~[of its functions and operations;~~
~~—(e)] described in paragraph (c) of subsection 5 of~~
NRS 695I.380;

(f) Submit all reports required by federal law to the appropriate federal agency and in a timely manner; and

~~[(f)] (g) If the Federal Act is repealed or is held unconstitutional or otherwise invalid or unlawful, [define by regulation “qualified health plan” for the purposes of this act.]~~ *make recommendations to the Executive Director concerning the regulations described in paragraph (d) of subsection 5 of NRS 695I.380.*

2. The Board may:

(a) Adopt regulations to carry out the duties and powers of the Exchange;

(b) Prepare special reports concerning the Exchange for the Governor, the Legislature and the public; and

(c) ~~[Contract for the services of such legal, professional, technical and operational personnel and consultants as the execution of its duties and powers and the operation of the Exchange may require.]~~
Make recommendations to the Executive Director concerning entering into contracts pursuant to paragraph (b) of subsection 3 of NRS 695I.380.

3. The Board is subject to Legislative and Executive Branch audits.

Sec. 352. NRS 695I.380 is hereby amended to read as follows:

695I.380 1. The ~~[Board]~~ *Director of the Authority* shall , *subject to the approval of the Governor,* appoint an Executive Director of the Exchange.

2. The Executive Director:

(a) Is in the unclassified service of the State;

(b) ~~[Is responsible to the Board and serves]~~ *Serves* at the pleasure of the ~~[Board.]~~ *Director of the Authority;*

(c) Must have experience in the administration of health care or health insurance; and

(d) Is responsible for the administrative matters of the Board ~~[.]~~
and the operations and management of the Exchange, subject to the



supervision of the Director of the Authority or the designee of the Director.

3. Subject to the limits of available funding ~~[]~~ *and the approval of the Director of the Authority*, the Executive Director may ~~[, in]~~ :

(a) In accordance with chapter 284 of NRS, appoint and remove such employees of the Exchange as are necessary for the administration of the Exchange ~~[]~~ ; *and*

(b) *Contract for the services of such legal, professional, technical and operational personnel and consultants as the execution of his or her duties and powers may require.*

4. Employees of the Exchange appointed pursuant to subsection 3 are in either the classified or unclassified service of the State, in accordance with the historical manner of categorization.

5. *The Executive Director shall:*

(a) *On or before June 30 and December 31 of each year, compile and submit to the Board a written report concerning the finances and operations of the Exchange which includes, without limitation, any recommendations concerning the Exchange;*

(b) *Upon the approval of the Board, submit the report described in paragraph (a) to the Governor and the Legislature;*

(c) *Provide for an annual audit of the functions and operations of the Exchange; and*

(d) *If the Federal Act is repealed or held unconstitutional or otherwise invalid or unlawful, define by regulation “qualified health plan” for the purposes of this chapter.*

Sec. 353. NRS 695I.390 is hereby amended to read as follows:

695I.390 1. The ~~[Board]~~ *Director of the Authority* and the *Director of the* Department of ~~[Health and]~~ Human Services shall *collaborate to* ensure that the Exchange coordinates with Medicaid, the Children’s Health Insurance Program and any other applicable state or local ~~[public]~~ *social service* programs to create a single point of entry for users of the Exchange who are eligible for such programs and to promote continuity of coverage and care.

2. As used in this section, “Children’s Health Insurance Program” has the meaning ascribed to it in NRS 422.021.

Sec. 354. NRS 695I.500 is hereby amended to read as follows:

695I.500 The Department of ~~[Health and]~~ Human Services, the Division of Insurance of the Department of Business and Industry and any other relevant state agency shall work with and provide support to the *Authority and the* Exchange as ~~[it carries]~~ *those entities carry* out ~~[its]~~ *their* duties and powers ~~[]~~ *pursuant to this chapter*, including, without limitation, entering into agreements to share information and intergovernmental agreements with the Exchange.



Sec. 355. NRS 695K.050 is hereby amended to read as follows:
695K.050 “Director” means the Director of the ~~{Department of Health and Human Services.}~~ *Nevada Health Authority.*

Sec. 356. NRS 706.745 is hereby amended to read as follows:
706.745 1. The provisions of NRS 706.386 and 706.421 do not apply to:

- (a) Ambulances;
- (b) Hearses; or
- (c) Common motor carriers or contract motor carriers that are providing transportation services pursuant to a contract with the ~~{Department of Health and Human Services.}~~ *Nevada Health Authority* entered into pursuant to NRS 422.27495.

2. A common motor carrier that enters into an agreement for the purchase of its service by an incorporated city, county or regional transportation commission is not required to obtain a certificate of public convenience and necessity to operate a system of public transit consisting of:

- (a) Regular routes and fixed schedules;
- (b) Nonemergency medical transportation of persons to facilitate their participation in jobs and day training services as defined in NRS 435.176 if the transportation is available upon request and without regard to regular routes or fixed schedules;

- (c) Nonmedical transportation of persons with disabilities without regard to regular routes or fixed schedules; or

- (d) In a county whose population is less than 100,000 or an incorporated city within such a county, nonmedical transportation of persons if the transportation is available by reservation 1 day in advance of the transportation and without regard to regular routes or fixed schedules.

3. Under any agreement for a system of public transit that provides for the transportation of passengers that is described in subsection 2:

- (a) The public entity shall provide for any required safety inspections; or

- (b) If the public entity is unable to do so, the Authority shall provide for any required safety inspections.

4. In addition to the requirements of subsection 3, under an agreement for a system of public transit that provides for the transportation of passengers that is described in:

- (a) Paragraph (a) of subsection 2, the public entity shall establish the routes and fares.

- (b) Paragraph (c) or (d) of subsection 2, the common motor carrier:



(1) May provide transportation to any passenger who can board a vehicle with minimal assistance from the operator of the vehicle.

(2) Except as otherwise provided in NRS 706.248, shall not offer medical assistance as part of its transportation service.

5. In a county whose population:

(a) Is less than 700,000, a nonprofit carrier of elderly persons or persons with disabilities is not required to obtain a certificate of public convenience and necessity to operate as a common motor carrier of such passengers only, but such a carrier is not exempt from inspection by the Authority to determine whether its vehicles and their operation are safe.

(b) Is 700,000 or more, a nonprofit carrier of elderly persons or persons with disabilities is not required to obtain a certificate of public convenience and necessity to operate as a common motor carrier of such passengers only, but:

(1) Only if the nonprofit carrier:

(I) Does not charge for transportation services;

(II) Provides transportation services pursuant to a contract with the ~~[Department of Health and Human Services]~~ *Nevada Health Authority* entered into pursuant to NRS 422.27495; or

(III) Enters into an agreement for the purchase of its service by an incorporated city, county or regional transportation commission; and

(2) Such a carrier is not exempt from inspection by the Authority to determine whether its vehicles and their operation are safe.

6. An incorporated city, county or regional transportation commission is not required to obtain a certificate of public convenience and necessity to operate a system of public transportation.

7. Before an incorporated city or a county enters into an agreement with a common motor carrier for a system of public transit that provides for the transportation of passengers that is described in paragraph (c) or (d) of subsection 2 in an area of the incorporated city or an area of the county, it must determine that:

(a) There are no other common motor carriers of passengers who are authorized to provide such services in that area; or

(b) Although there are other common motor carriers of passengers who are authorized to provide such services in the area, the common motor carriers of passengers do not wish to provide, or are not capable of providing, such services.



Sec. 357. NRS 706A.070 is hereby amended to read as follows:
706A.070 The provisions of this chapter do not apply to:

1. Common motor carriers or contract motor carriers that are providing transportation services pursuant to a contract with the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* entered into pursuant to NRS 422.27495.

2. A person who provides a digital network or software application service to enable persons who are interested in sharing expenses for transportation to a destination, commonly known as carpooling, to connect with each other, regardless of whether a fee is charged by the person who provides the digital network or software application service.

Sec. 358. NRS 706B.060 is hereby amended to read as follows:
706B.060 The provisions of this chapter do not apply to:

1. Common motor carriers or contract motor carriers that are providing transportation services pursuant to a contract with the ~~{Department of Health and Human Services}~~ *Nevada Health Authority* entered into pursuant to NRS 422.27495.

2. A person who provides a method to enable persons who are interested in sharing expenses for transportation to a destination, commonly known as carpooling, to connect with each other, regardless of whether a fee is charged by the person who provides the method.

Sec. 359. 1. All authority, duties and responsibilities ascribed to:

(a) The Department of Health and Human Services in chapter 422 of NRS and NRS 439B.600 to 439B.695, inclusive, are hereby transferred to the Nevada Health Authority unless expressly transferred to a different entity by the provisions of this act.

(b) The Director of the Department of Health and Human Services in chapter 422 of NRS are hereby transferred to the Director of the Nevada Health Authority unless expressly transferred to a different person or entity by the provisions of this act.

(c) The Department of Health and Human Services in NRS 439B.800 to 439B.875, inclusive, are hereby transferred to the Office of Data Analytics of the Nevada Health Authority unless expressly transferred to a different entity by the provisions of this act.

2. All authority, duties and responsibilities ascribed to the Division of Health Care Financing and Policy of the Department of Health and Human Services are hereby transferred to the Medicaid Division of the Nevada Health Authority unless expressly transferred to a different entity by the provisions of this act.

Sec. 360. All authority, duties and responsibilities ascribed to:



1. The Department of Health and Human Services in Assembly Bill No. 519 of this session are hereby transferred to the Health Care Purchasing and Compliance Division of the Nevada Health Authority.

2. The Division of Public and Behavioral Health of the Department of Health and Human Services in Assembly Bill No. 519 of this session are hereby transferred to the Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 361. Any authority, duty or responsibility to administer a program to award grants of money to address shortages of providers of health care in this State or to implement requirements on Medicaid or the Children’s Health Insurance Program, which is ascribed to the Department of Health and Human Services by a bill enacted by the Legislature during this session and approved by the Governor, is hereby transferred to the Health Care Purchasing and Compliance Division of the Nevada Health Authority.

Sec. 362. Any exemption approved pursuant to subsection 3 of NRS 439.4905 on or before June 30, 2025, from the assessment required by subsection 1 of that section also exempts the county to which the exemption applies from the assessment required by section 30 of this act for the duration of the current term of the exemption.

Sec. 362.5. 1. If a bill enacted by the Legislature during this session transfers the responsibility for regulating food establishments, cottage food operations and farm-to-fork events in counties where the Division of Public and Behavioral Health of the Department of Health and Human Services serves as the health authority, as prescribed in chapter 446 of NRS, and the duty to collect an assessment for the costs of those services pursuant to NRS 439.4905 to any entity other than the Division, the provisions of this bill transferring those responsibilities and duties to the Nevada Health Authority, including, without limitation, such provisions of sections 24, 30, 34, 153, 212 to 216, inclusive, and 362 of this act, must not be given effect.

2. As used in this section:

(a) “Cottage food operation” has the meaning ascribed to it in NRS 446.866.

(b) “Farm-to-fork event” has the meaning ascribed to it in NRS 446.0145.

(c) “Food establishment” has the meaning ascribed to it in NRS 446.020.

(d) “Health authority” has the meaning ascribed to it in NRS 446.050, as that section existed on January 1, 2025.

Sec. 363. Except as otherwise provided in sections 364, 365 and 366 of this act, members of any body for whom the appointing



authority is changed by the provisions of this act who are incumbent on July 1, 2025, and remain qualified for their positions shall serve the remainder of their terms. Upon the expiration of those terms, the new appointing authority shall appoint a replacement.

Sec. 364. On July 1, 2025, unless he or she is reappointed pursuant to this section, the member appointed to the Committee on Domestic Violence pursuant to paragraph (b) of subsection 1 of NRS 228.470, as that section existed on June 30, 2025, shall vacate his or her position. The Administrator of the Health Care Purchasing and Compliance Division of the Nevada Health Authority shall appoint a member pursuant to paragraph (b) of subsection 1 of NRS 228.470, as amended by section 12 of this act, to serve the remainder of the unexpired term.

Sec. 365. 1. The terms of the members of the Board of the Public Employees' Benefits Program appointed pursuant to paragraph (c) of subsection 1 of NRS 287.041 who are incumbent on June 30, 2025, expire on that date.

2. As soon as practicable on or after July 1, 2025:

(a) The Senate Majority Leader shall appoint to the Board of the Public Employees' Benefits Program one member described in paragraph (c) of subsection 1 of NRS 287.041, as amended by section 68 of this act, to a term that expires on June 30, 2027.

(b) The Speaker of the Assembly shall appoint to the Board of the Public Employees' Benefits Program one member described in paragraph (c) of subsection 1 of NRS 287.041, as amended by section 68 of this act, to a term that expires on June 30, 2029.

Sec. 366. 1. The terms of the appointed members of the Board of the Silver State Health Insurance Exchange created by NRS 695I.300 who are incumbent on June 30, 2025, expire on that date.

2. As soon as practicable on or after July 1, 2025:

(a) The Governor shall appoint to the Board:

(1) One member described in paragraph (a) of subsection 2 of NRS 695I.300, as amended by section 348 of this act, to an initial term that expires on July 1, 2026; and

(2) One member described in paragraph (a) of subsection 2 of NRS 695I.300, as amended by section 348 of this act, to an initial term that expires on July 1, 2028.

(b) The Senate Majority Leader shall appoint to the Board the member described in paragraph (b) of subsection 2 of NRS 695I.300, as amended by section 348 of this act, to an initial term that expires on July 1, 2027.

(c) The Speaker of the Assembly shall appoint to the Board the member described in paragraph (c) of subsection 2 of NRS 695I.300,



as amended by section 348 of this act, to an initial term that expires on July 1, 2028.

3. Notwithstanding the provisions of NRS 695I.310, as amended by section 349 of this act, the Governor, Senate Majority Leader or Speaker of the Assembly may reappoint to the Board any member who has not served a full term.

Sec. 367. The provisions of subsection 2 of NRS 422.267, as amended by section 116 of this act, apply to any contract subject to the requirements of that subsection entered into on or after July 1, 2025.

Sec. 367.5. 1. During the 2025-2026 interim, the Nevada Health Authority and the Board of the Public Employees' Benefits Program shall study opportunities for the Board to enter into direct contracts pursuant to subsection 3 of NRS 287.0434 with physicians, surgeons, hospitals and rehabilitative facilities for medical, surgical and rehabilitative care and the evaluation, treatment and nursing care of members of the Program and covered dependents.

2. On or before August 1, 2026, the Director of the Nevada Health Authority shall submit a report of the study conducted pursuant to subsection 1 to the Director of the Legislative Counsel Bureau for transmittal to the Joint Interim Standing Committee on Health and Human Services.

Sec. 367.8. 1. During the 2025-2026 interim, the Nevada Health Authority and the Department of Health and Human Services shall:

(a) Collaboratively study the actions necessary to transfer the administrative functions, personnel and funding associated with behavioral health, maternal health and public health from the Division of Public and Behavioral Health of the Department to the Authority. The study must include, without limitation:

(1) A full inventory of programs of the Division related to behavioral health, maternal health and public health and the money and personnel allocated to those programs;

(2) An analysis of the statutory, regulatory and policy changes necessary to effectuate the transfer;

(3) An analysis of the fiscal impact of the transfer, including, without limitation, the administrative costs of the transfer; and

(4) Engagement with interested persons and entities, including, without limitation, local boards of health and health departments, providers of health care and nonprofit organizations that provide services related to behavioral health, maternal health and public health.



(b) Develop a plan to carry out the transfer described in paragraph (a). The plan must include, without limitation, recommended milestones and metrics to measure performance.

2. On or before January 31, 2027, the Director of the Nevada Health Authority shall submit to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the 84th Session of the Legislature:

(a) A report of the study conducted pursuant to paragraph (a) of subsection 1; and

(b) The plan developed pursuant to paragraph (b) of subsection 1.

Sec. 368. The Legislative Counsel shall:

1. In preparing the reprint and supplements to the Nevada Revised Statutes:

(a) Appropriately change any references to an officer, agency or other entity whose name is changed or whose responsibilities are transferred pursuant to the provisions of this act to refer to the appropriate officer, agency or other entity; and

(b) Appropriately change the term “welfare” when used to refer to public assistance, as defined in NRS 422A.065, as amended by section 123 of this act, to “public assistance.”

2. In preparing supplements to the Nevada Administrative Code:

(a) Appropriately change any references to an officer, agency or other entity whose name is changed or whose responsibilities are transferred pursuant to the provisions of this act to refer to the appropriate officer, agency or other entity; and

(b) Appropriately change the term “welfare” when used to refer to public assistance, as defined in NRS 422A.065, as amended by section 123 of this act, to “public assistance.”

Sec. 369. 1. Any administrative regulations adopted by an officer or an agency whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer or agency remain in force until amended by the officer or agency to which the responsibility for the adoption of the regulations has been transferred.

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



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

Sec. 370. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 371. NRS 422.030, 422.2362, 422A.015, 422A.035, 422A.050, 422A.3351, 422A.336 and 444.002 are hereby repealed.

Sec. 372. 1. This section and sections 1 to 109, inclusive, 111 to 354, inclusive, 356 to 359, inclusive, and 361 to 371, inclusive, of this act become effective on July 1, 2025.

2. Section 360 of this act becomes effective on July 1, 2025, if, and only if, Assembly Bill No. 519 of this session is enacted by the Legislature and becomes effective.

3. Sections 110 and 355 of this act become effective on January 1, 2026.



