Amendment No. 975

Senate Amendment to Assembly Bill No. 386 Second Reprint

(BDR 54-111)

Proposed by: Senate Committee on Finance

Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: No

Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of A.B. 386 R2 (§§ 20, 26, 29).

ASSEMBLY ACTION			Initial and Date	SENATE ACTIO	ON Initial and Date
Adopted		Lost	1	Adopted	Lost
Concurred In		Not	I	Concurred In	Not
Receded		Not		Receded	Not

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of <u>green bold underlining</u> is language proposed to be added in this amendment; (3) red strikethrough is deleted language in the original bill; (4) <u>purple double strikethrough</u> is language proposed to be deleted in this amendment; (5) <u>orange double underlining</u> is deleted language in the original bill proposed to be retained in this amendment.

DAN/EWR



Date: 6/5/2023

A.B. No. 386-Revises provisions relating to midwives. (BDR 54-111)



ASSEMBLY BILL NO. 386–ASSEMBLYWOMEN MONROE-MORENO; SUMMERS-ARMSTRONG AND THOMAS

MARCH 22, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to midwives. (BDR 54-111)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility. Effect on the State: Yes.

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

AN ACT relating to midwives; establishing the Board of Licensed Certified Professional Midwives and requiring the Board to adopt certain regulations; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain tasks relating to the regulation of licensed certified professional midwives; providing for the licensure of licensed certified professional midwives; authorizing a licensed certified professional midwife to utilize a certified professional midwife birth assistant under certain circumstances; prescribing requirements relating to the practice of certified professional midwifery; requiring any midwife who provides services in this State to provide to clients a Community Birth Disclosure; authorizing a licensed certified professional midwife to possess, administer and order certain drugs, devices, chemicals and solutions; creating a special endorsement authorizing a licensed certified professional midwife to order, dispense and implant certain devices; creating a special endorsement authorizing a licensed certified professional midwife to possess, administer, prescribe and dispense certain drugs; exempting a licensed certified professional midwife and other providers of health care from certain liability; prohibiting certain persons from performing midwifery; requiring Medicaid to cover the services of a licensed certified professional midwife; authorizing a licensed certified professional midwife to serve as the director of a freestanding birthing center; specifying the midwives to which certain requirements apply; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a midwife to perform certain duties relating to reporting births and deaths and testing newborn babies for certain diseases. (NRS 440.100, 440.740, 442.008-442.600-442.680) Sections 2-32 of this bill provide for: (1) the licensure of licensed certified professional midwives by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) the regulation of licensed certified professional midwives by the Division and the Board of Licensed Certified Professional Midwives created by section 17 of this bill. Sections 2-14, 45, 69 and 74 of this bill define certain terms related to the practice of certified professional midwifery. Section 15 of this bill. (1) exempts certain providers of health care from requirements governing the licensure and regulation of licensed certified professional midwives; and (2) provides that sections 2-32 do not abridge, limit or otherwise affect the right of a person to deliver a baby in the manner and location that the person desires. Sections 36, 38, 39 and 42-44 of this bill similarly exempt licensed certified professional midwives and certified professional midwives would also be exempt from provisions governing certain other providers of health care. Licensed certified professional midwives midwives would also be exempt from provisions governing allopathic physicians. (NRS 630.047)

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Section 16 of this bill authorizes the Division to accept gifts, grants and donations to pay the costs of performing its duties under the provisions of this bill.

Section 17 creates the Board of Licensed Certified Professional Midwives. Sections 34, 55 and 58-62 of this bill make various changes to ensure that the Board is treated similarly to other boards that regulate health-related professions. Section 34 also provides that a person may obtain a license as a licensed certified professional midwife through reciprocity if the person has been in practice for at least 1 year immediately preceding the date on which the person submits an application. Section 18 of this bill prescribes certain requirements concerning the operations and duties of the Board. Section 19 of this bill requires the Board to adopt regulations governing the practice of certified professional midwifery, including: (1) requirements governing the issuance and renewal of a license as a licensed certified professional midwife, including a requirement that an applicant to renew a license must have completed continuing education in cultural humility or the elimination of racism or bias; (2) requirements governing the investigation of misconduct and discipline; (3) requirements governing the management of a client who is at a moderate or high risk of an adverse outcome; and (4) requirements governing certain other aspects of the practice of certified professional midwifery. Section 76.5 of this bill provides that continuing education in cultural humility or the elimination of racism or bias completed by a licensed certified professional midwife satisfies a requirement that an agent or employee of certain health care facilities receive training in cultural competency.

37 Section 20 of this bill prescribes the requirements for the issuance of a license as a 38 licensed certified professional midwife. Section 103 of this bill revises the requirements for 39 the issuance of a license as a licensed certified professional midwife on January 1, 2026, to 40 authorize the Division to exempt certain applicants from certain education requirements to 41 address shortages in the number of midwives practicing in rural or underserved areas in the 42 State or barriers for applicants from marginalized identities. Section 21 of this bill: (1) 43 authorizes a licensed certified professional midwife to utilize a certified professional midwife 44 birth assistant to perform certain simple, routine medical tasks; and (2) prescribes the required 45 training for a certified professional midwife birth assistant.

Existing federal law requires each state to adopt procedures to ensure that applicants for certain licenses and certificates comply with child support obligations. (42 U.S.C. § 666)
 Sections 22 and 29 of this bill enact such procedures as applicable to an applicant for a license as a licensed certified professional midwife in order to comply with federal law.
 Sections 104 and 110 of this bill remove a requirement that an application for a license as a licensed certified professional midwife include the social security number of the applicant on the date that those federal requirements are repealed, while leaving in place the other requirements of sections 22 and 29 until 2 years after that date. Section 33 of this bill makes a conforming change to account for applicants for licensure who do not have a social security number.
 Section 23 of this bill prescribes the authorized activities of a certified professional

56 Section 23 of this bill prescribes the authorized activities of a certified professional 57 midwife student midwife and requirements governing the supervision of a certified 58 professional midwife student midwife by a preceptor. Section 24 of this bill requires any 59 midwife who provides services in this State to provide to a client a Community Birth 60 Disclosure that contains certain information. Section 24 additionally requires the Board to 61 create the Community Birth Disclosure in collaboration with all types of midwives practicing 62 in this State. Section 24 further requires a licensed certified professional midwife to obtain 63 informed written consent from each client before providing services.

64 Existing law authorizes only certain practitioners who are licensed in this State and 65 registered with the State Board of Pharmacy to prescribe drugs and devices. (NRS 639.235, 66 639.23505) Sections 25, 40, 41 and 78 of this bill authorize a licensed certified professional 67 midwife to: (1) order, possess and administer certain drugs, devices, chemicals and solutions; 68 and (2) order certain devices and vaccines for a client. Sections 26, 40 and 78 of this bill 69 authorize a licensed certified professional midwife to apply to the Division for a special 70 endorsement for his or her license to: (1) order, dispense and implant contraceptive devices; or 71 (2) possess, administer, prescribe and dispense certain dangerous drugs. Sections 21, 23 and 72 79 of this bill authorize a certified professional midwife birth assistant or certified 73 professional midwife student midwife to administer certain drugs, devices, chemicals and 74 solutions under the direct supervision of a licensed certified professional midwife or in certain 75 emergency situations. Section 23 additionally authorizes a certified professional midwife 76 77 student midwife to administer or implant a contraceptive device under the supervision of a preceptor who holds the appropriate special endorsement.

78 Section 27 of this bill imposes specific requirements concerning the management of a 79 client who is at a moderate or high risk of an adverse outcome, and section 19 requires the 80 Board of Licensed Certified Professional Midwives to adopt additional regulations governing 81 the management of such a client. Section 19.5 of this bill authorizes the Board to establish an 82 advisory committee to advise the Board concerning the adoption of those regulations. Section 83 27 also exempts: (1) a licensed certified professional midwife from liability resulting from the 84 informed refusal to consent of such a client to consultation, co-management with or referral to 85 another provider of health care or transfer to a medical facility or the inability of the licensed 86 certified professional midwife to arrange for such consultation or carry out such co-87 management, referral or transfer; and (2) other providers of health care from liability for the 88 actions or omissions of a licensed certified professional midwife. 89

Section 28 of this bill requires a licensed certified professional midwife to report to the Division certain information concerning his or her practice upon the renewal of his or her license.

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92 Section 30 of this bill: (1) requires the Division to maintain certain records of 93 proceedings relating to licensing, disciplinary actions and investigations; and (2) declares 94 certain records to be confidential and certain other records to be public. Section 57 of this bill 95 makes a conforming change to clarify that such confidential records of the Division are not 96 public records. Section 31 of this bill prohibits a person who does not hold a license as a 97 licensed certified professional midwife from representing that he or she is licensed to engage 98 in the practice of certified professional midwifery. Section 31 also prohibits a person whose 99 license to perform midwifery in another jurisdiction of the United States has been suspended 100 or revoked from performing midwifery or holding himself or herself out as a midwife in this 101 State until the license in the other district, state or territory is restored. Section 31 authorizes a 102 person to represent that he or she is licensed to engage in the practice of certified professional 103 midwifery if the person is licensed in another district, state or territory of the United States and the person discloses that license to the public. Section 31 also prohibits a certified 104 105 professional midwife student midwife from: (1) engaging in midwifery in circumstances other 106 than those authorized by this bill; or (2) representing that he or she is qualified to engage in 107 the practice of certified professional midwifery without supervision. Section 31 authorizes the 108 Division to order a person to cease and desist from performing midwifery or holding himself 109 or herself out as a midwife if: (1) his or her license as a licensed certified professional 110 midwife has been suspended or revoked; (2) he or she is the subject of pending disciplinary 111 action; or (3) he or she has voluntarily relinquished his or her license under certain 112 circumstances. Section 31 additionally authorizes the Division to, when it has reason to 113 believe or has received complaints that a person has repeatedly violated the provisions of 114 section 31, certify the facts to the Attorney General, or other appropriate law enforcement 115 officer, who may, in his or her discretion, cause appropriate proceedings to be brought. 116 Section 32 authorizes the Division or the Attorney General to seek an injunction against any 117 person violating any provision of sections 2-32.

118 Existing law defines the term "provider of health care" as a person who practices any of 119 certain professions related to the provision of health care. (NRS 629.031) Existing law 120 121 122 123 124 125 126 127 128 imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) Section 35 of this bill includes licensed certified professional midwives in the definition of "provider of health care," thereby subjecting licensed certified professional midwives to the same requirements. Section 76 of this bill makes a conforming change to clarify that licensed certified professional midwives are providers of health care. Section 37 of this bill requires a licensed certified professional midwife to report misconduct by a person licensed or certified by the State Board of Nursing to the Executive Director of the Board.

129 Sections 48 and 49 of this bill provide that a licensed certified professional midwife is 130 not liable for civil damages resulting from providing emergency care or gratuitous care to an 131 indigent person under certain circumstances. Section 70 of this bill requires a licensed 132 certified professional midwife who attends a birth that occurs outside a hospital which is not 133 also attended by a physician or advanced practice registered nurse to prepare a birth 134 certificate. Section 71 of this bill provides for the imposition of a fine upon a person who 135 furnishes false information to a licensed certified professional midwife for the purpose of making incorrect certification of births or deaths.

136 137 Existing law provides that, in any civil action concerning any unwelcome or 138 nonconsensual sexual conduct, there is a rebuttable presumption that the sexual conduct was 139 unwelcome or nonconsensual if the alleged perpetrator was a person in a position of authority 140 over the alleged victim. (NRS 41.138) Section 47 of this bill provides that a licensed certified 141 professional midwife, certified professional midwife student midwife or certified professional 142 midwife birth assistant is a person of authority for that purpose. 143

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Sections 46, 50-54, 63, 64, 66-76 and 80-102 of this bill make revisions to treat licensed certified professional midwives similarly to other providers of health care in certain respects. Section 65 of this bill requires Medicaid to cover the services of a licensed certified professional midwife and to provide reimbursement for such services at rates comparable to other providers of health care who provide similar services. Section 56 of this bill makes a conforming change to indicate the proper placement of section 65 in the Nevada Revised Statutes.

Section 77 of this bill authorizes a licensed certified professional midwife to serve as the director of a freestanding birthing center.

150 151 152 Existing law requires a primary care provider, including a midwife, to take certain actions 153 to facilitate the detection of harmful mutations in the BRCA gene in patients who are adult women. (NRS 457.301) Section 81 of this bill provides that this requirement applies to 154 155 licensed certified professional midwives, but not to other midwives.

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

1 Section 1. Title 54 of NRS is hereby amended by adding thereto a new 2 chapter to consist of the provisions set forth as sections 2 to 32, inclusive, of this 3 act.

4 Sec. 2. As used in this chapter, unless the context otherwise requires, the 5 words and terms defined in sections 3 to 14, inclusive, of this act have the 6 meanings ascribed to them in those sections.

Sec. 3. "Board" means the Board of Licensed Certified Professional 7 8 Midwives created by section 17 of this act. 9

Sec. 4. "Certified nurse-midwife" means a person who is: 1. Certified as a nurse-midwife by the American Midwifery Certification 10 11 Board, or its successor organization; and

12 2. Licensed as an advanced practice registered nurse pursuant to NRS 13 632.237.

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"Certified professional midwife birth assistant" means a person Sec. 5. who performs routine medical tasks and procedures under the direct supervision of a licensed certified professional midwife.

Sec. 6. "Certified professional midwife student midwife" means a person who performs midwifery under the direct supervision of a preceptor pursuant to section 23 of this act.

"Co-manage" means a licensed certified professional midwife Sec. 7. jointly managing the care of a client with another provider of health care.

Sec. 8. "Consult" means a client receiving an opinion concerning the management of a particular condition or symptom from an appropriate provider of health care at the direction of a licensed certified professional midwife.

"Division" means the Division of Public and Behavioral Health of Sec. 9. the Department of Health and Human Services.

"Licensed certified professional midwife" means a person licensed Sec. 10. as a licensed certified professional midwife pursuant to section 20 of this act.

Sec. 11. "Medical facility" has the meaning ascribed to it in NRS 449.0151. Sec. 11.5. "Midwifery" means the provision of care to clients before "Midwifery" means the provision of care to clients before

17 conception, while pregnant and during the postpartum period and to newborn 18 19 infants. The term includes, without limitation, the practice of certified 20 professional midwifery. 21

Sec. 12. "Practice of certified professional midwifery" means the provision of autonomous care to healthy clients who are at low risk of developing complications before conception, while pregnant and during the postpartum period and to newborn infants for up to 6 weeks after childbirth. The term includes, without limitation, co-management of the care of a client with a qualified provider of health care.

27 Sec. 13. "Provider of health care" has the meaning ascribed to it in NRS 629.031. 28 29

Sec. 14. "Refer" means a licensed certified professional midwife arranging for another provider of health care to assume primary responsibility for managing a condition or symptom.

32 Sec. 15. 1. Except as otherwise provided in this section and sections 21, 33 24 and 27 of this act, the provisions of this chapter do not apply to a person who 34 holds a license, certificate or other credential issued pursuant to chapters 630 to 35 641D, inclusive, of NRS and is practicing within the scope of authority 36 authorized by that license, certificate or other credential. For the purposes of this 37 subsection, a certified nurse-midwife shall be deemed to be practicing within the 38 scope of authority authorized by his or her license as an advanced practice registered nurse. 39 40

2. This chapter does not prohibit:

(a) Gratuitous services of a person in an emergency; or

(b) Gratuitous care by friends or by members of the family.

3. This chapter does not abridge, limit or otherwise affect the right of any person to deliver a baby in the manner and location that the person desires.

Sec. 16. The Division may accept gifts, grants and donations to pay the costs of performing its duties under the provisions of this chapter.

Sec. 17. 1. The Board of Licensed Certified Professional Midwives is hereby created. 49

The Administrator of the Division shall appoint to the Board: 2.

50 (a) Four voting members who are licensed certified professional midwives 51 currently practicing in this State;

(b) One voting member who is a representative of the general public and who 52 has received care from a licensed certified professional midwife: and 53

1	(c) One nonvoting member to serve as a liaison with the Division.
2	3. The Board may adopt regulations, in consultation with the Division, to
3	add not more than three members, in addition to the members appointed
4	pursuant to subsection 2, to the Board.
5	4. Each member of the Board must be a resident of this State.
6	5. The Administrator of the Division:
7	(a) May solicit nominations for appointment to the Board from interested
8	persons and entities.
9	(b) Shall give preference when appointing the members of the Board to
10	candidates who have experience providing or utilizing midwifery services outside
11	of a hospital.
12	6. The Board shall adopt regulations prescribing the terms of its members.
12	Such terms must not exceed 4 years. The Administrator of the Division may:
13	(a) Reappoint a member at the expiration of his or her term; or
14	(b) Terminate a member before the expiration of his or her term, or
	7. A vacancy on the Board must be filled in the same manner as the initial
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17	appointment.
18	8. Except as otherwise provided in this subsection, members of the Board
19	serve without compensation. The State Board of Health may, by regulation,
20	provide for compensation of the members of the Board.
21	Sec. 18. 1. A majority of the voting members of the Board constitutes a
22	quorum for the transaction of business, and a majority of a quorum present at
23	any meeting is sufficient for any official action taken by the Board.
24	2. The Board shall:
25	(a) At its first meeting and annually thereafter, elect a Chair from among its
26	members;
27	(b) Meet annually at the call of the Chair; and
28	(c) Recommend to the Legislature any statutory changes to improve the
29	practice of certified professional midwifery in this State.
30	3. To the extent that money is available, the Board may meet more
31	frequently than required by paragraph (b) of subsection 2.
32	4. To the extent practicable, any advice or recommendations made by the
33	Board concerning the practice of certified professional midwifery must be guided
34	by current, peer-reviewed scientific research.
35	Sec. 19. The Board shall adopt any regulations necessary or convenient for
36	carrying out the provisions of this chapter. In adopting regulations, the Board
37	shall consider measures necessary to minimize the likelihood of serious harm to
38	the clients of licensed certified professional midwives and the fetuses and
39	newborn infants of such clients. Those regulations must include, without
40	limitation:
41	1. Requirements governing the issuance and renewal of a license as a
42	licensed certified professional midwife, including, without limitation:
43	(a) The period for which a license is valid, which must not exceed 2 years. If
44	the Division determines that the fees collected pursuant to this chapter will not
45	cover the costs of the Division to perform the duties prescribed by the provisions
46	of this chapter if that period is longer than 1 year, the Division shall notify the
47	Board of that determination. Upon receiving such notice, the Board shall adopt
48	regulations pursuant to this paragraph to prescribe a period for which a license is
49	valid that does not exceed 1 year.
50	(b) A requirement that an applicant for the renewal of a license must have
51	completed continuing education in cultural humility or the elimination of racism
52	or bias. The regulations adopted pursuant to this paragraph must allow an
53	applicant for the renewal of a license to satisfy that requirement by completing
55	approximity of the reneration of a needse to subsyrthau requirement by completing

any continuing education in cultural humility or the elimination of racism or bias
 required by the North American Registry of Midwives, or its successor
 organization, to maintain certification by that organization.

4 2. The procedure for filing a complaint with the Division concerning a
licensed certified professional midwife or certified professional midwife student
midwife.
7 3. Grounds for the Division to impose disciplinary action against a licensed

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3. Grounds for the Division to impose disciplinary action against a licensed certified professional midwife or certified professional midwife student midwife and the procedure by which the Division will impose such disciplinary action.

4. Requirements governing the reinstatement of a license or special
 endorsement that has been revoked, including, without limitation, the procedure
 to apply for reinstatement and the minimum amount of time after the revocation
 that must pass before the person is authorized to apply for reinstatement.

14 5. Requirements governing the reinstatement of the authority to perform 15 midwifery of a person who has been ordered to cease and desist from performing 16 midwifery and holding himself or herself out as a midwife pursuant to section 31 17 of this act, including, without limitation, the procedure to apply for reinstatement 18 and the minimum amount of time after the issuance of the order that must pass 19 before the person is authorized to apply for reinstatement.

6. Regulations governing the ordering, usage and administration of drugs,
 vaccines, chemicals, solutions and devices pursuant to section 25 of this act.

7. Regulations concerning the management by a licensed certified
 professional midwife of a client who may have a condition that puts the client at a
 moderate or high risk of an adverse outcome for the client or the fetus or
 newborn infant of the client. The regulations must, to the extent practicable, be
 guided by current, peer-reviewed scientific research and must include, without
 (a) A list of conditions or symptoms associated with a risk of serious

(a) A list of conditions or symptoms associated with a risk of serious permanent harm or death to a client or the fetus or newborn infant of a client, in addition to those prescribed by section 27 of this act;

(b) A list of conditions or symptoms associated with a risk of greater than
 minimal harm to a client or the fetus or newborn infant of a client that do not
 pose a risk of serious permanent harm or death, in addition to those prescribed by
 section 27 of this act; and
 (c) Specific requirements for each condition or symptom listed pursuant to

(c) Specific requirements for each condition or symptom listed pursuant to subparagraphs (1) and (2) governing:

37 (1) The circumstances under which a licensed certified professional 38 midwife must arrange for the client to consult with another provider of health care, co-manage the care of the client with another provider of health care, refer 39 40 primary responsibility for the care of a client to another provider of health care 41 or transfer the care of the client to a medical facility, procedures for such consultation, co-management, referral or transfer and requirements to ensure 42 43 that a provider of health care who is consulted, with whom a client's condition or 44 symptom is co-managed or to whom primary responsibility for the care of a client 45 is referred is appropriately qualified; and

(2) The information that must be included on the [form] forms for
 providing informed consent and informed refusal to consent to consultation, co management, referral or transfer pursuant to section 27 of this act and the
 management of a client who provides such informed refusal to consent.

8. Requirements governing the screening of clients in accordance with
 chapter 442 of NRS and necessary measures for the prevention of communicable
 diseases.

9. Requirements concerning the records of treatment and outcomes that must be kept by a licensed certified professional midwife.

10. Administrative penalities that the Division may impose upon a certified professional midwife student midwife who engages in the practice of certified professional midwifery without a preceptor.

11. Administrative penalties that the Division may impose upon a licensed certified professional midwife who engages in activity for which a special endorsement is required by section 23 or 26 of this act without the appropriate endorsement.

12. Any other requirements necessary to optimize obstetrical and neonatal outcomes for clients of licensed certified professional midwives.

Sec. 19.5. 1. The Board may establish by regulation an advisory committee to advise the Board concerning the regulations adopted pursuant to subsection 7 of section 19 of this act. If such an advisory committee is established, the regulations adopted pursuant to this section must establish:

(a) The membership of the advisory committee;

(b) The terms of the members of the advisory committee; and

(c) The duties of the advisory committee.

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 Any recommendations of an advisory committee established pursuant to this section must be based on current, peer-reviewed scientific evidence and widely accepted best practices. Such recommendations may include, without limitation, recommendations concerning the transmission of information necessary for the care of a client from a licensed certified professional midwife to a provider of health care to whom the client is referred or a medical facility to which the client is transferred.
 Members of the advisory committee serve without compensation and are

3. Members of the advisory committee serve without compensation and are not entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

4. A member of the advisory committee 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 advisory committee and perform any work necessary to carry out the duties of the advisory committee 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 advisory committee 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 advisory committee; or

(b) Take annual leave or compensatory time for the absence.

39 Sec. 20. 1. An applicant for a license as a licensed certified professional 40 midwife must submit to the Division an application pursuant to this section in the 41 form prescribed by the Division. The application must be accompanied by a fee in 42 the amount prescribed by regulation of the State Board of Health pursuant to 43 NRS 439.150, which must not exceed \$1,000, and:

(a) A complete set of his or her fingerprints and written permission
authorizing the 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; or

(b) Written verification, on a form prescribed by the Division, stating that the
fingerprints of the applicant were taken in this State and directly forwarded
electronically or by another means to the Central Repository and that the
applicant has given written permission to the law enforcement agency or other
authorized entity taking the fingerprints to submit the fingerprints to the Central
Repository for submission to the Federal Bureau of Investigation for its report.

The application must include, without limitation, proof that the applicant 2. is certified as a midwife by the North American Registry of Midwives, or its successor organization, and:

(a) Has completed an educational program that is consistent with the most recent statement on licensure of Certified Professional Midwives by the United States Midwifery Education, Regulation and Association, or its successor organization: or

(b) Holds a Midwifery Bridge Certificate issued by the North American Registry of Midwives, or its successor organization, and has completed the Portfolio Evaluation Process prescribed by that organization.

3. A license as a licensed certified professional midwife may be renewed upon submission to the Division of a renewal application in the form prescribed by the Division. The renewal application must:

(a) Be accompanied by a renewal fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000; and

17 (b) Include any information required by the regulations adopted by the 18 Board pursuant to section 19 of this act. 19

4. To the extent that the implementation of such provisions will leave the Division with sufficient money to carry out its duties under this chapter, the State Board of Health may establish by regulation a procedure through which:

(a) An applicant may petition the Division to reduce the fees imposed 22 23 pursuant to this section or section 26 of this act. An applicant may qualify for 24 such a reduction if the applicant demonstrates, to the satisfaction of the Division, 25 that the fees imposed pursuant to this section or section 26 of this act are an 26 economic hardship on the applicant.

(b) The Division allocates a portion of the fees imposed and collected pursuant to this section or section 26 of this act to programs that promote 27 28 29 applicants from marginalized identities through increasing the numbers of such 30 applicants and reducing barriers that such applicants face.

31 5. As used in this section, "marginalized identity" means an identity or expression that causes or has historically caused a person of such identity or 32 33 expression to be disproportionately discriminated against, harassed or otherwise 34 negatively treated or affected as a result of the identity or expression.

35 Sec. 21. 1. A licensed certified professional midwife may utilize a certified 36 professional midwife birth assistant to perform the tasks and procedures 37 authorized by subsection 3. Except as otherwise provided in subsection 2, a certified professional midwife birth assistant, including, without limitation, a 38 provider of health care serving as a certified professional midwife birth assistant, 39 40 must: 41

(a) Be at least 18 years of age;

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42 (b) Have completed training in cultural humility or the elimination of racism 43 or bias:

44 (c) Have completed training in the techniques of administering neonatal 45 resuscitation provided through the Neonatal Resuscitation Program of the 46 American Academy of Pediatrics, or any successor to that program; and

47 (d) Hold current certification in the techniques of administering 48 cardiopulmonary resuscitation.

49 2. A certified professional midwife birth assistant who is a licensed certified professional midwife or a certified nurse-midwife is not required to possess the 50 51 qualifications set forth in subsection 1.

3. Except as otherwise provided in subsection 5, a certified professional 52 53 midwife birth assistant may perform routine clinical tasks and procedures only

under the direct supervision of a licensed certified professional midwife who is 1 2 3 present on the premises and able to intervene if necessary. Such tasks include, without limitation: 4

(a) Administering medications, including, without limitation and to the extent applicable, any medication described in subsection 2 of section 25 of this act, intradermally, subcutaneously and intramuscularly and performing skin tests:

(b) Providing medication, including, without limitation and to the extent applicable, any medication described in subsection 2 of section 25 of this act, to a patient to self-administer orally, sublingually, topically or rectally;

(c) Administering oxygen;

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(d) Assisting in the care of a newborn infant immediately after birth;

(e) Placing a device used for auscultation of fetal heart tones:

(f) Assisting a client with activities of daily living and assisting the client in 14 15 moving between the bed and bathroom;

(g) Performing cardiopulmonary or neonatal resuscitation; and

(h) Checking vital signs.

The supervising licensed certified professional midwife is responsible for 18 4 19 ensuring that the certified professional midwife birth assistant has been properly 20 trained to provide the services delegated to him or her. The supervising licensed 21 certified professional midwife shall retain any documentation of the training that 22 the certified professional midwife birth assistant has received for at least 5 years 23 after the supervising licensed certified professional midwife ceases to supervise 24 the certified professional midwife birth assistant.

25 5. A certified professional midwife birth assistant may provide any 26 necessary assistance in an emergency or when birth is imminent if his or her supervising licensed certified professional midwife is not present. If a certified 27 28 professional midwife birth assistant provides such assistance without supervision, 29 the certified professional midwife birth assistant must contact a provider of 30 emergency medical services to provide further assistance. 31

6. A certified professional midwife birth assistant shall not assess clinical information or make clinical decisions.

Sec. 22. 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall include the social security number of the applicant in the application submitted to the Division.

37 (b) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall submit to the Division of Public and 38 Behavioral Health of the Department of Health and Human Services the statement prescribed by the Division of Welfare and Supportive Services of the 39 40 41 Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant. 42

43 2. The Division of Public and Behavioral Health of the Department of 44 Health and Human Services shall include the statement required pursuant to 45 subsection 1 in:

46 (a) The application or any other forms that must be submitted for the 47 issuance or renewal of the license; or 48

(b) A separate form prescribed by the Division.

49 3. A license as a licensed certified professional midwife may not be issued or renewed by the Division if the applicant: 50 51

(a) Fails to submit the statement required pursuant to subsection 1; or

52 (b) Indicates on the statement submitted pursuant to subsection 1 that the 53 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 1 2 3 public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4 4. If an applicant indicates on the statement submitted pursuant to 5 subsection 1 that the applicant is subject to a court order for the support of a 6 child and is not in compliance with the order or a plan approved by the district 7 attorney or other public agency enforcing the order for the repayment of the 8 amount owed pursuant to the order, the Division shall advise the applicant to 9 contact the district attorney or other public agency enforcing the order to 10 determine the actions that the applicant may take to satisfy the arrearage.

11 Sec. 23. 1. Except as otherwise provided in subsection 5, a certified professional midwife student midwife may engage in the practice of certified 12 13 professional midwifery, including, without limitation, by using or administering any drug, vaccine, device, chemical or solution described in subsection 1, 2 or 3 14 of section 25 of this act, only under the direct supervision of a preceptor who is 15 present on the premises and able to intervene if necessary. The preceptor is 16 17 responsible for each client to whom the certified professional midwife student 18 midwife provides midwiferv services.

2. A certified professional midwife student midwife may administer or 19 20 implant a contraceptive device or possess and administer a drug prescribed by the 21 regulations adopted pursuant to paragraph (b) of subsection 1 of section 26 of 22 this act only under the direct supervision of a preceptor who is a licensed certified 23 professional midwife, holds the appropriate special endorsement issued pursuant 24 to section 26 of this act authorizing the preceptor to engage in such activity and is 25 present on the premises and able to intervene if necessary. The preceptor is 26 responsible for each client to whom the certified professional midwife student 27 midwife provides services pursuant to this subsection. 28

3. A preceptor must be a person engaged in the practice of certified professional midwifery who is approved by the North American Registry of Midwives, or its successor organization, to serve as a preceptor.

4. A preceptor shall:

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(a) Notify each client that a certified professional midwife student midwife may be involved in the care of the client;

(b) Explain the scope of the activities that the certified professional midwife student midwife may perform under the supervision of the preceptor; and

(c) Review and evaluate all care provided by a certified professional midwife student midwife under his or her supervision and attend every clinical encounter between the certified professional midwife student midwife and a client.

5. If the preceptor of a certified professional midwife student midwife 39 40 ceases to serve as his or her preceptor and the certified professional midwife 41 student midwife has no additional preceptor, the certified professional midwife student midwife must cease engaging in the practice of certified professional 42 43 midwifery.

6. A certified professional midwife student midwife may provide any 44 necessary assistance in an emergency or when birth is imminent if his or her 45 46 preceptor is not present. If a certified professional midwife student midwife needs 47 to provide such assistance and his or her preceptor is not present, the certified 48 professional midwife student midwife must contact a provider of emergency 49 medical services to provide further assistance. 50

Sec. 24. Upon accepting a client:

51 1. Any midwife, including, without limitation, a licensed certified 52 professional midwife and a certified nurse-midwife, shall provide the client with a

Community Birth Disclosure. The Community Birth Disclosure must inform the 1 23 client regarding:

(a) The type of midwife that the midwife is;

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(b) The type of education and training that the midwife has received; and (c) The care to be provided by the midwife.

+ The Board shall create the Community Birth Disclosure in collaboration with all types of midwives practicing in this State.

2. A midwife must sign and date, and obtain the signature of the client with a notation of the date of that signature, the Community Birth Disclosure provided pursuant to subsection 1. The midwife shall retain a copy of the Community Birth Disclosure for 5 years.

In addition to complying with the requirements of subsections 1 and 2, a 12 3. 13 licensed certified professional midwife shall obtain from the client informed written consent regarding the care to be provided by the licensed certified 14 15 professional midwife. Informed written consent requires that the licensed certified professional midwife provide to the client: 16

17 (a) \hat{A} description of the educational background and credentials of the 18 licensed certified professional midwife:

19 (b) A description of the practice of certified professional midwifery as set 20 forth in section 12 of this act and the limitations on the practice of a licensed 21 certified professional midwife: 22

(c) Instructions for obtaining a copy of the provisions of sections 2 to 32, inclusive, of this act and the regulations adopted pursuant to section 19 of this act:

(d) Instructions for filing a complaint with the Division in accordance with the regulations adopted pursuant to section 19 of this act;

(e) A description of the actions that the licensed certified professional 27 midwife will take in an emergency, including, without limitation, the conditions 28 29 under which the licensed certified professional midwife will recommend the 30 transfer of the client to a medical facility and the procedure that the licensed 31 certified professional midwife will follow when making such a transfer; 32

(f) A description of the procedures that will be used during the birth in the client's chosen setting, the risks and benefits of birth in that setting and the conditions that may arise during delivery;

(g) A disclosure of whether the licensed certified professional midwife holds *liability insurance;*

(h) A summary of the provisions of section 27 of this act and the regulations adopted pursuant to section 19 of this act governing consultation, co-management, referral and transfer and a description of the procedures 38 39 40 established by the licensed certified professional midwife for consultation, co-41 management, referral and transfer; and

(i) Any other information required by regulation of the Board.

43 Sec. 25. 1. A licensed certified professional midwife may use the 44 following devices:

(a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary 45 46 catheters, intravenous equipment, amnihooks, airway suction devices, electronic 47 fetal monitors, tocodynamometer monitors, equipment for administering oxygen, 48 glucose monitoring systems and testing strips, neonatal and adult oximetry 49 equipment, centrifuges and equipment for conducting screenings of hearing 50 ability;

51 (b) Equipment for administering nitrous oxide, including, without limitation, 52 scavenging systems, only in a freestanding birthing center licensed pursuant to 53 chapter 449 of NRS;

(c) Neonatal and adult resuscitation equipment, including, 1 without 23 limitation, airway devices; and (d) Any other device authorized by regulation of the Board. 4 A licensed certified professional midwife may possess and administer: 2. 5 (a) Oxytocin, misoprostol, methylergonovine, tranexamic acid, lidocaine, 6 penicillin, ampicillin, cefazolin, clindamycin, epinephrine, diphenhydramine, 7 ondansetron, phylloquinone, erythromycin ointment, terbutaline and nitrous 8 oxide: 9 (b) Influenza vaccine, hepatitis B vaccine, COVID-19 vaccine and 10 diphtheria, tetanus and pertussis vaccine: 11 (c) Rho (D) immune globulin and hepatitis B immune globulin; and (d) Any other drugs or vaccines authorized by regulation of the Board. 12 13 3. A licensed certified professional midwife may possess and administer: (a) Oxygen, lactated Ringers solution, 5 percent dextrose in lactated Ringers 14 15 solution, 0.9 percent sodium chloride solution and sterile water; and 16 (b) Any other chemicals or solutions authorized by regulation of the Board. 17 A licensed certified professional midwife may order for a client: 4. 18 (a) Breast pumps, compression stockings and belts, maternity belts, 19 diaphragms, cervical caps, glucometers, glucose testing strips, iron supplements 20 and prenatal vitamins; and 21 (b) Any vaccine described in paragraph (b) of subsection 2. 22 Sec. 26. 1. The Division shall, upon application by a licensed certified 23 professional midwife who has such qualifications as the Board specifies by 24 regulation, issue: 25 (a) A special endorsement of the license authorizing the licensed certified 26 professional midwife to order, dispense, administer and implant contraceptive 27 devices for a client. 28 (b) A special endorsement of the license authorizing the licensed certified 29 professional midwife to possess, administer, prescribe and dispense drugs 30 prescribed by regulation of the Board, in consultation with the State Board of 31 Pharmacy, for a client. 32 2. An application for the issuance or renewal of a special endorsement 33 pursuant to this section must be accompanied by a fee in the amount prescribed 34 by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$500. 35 36 3. The Board, in consultation with the State Board of Pharmacy, shall 37 adopt regulations to carry out the provisions of this section. Those regulations 38 *must prescribe*: (a) The training and experience necessary to obtain a special endorsement, 39 including, without limitation: 40 41 (1) The additional education and training necessary to obtain a special 42 endorsement described in paragraph (a) or (b) of subsection 1, which must be 43 similar to the education and training required for other providers of health care 44 who perform the activities authorized by those endorsements; (2) The number of completed implantations of a contraceptive device 45 46 under the supervision of a preceptor necessary to obtain a special endorsement 47 described in paragraph (a) of subsection 1; and 48 (3) Requirements for the completion of training required by the 49 manufacturer of a contraceptive device or the equivalent of such training to obtain a special endorsement described in paragraph (a) of subsection 1. (b) The period for which a special endorsement is valid, which must not 50 51 exceed the length of the period for which the license of the holder of the 52 53 endorsement is valid.

1	(c) The contraceptive devices that the holder of a special endorsement issued
2	pursuant to paragraph (a) of subsection 1 may order, dispense, administer and
$\frac{2}{3}$	implant.
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	(d) The drugs that the holder of a special endorsement issued pursuant to
5	paragraph (b) of subsection 1 may possess, administer, prescribe or dispense,
6	which must only include:
7	(1) Antibiotic, antiemetic, antiviral, antifungal and antipruritic
8	medications and low-potency topical steroids for the prevention and treatment of
9	conditions that do not constitute a significant deviation from normal pregnancy
10	or postpartum; and
11	(2) Hormonal and nonhormonal contraceptives.
12	4. A special endorsement issued pursuant to paragraph (b) of subsection 1
13	does not authorize the holder to prescribe or dispense drugs for a newborn infant.
14	Sec. 27. 1. Except as otherwise provided in subsections [4] 5 and [5,] 6, a
15	licensed certified professional midwife must recommend and [, with the consent
16	of the client,] arrange for consultation or co-management with or referral to a
17	qualified provider of health care or transfer to an appropriate medical facility if
18	the licensed certified professional midwife determines that any of the following
19	conditions or symptoms exist:
20	(a) Complete placenta previa;
21	(b) Partial placenta previa after the 27th week of gestation;
22	(c) Infection with the human immunodeficiency virus;
23	(d) Cardiovascular disease;
24	(a) Conduct association and association (b) (c) Severe mental illness that may cause the client to cause harm to
25	themselves or others;
26	(f) Pre-eclampsia or eclampsia;
20 27	(g) Fetal growth restriction, oligohydramnios or moderate or severe
28	polyhydramnios in the pregnancy;
29 29	(h) Potentially serious anatomic fetal abnormalities;
30	(i) Diabetes that requires insulin or other medication for management;
31	(i) Gestational age of greater than 43 weeks; or
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	(k) Any other condition or symptom: (1) Designated by the regulations adopted pursuant to section 10 of this
33	(1) Designated by the regulations adopted pursuant to section 19 of this
34	act; or
35	(2) Which, in the judgment of the licensed certified professional midwife,
36	could threaten the life of the client or the fetus or newborn infant of the client.
37	2. Except as otherwise provided in subsections $[4]$ 5 and $[5,]$ 6, a licensed
38	certified professional midwife must recommend and, with the consent of the
39	client, arrange for consultation or co-management with or referral to a qualified
40	provider of health care if the licensed certified professional midwife determines
41	that any of the following conditions or symptoms exist:
42	(a) Prior cesarean section or other surgery resulting in a uterine scar;
43	(b) Multifetal gestation;
44	(c) Noncephalic presentation after 36 weeks of gestation; or
45	(d) Any other condition or symptom designated by the regulations adopted
46	pursuant to section 19 of this act.
47	3. A licensed certified professional midwife who recommends to a client
48	consultation, co-management, referral or transfer shall document in the record
49	of the client:
50	(a) The contents of the recommendation;
51	(b) The condition or symptom for which the recommendation was made;
52	(c) Whether the client consented to the consultation, co-management,

53 referral or transfer; and

(d) If the client provides consent, the name, profession and specialty of the provider of health care with whom the licensed certified professional midwife consulted or co-managed or to whom the client was referred or the medical facility to which the client was transferred.

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4. <u>A client consents to a consultation, co-management, referral or transfer</u> for the purposes of this section if:

(a) The licensed certified professional midwife provides to his or her client information concerning the risks and benefits of alternative methods of treatment and management for a condition listed in subsection 1 or 2; and

(b) After receiving such information, the client provides informed consent in writing on a form prescribed by the Board that provides information on the risks and benefits of alternative methods of treatment and management.

13 <u>5.</u> A client may provide informed refusal to consent to consultation, comanagement, referral or transfer in writing on a form prescribed by the Board. If a client provides informed refusal to consent to:

16 (a) Consultation, co-management, referral or transfer after the licensed 17 certified professional midwife has determined that a condition or symptom described in subsection 1 exists, the licensed certified professional midwife must 18 19 attempt to locate a qualified provider of health care for which the client consents 20 to consultation, co-management or referral or an appropriate medical facility for which the client consents to transfer. If the licensed certified professional 21 22 midwife is unable to locate such a provider of health care who is willing to 23 consult, co-manage or accept the referral or such a medical facility which is willing to accept the transfer, the licensed certified professional midwife is not 24 25 liable for any damages resulting from the failure to consult, co-manage, refer or 26 transfer. If the condition or symptom threatens the life or health of the client or 27 the fetus or the newborn infant of the client during labor or delivery, the licensed 28 certified professional midwife must call 911 and provide care until relieved by a 29 qualified provider of health care.

(b) Consultation, co-management or referral after the licensed certified
 professional midwife has determined that a condition or symptom described in
 subsection 2 exists, the licensed certified professional midwife:
 (1) May continue to serve as the primary provider of health care for the

(1) May continue to serve as the primary provider of health care for the client until the client provides such consent; and

(2) Is not liable for any damages resulting from the failure to consult, comanage or refer.

[5.] 6. If, after determining that a condition or symptom described in:

38 (a) Subsection 1 exists and making a reasonable effort to arrange for 39 consultation with, co-management of the condition or symptom with or referral 40 of the client to a qualified provider of health care or the transfer of the client to 41 an appropriate medical facility, a licensed certified professional midwife is 42 unable to locate a qualified provider of health care who is willing to consult, comanage or accept the referral or an appropriate medical facility willing to accept 43 the transfer, the licensed certified professional midwife shall be deemed to be in 44 compliance with the requirements of [this section] that subsection and is not 45 46 liable for any damages resulting from the inability of the licensed certified 47 professional midwife to consult, co-manage, refer or transfer. If the condition or symptom threatens the life or health of the client or the fetus or newborn infant 48 49 of the client during labor or delivery, the licensed certified professional midwife must call 911 and provide care until relieved by a qualified provider of health 50 51 care.

52 (b) Subsection 2 exists and making a reasonable effort to arrange for 53 consultation with, co-management of the condition or symptom with or referral 1 of the client to a qualified provider of health care, a licensed certified 2 professional midwife is unable to locate a qualified provider of health care who is 3 willing to consult, co-manage or accept the referral, the licensed certified 4 professional midwife shall be deemed to be in compliance with the requirements 5 of [this section] that subsection and is not liable for any damages resulting from 6 the inability of the licensed certified professional midwife to arrange for 7 consultation, co-manage or refer.

8 [6] 7. In an emergency or other urgent situation, a licensed certified 9 professional midwife shall inform the client of qualified providers of health care 10 in labor and delivery units of local hospitals who are available to consult with the 11 <u>licensed certified professional midwife.</u>

12 8. A provider of health care who is not a licensed certified professional 13 midwife is not liable for any damages resulting from any act or omission of a 14 licensed certified professional midwife and is not required to adhere to any 15 standards of care governing the practice of certified professional midwifery. Such 16 a provider of health care is only liable for the damages resulting from his or her 17 own acts or omissions in accordance with the standards of care governing his or 18 her profession.

Sec. 28. 1. With each application for the renewal of his or her license, a
 licensed certified professional midwife shall submit to the Division a report, in
 the form prescribed by the Division, that includes, for the immediately preceding
 licensure period:
 (a) The total number of clients who, when accepted by the licensed certified

(a) The total number of clients who, when accepted by the licensed certified professional midwife as clients, intended to deliver their babies outside of a hospital;

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(b) The number of live births attended by the licensed certified professional midwife outside of a hospital;

(c) The number of cases of fetal demise, deaths of newborns and maternal deaths attended by the licensed certified professional midwife;

(d) The number of clients transferred to a medical facility during the antepartum, intrapartum or immediate postpartum periods and the reason for and outcome of each such transfer;

(e) A brief description of any complications resulting in maternal or infant morbidity or mortality;

(f) The planned location and actual location of each delivery; and

(g) Any other information required by regulation of the Board.

Not later than 30 days after attending a maternal or newborn infant
 death, a licensed certified professional midwife shall report the death to the
 Division and the Board.

40 Sec. 29. 1. If the Division receives a copy of a court order issued pursuant 41 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 42 43 holder of a license issued pursuant to this chapter, the Division shall deem the 44 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 Division receives a letter 45 46 issued to the holder of the license by the district attorney or other public agency 47 pursuant to NRS 425.550 stating that the holder of the license has complied with 48 the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560. 49

49 2. The Division shall reinstate a license issued pursuant to this chapter that
 50 has been suspended by a district court pursuant to NRS 425.540 if:

51 (a) The Division receives a letter issued by the district attorney or other 52 public agency pursuant to NRS 425.550 to the person whose license was 53 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

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(b) The person whose license was suspended pays the appropriate fee required pursuant to this chapter.

Sec. 30. 1. The Division shall keep a record of its proceedings relating to licensing, disciplinary actions and investigations. Except as otherwise provided in this chapter, the record is a public record for the purposes of chapter 239 of NRS.

2. Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the Division, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential and privileged.

3. A complaint or other document filed by the Division to initiate disciplinary action, any written opinion rendered by the Division and all documents and information considered by the Division when determining whether to impose discipline are public records.

17 4. An order that imposes discipline and the findings of fact and conclusions 18 of law supporting that order are public records.

19 5. The provisions of this section do not prohibit the Division from 20 communicating or cooperating with or providing any documents or other information to any other licensing board or any other agency that is investigating 21 a person, including, without limitation, a law enforcement agency. 23

Sec. 31. 1. Except as otherwise provided in subsection 2, a person who is not licensed as a licensed certified professional midwife or a person whose license as a licensed certified professional midwife has been suspended or revoked by the **Division shall not:**

27 (a) Use in connection with his or her name the words "licensed certified professional midwife," "licensed midwife" or any other letters, words or insignia 28 29 indicating or implying that he or she is licensed to engage in the practice of 30 certified professional midwifery, or in any other way, orally, or in writing or 31 print, or by sign, directly or by implication, represent himself or herself as 32 licensed to engage in the practice of certified professional midwifery in this State; 33 or

34 (b) List or cause to have listed in any directory, including, without limitation, 35 a telephone directory, his or her name or the name of his or her company under the heading "licensed certified professional midwife," "licensed midwife" or any 36 37 other term that indicates or implies that he or she is licensed to engage in the 38 practice of certified professional midwifery in this State.

39 2. A person who is not licensed as a licensed certified professional midwife 40 or a person whose license as a licensed certified professional midwife has been 41 suspended or revoked by the Division may use or list the words or headings 42 described in paragraph (a) or (b) of subsection 1 if the person is licensed in the 43 District of Columbia or any state or territory of the United States and is not 44 subject to an order issued pursuant to subsection 5. If the person uses or lists the 45 words or headings pursuant to this section, the person shall disclose the district, 46 state or territory, as applicable, in which he or she is licensed.

47 3. A person who is licensed as a licensed certified professional midwife and 48 who is also licensed to perform midwifery in any capacity in the District of 49 Columbia or any state or territory of the United States shall disclose each additional district, state or territory, as applicable, in which he or she is currently 50 51 licensed or has ever been licensed in all circumstances described in paragraphs 52 (a) and (b) of subsection 1. If the license of such a person to perform midwifery has been revoked or suspended in the other district, state or territory, the person 53

shall not perform midwifery or hold himself or herself out as a midwife until his 1 2 3 or her license in the other district, state or territory is reinstated to an active and valid status. 4

4. A certified professional midwife student midwife shall not:

(a) Engage in midwifery except in circumstances authorized by this chapter; or

(b) Use in connection with his or her name the words "licensed certified professional midwife," "certified professional midwife," "licensed midwife" or any other letters, words or insignia indicating or implying that he or she is licensed to engage in the practice of certified professional midwifery without supervision, or in any other way, orally, or in writing or print, or by sign, directly or by implication, represent himself or herself as licensed to engage in the practice of certified professional midwifery without supervision in this State.

5. The Division may order a person to cease and desist from performing midwifery and holding himself or herself out as a midwife if:

(a) The person's license as a licensed certified professional midwife has been suspended or revoked;

(b) The person has disciplinary action pending against him or her pursuant to this chapter; or

(c) The person has voluntarily relinquished his or her license while a complaint is pending against the person which alleges a violation which:

(1) Has caused serious injury, serious harm or serious impairment of public health; or

24 (2) Indicates that the person would be likely to cause serious injury, 25 serious harm or serious impairment of public health if the person continues to 26 perform midwifery.

27 6. A person shall not perform midwifery or hold himself or herself out as a 28 midwife after receiving an order to cease and desist from those activities pursuant 29 to subsection 5 unless the Division has reinstated his or her license to practice 30 licensed certified professional midwifery or his or her authority to perform 31 midwifery in accordance with the regulations adopted pursuant to section 19 of 32 this act. 33

7. If the Division has reason to believe that a person has repeatedly violated 34 any provision of this section or the Division has received complaints that a person 35 has repeatedly violated any provision of this section, the Division may certify the facts to the Attorney General, or other appropriate law enforcement officer, who 36 37 may, in his or her discretion, cause appropriate proceedings to be brought. 38

Sec. 32. 1. The Division or the Attorney General may maintain in any court of competent jurisdiction a suit to enjoin any person from violating a provision of this chapter or any regulations adopted pursuant thereto.

2. Such an injunction:

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(a) May be issued without proof of actual damage sustained by any person as a preventive or punitive measure.

44 (b) Does not relieve any person or business entity from any other legal action.

Sec. 33. NRS 622.238 is hereby amended to read as follows:

The Legislature hereby finds and declares that: 622.238 1.

48 (a) It is in the best interests of this State to make full use of the skills and 49 talents of every resident of this State.

50 (b) It is the public policy of this State that each resident of this State, regardless 51 of his or her immigration or citizenship status, is eligible to receive the benefit of 52 applying for a license, certificate or permit pursuant to 8 U.S.C. § 1621(d).

1 2. Notwithstanding any other provision of this title, a regulatory body shall 2 not deny the application of a person for the issuance of a license pursuant to this 3 title based solely on his or her immigration or citizenship status.

3. Notwithstanding the provisions of NRS 623.225, 623A.185, 624.268, 625.387, 625A.105, 628.0345, 628B.320, 630.197, 630A.246, 631.225, 632.3446, 4 5 6 633.307, 634.095, 634A.115, 635.056, 636.159, 637.113, 637B.166, 638.103, 7 639.129, 640.095, 640A.145, 640B.340, 640C.430, 640D.120, 640E.200, 641.175, 8 641A.215, 641B.206, 641C.280, 641D.330, 642.0195, 643.095, 644A.485, 645.358, 645A.025, 645B.023, 645B.420, 645C.295, 645C.655, 645D.195, 645G.110, 645H.550, 648.085, 649.233, 652.075, 653.550, 654.145, 655.075 and 9 10 11 656.155, and section 22 of this act, an applicant for a license who does not have a social security number must provide an alternative personally identifying number. 12 13 including, without limitation, his or her individual taxpayer identification number, 14 when completing an application for a license.

4. A regulatory body shall not disclose to any person who is not employed by
 the regulatory body the social security number or alternative personally identifying
 number, including, without limitation, an individual taxpayer identification number,
 of an applicant for a license for any purpose except:

(a) Tax purposes;

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36 37 (b) Licensing purposes; and

(c) Enforcement of an order for the payment of child support.

5. A social security number or alternative personally identifying number, including, without limitation, an individual taxpayer identification number, provided to a regulatory body is confidential and is not a public record for the purposes of chapter 239 of NRS.

Sec. 34. NRS 622.520 is hereby amended to read as follows:

622.520 1. A regulatory body that regulates a profession pursuant to chapters 630, 630A, 632 to 641D, inclusive, *and sections 2 to 32, inclusive, of this act,* 644A or 653 of NRS in this State may enter into a reciprocal agreement with the corresponding regulatory authority of the District of Columbia or any other state or territory of the United States for the purposes of:

(a) Authorizing a qualified person licensed in the profession in that state or territory to practice concurrently in this State and one or more other states or territories of the United States; and

(b) Regulating the practice of such a person.

2. A regulatory body may enter into a reciprocal agreement pursuant to subsection 1 only if the regulatory body determines that:

(a) The corresponding regulatory authority is authorized by law to enter into
 such an agreement with the regulatory body; and

(b) The applicable provisions of law governing the practice of the respective
profession in the state or territory on whose behalf the corresponding regulatory
authority would execute the reciprocal agreement are substantially similar to the
corresponding provisions of law in this State.

A reciprocal agreement entered into pursuant to subsection 1 must not
authorize a person to practice his or her profession concurrently in this State unless
the person:

(a) Has an active license to practice his or her profession in another state orterritory of the United States.

(b) [Has] Except as otherwise provided in this paragraph, has been in practice
for at least the 5 years immediately preceding the date on which the person submits
an application for the issuance of a license pursuant to a reciprocal agreement
entered into pursuant to subsection 1. If the person seeks to practice as a licensed
certified professional midwife in this State pursuant to sections 2 to 32, inclusive,

of this act, the person must have been in practice for at least 1 year immediately preceding the date on which the person submits an application for the issuance of a license pursuant to a reciprocal agreement entered into pursuant to subsection 1.

(c) Has not had his or her license suspended or revoked in any state or territory of the United States.

(d) Has not been refused a license to practice in any state or territory of the United States for any reason.

(e) Is not involved in and does not have pending any disciplinary action concerning his or her license or practice in any state or territory of the United States.

(f) Pays any applicable fees for the issuance of a license that are otherwise required for a person to obtain a license in this State.

(g) Submits to the applicable regulatory body the statement required by NRS 425.520.

16 4. If the regulatory body enters into a reciprocal agreement pursuant to 17 subsection 1, the regulatory body must prepare an annual report before January 31 of each year outlining the progress of the regulatory body as it relates to the 18 19 reciprocal agreement and submit the report to the Director of the Legislative 20 Counsel Bureau for transmittal to the next session of the Legislature in odd-21 numbered years or to the Joint Interim Standing Committee on Health and Human 2.2 Services in even-numbered years. 23

Sec. 35. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

"Provider of health care" means: 1.

(a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;

- (b) A physician assistant;
- (c) A dentist;

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(d) A licensed nurse:

30 (e) A person who holds a license as an attendant or who is certified as an 31 emergency medical technician, advanced emergency medical technician or 32 paramedic pursuant to chapter 450B of NRS; 33

- (f) A dispensing optician;
- (g) An optometrist;
- (h) A speech-language pathologist;
- (i) An audiologist;
- (j) A practitioner of respiratory care;
 - (k) A licensed physical therapist;
 - (1) An occupational therapist;
- 40 (m) A podiatric physician;
- 41 (n) A licensed psychologist;
 - (o) A licensed marriage and family therapist;
- 43 (p) A licensed clinical professional counselor;
- 44 (q) A music therapist; 45
 - (r) A chiropractic physician;
- 46 (s) An athletic trainer;
- 47 (t) A perfusionist;
- 48 (u) A doctor of Oriental medicine in any form;
- 49 (v) A medical laboratory director or technician;
- 50 (w) A pharmacist;
- 51 (x) A licensed dietitian;

(v) 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:

(z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

(aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS:

(bb) A behavior analyst, assistant behavior analyst or registered behavior technician; [or]

(cc) A licensed certified professional midwife; or

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(dd) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:

(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and

(b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

Sec. 36. NRS 630A.090 is hereby amended to read as follows:

630A.090 1. This chapter does not apply to:

(a) The practice of dentistry, chiropractic, Oriental medicine, podiatry, optometry, perfusion, respiratory care, faith or Christian Science healing, nursing, *certified professional midwifery*, veterinary medicine or fitting hearing aids.

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

(c) Licensed or certified nurses in the discharge of their duties as nurses.

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

2. This chapter does not repeal or affect any statute of Nevada regulating or affecting any other healing art.

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

37 4. This chapter does not authorize a homeopathic physician to practice 38 medicine, including allopathic medicine, except as otherwise provided in NRS 39 630A.040. 40

Sec. 37. NRS 632.472 is hereby amended to read as follows:

41 632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or holder of a certificate which 42 43 constitutes a violation of the provisions of this chapter:

44 (a) Any physician, dentist, dental hygienist, licensed certified professional 45 midwife, chiropractic physician, optometrist, podiatric physician, medical 46 examiner, resident, intern, professional or practical nurse, nursing assistant, 47 medication aide - certified, perfusionist, physician assistant licensed pursuant to 48 chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family 49 therapist, clinical professional counselor, alcohol or drug counselor, peer recovery 50 support specialist, peer recovery support specialist supervisor, music therapist, 51 holder of a license or limited license issued pursuant to chapter 653 of NRS, driver 52 of an ambulance, paramedic or other person providing medical services licensed or 53 certified to practice in this State.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

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

(e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(f) Any person who maintains or is employed by an agency to provide nursing in the home.

(g) Any employee of the Department of Health and Human Services.

(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.

17 (i) Any person who maintains, is employed by or serves as a volunteer for an 18 agency or service which advises persons regarding the abuse, neglect or 19 exploitation of an older person and refers them to persons and agencies where their 20 requests and needs can be met. 21

(k) Any social worker.

(1) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

2. Every physician who, as a member of the staff of a medical facility or 26 facility for the dependent, has reason to believe that a nursing assistant or medication aide - certified has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, 29 manager or other person in charge of the facility. The superintendent, manager or 30 other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.

4. Any person who in good faith reports any violation of the provisions of this 32 33 chapter to the Executive Director of the Board pursuant to this section is immune 34 from civil liability for reporting the violation. 35

5. As used in this section:

(a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

38 (b) "Community health worker pool" has the meaning ascribed to it in NRS 39 449.0028.

40 (c) "Peer recovery support specialist" has the meaning ascribed to it in NRS 41 433.627.

(d) "Peer recovery support specialist supervisor" has the meaning ascribed to it 42 43 in NRS 433.629. Sec. 38. NRS 633.171 is hereby amended to read as follows:

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633.171 1. This chapter does not apply to:

46 (a) The practice of medicine or perfusion pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry, optometry, respiratory care, faith or Christian 47 48 Science healing, nursing, *certified professional midwifery*, veterinary medicine or 49 fitting hearing aids.

50 (b) A medical officer of the Armed Forces or a medical officer of any division 51 or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance 52 53 with an agreement entered into pursuant to NRS 449.2455.

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

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

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

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

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

This chapter does not prohibit: 3.

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

(b) The domestic administration of family remedies.

Sec. 39. NRS 637B.080 is hereby amended to read as follows:

637B.080 The provisions of this chapter do not apply to any person who:

1. Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto and engages in the practice of audiology or speech-language pathology within the scope of that credential:

2. Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;

3. Is a student enrolled in a program or school approved by the Board, is 27 28 pursuing a degree in audiology or speech-language pathology and is clearly 29 designated to the public as a student; or 30

4. Holds a current license issued pursuant to chapters 630 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS for sections 2 to 32, inclusive, of this act, \rightarrow and who does not engage in the private practice of audiology or speech-language pathology in this State.

Sec. 40. NRS 639.0125 is hereby amended to read as follows:

639.0125 "Practitioner" means:

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

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

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

4. A physician assistant who:

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

45 (b) Is authorized by the Board to possess, administer, prescribe or dispense 46 controlled substances, poisons, dangerous drugs or devices under the supervision of 47 a physician as required by chapter 630 of NRS; 48

5. A physician assistant who:

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

(b) Is authorized by the Board to possess, administer, prescribe or dispense 50 51 controlled substances, poisons, dangerous drugs or devices under the supervision of 52 an osteopathic physician as required by chapter 633 of NRS; [or]

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

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7. A licensed certified professional midwife, for the purpose of:

(a) Ordering any device or drug described in subsection 1 or 2 of section 25 of this act for use in his or her practice in accordance with the provisions of that section and any regulations adopted pursuant to section 19 of this act;

(b) Ordering any device or vaccine described in subsection 4 of section 25 of this act for a client:

(c) If the licensed certified professional midwife holds a special endorsement pursuant to paragraph (a) of subsection 1 of section 26 of this act, ordering and dispensing any medical device for contraception authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act; and

(d) If the licensed certified professional midwife holds a special endorsement pursuant to paragraph (b) of subsection 1 of section 26 of this act, prescribing and dispensing any drug authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act.

Sec. 41. NRS 639.23505 is hereby amended to read as follows:

639.23505 [A]

1. Except as otherwise provided in subsection 2, a practitioner shall not dispense for human consumption any controlled substance or dangerous drug if the practitioner charges a patient for that substance or drug, either separately or together with charges for other professional services:

(a) Unless the practitioner first applies for and obtains a certificate from the Board and pays the required fee: and

[2.] (b) Issues a written prescription.

2. A licensed certified professional midwife may administer drugs and devices ordered pursuant to section 25 of this act in accordance with the provisions of that section and any regulations adopted pursuant to section 19 of this act without obtaining a certificate from the Board.

Sec. 42. NRS 640A.070 is hereby amended to read as follows:

640A.070 This chapter does not apply to a person:

1. Holding a current license or certificate issued pursuant to chapter 391, 630 to 637B, inclusive, 640, 640B to 641B, inclusive, or 641D of NRS, or sections 2 to 32, inclusive, of this act who practices within the scope of that license or certificate.

2. Employed by the Federal Government who practices occupational therapy within the scope of that employment.

3. Enrolled in an educational program approved by the Board which is 41 designed to lead to a certificate or degree in occupational therapy, if the person is 42 43 designated by a title which clearly indicates that he or she is a student.

44 4. Obtaining the supervised fieldwork experience necessary to satisfy the 45 requirements of subsection 3 of NRS 640A.120. 46

Sec. 43. NRS 640B.145 is hereby amended to read as follows:

640B.145 The provisions of this chapter do not apply to:

48 1. A person who is licensed pursuant to chapters 630 to 637, inclusive, or 49 chapter 640, 640A or 641D of NRS, or sections 2 to 32, inclusive, of this act when 50 acting within the scope of that license.

51 A person who is employed by the Federal Government and engages in the 2. 52 practice of athletic training within the scope of that employment.

3. A person who is temporarily exempt from licensure pursuant to NRS 640B.335 and is practicing athletic training within the scope of the exemption.

Sec. 44. NRS 640C.100 is hereby amended to read as follows:

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640C.100 1. The provisions of this chapter do not apply to: (a) A person licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 640, 640A or 640B of NRS or sections 2 to 32, inclusive, of this act if the massage therapy, reflexology or structural integration is performed in the course of the practice for which the person is licensed.

9 (b) A person licensed as a barber or apprentice pursuant to chapter 643 of NRS 10 if the person is massaging, cleansing or stimulating the scalp, face, neck or skin 11 within the permissible scope of practice for a barber or apprentice pursuant to that 12 chapter.

13 (c) A person licensed or registered as an advanced esthetician, esthetician, esthetician's apprentice, hair designer, hair designer's apprentice, hair braider, 14 shampoo technologist, cosmetologist or cosmetologist's apprentice pursuant to 15 16 chapter 644A of NRS if the person is massaging, cleansing or stimulating the scalp, 17 face, neck or skin within the permissible scope of practice for an advanced esthetician, esthetician's apprentice, hair designer, hair designer's 18 19 apprentice, hair braider, shampoo technologist, cosmetologist or cosmetologist's 20 apprentice pursuant to that chapter.

21 (d) A person licensed or registered as a nail technologist or nail technologist's 2.2 apprentice pursuant to chapter 644A of NRS if the person is massaging, cleansing 23 or stimulating the hands, forearms, feet or lower legs within the permissible scope 24 of practice for a nail technologist or nail technologist's apprentice. 25

(e) A person who is an employee of an athletic department of any high school, 26 college or university in this State and who, within the scope of that employment, 27 practices massage therapy, reflexology or structural integration on athletes.

28 (f) Students enrolled in a school of massage therapy, reflexology or structural 29 integration recognized by the Board. 30

(g) A person who practices massage therapy, reflexology or structural integration solely on members of his or her immediate family.

(h) A person who performs any activity in a licensed brothel.

33 2. Except as otherwise provided in subsection 3 and NRS 640C.330, the 34 provisions of this chapter preempt the licensure and regulation of a massage 35 therapist, reflexologist or structural integration practitioner by a county, city or town, including, without limitation, conducting a criminal background investigation 36 37 and examination of a massage therapist, reflexologist or structural integration 38 practitioner or applicant for a license to practice massage therapy, reflexology or 39 structural integration.

40 3. The provisions of this chapter do not prohibit a county, city or town from 41 requiring a massage therapist, reflexologist or structural integration practitioner to 42 obtain a license or permit to transact business within the jurisdiction of the county, 43 city or town, if the license or permit is required of other persons, regardless of 44 occupation or profession, who transact business within the jurisdiction of the 45 county, city or town.

46 4. As used in this section, "immediate family" means persons who are related by blood, adoption or marriage, within the second degree of consanguinity or 47 48 affinity.

49 Sec. 45. The preliminary chapter of NRS is hereby amended by adding 50 thereto a new section to read as follows:

51 Except as otherwise expressly provided in a particular statute or required by 52 the context, "licensed certified professional midwife" means a person licensed as 53 a licensed certified professional midwife pursuant to section 20 of this act.

Sec. 46. NRS 7.095 is hereby amended to read as follows:

7.095 1. An attorney shall not contract for or collect a fee contingent on the amount of recovery for representing a person seeking damages in connection with an action for injury or death against a provider of health care based upon professional negligence in excess of:

(a) Forty percent of the first \$50,000 recovered;

(b) Thirty-three and one-third percent of the next \$50,000 recovered;

(c) Twenty-five percent of the next \$500,000 recovered; and

(d) Fifteen percent of the amount of recovery that exceeds \$600,000.

2. The limitations set forth in subsection 1 apply to all forms of recovery, including, without limitation, settlement, arbitration and judgment.

3. For the purposes of this section, "recovered" means the net sum recovered 12 13 by the plaintiff after deducting any disbursements or costs incurred in connection with the prosecution or settlement of the claim. Costs of medical care incurred by 14 15 the plaintiff and general and administrative expenses incurred by the office of the 16 attorney are not deductible disbursements or costs. 17

4. As used in this section:

(a) "Professional negligence" means a negligent act or omission to act by a 18 19 provider of health care in the rendering of professional services, which act or 20 omission is the proximate cause of a personal injury or wrongful death. The term 21 does not include services that are outside the scope of services for which the 2.2 provider of health care is licensed or services for which any restriction has been 23 imposed by the applicable regulatory board or health care facility.

24 (b) "Provider of health care" means a physician licensed under chapter 630 or 25 633 of NRS, dentist, registered nurse, licensed certified professional midwife, 26 dispensing optician, optometrist, registered physical therapist, podiatric physician, 27 licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of 28 a license or a limited license issued under the provisions of chapter 653 of NRS, 29 medical laboratory director or technician, licensed dietitian or a licensed hospital 30 and its employees.

Sec. 47. NRS 41.138 is hereby amended to read as follows:

41.138 1. In any civil action concerning any unwelcome or nonconsensual 32 sexual conduct, including, without limitation, sexual harassment, there is a 33 34 rebuttable presumption that the sexual conduct was unwelcome or nonconsensual if 35 the alleged perpetrator was a person in a position of authority over the alleged 36 victim. 37

2. As used in this section:

38 (a) "Person in a position of authority" means a parent, relative, household member, employer, supervisor, youth leader, scout leader, coach, mentor in a 39 40 mentoring program, teacher, professor, counselor, school administrator, religious 41 leader, doctor, nurse, licensed certified professional midwife, certified professional midwife student midwife, certified professional midwife birth assistant, 42 43 psychologist, other health care provider, guardian ad litem, guardian, babysitter, 44 police officer or other law enforcement officer or any other person who, by reason 45 of his or her position, is able to exercise significant or undue influence over the 46 victim. 47

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(b) "Sexual harassment" has the meaning ascribed to it in NRS 176A.280.

Sec. 48. NRS 41.505 is hereby amended to read as follows:

49 41.505 1. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act and any person who holds an equivalent license issued by another state, who renders emergency care or 50 51 assistance, including, without limitation, emergency obstetrical care or assistance, 52 53 in an emergency, gratuitously and in good faith, is not liable for any civil damages

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as a result of any act or omission, not amounting to gross negligence, by that person 1 23 in rendering the emergency care or assistance or as a result of any failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment 4 for the injured or ill person. This section does not excuse a physician, physician 5 assistant, [or] nurse or licensed certified professional midwife from liability for 6 damages resulting from that person's acts or omissions which occur in a licensed 7 medical facility relative to any person with whom there is a preexisting relationship 8 as a patient. 9

2. Any person licensed under the provisions of chapter 630, 632 or 633 of 10 NRS or sections 2 to 32, inclusive, of this act and any person who holds an 11 equivalent license issued by another state who: 12

(a) Is retired or otherwise does not practice on a full-time basis; and

13 (b) Gratuitously and in good faith, renders medical care within the scope of that person's license to an indigent person, 14

15 → is not liable for any civil damages as a result of any act or omission by that 16 person, not amounting to gross negligence or reckless, willful or wanton conduct, in 17 rendering that care.

18 3. Any person licensed to practice medicine under the provisions of chapter 19 630 or 633 of NRS or licensed to practice dentistry under the provisions of chapter 20 631 of NRS who renders care or assistance to a patient for a governmental entity or 21 a nonprofit organization is not liable for any civil damages as a result of any act or 2.2 omission by that person in rendering that care or assistance if the care or assistance 23 is rendered gratuitously, in good faith and in a manner not amounting to gross 24 negligence or reckless, willful or wanton conduct.

25 4. As used in this section, "gratuitously" has the meaning ascribed to it in 26 NRS 41.500. 27

Sec. 49. NRS 41.506 is hereby amended to read as follows:

28 41.506 1. Any person licensed under the provisions of chapter 630, 632 or 29 633 of NRS or sections 2 to 32, inclusive, of this act and any person who holds an equivalent license issued by another state who renders emergency obstetrical care 30 31 or assistance to a pregnant woman during labor or the delivery of the child is not 32 liable for any civil damages as a result of any act or omission by that person in 33 rendering that care or assistance if:

(a) The care or assistance is rendered in good faith and in a manner not amounting to gross negligence or reckless, willful or wanton conduct;

36 (b) The person has not previously provided prenatal or obstetrical care to the 37 woman: and 38

(c) The damages are reasonably related to or primarily caused by a lack of prenatal care received by the woman.

40 2. A licensed medical facility in which such care or assistance is rendered is 41 not liable for any civil damages as a result of any act or omission by the person in 42 rendering that care or assistance if that person is not liable for any civil damages 43 pursuant to subsection 1 and the actions of the medical facility relating to the 44 rendering of that care or assistance do not amount to gross negligence or reckless, 45 willful or wanton conduct.

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Sec. 50. NRS 41A.017 is hereby amended to read as follows:

47 "Provider of health care" means a physician licensed pursuant to 41A.017 48 chapter 630 or 633 of NRS, physician assistant, dentist, licensed nurse, licensed 49 certified professional midwife, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor 50 51 of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, 52 53 licensed dietitian or a licensed hospital, clinic, surgery center, physicians'

professional corporation or group practice that employs any such person and its 1 employees.

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Sec. 51. NRS 42.021 is hereby amended to read as follows:

4 42.021 1. In an action for injury or death against a provider of health care 5 based upon professional negligence, if the defendant so elects, the defendant may 6 introduce evidence of any amount payable as a benefit to the plaintiff as a result of 7 the injury or death pursuant to the United States Social Security Act, any state or 8 federal income disability or worker's compensation act, any health, sickness or 9 income-disability insurance, accident insurance that provides health benefits or 10 income-disability coverage, and any contract or agreement of any group, 11 organization, partnership or corporation to provide, pay for or reimburse the cost of medical, hospital, dental or other health care services. If the defendant elects to 12 13 introduce such evidence, the plaintiff may introduce evidence of any amount that the plaintiff has paid or contributed to secure the plaintiff's right to any insurance 14 15 benefits concerning which the defendant has introduced evidence.

2. A source of collateral benefits introduced pursuant to subsection 1 may not:

(a) Recover any amount against the plaintiff; or

(b) Be subrogated to the rights of the plaintiff against a defendant.

19 3. In an action for injury or death against a provider of health care based upon 20 professional negligence, a district court shall, at the request of either party, enter a 21 judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a 23 lump-sum payment if the award equals or exceeds \$50,000 in future damages.

24 4. In entering a judgment ordering the payment of future damages by periodic 25 payments pursuant to subsection 3, the court shall make a specific finding as to the 26 dollar amount of periodic payments that will compensate the judgment creditor for 27 such future damages. As a condition to authorizing periodic payments of future 28 damages, the court shall require a judgment debtor who is not adequately insured to 29 post security adequate to assure full payment of such damages awarded by the 30 judgment. Upon termination of periodic payments of future damages, the court 31 shall order the return of this security, or so much as remains, to the judgment 32 debtor.

33 5. A judgment ordering the payment of future damages by periodic payments 34 entered pursuant to subsection 3 must specify the recipient or recipients of the 35 payments, the dollar amount of the payments, the interval between payments, and the number of payments or the period of time over which payments will be made. 36 37 Such payments must only be subject to modification in the event of the death of the 38 judgment creditor. Money damages awarded for loss of future earnings must not be 39 reduced or payments terminated by reason of the death of the judgment creditor, but 40 must be paid to persons to whom the judgment creditor owed a duty of support, as 41 provided by law, immediately before the judgment creditor's death. In such cases, 42 the court that rendered the original judgment may, upon petition of any party in 43 interest, modify the judgment to award and apportion the unpaid future damages in 44 accordance with this subsection.

45 6. If the court finds that the judgment debtor has exhibited a continuing 46 pattern of failing to make the periodic payments as specified pursuant to subsection 47 5, the court shall find the judgment debtor in contempt of court and, in addition to 48 the required periodic payments, shall order the judgment debtor to pay the judgment creditor all damages caused by the failure to make such periodic 49 50 payments, including, but not limited to, court costs and attorney's fees.

51 7. Following the occurrence or expiration of all obligations specified in the 52 periodic payment judgment, any obligation of the judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

(a) "Future damages" includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.

(b) "Periodic payments" means the payment of money or delivery of other property to the judgment creditor at regular intervals.

(c) "Professional negligence" means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or 10 omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the 12 13 provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility. 14

(d) "Provider of health care" means a physician licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, *licensed certified professional midwife*, 15 16 17 dispensing optician, optometrist, registered physical therapist, podiatric physician, 18 licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of 19 a license or a limited license issued under the provisions of chapter 653 of NRS, 20 medical laboratory director or technician, licensed dietitian or a licensed hospital 21 and its employees. 2.2

Sec. 52. NRS 52.320 is hereby amended to read as follows:

52.320 As used in NRS 52.320 to 52.375, inclusive, unless the context otherwise requires:

"Custodian of medical records" means a chiropractic physician, physician, 1. registered physical therapist, [or] licensed nurse or licensed certified professional *midwife* who prepares and maintains medical records, or any employee or agent of such a person or a facility for convalescent care, medical laboratory or hospital who has care, custody and control of medical records for such a person or institution.

30 "Medical records" includes bills, ledgers, statements and other accounts 2. 31 which show the cost of medical services or care provided to a patient. 32

Sec. 53. 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 33 34 professional or occupational capacity, knows or has reasonable cause to believe that 35 an older person or vulnerable person has been abused, neglected, exploited, isolated 36 or abandoned shall: 37

(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

44 (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 45 46 person or vulnerable person has been abused, neglected, exploited, isolated or 47 abandoned.

48 2. If a person who is required to make a report pursuant to subsection 1 knows 49 or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or 50 abandonment of the older person or vulnerable person involves an act or omission 51 of the Aging and Disability Services Division, another division of the Department 52 of Health and Human Services or a law enforcement agency, the person shall make

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42 43 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:

7 (a) Every physician, dentist, dental hygienist, chiropractic physician, 8 optometrist, podiatric physician, medical examiner, resident, intern, professional or 9 practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, licensed certified professional midwife, perfusionist, psychiatrist, psychologist, 10 11 marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver 12 13 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, 14 15 assistant behavior analyst, registered behavior technician, peer recovery support 16 specialist, as defined in NRS 433.627, peer recovery support specialist supervisor, 17 as defined in NRS 433.629, or other person providing medical services licensed or 18 certified to practice in this State, who examines, attends or treats an older person or 19 vulnerable person who appears to have been abused, neglected, exploited, isolated 20 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.

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

29 (e) Every person who maintains or is employed by an agency to provide 30 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

(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 forprotective services or an adult or juvenile probation officer.

40 (i) Any person who maintains or is employed by a facility or establishment that41 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.

(1) 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 Division of Health Care Financing and Policy of the Department of Health and Human Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

5. A report may be made by any other person.

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5 6. If a person who is required to make a report pursuant to subsection 1 knows 6 or has reasonable cause to believe that an older person or vulnerable person has 7 died as a result of abuse, neglect, isolation or abandonment, the person shall, as 8 soon as reasonably practicable, report this belief to the appropriate medical 9 examiner or coroner, who shall investigate the cause of death of the older person or 10 vulnerable person and submit to the appropriate local law enforcement agencies, the 11 appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and 12 13 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 14 15 possible.

16 7. A division, office or department which receives a report pursuant to this 17 section shall cause the investigation of the report to commence within 3 working 18 days. A copy of the final report of the investigation conducted by a division, office 19 or department, other than the Aging and Disability Services Division of the 20 Department of Health and Human Services, must be forwarded within 30 days after 21 the completion of the report to the: 2.2

(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.

26 8. If the investigation of a report results in the belief that an older person or 27 vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging 28 and Disability Services Division of the Department of Health and Human Services 29 or the county's office for protective services may provide protective services to the 30 older person or vulnerable person if the older person or vulnerable person is able 31 and willing to accept them. 32

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. 54. NRS 200.5095 is hereby amended to read as follows:

200.5095 1. Reports made pursuant to NRS 200.5093 and 200.5094, and 39 40 records and investigations relating to those reports, are confidential.

41 A person, law enforcement agency or public or private agency, institution 2. 42 or facility who willfully releases data or information concerning the reports and 43 investigation of the abuse, neglect, exploitation, isolation or abandonment of older 44 persons or vulnerable persons, except:

(a) Pursuant to a criminal prosecution;

(b) Pursuant to NRS 200.50982; or

(c) To persons or agencies enumerated in subsection 3,

 \rightarrow is guilty of a misdemeanor.

49 3. Except as otherwise provided in subsection 2 and NRS 200.50982, data or 50 information concerning the reports and investigations of the abuse, neglect, 51 exploitation, isolation or abandonment of an older person or a vulnerable person is 52 available only to:

(a) A physician who is providing care to an older person or a vulnerable person who may have been abused, neglected, exploited, isolated or abandoned;

(b) An agency responsible for or authorized to undertake the care, treatment and supervision of the older person or vulnerable person;

(c) A district attorney or other law enforcement official who requires the information in connection with an investigation of the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person;

(d) A court which has determined, in camera, that public disclosure of such information is necessary for the determination of an issue before it;

(e) A person engaged in bona fide research, but the identity of the subjects of the report must remain confidential;

(f) A grand jury upon its determination that access to such records is necessary in the conduct of its official business:

(g) Any comparable authorized person or agency in another jurisdiction;

15 (h) A legal guardian of the older person or vulnerable person, if the identity of the person who was responsible for reporting the alleged abuse, neglect, 16 17 exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected, and the legal guardian of the older person or 18 19 vulnerable person is not the person suspected of such abuse, neglect, exploitation, 20 isolation or abandonment;

21 (i) If the older person or vulnerable person is deceased, the executor or 22 administrator of his or her estate, if the identity of the person who was responsible 23 for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of 24 the older person or vulnerable person to the public agency is protected, and the 25 executor or administrator is not the person suspected of such abuse, neglect, 26 exploitation, isolation or abandonment;

27 (j) The older person or vulnerable person named in the report as allegedly 28 being abused, neglected, exploited, isolated or abandoned, if that person is not 29 legally incapacitated:

30 (k) An attorney appointed by a court to represent a protected person in a 31 guardianship proceeding pursuant to NRS 159.0485, if: 32

(1) The protected person is an older person or vulnerable person;

(2) The identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected; and

(3) The attorney of the protected person is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment; or

(1) The State Guardianship Compliance Office created by NRS 159.341.

4. If the person who is reported to have abused, neglected, exploited, isolated or abandoned an older person or a vulnerable person is the holder of a license or certificate issued pursuant to chapters 449, 630 to 641B, inclusive, 641D, 653 or 654 of NRS [] or sections 2 to 32, inclusive, of this act, the information contained in the report must be submitted to the board that issued the license.

44 5. If data or information concerning the reports and investigations of the abuse, neglect, exploitation, isolation or abandonment of an older person or a 45 46 vulnerable person is made available pursuant to paragraph (b) or (j) of subsection 3 or subsection 4, the name and any other identifying information of the person who 47 48 made the report must be redacted before the data or information is made available.

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Sec. 55. NRS 218G.400 is hereby amended to read as follows:

218G.400 1. Except as otherwise provided in subsection 2, each board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 50 51 52 628, 630 to 644A, inclusive, and sections 2 to 32, inclusive, of this act, 648, 654 53 and 656 of NRS shall:

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(a) If the revenue of the board from all sources is less than \$200,000 for any fiscal year and, if the board is a regulatory body pursuant to NRS 622.060, the board has submitted to the Director of the Legislative Counsel Bureau for each quarter of that fiscal year the information required by NRS 622.100, prepare a balance sheet for that fiscal year on the form provided by the Legislative Auditor and file the balance sheet with the Legislative Auditor and the Chief of the Budget Division of the Office of Finance on or before December 1 following the end of that fiscal year. The Legislative Auditor shall prepare and make available a form that must be used by a board to prepare such a balance sheet.

10 (b) If the revenue of the board from all sources is \$200,000 or more for any 11 fiscal year, or if the board is a regulatory body pursuant to NRS 622.060 and has failed to submit to the Director of the Legislative Counsel Bureau for each quarter 12 13 of that fiscal year the information required by NRS 622.100, engage the services of a certified public accountant or public accountant, or firm of either of such 14 15 accountants, to audit all its fiscal records for that fiscal year and file a report of the 16 audit with the Legislative Auditor and the Chief of the Budget Division of the 17 Office of Finance on or before December 1 following the end of that fiscal year.

2. In lieu of preparing a balance sheet or having an audit conducted for a single fiscal year, a board may engage the services of a certified public accountant or public accountant, or firm of either of such accountants, to audit all its fiscal records for a period covering two successive fiscal years. If such an audit is conducted, the board shall file the report of the audit with the Legislative Auditor and the Chief of the Budget Division of the Office of Finance on or before December 1 following the end of the second fiscal year.

3. The cost of each audit conducted pursuant to subsection 1 or 2 must be paid by the board that is audited. Each such audit must be conducted in accordance with generally accepted auditing standards, and all financial statements must be prepared in accordance with generally accepted principles of accounting for special revenue funds.

4. Whether or not a board is required to have its fiscal records audited
pursuant to subsection 1 or 2, the Legislative Auditor shall audit the fiscal records
of any such board whenever directed to do so by the Legislative Commission.
When the Legislative Commission directs such an audit, the Legislative
Commission shall also determine who is to pay the cost of the audit.

5. A person who is a state officer or employee of a board is guilty of nonfeasance if the person:

(a) Is responsible for preparing a balance sheet or having an audit conducted
 pursuant to this section or is responsible for preparing or maintaining the fiscal
 records that are necessary to prepare a balance sheet or have an audit conducted
 pursuant to this section; and

(b) Knowingly fails to prepare the balance sheet or have the audit conducted
pursuant to this section or knowingly fails to prepare or maintain the fiscal records
that are necessary to prepare a balance sheet or have an audit conducted pursuant to
this section.

6. In addition to any other remedy or penalty, a person who is guilty of nonfeasance pursuant to this section forfeits the person's state office or employment and may not be appointed to a state office or position of state employment for a period of 2 years following the forfeiture. The provisions of this subsection do not apply to a state officer who may be removed from office only by impeachment pursuant to Article 7 of the Nevada Constitution.

51 Sec. 56. NRS 232.320 is hereby amended to read as follows:

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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 Services;

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

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

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

9 (b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A 10 11 and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, and section 65 of this act, 422.580, 432.010 to 432.133, inclusive, 12 13 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the 14 15 divisions of the Department, but is not responsible for the clinical activities of the 16 Division of Public and Behavioral Health or the professional line activities of the 17 other divisions.

18 (c) Shall administer any state program for persons with developmental 19 disabilities established pursuant to the Developmental Disabilities Assistance and 20 Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

21 (d) Shall, after considering advice from agencies of local governments and 2.2 nonprofit organizations which provide social services, adopt a master plan for the 23 provision of human services in this State. The Director shall revise the plan 24 biennially and deliver a copy of the plan to the Governor and the Legislature at the 25 beginning of each regular session. The plan must: 26

(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;

30 (3) Provide for communication and the coordination of those services 31 among nonprofit organizations, agencies of local government, the State and the 32 Federal Government:

33 (4) Identify the sources of funding for services provided by the Department and the allocation of that funding; 34

35 (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 36 37 services: and

38 (6) Contain any other information necessary for the Department to 39 communicate effectively with the Federal Government concerning demographic 40 trends, formulas for the distribution of federal money and any need for the 41 modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local 42 43 governmental agencies to provide information regarding the programs of those 44 organizations and agencies, excluding detailed information relating to their budgets 45 and payrolls, which the Director deems necessary for the performance of the duties 46 imposed upon him or her pursuant to this section. 47

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

2. Notwithstanding any other provision of law, the Director, or the Director's 48 49 designee, is responsible for appointing and removing subordinate officers and 50 employees of the Department.

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Sec. 57. NRS 239.010 is hereby amended to read as follows:

52 239.010 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, 53

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62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 1 2 3 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, 4 5 6 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161, 7 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 8 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015, 9 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 170.0023, 170.07123, 170.130, 1704.030, 170.39001, 178.4713, 178.3991, 179.495, 179A.070, 179A.165, 179D.160, 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, 10 11 12 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 13 224.240, 226.300, 228.270, 228.450, 228.450, 228.570, 231.069, 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, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281.8350, 2014, 660, 14 15 16 17 18 19 20 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086, 281A.060, 281A.063, 281A.750, 281A.753, 281A.760, 284.4008, 284.4008, 284.4008, 286.110, 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, 293.910, 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, 21 22 23 24 25 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 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, 26 27 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, 28 29 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 30 31 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465, 32 396.1415, 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, 33 34 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 35 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 36 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754, 37 38 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 39 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209, 449.245, 40 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 41 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 42 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 43 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 44 483.363, 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, 45 46 604A.303, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 47 48 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110, 624.265, 49 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672, 630.2673, 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, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303, 50 51 52 634.214, 634A.169, 634A.185, 635.111, 635.158, 636.262, 636.342, 637.085, 53

637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570, 1 2 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580, 3 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 4 640E.340, 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217, 641A.262, 5 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320, 6 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 7 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 8 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, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 9 10 11 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 12 13 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, 14 15 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 30 of this act, 16 17 sections 35, 38 and 41 of chapter 478. Statutes of Nevada 2011 and section 2 of 18 19 chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be 20 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 21 2.2 copied or an abstract or memorandum may be prepared from those public books 23 and public records. Any such copies, abstracts or memoranda may be used to 24 supply the general public with copies, abstracts or memoranda of the records or 25 may be used in any other way to the advantage of the governmental entity or of the 26 general public. This section does not supersede or in any manner affect the federal 27 laws governing copyrights or enlarge, diminish or affect in any other manner the 28 rights of a person in any written book or record which is copyrighted pursuant to 29 federal law.

30 2. A governmental entity may not reject a book or record which is 31 copyrighted solely because it is copyrighted.

32 3. A governmental entity that has legal custody or control of a public book or 33 record shall not deny a request made pursuant to subsection 1 to inspect or copy or 34 receive a copy of a public book or record on the basis that the requested public 35 book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate, including, without limitation, electronically, 36 37 the confidential information from the information included in the public book or 38 record that is not otherwise confidential.

39 4. If requested, a governmental entity shall provide a copy of a public record 40 in an electronic format by means of an electronic medium. Nothing in this 41 subsection requires a governmental entity to provide a copy of a public record in an 42 electronic format or by means of an electronic medium if:

43 (a) The public record: 44

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(1) Was not created or prepared in an electronic format; and

(2) Is not available in an electronic format; or

46 (b) Providing the public record in an electronic format or by means of an 47 electronic medium would: 48

(1) Give access to proprietary software; or

49 (2) Require the production of information that is confidential and that 50 cannot be redacted, deleted, concealed or separated from information that is not 51 otherwise confidential.

52 5. An officer, employee or agent of a governmental entity who has legal 53 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. 58. NRS 284.013 is hereby amended to read as follows:

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284.013 1. Except as otherwise provided in subsection 4, this chapter does not apply to:

(a) Agencies, bureaus, commissions, officers or personnel in the Legislative Department or the Judicial Department of State Government, including the Commission on Judicial Discipline;

(b) Any person who is employed by a board, commission, committee or 13 council created in chapters 445C, 590, 623 to 625A, inclusive, 628, 630 to 644A, 14 15 inclusive, and sections 2 to 32, inclusive, of this act, 648, 652, 654 and 656 of 16 NRS: or

17 (c) Officers or employees of any agency of the Executive Department of the 18 State Government who are exempted by specific statute.

19 2. Except as otherwise provided in subsection 3, the terms and conditions of 20 employment of all persons referred to in subsection 1, including salaries not 21 prescribed by law and leaves of absence, including, without limitation, annual leave 2.2 and sick and disability leave, must be fixed by the appointing or employing 23 authority within the limits of legislative appropriations or authorizations.

24 3. Except as otherwise provided in this subsection, leaves of absence 25 prescribed pursuant to subsection 2 must not be of lesser duration than those 26 provided for other state officers and employees pursuant to the provisions of this chapter. The provisions of this subsection do not govern the Legislative 27 28 Commission with respect to the personnel of the Legislative Counsel Bureau.

29 4. Any board, commission, committee or council created in chapters 445C, 30 590, 623 to 625A, inclusive, 628, 630 to 644A, inclusive, 648, 652, 654 and 656 of 31 NRS which contracts for the services of a person, shall require the contract for 32 those services to be in writing. The contract must be approved by the State Board of 33 Examiners before those services may be provided.

34 5. Except as otherwise provided in NRS 284.4086, to the extent that they are 35 inconsistent or otherwise in conflict, the provisions of this chapter do not apply to any terms and conditions of employment that are properly within the scope of and 36 37 subject to the provisions of a collective bargaining agreement or a supplemental 38 bargaining agreement that is enforceable pursuant to the provisions of NRS 288.400 39 to 288.630, inclusive. 40

Sec. 59. NRS 353.005 is hereby amended to read as follows:

41 353.005 Except as otherwise provided in NRS 353.007, the provisions of this chapter do not apply to boards created by the provisions of NRS 590.485 and 42 43 chapters 623 to 625Å, inclusive, 628, 630 to 644Å, inclusive, and sections 2 to 32, 44 inclusive, of this act, 648, 654 and 656 of NRS and the officers and employees of 45 those boards. 46

Sec. 60. NRS 353A.020 is hereby amended to read as follows:

47 353A.020 1. The Director, in consultation with the Committee and 48 Legislative Auditor, shall adopt a uniform system of internal accounting and 49 administrative control for agencies. The elements of the system must include, 50 without limitation:

51 (a) A plan of organization which provides for a segregation of duties 52 appropriate to safeguard the assets of the agency;

(b) A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;

(c) Procedures for authorizations and recordkeeping which effectively control accounting of assets, liabilities, revenues and expenses;

(d) A system of practices to be followed in the performance of the duties and functions of each agency; and

(e) An effective system of internal review.

2. The Director, in consultation with the Committee and Legislative Auditor, may modify the system whenever the Director considers it necessary.

3. Each agency shall develop written procedures to carry out the system of internal accounting and administrative control adopted pursuant to this section.

4. For the purposes of this section, "agency" does not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, and sections 2 to 32, inclusive, of this act, 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

Sec. 61. NRS 353A.025 is hereby amended to read as follows:

353A.025 1. The head of each agency shall periodically review the agency's system of internal accounting and administrative control to determine whether it is in compliance with the uniform system of internal accounting and administrative control for agencies adopted pursuant to subsection 1 of NRS 353A.020.

2. On or before July 1 of each even-numbered year, the head of each agency shall report to the Director whether the agency's system of internal accounting and administrative control is in compliance with the uniform system adopted pursuant to subsection 1 of NRS 353A.020. The reports must be made available for inspection by the members of the Legislature.

3. For the purposes of this section, "agency" does not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, and sections 2 to 32, inclusive, of this act, 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

4. The Director shall, on or before the first Monday in February of each oddnumbered year, submit a report on the status of internal accounting and administrative controls in agencies to the: (a) Director of the Legislative Counsel Bureau for transmittal to the:

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(1) Senate Standing Committee on Finance; and

(2) Assembly Standing Committee on Ways and Means;

(b) Governor; and

(c) Legislative Auditor.

5. The report submitted by the Director pursuant to subsection 4 must include, without limitation:

48 (a) The identification of each agency that has not complied with the 49 requirements of subsections 1 and 2;

(b) The identification of each agency that does not have an effective method 50 51 for reviewing its system of internal accounting and administrative control; and

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(c) The identification of each agency that has weaknesses in its system of internal accounting and administrative control, and the extent and types of such weaknesses.

Sec. 62. NRS 353A.045 is hereby amended to read as follows:

353A.045 The Administrator shall:

1. Report to the Director.

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Develop long-term and annual work plans to be based on the results of 2. periodic documented risk assessments. The annual work plan must list the agencies to which the Division will provide training and assistance and be submitted to the Director for approval. Such agencies must not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, and sections 2 to 32, inclusive, of this act. 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

3. Provide a copy of the approved annual work plan to the Legislative Auditor.

4. In consultation with the Director, prepare a plan for auditing executive branch agencies for each fiscal year and present the plan to the Committee for its review and approval. Each plan for auditing must:

(a) State the agencies which will be audited, the proposed scope and assignment of those audits and the related resources which will be used for those audits: and

(b) Ensure that the internal accounting, administrative controls and financial management of each agency are reviewed periodically.

5. Perform the audits of the programs and activities of the agencies in 29 accordance with the plan approved pursuant to subsection 5 of NRS 353A.038 and 30 prepare audit reports of his or her findings.

31 6. Review each agency that is audited pursuant to subsection 5 and advise 32 those agencies concerning internal accounting, administrative controls and financial 33 management. 34

7. Submit to each agency that is audited pursuant to subsection 5 analyses, appraisals and recommendations concerning:

(a) The adequacy of the internal accounting and administrative controls of the agency; and

(b) The efficiency and effectiveness of the management of the agency.

39 8. Report any possible abuses, illegal actions, errors, omissions and conflicts 40 of interest of which the Division becomes aware during the performance of an 41 audit.

42 9. Adopt the standards of The Institute of Internal Auditors for conducting 43 and reporting on internal audits.

44 10. Consult with the Legislative Auditor concerning the plan for auditing and the scope of audits to avoid duplication of effort and undue disruption of the 45 46 functions of agencies that are audited pursuant to subsection 5.

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Sec. 63. NRS 372.7285 is hereby amended to read as follows:

48 372.7285 1. In administering the provisions of NRS 372.325, the 49 Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to 50 51 whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if: 52

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

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(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) "Provider of health care" means a physician or physician assistant licensed 14 15 pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, licensed certified professional midwife, dispensing optician, optometrist, 16 17 practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, 18 licensed hearing aid specialist, licensed marriage and family therapist, licensed 19 20 clinical professional counselor, chiropractic physician, licensed dietitian or doctor 21 of Oriental medicine in any form. 2.2

Sec. 64. NRS 374.731 is hereby amended to read as follows:

374.731 1. In administering the provisions of NRS 374.330, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

38 (b) "Medicare" means the program of health insurance for aged persons and 39 persons with disabilities established pursuant to Title XVIII of the Social Security 40 Act, 42 U.S.C. §§ 1395 et seq.

41 (c) "Provider of health care" means a physician or physician assistant licensed 42 pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, 43 licensed certified professional midwife, dispensing optician, optometrist, 44 practitioner of respiratory care, registered physical therapist, podiatric physician, 45 licensed psychologist, licensed audiologist, licensed speech-language pathologist, 46 licensed hearing aid specialist, licensed marriage and family therapist, licensed 47 clinical professional counselor, chiropractic physician, licensed dietitian or doctor 48 of Oriental medicine in any form.

49 Sec. 65. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows: 50

51 1. To the extent authorized by federal law, the Director shall include in the 52 State Plan for Medicaid a requirement that, except as otherwise provided in 53 subsection 2, the State shall pay the nonfederal share of expenditures incurred

for services rendered by a licensed certified professional midwife. Such services 1 23 must be reimbursed at a rate comparable to similar services provided by other providers of health care, including, without limitation, physicians, physician assistants and advanced practice registered nurses, regardless of the location at 4 5 which the services are provided. 6

2. The Department or a managed care organization, including, without 7 limitation, a health maintenance organization, that provides health care services 8 to recipients of Medicaid under the State Plan for Medicaid may charge a 9 copayment or coinsurance or apply a deductible for the services described in subsection 1. The amount of such a copayment, coinsurance or deductible must 10 11 not exceed the amount of the copayment, coinsurance or deductible charged for the same services provided by another provider of health care. 12

3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 66. NRS 432B.220 is hereby amended to read as follows:

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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 23 hours after the person knows or has reasonable cause to believe that the child has 24 been abused or neglected.

25 2. If a person who is required to make a report pursuant to subsection 1 knows 26 or has reasonable cause to believe that the abuse or neglect of the child involves an 27 act or omission of:

28 (a) A person directly responsible or serving as a volunteer for or an employee 29 of a public or private home, institution or facility where the child is receiving child 30 care outside of the home for a portion of the day, the person shall make the report to 31 a law enforcement agency.

32 (b) An agency which provides child welfare services or a law enforcement 33 agency, the person shall make the report to an agency other than the one alleged to 34 have committed the act or omission, and the investigation of the abuse or neglect of 35 the child must be made by an agency other than the one alleged to have committed 36 the act or omission.

37 3. Any person who is described in paragraph (a) of subsection 4 who delivers 38 or provides medical services to a newborn infant and who, in his or her professional 39 or occupational capacity, knows or has reasonable cause to believe that the 40 newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal 41 substance use disorder or has withdrawal symptoms resulting from prenatal 42 substance exposure shall, as soon as reasonably practicable but not later than 24 43 hours after the person knows or has reasonable cause to believe that the newborn 44 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 45 46 responsible for the welfare of the infant to an agency which provides child welfare 47 services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this 48 49 subsection shall not be construed to require prosecution for any illegal action. 50

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

51 (a) A person providing services licensed or certified in this State pursuant to, 52 without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634Å, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C, 641D or 653 of NRS [-] or sections 2 to 32, inclusive, of this act.

(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.

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(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

(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 Division of Health Care Financing and Policy of the Department of Health and Human Services 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.

37 6. If a person who is required to make a report pursuant to subsection 1 knows 38 or has reasonable cause to believe that a child has died as a result of abuse or 39 neglect, the person shall, as soon as reasonably practicable, report this belief to an 40 agency which provides child welfare services or a law enforcement agency. If such 41 a report is made to a law enforcement agency, the law enforcement agency shall 42 notify an agency which provides child welfare services and the appropriate medical 43 examiner or coroner of the report. If such a report is made to an agency which 44 provides child welfare services, the agency which provides child welfare services 45 shall notify the appropriate medical examiner or coroner of the report. The medical 46 examiner or coroner who is notified of a report pursuant to this subsection shall 47 investigate the report and submit his or her written findings to the appropriate 48 agency which provides child welfare services, the appropriate district attorney and a 49 law enforcement agency. The written findings must include, if obtainable, the 50 information required pursuant to the provisions of subsection 2 of NRS 432B.230.

51 7. The agency, board, bureau, commission, department, division or political 52 subdivision of the State responsible for the licensure, certification or endorsement 53 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 1 23 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. As used in this section:

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52 53 (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. 67. NRS 439A.0195 is hereby amended to read as follows:

439A.0195 "Practitioner" means a physician licensed under chapter 630, 630A or 633 of NRS, dentist, licensed nurse, licensed certified professional midwife, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or other person whose principal occupation is the provision of services for health.

Sec. 68. NRS 439B.225 is hereby amended to read as follows:

439B.225 1. As used in this section, "licensing board" means any division 38 39 or board empowered to adopt standards for the issuance or renewal of licenses, 40 permits or certificates of registration pursuant to NRS 435.3305 to 435.339, 41 inclusive, chapter 449, 625A, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 42 637B, 639, 640, 640A, 640D, 641, 641A, 641B, 641C, 641D, 652, 653 or 654 of NRS [] and sections 2 to 32, inclusive, of this act. 43

44 The Committee shall review each regulation that a licensing board 2. proposes or adopts that relates to standards for the issuance or renewal of licenses, 45 46 permits or certificates of registration issued to a person or facility regulated by the 47 board, giving consideration to:

48 (a) Any oral or written comment made or submitted to it by members of the 49 public or by persons or facilities affected by the regulation; 50

(b) The effect of the regulation on the cost of health care in this State;

(c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and

(d) Any other related factor the Committee deems appropriate.

3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.

4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.

Sec. 69. Chapter 440 of NRS is hereby amended by adding thereto a new section to read as follows:

As used in this chapter, "midwife" means any type of midwife, including, without limitation, a licensed certified professional midwife, a certified nursemidwife or any person who engages in the practice of certified professional midwifery.

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Sec. 70. NRS 440.280 is hereby amended to read as follows:

13 440.280 1. If a birth occurs in a hospital or the person giving birth and child are immediately transported to a hospital, the person in charge of the hospital or his 14 15 or her designated representative shall obtain the necessary information, prepare a 16 birth certificate, secure the signatures required by the certificate and file it within 10 17 days with the health officer of the registration district where the birth occurred. The 18 physician in attendance shall provide the medical information required by the 19 certificate and certify to the fact of birth within 72 hours after the birth. If the 20 physician does not certify to the fact of birth within the required 72 hours, the 21 person in charge of the hospital or the designated representative shall complete and 2.2 sign the certification. 23

2. If a birth occurs outside a hospital and the person giving birth and child are not immediately transported to a hospital, the birth certificate must be prepared and filed by one of the following persons in the following order of priority:

(a) The physician *or advanced practice registered nurse* in attendance at or immediately after the birth.

(b) The licensed certified professional midwife in attendance at or immediately after the birth.

(c) Any other person in attendance at or immediately after the birth.

 $\frac{f(c)}{d}$ The person giving birth or other parent or, if the other parent is absent and the person giving birth is incapacitated, the person in charge of the premises where the birth occurred.

3. If a birth occurs in a moving conveyance, the place of birth is the place where the child is removed from the conveyance.

4. In cities, the certificate of birth must be filed sooner than 10 days after the birth if so required by municipal ordinance or regulation.

5. If the person giving birth was:

(a) Married at the time of birth, the name of the spouse of that person must be entered on the certificate as the other parent of the child unless:

(1) A court has issued an order establishing that a person other than the spouse of the person giving birth is the other parent of the child; or

(2) The person giving birth and a person other than the spouse of the
person giving birth have signed a declaration for the voluntary acknowledgment of
paternity developed by the Board pursuant to NRS 440.283 or a declaration for the
voluntary acknowledgment of parentage developed by the Board pursuant to NRS
440.285.

(b) Widowed at the time of birth but married at the time of conception, thename of the spouse of the person giving birth at the time of conception must beentered on the certificate as the other parent of the child unless:

51 (1) A court has issued an order establishing that a person other than the 52 spouse of the person giving birth at the time of conception is the other parent of the 53 child; or

(2) The person giving birth and a person other than the spouse of the person giving birth at the time of conception have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285.

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If the person giving birth was unmarried at the time of birth, the name of 6. the other parent may be entered on the original certificate of birth only if:

(a) The provisions of paragraph (b) of subsection 5 are applicable;

(b) A court has issued an order establishing that the person is the other parent of the child: or

10 11 (c) The parents of the child have signed a declaration for the voluntary 12 acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or 13 a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285. If both parents execute a declaration consenting to 14 15 the use of the surname of one parent as the surname of the child, the name of that 16 parent must be entered on the original certificate of birth and the surname of that 17 parent must be entered thereon as the surname of the child.

18 7. An order entered or a declaration executed pursuant to subsection 6 must 19 be submitted to the local health officer, the local health officer's authorized 20 representative, or the attending physician or midwife before a proper certificate of birth is forwarded to the State Registrar. The order or declaration must then be delivered to the State Registrar for filing. The State Registrar's file of orders and 21 2.2 23 declarations must be sealed and the contents of the file may be examined only upon 24 order of a court of competent jurisdiction or at the request of either parent or the 25 Division of Welfare and Supportive Services of the Department of Health and 26 Human Services as necessary to carry out the provisions of 42 U.S.C. § 654a. The 27 local health officer shall complete the original certificate of birth in accordance 28 with subsection 6 and other provisions of this chapter. 29

8. As used in this section, "court" has the meaning ascribed to it in NRS 30 125B.004.

Sec. 71. NRS 440.770 is hereby amended to read as follows:

440.770 Any person who furnishes false information to a physician, advanced practice registered nurse, licensed certified professional midwife, funeral director, midwife or informant for the purpose of making incorrect certification of births or deaths shall be punished by a fine of not more than \$250.

Sec. 72. NRS 441A.110 is hereby amended to read as follows:

37 441A.110 "Provider of health care" means a physician, nurse, licensed 38 certified professional midwife or veterinarian licensed in accordance with state 39 law, a physician assistant licensed pursuant to chapter 630 or 633 of NRS or a 40 pharmacist registered pursuant to chapter 639 of NRS.

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Sec. 73. NRS 441A.315 is hereby amended to read as follows:

42 441A.315 1. Except as otherwise provided in subsection 3, a physician, physician assistant, advanced practice registered nurse or midwife who provides or 43 44 supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older shall, in accordance with the 45 46 regulations adopted pursuant to subsection 4:

47 (a) Consult with the patient to ascertain whether he or she wishes to be tested 48 for sexually transmitted diseases, including, without limitation, the human 49 immunodeficiency virus, and to determine which tests, if any, are medically 50 indicated for the patient; and

51 (b) If the patient wishes to be tested, conduct any test which is medically 52 indicated for the patient or assist the patient with obtaining any such test, to the

extent practicable for the physician, physician assistant, advanced practice registered nurse or midwife. 3

2. Except as otherwise provided in subsection 3, a hospital that provides emergency medical services or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Ensure that the patient is consulted to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

10 (b) If the patient wishes to be tested, ensure that any test which is medically indicated for the patient is conducted or that the patient is assisted with obtaining any such test, to the extent practicable for the hospital. 12

13 3. A physician, physician assistant, advanced practice registered nurse, midwife or hospital is not required to comply with the requirements of subsection 1 14 15 or 2 if the physician, physician assistant, advanced practice registered nurse or 16 midwife or a provider of health care who provides emergency medical services or 17 primary care to the patient at the hospital, as applicable, reasonably believes that 18 the patient: 19

(a) Is being treated for a life-threatening emergency:

(b) Has recently been offered or has been the subject of a test for the human immunodeficiency virus or other sexually transmitted diseases; or

(c) Lacks capacity to consent to such testing.

4. The Board shall adopt regulations to ensure that:

(a) Any test which is administered to a patient or for which a patient is assisted in obtaining pursuant to this section is medically indicated for that patient; and

(b) Communications concerning testing pursuant to this section are made in a culturally competent manner and, to the extent practicable, in a language that is easily understood by the patient.

5. A physician, physician assistant, advanced practice registered nurse, midwife or hospital that fails to comply with the provisions of this section:

(a) Is not subject to a criminal penalty or an administrative fine pursuant to this chapter: and

(b) Is subject to disciplinary action, where applicable.

6. As used in this section:

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(a) "Midwife" has the meaning ascribed to it in NRS 442.003.

(b) "Primary care" means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

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

Sec. 74. NRS 442.003 is hereby amended to read as follows:

442.003 As used in this chapter, unless the context requires otherwise:

"Advisory Board" means the Advisory Board on Maternal and Child 1. Health.

"Department" means the Department of Health and Human Services. 2.

"Director" means the Director of the Department. 3.

46 4. "Division" means the Division of Public and Behavioral Health of the 47 Department. 48

5. "Fetal alcohol syndrome" includes fetal alcohol effects.

49 "Freestanding birthing center" has the meaning ascribed to it in NRS 6. 449.0065. 50 51

7. "Laboratory" has the meaning ascribed to it in NRS 652.040.

"Midwife" means 52 8.

53 (a) A person certified as:

1	(1) A Certified Professional Midwife by the North American Registry of
2 3	Midwives, or its successor organization; or
3	(2) A Certified Nurse Midwife by the American Midwifery Certification
4	Board, or its successor organization; or
5	(b) Any other] any type of midwife [.], including, without limitation, a
6	licensed certified professional midwife, a certified nurse-midwife or any person
7	who engages in the practice of certified professional midwifery.
8	9. "Provider of health care or other services" means:
9	(a) A clinical alcohol and drug counselor who is licensed, or an alcohol and
10	drug counselor who is licensed or certified, pursuant to chapter 641C of NRS;
11	(b) A physician or a physician assistant who is licensed pursuant to chapter 630
12	or 633 of NRS and who practices in the area of obstetrics and gynecology, family
13	practice, internal medicine, pediatrics or psychiatry;
14	(c) A licensed nurse;
15	(d) A licensed psychologist;
16	(e) A licensed marriage and family therapist;
17	(f) A licensed clinical professional counselor;
18	(g) A licensed social worker;
19	(h) A licensed dietitian; for
20	(i) A licensed certified professional midwife; or
21	(j) The holder of a certificate of registration as a pharmacist.
22	Sec. 75. NRS 442.119 is hereby amended to read as follows:
23	442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context
24	otherwise requires:
25	1. "Health officer" includes a local health officer, a city health officer, a
26	county health officer and a district health officer.
27	2. "Medicaid" has the meaning ascribed to it in NRS 439B.120.
28	3. "Medicare" has the meaning ascribed to it in NRS 439B.130.
29	4. "Provider of prenatal care" means:
30	(a) A physician who is licensed in this State and certified in obstetrics and
31	gynecology, family practice, general practice or general surgery.
32	(b) A certified nurse-midwife who is licensed by the State Board of Nursing.
33	(c) An advanced practice registered nurse who is licensed by the State Board of
34	Nursing pursuant to NRS 632.237 and who has specialized skills and training in
35	obstetrics or family nursing.
36	(d) A physician assistant licensed pursuant to chapter 630 or 633 of NRS who
37	has specialized skills and training in obstetrics or family practice.
38	(e) A licensed certified professional midwife.
39	Sec. 76. NRS 442.610 is hereby amended to read as follows:
40	442.610 "Provider of health care" means:
41	1. A provider of health care as defined in NRS 629.031 [;], including,
42	without limitation, a licensed certified professional midwife; and
43	2. [A midwife; and
44	<u></u>
45	Sec. 76.5. NRS 449.103 is hereby amended to read as follows:
46	449.103 1. To enable an agent or employee of a medical facility, facility for
47	the dependent or facility which is otherwise required by regulations adopted by the
48	Board pursuant to NRS 449.0303 to be licensed who provides care to a patient or
49	resident of the facility to more effectively treat patients or care for residents, as
50	applicable, the Board shall, by regulation, require such a facility to conduct training
51	relating specifically to cultural competency for any agent or employee of the
52	facility who provides care to a patient or resident of the facility 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:

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(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.

2. 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.

3. The regulations adopted pursuant to this section must authorize a licensed certified professional midwife who is subject to the requirements of subsection 1 to use the training required by the regulations adopted pursuant to paragraph (b) of subsection 1 of section 19 of this act to satisfy the requirements of subsection 1.

Sec. 77. NRS 449.198 is hereby amended to read as follows: 449.198 1. A freestanding birthing center must:

(a) Provide sufficient space for members of the family of the pregnant person and other persons chosen by the pregnant person to assist with the birth;

(b) Have obstetrical services available to meet the needs of an acute patient; and

(c) Be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services relating to pregnancy.

2. Surgery, including, without limitation, the use of forceps, vacuum extractions, cesarean sections and tubal ligations, must not be performed at a freestanding birthing center.

3. A freestanding birthing center must have a director who is responsible for the operation of the freestanding birthing center. The director of a freestanding birthing center must be:

(a) A physician;

(b) A licensed certified professional midwife;

(c) A person who:

(1) Is certified as a Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; and

40 (2) Has successfully completed a program of education and training in 41 midwifery that:

42 (I) Is accredited by the Midwifery Education Accreditation Council, or 43 its successor organization; and

44 (II) Provides instruction and training in the Essential Competencies for 45 Midwifery Practice prescribed by the International Confederation of Midwives, or 46 its successor organization; or 47

(d) A certified nurse-midwife.

4. As used in this section, "certified nurse-midwife" means a person who is:

49 (a) Certified as a Certified Nurse-Midwife by the American Midwifery 50 Certification Board, or its successor organization; and

51 (b) Licensed as an advanced practice registered nurse pursuant to NRS 632.237. 52

Sec. 78. NRS 454.00958 is hereby amended to read as follows:

454.00958 "Practitioner" means:

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

2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

4. An optometrist who is certified to prescribe and administer pharmaceutical agents pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.

5. A licensed certified professional midwife, for the purpose of:

(a) Ordering any device or drug described in subsection 1 or 2 of section 25 of this act for use in his or her practice;

(b) Ordering any device or vaccine described in subsection 4 of section 25 of this act for a client;

(c) If the licensed certified professional midwife holds an endorsement issued pursuant to paragraph (a) of subsection 1 of section 26 of this act, ordering and dispensing any contraceptive device authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act; and

(d) If the licensed certified professional midwife holds an endorsement issued pursuant to paragraph (b) of subsection 1 of section 26 of this act, prescribing and dispensing any drug authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act.

Sec. 79. NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

40 (c) Except as otherwise provided in paragraph (d), a registered nurse licensed
 41 to practice professional nursing or licensed practical nurse, at the direction of a
 42 prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of
 43 NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant
 44 to a chart order, for administration to a patient at another location.

(d) In accordance with applicable regulations of the Board, a registered nurselicensed to practice professional nursing or licensed practical nurse who is:

47 (1) Employed by a health care agency or health care facility that is
 48 authorized to provide emergency care, or to respond to the immediate needs of a
 49 patient, in the residence of the patient; and

50 (2) Acting under the direction of the medical director of that agency or 51 facility who works in this State.

52 (e) A medication aide - certified at a designated facility under the supervision 53 of an advanced practice registered nurse or registered nurse and in accordance with

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standard protocols developed by the State Board of Nursing. As used in this paragraph, "designated facility" has the meaning ascribed to it in NRS 632.0145.

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(f) Except as otherwise provided in paragraph (g), an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(1) The State Board of Health in a county whose population is less than 100.000:

(2) A county board of health in a county whose population is 100,000 or more: or

(3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

(g) An advanced emergency medical technician or a paramedic who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.

(h) A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

17 (i) A dialysis technician, under the direction or supervision of a physician or 18 registered nurse only if the drug or medicine is used for the process of renal 19 dialysis. 20

(j) A medical student or student nurse in the course of his or her studies at an accredited college of medicine or approved school of professional or practical nursing, at the direction of a physician and:

(1) In the presence of a physician or a registered nurse; or

(2) Under the supervision of a physician or a registered nurse if the student 24 25 is authorized by the college or school to administer the drug or medicine outside the 26 presence of a physician or nurse.

27 \rightarrow A medical student or student nurse may administer a dangerous drug in the presence or under the supervision of a registered nurse alone only if the 28 29 circumstances are such that the registered nurse would be authorized to administer 30 it personally. 31

(k) Any person designated by the head of a correctional institution.

(1) An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

34 (m) A holder of a license to engage in radiation therapy and radiologic imaging issued pursuant to chapter 653 of NRS, at the direction of a physician and in 35 accordance with any conditions established by regulation of the Board. 36

37 (n) A chiropractic physician, but only if the drug or medicine is a topical drug 38 used for cooling and stretching external tissue during therapeutic treatments.

39 (o) A physical therapist, but only if the drug or medicine is a topical drug 40 which is:

41 (1) Used for cooling and stretching external tissue during therapeutic 42 treatments: and 43

(2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

46 (p) In accordance with applicable regulations of the State Board of Health, an 47 employee of a residential facility for groups, as defined in NRS 449.017, pursuant 48 to a written agreement entered into by the ultimate user.

49 (q) A veterinary technician or a veterinary assistant at the direction of his or 50 her supervising veterinarian.

51 (r) In accordance with applicable regulations of the Board, a registered 52 pharmacist who:

(1) Is trained in and certified to carry out standards and practices for immunization programs;

(2) Is authorized to administer immunizations pursuant to written protocols from a physician: and

(3) Administers immunizations in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(s) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

11 (t) A person who is enrolled in a training program to become a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, 12 13 advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist or veterinary technician or to obtain a license to 14 15 engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS 16 if the person possesses and administers the drug or medicine in the same manner 17 and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced 18 19 emergency medical technician, paramedic, respiratory therapist, dialysis technician, 20 physical therapist, veterinary technician or person licensed to engage in radiation therapy and radiologic imaging who may possess and administer the drug or 21 2.2 medicine, and under the direct supervision of a person licensed or registered to 23 perform the respective medical art or a supervisor of such a person. 24

(u) A medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(v) A certified professional midwife, certified professional midwife student midwife or certified professional midwife birth assistant who is administering the medicine or drug under the direct supervision of a licensed certified professional midwife, as authorized by sections 2 to 32, inclusive, of this act and any regulations adopted pursuant thereto.

2. As used in this section, "accredited college of medicine" has the meaning ascribed to it in NRS 453.375.

Sec. 80. NRS 454.361 is hereby amended to read as follows:

454.361 A conviction of the violation of any of the provisions of NRS 454.181 to 454.371, inclusive, constitutes grounds for the suspension or revocation of any license issued to such person pursuant to the provisions of chapters 630, 631, 633, 635, 636, 638, 639 or 653 of NRS [-] or sections 2 to 32, inclusive, of this act.

Sec. 81. NRS 457.301 is hereby amended to read as follows:

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457.301 1. A primary care provider shall:

43 (a) Attempt to determine whether each adult woman to whom he or she 44 provides care has a personal or family history of breast, ovarian, tubal or peritoneal cancer or an ancestry associated with a harmful mutation in the BRCA gene or 45 46 meets any other criteria under which the United States Preventive Services Task 47 Force has recommended screening for a risk of such a mutation; and

48 (b) If the primary care provider determines that an adult woman to whom he or 49 she provides care meets the criteria described in paragraph (a) and has not 50 previously undergone genetic testing for a harmful mutation in the BRCA gene, use 51 an appropriate brief familial risk assessment tool to screen for a risk of such a 52 mutation

2. If such a screening indicates that a woman is at risk of a harmful mutation in the BRCA gene, the primary care provider must:

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(a) Provide the woman with written notice of the need to discuss genetic counseling and testing with the provider;

(b) Provide genetic counseling to the woman or ensure that the woman is referred for genetic counseling; and

(c) If a genetic test for harmful mutations in the BRCA gene is clinically indicated as a result of the genetic counseling, administer such a test to the woman or ensure that the woman is referred for such testing.

3. A primary care provider who fails to comply with this section is not subject to criminal penalties or professional discipline for such failure to comply.

4. As used in this section, "primary care provider" means:

(a) A physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS or advanced practice registered nurse who specializes in primary care, family medicine, internal medicine or obstetrics and gynecology; or

(b) A *licensed certified professional* midwife.

Sec. 82. NRS 608.0116 is hereby amended to read as follows:

608.0116 "Professional" means pertaining to:

An employee who is licensed or certified by the State of Nevada for and engaged in the practice of law or any of the professions regulated by chapters 623 to 645, inclusive, 645G and 656A of NRS [] and sections 2 to 32, inclusive, of this act.

2. A creative professional as described in 29 C.F.R. § 541.302 who is not an employee of a contractor as that term is defined in NRS 624.020.

Sec. 83. NRS 679B.440 is hereby amended to read as follows:

679B.440 1. The Commissioner may require that reports submitted pursuant to NRS 679B.430 include, without limitation, information regarding:

(a) Liability insurance provided to:

(1) Governmental agencies and political subdivisions of this State, reported separately for:

- (I) Cities and towns:
- (II) School districts: and
- (III) Other political subdivisions;
- (2) Public officers:
- (3) Establishments where alcoholic beverages are sold;
- (4) Facilities for the care of children;
- (5) Labor, fraternal or religious organizations; and

(6) Officers or directors of organizations formed pursuant to title 7 of NRS, reported separately for nonprofit entities and entities organized for profit;

- (b) Liability insurance for:
 - (1) Defective products;
 - (2) Medical or dental malpractice of:
- 43 (I) A practitioner licensed pursuant to chapter 630, 630A, 631, 632, 44 633, 634, 634A, 635, 636, 637, 637B, 639 or 640 of NRS or sections 2 to 32, *inclusive, of this act* or who holds a license or limited license issued pursuant to 45 46 chapter 653 of NRS; 47
 - (II) A hospital or other health care facility; or
 - (III) Any related corporate entity;
 - (3) Malpractice of attorneys;
 - (4) Malpractice of architects and engineers; and
 - (5) Errors and omissions by other professionally qualified persons;
 - (c) Vehicle insurance, reported separately for:
 - (1) Private vehicles;

1 (2) Commercial vehicles: 2 3 4 (3) Liability insurance; and (4) Insurance for property damage; and (d) Workers' compensation insurance. 5 The Commissioner may require that the report include, without limitation, 2. 6 information specifically pertaining to this State or to an insurer in its entirety, in the 7 aggregate or by type of insurance, and for a previous or current year, regarding: 8 (a) Premiums directly written; 9 (b) Premiums directly earned; 10 (c) Number of policies issued; 11 (d) Net investment income, using appropriate estimates when necessary; 12 (e) Losses paid; 13 (f) Losses incurred: 14 (g) Loss reserves, including: 15 (1) Losses unpaid on reported claims; and 16 (2) Losses unpaid on incurred but not reported claims; 17 (h) Number of claims, including: 18 (1) Claims paid: and 19 (2) Claims that have arisen but are unpaid: 20 (i) Expenses for adjustment of losses, including allocated and unallocated 21 losses: 2.2 (j) Net underwriting gain or loss; 23 (k) Net operation gain or loss, including net investment income; and (1) Any other information requested by the Commissioner. 24 25 3. The Commissioner may also obtain, based upon an insurer in its entirety, 26 information regarding: 27 (a) Recoverable federal income tax: 28 (b) Net unrealized capital gain or loss; and 29 (c) All other expenses not included in subsection 2. 30 Sec. 84. NRS 686A.2825 is hereby amended to read as follows: 31 686A.2825 "Practitioner" means: 32 1. A physician, dentist, nurse, licensed certified professional midwife, dispensing optician, optometrist, physical therapist, podiatric physician, psychologist, chiropractic physician, doctor of Oriental medicine in any form, 33 34 director or technician of a medical laboratory, pharmacist, person who holds a 35 license to engage in radiation therapy and radiologic imaging or a limited license to 36 37 engage in radiologic imaging pursuant to chapter 653 of NRS or other provider of 38 health services who is authorized to engage in his or her occupation by the laws of 39 this state or another state: and 40 2. An attorney admitted to practice law in this state or any other state. 41 Sec. 85. NRS 686B.030 is hereby amended to read as follows: 42 686B.030 1. Except as otherwise provided in subsection 2 and NRS 43 686B.125, the provisions of NRS 686B.010 to 686B.1799, inclusive, apply to all 44 kinds and lines of direct insurance written on risks or operations in this State by any 45 insurer authorized to do business in this State, except: 46 (a) Ocean marine insurance; 47 (b) Contracts issued by fraternal benefit societies; 48 (c) Life insurance and credit life insurance: 49 (d) Variable and fixed annuities: 50 (e) Credit accident and health insurance; 51 (f) Property insurance for business and commercial risks; 52 (g) Casualty insurance for business and commercial risks other than insurance 53 covering the liability of a practitioner licensed pursuant to chapters 630 to 640,

inclusive, of NRS and sections 2 to 32, inclusive, of this act or who holds a license or limited license issued pursuant to chapter 653 of NRS:

(h) Surety insurance:

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(i) Health insurance offered through a group health plan maintained by a large employer: and

(i) Credit involuntary unemployment insurance.

The exclusions set forth in paragraphs (f) and (g) of subsection 1 extend only to issues related to the determination or approval of premium rates.

Sec. 86. NRS 686B.040 is hereby amended to read as follows:

686B.040 1. Except as otherwise provided in subsection 2, the Commissioner may by rule exempt any person or class of persons or any market segment from any or all of the provisions of NRS 686B.010 to 686B.1799, inclusive, if and to the extent that the Commissioner finds their application unnecessary to achieve the purposes of those sections. 14

15 The Commissioner may not, by rule or otherwise, exempt an insurer from 2. 16 the provisions of NRS 686B.010 to 686B.1799, inclusive, with regard to insurance 17 covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act for a breach of the 18 19 practitioner's professional duty toward a patient. 20

Sec. 87. NRS 686B.115 is hereby amended to read as follows:

686B.115 1. Any hearing held by the Commissioner to determine whether rates comply with the provisions of NRS 686B.010 to 686B.1799, inclusive, must be open to members of the public.

2. All costs for transcripts prepared pursuant to such a hearing must be paid by the insurer requesting the hearing.

3. At any hearing which is held by the Commissioner to determine whether rates comply with the provisions of NRS 686B.010 to 686B.1799, inclusive, and which involves rates for insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act for a breach of the practitioner's professional duty toward a patient, if a person is not otherwise authorized pursuant to this title to become a party to the hearing by intervention, the person is entitled to provide testimony at the hearing if, not later than 2 days before the date set for the hearing, the person files with the Commissioner a written statement which states:

(a) The name and title of the person;

(b) The interest of the person in the hearing; and

37 (c) A brief summary describing the purpose of the testimony the person will 38 offer at the hearing. 39

4. If a person provides testimony at a hearing in accordance with subsection 3:

41 (a) The Commissioner may, if the Commissioner finds it necessary to preserve order, prevent inordinate delay or protect the rights of the parties at the hearing, 42 43 place reasonable limitations on the duration of the testimony and prohibit the 44 person from providing testimony that is not relevant to the issues raised at the 45 hearing.

46 (b) The Commissioner shall consider all relevant testimony provided by the 47 person at the hearing in determining whether the rates comply with the provisions 48 of NRS 686B.010 to 686B.1799, inclusive. 49

Sec. 88. NRS 689A.035 is hereby amended to read as follows:

689A.035 1. An insurer shall not charge a provider of health care a fee to 50 51 include the name of the provider on a list of providers of health care given by the 52 insurer to its insureds.

2. An insurer shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

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3. A contract between an insurer and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

8 (b) Except as otherwise provided in this paragraph, by the insurer upon giving 9 to the provider 45 days' written notice of the modification of the insurer's schedule 10 of payments, including any changes to the fee schedule applicable to the provider's 11 practice. If the provider fails to object in writing to the modification within the 45day period, the modification becomes effective at the end of that period. If the 12 13 provider objects in writing to the modification within the 45-day period, the 14 modification must not become effective unless agreed to by both parties as 15 described in paragraph (a). 16

4. If an insurer contracts with a provider of health care to provide health care to an insured, the insurer shall:

18 (a) If requested by the provider of health care at the time the contract is made. 19 submit to the provider of health care the schedule of payments applicable to the 20 provider of health care; or

21 (b) If requested by the provider of health care at any other time, submit to the 2.2 provider of health care the schedule of payments, including any changes to the fee 23 schedule applicable to the provider's practice, specified in paragraph (a) within 7 24 days after receiving the request. 25

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [] or sections 2 to 32, inclusive, of this act.

Sec. 89. NRS 689B.015 is hereby amended to read as follows:

689B.015 1. An insurer that issues a policy of group health insurance shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer specified in subsection 1 and a provider of 36 health care may be modified: 37 38

(a) At any time pursuant to a written agreement executed by both parties.

39 (b) Except as otherwise provided in this paragraph, by the insurer upon giving 40 to the provider 45 days' written notice of the modification of the insurer's schedule 41 of payments, including any changes to the fee schedule applicable to the provider's 42 practice. If the provider fails to object in writing to the modification within the 45-43 day period, the modification becomes effective at the end of that period. If the 44 provider objects in writing to the modification within the 45-day period, the 45 modification must not become effective unless agreed to by both parties as 46 described in paragraph (a).

4. If an insurer specified in subsection 1 contracts with a provider of health 47 48 care to provide health care to an insured, the insurer shall:

49 (a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the 50 51 provider of health care: or

(b) If requested by the provider of health care at any other time, submit to the 52 53 provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [.] or sections 2 to 32, inclusive, of this act.

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Sec. 90. NRS 689C.131 is hereby amended to read as follows:

689C.131 1. A carrier serving small employers and a carrier that offers a contract to a voluntary purchasing group shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the carrier to its insureds.

2. A carrier specified in subsection 1 shall not contract with a provider of
health care to provide health care to an insured unless the carrier uses the form
prescribed by the Commissioner pursuant to NRS 629.095 to obtain any
information related to the credentials of the provider of health care.
3. A contract between a carrier specified in subsection 1 and a provider of

3. A contract between a carrier specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

18 (b) Except as otherwise provided in this paragraph, by the carrier upon giving 19 to the provider 45 days' written notice of the modification of the carrier's schedule 20 of payments, including any changes to the fee schedule applicable to the provider's 21 practice. If the provider fails to object in writing to the modification within the 45 22 day period, the modification becomes effective at the end of that period. If the 23 provider objects in writing to the modification within the 45 day period, the 24 modification must not become effective unless agreed to by both parties as 25 described in paragraph (a). 26

4. If a carrier specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the carrier shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [.] or sections 2 to 32, inclusive, of this act.

Sec. 91. NRS 690B.250 is hereby amended to read as follows:

690B.250 Except as more is required in NRS 630.3067 and 633.526:

40 1. Each insurer which issues a policy of insurance covering the liability of a 41 practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS or sections 42 2 to 32, inclusive, of this act or who holds a license or limited license issued 43 pursuant to chapter 653 of NRS for a breach of his or her professional duty toward 44 a patient shall report to the board which licensed the practitioner within 45 days each settlement or award made or judgment rendered by reason of a claim, if the 45 46 settlement, award or judgment is for more than \$5,000, giving the name of the 47 claimant and the practitioner and the circumstances of the case.

48 2. A practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS 49 or sections 2 to 32, inclusive, of this act or who holds a license or limited license 50 issued pursuant to chapter 653 of NRS who does not have insurance covering 51 liability for a breach of his or her professional duty toward a patient shall report to 52 the board which issued the practitioner's license within 45 days of each settlement 53 or award made or judgment rendered by reason of a claim, if the settlement, award or judgment is for more than \$5,000, giving the practitioner's name, the name of the claimant and the circumstances of the case.

3. These reports are public records and must be made available for public inspection within a reasonable time after they are received by the licensing board. Sec. 92. NRS 690B.270 is hereby amended to read as follows:

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> 690B.270 If an insurer declines to issue to a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act a policy of professional liability insurance, the insurer shall, upon the request of the practitioner, disclose to the practitioner the reasons the insurer declined to issue the policy.

Sec. 93. NRS 690B.280 is hereby amended to read as follows:

11 12 690B.280 If an insurer, for a policy of professional liability insurance for a 13 practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS [] or sections 2 to 32, inclusive, of this act, sets the premium for the policy for the 14 15 practitioner at a rate that is higher than the standard rate of the insurer for the 16 applicable type of policy and specialty of the practitioner, the insurer shall, upon 17 the request of the practitioner, disclose the reasons the insurer set the premium for 18 the policy at the higher rate. 19

Sec. 94. NRS 690B.290 is hereby amended to read as follows:

690B.290 If an insurer offers to issue a claims-made policy to a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS H or sections 2 to 32, *inclusive*, of this act, the insurer shall:

1. Offer to issue an extended reporting endorsement to the practitioner; and

2. Disclose to the practitioner the cost formula that the insurer uses to determine the premium for the extended reporting endorsement. The cost formula must be based on:

(a) An amount that is not more than twice the amount of the premium for the claims-made policy at the time of the termination of that policy; and

(b) The rates filed by the insurer and approved by the Commissioner.

Sec. 95. NRS 690B.300 is hereby amended to read as follows:

31 690B.300 1. Except as otherwise provided in this section, if an insurer 32 issues a policy of professional liability insurance to a practitioner licensed pursuant 33 to chapter 630, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act who 34 delivers one or more babies per year, the insurer shall not set the premium for the 35 policy at a rate that is different from the rate set for such a policy issued by the 36 insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of 37 NRS or sections 2 to 32, inclusive, of this act who delivers one or more babies per 38 year if the difference in rates is based in whole or in part upon the number of babies 39 delivered per year by the practitioner.

40 2. If an insurer issues a policy of professional liability insurance to a 41 practitioner licensed pursuant to chapter 630, 632 or 633 of NRS or sections 2 to 42 32, *inclusive, of this act* who delivers one or more babies per year, the insurer may set the premium for the policy at a rate that is different, based in whole or in part 43 44 upon the number of babies delivered per year by the practitioner, from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to 45 46 chapter 630, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act who 47 delivers one or more babies per year if the insurer:

48 (a) Bases the difference upon actuarial and loss experience data available to the 49 insurer; and 50

(b) Obtains the approval of the Commissioner for the difference in rates.

51 The provisions of this section do not prohibit an insurer from setting the 3. 52 premium for a policy of professional liability insurance issued to a practitioner 53 licensed pursuant to chapter 630, 632 or 633 of NRS or sections 2 to 32, inclusive,

of this act who delivers one or more babies per year at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed 3 pursuant to chapter 630, 632 or 633 of NRS or sections 2 to 32, inclusive, of this act who delivers one or more babies per year if the difference in rates is based solely upon factors other than the number of babies delivered per year by the practitioner.

Sec. 96. NRS 690B.310 is hereby amended to read as follows:

690B.310 1. If an agreement settles a claim or action against a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, *inclusive, of this act* for a breach of his or her professional duty toward a patient, the following terms of the agreement must not be made confidential:

(a) The names of the parties;

(b) The date of the incidents or events giving rise to the claim or action;

(c) The nature of the claim or action as set forth in the complaint and the answer that is filed with the district court: and

(d) The effective date of the agreement.

Any provision of an agreement to settle a claim or action that conflicts with 2. this section is void.

Sec. 97. NRS 690B.320 is hereby amended to read as follows:

690B.320 1. If an insurer offers to issue a claims-made policy to a practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS or sections 2 to 32, inclusive, of this act or who holds a license or limited license issued pursuant to chapter 653 of NRS, the insurer shall:

(a) Offer to issue to the practitioner an extended reporting endorsement without a time limitation for reporting a claim.

(b) Disclose to the practitioner the premium for the extended reporting endorsement and the cost formula that the insurer uses to determine the premium for the extended reporting endorsement.

29 (c) Disclose to the practitioner the portion of the premium attributable to 30 funding the extended reporting endorsement offered at no additional cost to the 31 practitioner in the event of the practitioner's death, disability or retirement, if such a 32 benefit is offered. 33

(d) Disclose to the practitioner the vesting requirements for the extended reporting endorsement offered at no additional cost to the practitioner in the event of the practitioner's death or retirement, if such a benefit is offered. If such a benefit is not offered, the absence of such a benefit must be disclosed.

(e) Include, as part of the insurance contract, language which must be approved by the Commissioner and which must be substantially similar to the following:

> If we adopt any revision that would broaden the coverage under this policy without any additional premium either within the policy period or within 60 days before the policy period, the broadened coverage will immediately apply to this policy.

2. The disclosures required by subsection 1 must be made as part of the offer and acceptance at the inception of the policy and again at each renewal in the form of an endorsement attached to the insurance contract and approved by the Commissioner.

49 3. The requirements set forth in this section are in addition to the requirements set forth in NRS 690B.290. 50

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Sec. 98. NRS 690B.360 is hereby amended to read as follows:

690B.360 1. The Commissioner may collect all information which is 52 53 pertinent to monitoring whether an insurer that issues professional liability

insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of 1 NRS or sections 2 to 32, inclusive, of this act is complying with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive. Such 2 3 4 information may include, without limitation: 5

(a) The amount of gross premiums collected with regard to each medical specialty:

(b) Information relating to loss ratios; and

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(c) Information reported pursuant to NRS 679B.430 and 679B.440.

2. In addition to the information collected pursuant to subsection 1, the Commissioner may request any additional information from an insurer:

(a) Whose rates and credit utilization are materially different from other insurers in the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, inclusive, of *this act* in this State:

(b) Whose credit utilization shows a substantial change from the previous year; or

(c) Whose information collected pursuant to subsection 1 indicates a potentially adverse trend.

3. If the Commissioner requests additional information from an insurer pursuant to subsection 2, the Commissioner may:

(a) Determine whether the additional information offers a reasonable explanation for the results described in paragraph (a), (b) or (c) of subsection 2; and

23 (b) Take any steps permitted by law that are necessary and appropriate to assure the ongoing stability of the market for professional liability insurance for a 24 25 practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 26 to 32, inclusive, of this act in this State.

27 4. On an ongoing basis, the Commissioner may analyze and evaluate the 28 information collected pursuant to this section to determine trends in and measure 29 the health of the market for professional liability insurance for a practitioner 30 licensed pursuant to chapter 630, 631, 632 or 633 of NRS or sections 2 to 32, 31 inclusive, of this act in this State.

32 5. If the Commissioner convenes a hearing pursuant to subsection 1 of NRS 33 690B.350 and determines that the market for professional liability insurance issued 34 to any class, type or specialty of practitioner licensed pursuant to chapter 630, 631 35 or 633 of NRS or sections 2 to 32, inclusive, of this act is not competitive and that such insurance is unavailable or unaffordable for a substantial number of such 36 37 practitioners, the Commissioner shall prepare and submit a report of the 38 Commissioner's findings and recommendations to the Director of the Legislative 39 Counsel Bureau for transmittal to members of the Legislature. 40

Sec. 99. NRS 695A.095 is hereby amended to read as follows:

41 695A.095 1. A society shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the 42 43 society to its insureds.

44 2. A society shall not contract with a provider of health care to provide health care to an insured unless the society uses the form prescribed by the Commissioner 45 46 pursuant to NRS 629.095 to obtain any information related to the credentials of the 47 provider of health care.

48 3. A contract between a society and a provider of health care may be 49 modified: 50

(a) At any time pursuant to a written agreement executed by both parties.

51 (b) Except as otherwise provided in this paragraph, by the society upon giving to the provider 45 days' written notice of the modification of the society's schedule 52 53 of payments, including any changes to the fee schedule applicable to the provider's

practice. If the provider fails to object in writing to the modification within the 45-1 2 3 day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the 4 modification must not become effective unless agreed to by both parties as 5 described in paragraph (a). 6

4. If a society contracts with a provider of health care to provide health care to an insured, the society shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care: or

11 (b) If requested by the provider of health care at any other time, submit to the 12 provider of health care the schedule of payments, including any changes to the fee 13 schedule applicable to the provider's practice, specified in paragraph (a) within 7 14 days after receiving the request. 15

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [.] or sections 2 to 32, inclusive, of this act.

Sec. 100. NRS 695B.035 is hereby amended to read as follows:

695B.035 1. A corporation subject to the provisions of this chapter shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the corporation to its insureds.

2. A corporation specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the corporation uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a corporation specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

29 (b) Except as otherwise provided in this paragraph, by the corporation upon 30 giving to the provider 45 days' written notice of the modification of the 31 corporation's schedule of payments, including any changes to the fee schedule 32 applicable to the provider's practice. If the provider fails to object in writing to the 33 modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 34 35 45-day period, the modification must not become effective unless agreed to by both 36 parties as described in paragraph (a).

37 4. If a corporation specified in subsection 1 contracts with a provider of health 38 care to provide health care to an insured, the corporation shall:

39 (a) If requested by the provider of health care at the time the contract is made, 40 submit to the provider of health care the schedule of payments applicable to the 41 provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the 42 43 provider of health care the schedule of payments, including any changes to the fee 44 schedule applicable to the provider's practice, specified in paragraph (a) within 7 45 days after receiving the request.

46 5. As used in this section, "provider of health care" means a provider of 47 health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [] or 48 sections 2 to 32, inclusive, of this act. 49

Sec. 101. NRS 695C.125 is hereby amended to read as follows:

695C.125 1. A health maintenance organization shall not contract with a 50 51 provider of health care to provide health care to an insured unless the health 52 maintenance organization uses the form prescribed by the Commissioner pursuant

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to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

2. A contract between a health maintenance organization and a provider of health care may be modified:

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(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the health maintenance organization upon giving to the provider 45 days' written notice of the modification of the health maintenance organization's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification within the 45-day period, the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

14 3. If a health maintenance organization contracts with a provider of health
 15 care to provide health care to an enrollee, the health maintenance organization
 16 shall:

(a) If requested by the provider of health care at the time the contract is made,
 submit to the provider of health care the schedule of payments applicable to the
 provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee
schedule applicable to the provider's practice, specified in paragraph (a) within 7
days after receiving the request.
4. As used in this section, "provider of health care" means a provider of

4. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [.] or sections 2 to 32, inclusive, of this act.

Sec. 102. NRS 695G.127 is hereby amended to read as follows:

695G.127 1. A managed care organization shall not contract with a provider of health care to provide health care to an insured unless the managed care organization uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

2. A contract between a managed care organization and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the managed care 36 37 organization upon giving to the provider 45 days' written notice of the modification 38 of the managed care organization's schedule of payments, including any changes to 39 the fee schedule applicable to the provider's practice. If the provider fails to object 40 in writing to the modification within the 45-day period, the modification becomes 41 effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective 42 unless agreed to by both parties as described in paragraph (a). 43

3. If a managed care organization contracts with a provider of health care to
provide health care services pursuant to chapter 689A, 689B, 689C, 695A, 695B or
695C of NRS, the managed care organization shall:

47 (a) If requested by the provider of health care at the time the contract is made,
48 submit to the provider of health care the schedule of payments applicable to the
49 provider of health care; or

50 (b) If requested by the provider of health care at any other time, submit to the 51 provider of health care the schedule of payments, including any changes to the fee 52 schedule applicable to the provider's practice, specified in paragraph (a) within 7 53 days after receiving the request. 4. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS [-] or sections 2 to 32, inclusive, of this act.

Sec. 103. Section 20 of this act is hereby amended to read as follows:

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Sec. 20. 1. An applicant for a license as a licensed certified professional midwife must submit to the Division an application pursuant to this section in the form prescribed by the Division. The application must be accompanied by a fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000, and:

(a) A complete set of his or her fingerprints and written permission authorizing the 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; or

(b) Written verification, on a form prescribed by the Division, stating that the fingerprints of the applicant were taken in this State and directly forwarded electronically or by another means to the Central Repository and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation for its report.

2. The application must include, without limitation, proof that the applicant $\frac{1}{12}$:

(a) Is certified as a midwife by the North American Registry of Midwives, or its successor organization ; [+] and [+:

(a) (b) Has completed an educational program that is consistent with the most recent statement on licensure of Certified Professional Midwives by the United States Midwifery Education, Regulation and Association, or its successor organization. (; or

<u>(b) Holds a Midwifery Bridge Certificate issued by the North</u> American Registry of Midwives, or its successor organization, and has completed the Portfolio Evaluation Process prescribed by that organization.]

3. If the Division determines it to be necessary to address shortages in the number of licensed certified professional midwives practicing in rural or underserved areas in this State or barriers for applicants from marginalized identities, the Division may, on a case-by-case basis, exempt an applicant from the requirements of paragraph (b) of subsection 2 if the applicant:

(a) Holds a Midwifery Bridge Certificate issued by the North American Registry of Midwives, or its successor organization; and

(b) Has completed the Portfolio Evaluation Process prescribed by that organization.

4. A license as a licensed certified professional midwife may be renewed upon submission to the Division of a renewal application in the form prescribed by the Division. The renewal application must:

(a) Be accompanied by a renewal fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000; and

(b) Include any information required by the regulations adopted by the Board pursuant to section 19 of this act.

[4.] 5. To the extent that the implementation of such provisions will leave the Division with sufficient money to carry out its duties under this

chapter, the State Board of Health may establish by regulation a procedure through which:

(a) An applicant may petition the Division to reduce the fees imposed pursuant to this section or section 26 of this act. An applicant may qualify for such a reduction if the applicant demonstrates, to the satisfaction of the Division, that the fees imposed pursuant to this section or section 26 of this act are an economic hardship on the applicant.

(b) The Division allocates a portion of the fees imposed and collected pursuant to this section or section 26 of this act to programs that promote applicants from marginalized identities through increasing the numbers of such applicants and reducing barriers that such applicants face.

[5.] 6. As used in this section, "marginalized identity" means an identity or expression that causes or has historically caused a person of such identity or expression to be disproportionately discriminated against, harassed or otherwise negatively treated or affected as a result of the identity or expression.

Sec. 104. Section 22 of this act is hereby amended to read as follows:

Sec. 22. 1. In addition to any other requirements set forth in this chapter $\left\{ \vdots \right\}$

(a) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall include the social security number of the applicant in the application submitted to the Division.

(b) An], an applicant for the issuance of a license as a licensed certified professional midwife in this State shall submit to the Division of Public and Behavioral Health of the Department of Health and Human Services the statement prescribed by the Division of Welfare and Supportive 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 Division of Public and Behavioral Health of the Department of Health and Human Services 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 Division.

3. A license as a licensed certified professional midwife 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.

52 Sec. 105. (Deleted by amendment.)

53 Sec. 106. (Deleted by amendment.)

Sec. 107. (Deleted by amendment.)

Sec. 108. Notwithstanding the provisions of section 17 of this act, on or before July 1, 2024, the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services may appoint to the Board of Licensed Certified Professional Midwives created by that section:

1. Four members pursuant to paragraph (a) of subsection 2 of that section who are not licensed pursuant to section 20 of this act and are certified as midwives by the North American Registry of Midwives, or its successor organization. If such a member is not licensed as a licensed certified professional midwife pursuant to section 20 of this act on July 1, 2024:

(a) His or her term ends on that date; and

(b) The Administrator shall appoint a person who is so licensed to fill the vacancy.

2. One member pursuant to paragraph (b) of subsection 2 of section 17 of this act who has not received care from a licensed certified professional midwife licensed pursuant to section 20 of this act but who has received care from a midwife certified by the North American Registry of Midwives, or its successor organization. That member may serve until the expiration of the term prescribed pursuant to subsection 6 of section 17 of this act.

Sec. 109. NRS 440.035 is hereby repealed.

Sec. 110. 1. This section and sections 106 and 107 of this act become effective upon passage and approval.

2. Sections 1 to 102, inclusive, 108 and 109 of this act become effective:

(a) Upon passage and approval for the purpose of appointing the members of the Board of Licensed Certified Professional Midwives created by section 17 of this act, adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

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

Section 103 of this act becomes effective on January 1, 2026. 3.

Section 104 of this act becomes effective on the date on which the 4. provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

 \rightarrow are repealed by the Congress of the United States.

Section 105 of this act becomes effective on the date on which the 5. regulations described in section 106 of this act become effective.

Section 33 of this act expires by limitation on the date on which the 6. provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

45 (a) Have failed to comply with a subpoena or warrant relating to a proceeding 46 to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or 48

(b) Are in arrears in the payment for the support of one or more children,

→ are repealed by the Congress of the United States.

50 7. Sections 22, 29 and 104 of this act expire by limitation on the date 2 years 51 after the date on which the provisions of 42 U.S.C. § 666 requiring each state to 52 establish procedures under which the state has authority to withhold or suspend, or

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to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

 \rightarrow are repealed by the Congress of the United States.

TEXT OF REPEALED SECTION

440.035 "Midwife" defined. As used in this chapter, "midwife" means: 1. A person certified as:

(a) A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or

(b) A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or

2. Any other type of midwife.

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