

CHAPTER.....

AN ACT relating to public health; requiring counties to pay an assessment to the Health Division of the Department of Health and Human Services for the cost of providing various services; authorizing a county to submit a proposal for the county to provide such services and receive an exemption from the assessment; revising the membership of a district board of health in certain counties; transferring the powers and duties of the Health Division regarding communicable diseases to a health authority in a county; authorizing the Health Division to impose administrative penalties for violations of certain provisions governing emergency medical services; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Section 1 of this bill requires each county to pay an assessment to the Health Division of the Department of Health and Human Services for the costs of services provided in that county by the Health Division or the State Health Officer. A county is authorized to request an exemption from the assessment by submitting a proposal to the Governor for the county to carry out those services. If the Governor approves the proposal, the Interim Finance Committee must consider whether to approve the exemption. An exemption may not be effective until at least 6 months after the Interim Finance Committee gives its approval.

Existing law provides for a health district in a county whose population is 700,000 or more (currently Clark County). The health district consists of a district health officer and a district board of health which consists of representatives selected by various governmental entities and selected by those representatives. (NRS 439.362) **Section 1.5** of this bill adds one representative of the association of gaming establishments who meets certain requirements and is selected from a list of nominees submitted by the association. If no such association exists, the representative selected must represent the gaming industry.

Sections 4-20 of this bill transfer the powers and duties concerning control, prevention, treatment and cure of communicable diseases, including, without limitation, sexually transmitted diseases and tuberculosis, from the Health Division to the health authority. Under existing law, the term “health authority” is defined for the purposes of certain provisions governing infectious diseases to mean the district health officer or his or her designee in those counties that have a district health officer or the State Health Officer or his or her designee in those counties that do not have a district health officer. (NRS 441A.050) If the State Health Officer or his or her designee performs any such duties for a county, the county must pay the Health Division an assessment for the cost of such services as required by **section 1** of this bill.

Sections 23 and 24 of this bill: (1) authorize the Health Division to impose an administrative penalty against any person who violates certain provisions governing emergency medical services; and (2) restrict the use of certain money received by the Health Division, including money from such administrative fines, for a training program for emergency medical services personnel.



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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the Health Division, in an amount determined by the Health Division, for the costs of services provided in that county by the Health Division or by the State Health Officer, including, without limitation, services provided pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters, regardless of whether the county has a local health authority.

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

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

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

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the Health Division or the State Health Officer pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters shall carry out



those services in the manner set forth in those chapters and regulations.

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

Sec. 1.5. NRS 439.362 is hereby amended to read as follows:

439.362 1. A health district with a health department consisting of a district health officer and a district board of health is hereby created.

2. The district board of health consists of:

(a) Representatives selected by the following entities from among their elected members:

(1) Two representatives of the board of county commissioners;

(2) Two representatives of the governing body of the largest incorporated city in the county; and

(3) One representative of the governing body of each other city in the county; and

(b) The following representatives, selected by the elected representatives of the district board of health selected pursuant to paragraph (a), who shall represent the health district at large and who must be selected based on their qualifications without regard to the location within the health district of their residence or their place of employment:

(1) Two representatives who are physicians licensed to practice medicine in this State, one of whom is selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;

(2) One representative who is a nurse licensed to practice nursing in this State;

(3) One representative who has a background or expertise in environmental health or environmental health services; ~~and~~

(4) One representative of a **nongaming** business or from an industry that is subject to regulation by the health district ~~and~~; **and**

(5) One representative of the association of gaming establishments whose membership in the county collectively paid the most gross revenue fees to the State pursuant to NRS 463.370 in the most preceding year, who must be selected from a list of nominees submitted by the association. If no such association exists, the representative selected pursuant to this subparagraph must represent the gaming industry.

3. Members of the district board of health serve terms of 2 years. Vacancies must be filled in the same manner as the original



selection for the remainder of the unexpired term. Members serve without additional compensation for their services, but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of the board.

4. The district board of health shall meet in July of each year to organize and elect one of its members as chair of the board.

5. The county treasurer is the treasurer of the district board of health. The treasurer shall:

(a) Keep permanent accounts of all money received by, disbursed for and on behalf of the district board of health; and

(b) Administer the health district fund created by the board of county commissioners pursuant to NRS 439.363.

6. The district board of health shall maintain records of all of its proceedings and minutes of all meetings, which must be open to inspection.

7. No county, city or town board of health may be created in the county. Any county, city or town board of health in existence when the district board of health is created must be abolished.

Sec. 2. NRS 441A.120 is hereby amended to read as follows:

441A.120 **1.** The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

~~[1-]~~ (a) The diseases which are known to be communicable.

~~[2-]~~ (b) The communicable diseases which are known to be sexually transmitted.

~~[3-]~~ (c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.

~~[4-]~~ (d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.

~~[5-]~~ (e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. *The duties set forth in the regulations adopted by the Board pursuant to this section must be performed by:*

(a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or



(b) In any other area of the State, the State Health Officer or the State Health Officer's designee.

Sec. 3. NRS 441A.160 is hereby amended to read as follows:

441A.160 1. A health authority who knows, suspects or is informed of the existence within the jurisdiction of the health authority of any communicable disease shall immediately investigate the matter and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by the regulations of the Board or a local board of health.

2. A health authority may:

(a) Enter private property at reasonable hours to investigate any case or suspected case of a communicable disease.

(b) Order any person whom the health authority reasonably suspects has a communicable disease in an infectious state to submit to any medical examination or test which the health authority believes is necessary to verify the presence of the disease. The order must be in writing and specify the name of the person to be examined and the time and place of the examination and testing, and may include such terms and conditions as the health authority believes are necessary to protect the public health.

(c) Except as otherwise provided in subsection 5 and NRS 441A.210, issue an order requiring the isolation, quarantine or treatment of any person or group of persons if the health authority believes that such action is necessary to protect the public health. The order must be in writing and specify the person or group of persons to be isolated or quarantined, the time during which the order is effective, the place of isolation or quarantine and other terms and conditions which the health authority believes are necessary to protect the public health, except that no isolation or quarantine may take place if the health authority determines that such action may endanger the life of a person who is isolated or quarantined.

3. Each order issued pursuant to this section must be served upon each person named in the order by delivering a copy to him or her.

4. If a health authority issues an order to isolate or quarantine a person with a communicable or infectious disease in a medical facility, the health authority must isolate or quarantine the person in the manner set forth in NRS ~~441A.500~~ 441A.510 to 441A.720, inclusive.

5. Except as otherwise provided in NRS 441A.310 and 441A.380, a health authority may not issue an order requiring the



involuntary treatment of a person without a court order requiring the person to submit to treatment.

Sec. 4. NRS 441A.240 is hereby amended to read as follows:

441A.240 1. The ~~Health Division~~ *health authority* shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases.

2. The ~~Health Division~~ *health authority* shall provide the materials and curriculum necessary to conduct the educational program provided for in NRS 209.385 and establish a program for the certification of persons qualified to provide instruction for the program.

Sec. 5. NRS 441A.250 is hereby amended to read as follows:

441A.250 The ~~Health Division~~ *health authority* may establish and provide financial or other support to such clinics and dispensaries as it believes are reasonably necessary for the prevention, control, treatment or cure of sexually transmitted diseases.

Sec. 6. NRS 441A.260 is hereby amended to read as follows:

441A.260 If a person in this state who has a sexually transmitted disease is, in the discretion of the ~~Health Division,~~ *health authority*, unable to afford approved treatment for the disease, the ~~Health Division~~ *health authority* may provide medical supplies or direct financial aid to any physician, clinic or dispensary in this state, within the limits of the available appropriations and any other resources, to be used in the person's treatment. A physician, clinic or dispensary that accepts supplies or aid pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of the supplies or aid.

Sec. 7. NRS 441A.330 is hereby amended to read as follows:

441A.330 The ~~Health Division~~ *health authority* may establish such dispensaries, pharmacies or clinics for outpatient care as it believes are necessary for the care and treatment of persons who have acquired immune deficiency syndrome or a human immunodeficiency virus related disease, and provide those institutions with financial or other assistance. Dispensaries, pharmacies or clinics which accept financial or other assistance pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of that assistance.

Sec. 8. NRS 441A.340 is hereby amended to read as follows:

441A.340 The ~~Health Division~~ *health authority* shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis.



Sec. 9. NRS 441A.350 is hereby amended to read as follows:

441A.350 The ~~{Health-Division}~~ *health authority* may establish such clinics as it believes are necessary for the prevention and control of, and for the treatment and cure of, persons who have tuberculosis and provide those clinics with financial or other assistance within the limits of the available appropriations and any other resources.

Sec. 10. NRS 441A.360 is hereby amended to read as follows:

441A.360 If a person in this state who has tuberculosis is, in the discretion of the ~~{Health-Division,}~~ *health authority*, unable to afford approved treatment for the disease, the ~~{Health-Division}~~ *health authority* may provide medical supplies or direct financial aid, within the limits of the available appropriations ~~{}~~ *and any other resources*, to be used in the person's treatment, to any physician, clinic, dispensary or medical facility. A physician, clinic, dispensary or medical facility that accepts supplies or aid pursuant to this section shall comply with all conditions prescribed by the board relating to the use of the supplies or aid.

Sec. 11. NRS 441A.370 is hereby amended to read as follows:

441A.370 1. The ~~{Health-Division}~~ *health authority* shall, by contract with hospitals, clinics or other institutions in the State, provide for ~~{the}~~ :

(a) *The diagnostic examination, including, without limitation, laboratory testing of ~~{, and inpatient}~~ persons who have tuberculosis;* and

(b) *Inpatient and* outpatient care for ~~{}~~ persons who have tuberculosis.

2. If adequate facilities for examination and care are not available in the State, the ~~{Health-Division}~~ *health authority* may contract with hospitals, clinics or other institutions in other states which do have adequate facilities.

Sec. 12. NRS 441A.380 is hereby amended to read as follows:

441A.380 Except as otherwise provided in NRS 441A.210, a person who has tuberculosis and is confined to a hospital or other institution pursuant to the provisions of this chapter must be treated for tuberculosis and any related condition, and may be treated for any other condition which the ~~{Health-Division}~~ *health authority* determines is detrimental to his or her health and the treatment of which is necessary for the effective control of tuberculosis.

Sec. 13. NRS 441A.390 is hereby amended to read as follows:

441A.390 The ~~{Health-Division}~~ *health authority* may contract with any private physician to provide outpatient care in those rural



areas of the State where, in its determination, patients can best be treated in that manner.

Sec. 14. NRS 441A.400 is hereby amended to read as follows:

441A.400 The ~~[Health Division]~~ *health authority* may inspect and must be given access to all records of every institution and clinic, both public and private, where patients who have tuberculosis are treated at public expense.

Sec. 15. NRS 441A.510 is hereby amended to read as follows:

441A.510 1. If a health authority isolates, quarantines or treats a person or group of persons infected with, exposed to, or reasonably believed by a health authority to have been infected with or exposed to a communicable disease, the authority must isolate, quarantine or treat the person or group of persons in the manner set forth in NRS ~~[441A.500]~~ *441A.510* to 441A.720, inclusive.

2. A health authority shall provide each person whom it isolates or quarantines pursuant to NRS ~~[441A.500]~~ *441A.510* to 441A.720, inclusive, with a document informing the person of his or her rights. The Board shall adopt regulations:

(a) Setting forth the rights of a person who is isolated or quarantined that must be included in the document provided pursuant to this subsection; and

(b) Specifying the time and manner in which the document must be provided pursuant to this subsection.

Sec. 16. NRS 441A.520 is hereby amended to read as follows:

441A.520 1. A person who is isolated or quarantined pursuant to NRS ~~[441A.500]~~ *441A.510* to 441A.720, inclusive, has the right:

(a) To make a reasonable number of completed telephone calls from the place where the person is isolated or quarantined as soon as reasonably possible after his or her isolation or quarantine; and

(b) To possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where the person is isolated or quarantined.

2. If a person who is isolated or quarantined pursuant to NRS ~~[441A.500]~~ *441A.510* to 441A.720, inclusive, is unconscious or otherwise unable to communicate because of mental or physical incapacity, the health authority that isolated or quarantined the person must notify the spouse or legal guardian of the person by telephone and certified mail. If a person described in this subsection is isolated or quarantined in a medical facility and the health authority did not provide the notice required by this subsection, the medical facility must provide the notice. If the case of a person described in this subsection is before a court and the health



authority, and medical facility, if any, did not provide the notice required by this subsection, the court must provide the notice.

Sec. 17. NRS 441A.530 is hereby amended to read as follows:

441A.530 A person who is isolated or quarantined pursuant to NRS ~~[441A.500]~~ **441A.510** to 441A.720, inclusive, has the right to refuse treatment and may not be required to submit to involuntary treatment unless a court issues an order requiring the person to submit to treatment.

Sec. 18. NRS 441A.550 is hereby amended to read as follows:

441A.550 1. Any person or group of persons alleged to have been infected with or exposed to a communicable disease may be detained in a public or private medical facility, a residence or other safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment in the manner set forth in NRS ~~[441A.500]~~ **441A.510** to 441A.720, inclusive, and subject to the provisions of subsection 2:

(a) Upon application to a health authority pursuant to NRS 441A.560;

(b) Upon order of a health authority; or

(c) Upon voluntary consent of the person, parent of a minor person or legal guardian of the person.

2. Except as otherwise provided in subsection 3, 4 or 5, a person voluntarily or involuntarily isolated or quarantined under subsection 1 must be released within 72 hours, including weekends and holidays, from the time of the admission of the person to a medical facility or isolation or quarantine in a residence or other safe location, unless within that period:

(a) The additional voluntary consent of the person, the parent of a minor person or a legal guardian of the person is obtained;

(b) A written petition for an involuntary court-ordered isolation or quarantine is filed with the clerk of the district court pursuant to NRS 441A.600, including, without limitation, the documents required pursuant to NRS 441A.610; or

(c) The status of the person is changed to a voluntary isolation or quarantine.

3. A person who is involuntarily isolated or quarantined under subsection 1 may, immediately after the person is isolated or quarantined, seek an injunction or other appropriate process in district court challenging his or her detention.

4. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the



written petition must be filed on or before the close of the business day next following the expiration of that period.

5. During a state of emergency or declaration of disaster regarding public health proclaimed by the Governor or the Legislature pursuant to NRS 414.070, a health authority may, before the expiration of the period of 72 hours set forth in subsection 2, petition, with affidavits supporting its request, a district court for an order finding that a reasonably foreseeable immediate threat to the health of the public requires the 72-hour period of time to be extended for no longer than the court deems necessary for available governmental resources to investigate, file and prosecute the relevant written petitions for involuntary court-ordered isolation or quarantine pursuant to NRS ~~441A.500~~ 441A.510 to 441A.720, inclusive.

Sec. 19. NRS 441A.560 is hereby amended to read as follows:

441A.560 1. An application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected with or exposed to a communicable disease may only be made by another health authority, a physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a registered nurse or a medical facility by submitting the certificate required by NRS 441A.570. Within its jurisdiction, upon application or on its own, subject to the provisions of NRS ~~441A.500~~ 441A.510 to 441A.720, inclusive, a health authority may:

(a) Pursuant to its own order and without a warrant:

(1) Take a person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease into custody in any safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment; and

(2) Transport the person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose, or arrange for the person or group of persons to be transported for that purpose by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or



(III) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

↳ only if the health authority acting in good faith has, based upon personal observation, its own epidemiological investigation or an epidemiological investigation by another health authority, a physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse as stated in a certificate submitted pursuant to NRS 441A.570, if such a certificate was submitted, of the person or group of persons alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of members of the public who have not been infected with or exposed to the communicable disease.

(b) Petition a district court for an emergency order requiring:

(1) Any health authority or peace officer to take a person or group of persons alleged to have been infected with or exposed to a communicable disease into custody to allow the health authority to investigate, file and prosecute a petition for the involuntary court-ordered isolation or quarantine of the person or group of persons alleged to have been infected with or exposed to a communicable disease in the manner set forth in NRS ~~441A.500~~ **441A.510** to 441A.720, inclusive; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport, in accordance with such court order, the person or group of persons alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose.

2. The district court may issue an emergency order for isolation or quarantine pursuant to paragraph (b) of subsection 1:

(a) Only for the time deemed necessary by the court to allow a health authority to investigate, file and prosecute each petition for involuntary court-ordered isolation or quarantine pursuant to NRS ~~441A.500~~ **441A.510** to 441A.720, inclusive; and

(b) Only if it is satisfied that there is probable cause to believe that the person or group of persons alleged to have been infected with or exposed to a communicable disease has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of the public.



Sec. 20. NRS 441A.640 is hereby amended to read as follows:
441A.640 1. The ~~Health Division~~ *health authority* shall establish such evaluation teams as are necessary to aid the courts under NRS 441A.630 and 441A.700.

2. Each team must be composed of at least two physicians, or at least one physician and one physician assistant licensed pursuant to chapter 630 or 633 of NRS.

3. Fees for the evaluations must be established and collected as set forth in NRS 441A.650.

Sec. 21. NRS 441A.690 is hereby amended to read as follows:
441A.690 Witnesses subpoenaed under the provisions of NRS ~~441A.500~~ *441A.510* to 441A.720, inclusive, shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.

Sec. 22. NRS 441A.720 is hereby amended to read as follows:
441A.720 When any involuntary court isolation or quarantine is ordered under the provisions of NRS ~~441A.500~~ *441A.510* to 441A.720, inclusive, the involuntarily isolated or quarantined person, together with the court orders, any certificates of the health authorities, physicians, physician assistants licensed pursuant to chapter 630 or 633 of NRS or registered nurses, the written summary of the evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the appropriate county who must be ordered to:

1. Transport the person; or
2. Arrange for the person to be transported by:

(a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or

(b) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS, to the appropriate public or private medical facility, residence or other safe location.

Sec. 23. Chapter 450B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Any money the Health Division receives from a fee set by the State Board of Health pursuant to NRS 439.150 for the issuance or renewal of a license pursuant to NRS 450B.160, an administrative penalty imposed pursuant to NRS 450B.900 or an appropriation made by the Legislature for the purposes of training related to emergency medical services:



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

(b) May be used only to carry out a training program for emergency medical services personnel who work for a volunteer ambulance service or firefighting agency, including, without limitation, equipment for use in the training; and

(c) Does not revert to the State General Fund at the end of any fiscal year.

2. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid in the manner that other claims against the State are paid.

3. The Administrator of the Health Division shall administer the account.

Sec. 24. NRS 450B.900 is hereby amended to read as follows:

450B.900 *1.* Any person who violates any of the provisions of this chapter is guilty of a misdemeanor.

2. In addition to any criminal penalty imposed, the Health Division may impose against any person who violates any of the provisions of this chapter, an administrative penalty in an amount established by the State Board of Health by regulation.

Sec. 25. NRS 3.223 is hereby amended to read as follows:

3.223 *1.* Except if the child involved is subject to the jurisdiction of an Indian tribe pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901 et seq., in each judicial district in which it is established, the family court has original, exclusive jurisdiction in any proceeding:

(a) Brought pursuant to title 5 of NRS or chapter 31A, 123, 125, 125A, 125B, 125C, 126, 127, 128, 129, 130, 159, 425 or 432B of NRS, except to the extent that a specific statute authorizes the use of any other judicial or administrative procedure to facilitate the collection of an obligation for support.

(b) Brought pursuant to NRS 442.255 and 442.2555 to request the court to issue an order authorizing an abortion.

(c) For judicial approval of the marriage of a minor.

(d) Otherwise within the jurisdiction of the juvenile court.

(e) To establish the date of birth, place of birth or parentage of a minor.

(f) To change the name of a minor.

(g) For a judicial declaration of the sanity of a minor.

(h) To approve the withholding or withdrawal of life-sustaining procedures from a person as authorized by law.



(i) Brought pursuant to NRS 433A.200 to 433A.330, inclusive, for an involuntary court-ordered admission to a mental health facility.

(j) Brought pursuant to NRS ~~441A.500~~ **441A.510** to 441A.720, inclusive, for an involuntary court-ordered isolation or quarantine.

2. The family court, where established and, except as otherwise provided in paragraph (m) of subsection 1 of NRS 4.370, the justice court have concurrent jurisdiction over actions for the issuance of a temporary or extended order for protection against domestic violence.

3. The family court, where established, and the district court have concurrent jurisdiction over any action for damages brought pursuant to NRS 41.134 by a person who suffered injury as the proximate result of an act that constitutes domestic violence.

Sec. 25.5. NRS 218E.405 is hereby amended to read as follows:

218E.405 1. Except as otherwise provided in subsection 2, the Interim Finance Committee may exercise the powers conferred upon it by law only when the Legislature is not in regular or special session.

2. During a regular or special session, the Interim Finance Committee may also perform the duties imposed on it by subsection 5 of NRS 284.115, NRS 284.1729, subsection 2 of NRS 321.335, NRS 322.007, subsection 2 of NRS 323.020, NRS 323.050, subsection 1 of NRS 323.100, subsection 3 of NRS 341.090, NRS 341.142, subsection 6 of NRS 341.145, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, 353.288, 353.335, 353C.226, paragraph (b) of subsection 4 of NRS 407.0762, NRS 428.375, 439.620, 439.630, 445B.830 and 538.650 ~~§~~ **and section 1 of this act.** In performing those duties, the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means may meet separately and transmit the results of their respective votes to the Chair of the Interim Finance Committee to determine the action of the Interim Finance Committee as a whole.

3. The Chair of the Interim Finance Committee may appoint a subcommittee consisting of six members of the Committee to review and make recommendations to the Committee on matters of the State Public Works Board that require prior approval of the Interim Finance Committee pursuant to subsection 3 of NRS 341.090, NRS 341.142 and subsection 6 of NRS 341.145. If the Chair appoints such a subcommittee:

(a) The Chair shall designate one of the members of the subcommittee to serve as the chair of the subcommittee;



(b) The subcommittee shall meet throughout the year at the times and places specified by the call of the chair of the subcommittee; and

(c) The Director of the Legislative Counsel Bureau or the Director's designee shall act as the nonvoting recording secretary of the subcommittee.

Sec. 26. NRS 441A.500 is hereby repealed.

Sec. 27. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 28. 1. Any contract or other agreement entered into by the Health Division of the Department of Health and Human Services is binding upon the State Health Officer if the responsibility for administration of the contract or other agreement is transferred. Any such contract or other agreement may be enforced by the State Health Officer if the responsibility for administration of the contract or other agreement is transferred.

2. Any contract or other agreement entered into by the Health Division of the Department of Health and Human Services is binding upon the district health officer in a district or the district health officer's designee if the responsibility for administration of the contract or other agreement is transferred. Any such contract or other agreement may be enforced by the district health officer in a district or the district health officer's designee if the responsibility for administration of the contract or other agreement is transferred.

Sec. 29. Any action taken by an officer or agency whose name has been changed or whose responsibilities have been transferred pursuant to the provisions of this act to another officer or agency remains in effect as if taken by the officer or agency to which the responsibility for the enforcement of such actions has been transferred.

Sec. 30. The Health Division of the Department of Health and Human Services shall cooperate with the State Health Officer and the district health officer in a district or the district health officer's designee to ensure that the provisions of this act are carried out in an orderly manner.

Sec. 31. The Legislative Counsel shall, in preparing:

1. The reprint and supplement to the Nevada Revised Statutes with respect to any section which is not amended by this act or adopted or amended by another act, appropriately change any references to an officer, agency or other entity whose name is changed or whose duties are transferred pursuant to the provisions of this act to refer to the appropriate officer, agency or other entity.



If any internal reference is made to a section repealed by this act, the Legislative Counsel shall delete the reference and replace it by reference to the superseding section, if any.

2. Supplements to the Nevada Administrative Code, appropriately change any references to an officer, agency or other entity whose name is changed or whose duties are transferred pursuant to the provisions of this act to refer to the appropriate officer, agency or other entity.

Sec. 32. This act becomes effective on July 1, 2011.

