

Assembly Bill No. 380—Assemblymen Parks
and Giunchigliani

CHAPTER.....

AN ACT relating to district boards of health; revising the composition and duties of district boards of health in larger counties; requiring the board of county commissioners of larger counties to allocate funding for the support of the health district; and providing other matters properly relating thereto.

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 the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 2. *The provisions of NRS 439.370 to 439.410, inclusive, apply to a county whose population is less than 400,000.*

Sec. 3. *The provisions of sections 4 to 10, inclusive, of this act apply to a county whose population is 400,000 or more.*

Sec. 4. *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 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 business or from an industry that is subject to regulation by the health district.

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 chairman 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 section 6 of this act.

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. 5. 1. The district board of health may meet at such times and in such locations as the board determines by resolution.

2. Special meetings may be held upon notice to each member of the district board of health as often as and in such places within the county as the needs of the board require.

3. A majority of the members of the district board of health constitutes a quorum.

4. The district board of health shall adopt written policies and procedures for administering the board and maintaining its programs, projects and activities.

Sec. 6. 1. The board of county commissioners shall create a health district fund in the county treasury.

2. The money in the fund may only be used to provide funding for the health district.

Sec. 7. 1. The district board of health shall prepare an annual operating budget for the health district. The district board of health shall submit the budget to the board of county commissioners before April 1 for funding for the following fiscal year. The budget must be adopted by the board of county commissioners as part of the annual county budget.

2. The board of county commissioners shall annually allocate for the support of the health district an amount that does not

exceed an amount calculated by multiplying the assessed valuation of all taxable property in the county by the rate of 3.5 cents on each \$100 of assessed valuation. The amount allocated pursuant to this subsection must be transferred from the county general fund to the health district fund created by the board of county commissioners pursuant to section 6 of this act.

Sec. 8. *1. The district board of health shall appoint a district health officer for the health district who shall have full authority as a county health officer in the health district.*

2. The district health officer must:

(a) Be licensed to practice medicine or osteopathic medicine in this State; and

(b) Have at least the following additional education and experience:

(1) A master's degree in public health, health care administration, public administration, business administration or a related field; and

(2) Ten years of management experience in an administrative position in a local, state or national public health department, program, organization or agency.

3. The district health officer is entitled to receive a salary fixed by the district board of health and serves at the pleasure of the board.

4. Any clinical program of a district board of health which requires medical assessment must be carried out under the direction of a physician.

Sec. 9. *1. The district board of health has the powers, duties and authority of a county board of health in the health district.*

2. The district health department has jurisdiction over all public health matters in the health district.

3. In addition to any other powers, duties and authority conferred on a district board of health by this section, the district board of health may by affirmative vote of a majority of all the members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:

(a) Prevent and control nuisances;

(b) Regulate sanitation and sanitary practices in the interests of the public health;

(c) Provide for the sanitary protection of water and food supplies;

(d) Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district; and

(e) Improve the quality of health care services for members of minority groups and medically underserved populations.

4. Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days' notice of its intended action. The notice must:

(a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved, and of the time when, the place where, and the manner in which interested persons may present their views thereon;

(b) State each address at which the text of the proposal may be inspected and copied; and

(c) Be mailed to all persons who have requested in writing that they be placed on a mailing list, which must be kept by the board for such purpose.

5. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board of health shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board of health may proceed immediately to act upon any written submissions. The district board of health shall consider fully all written and oral submissions respecting the proposal.

6. The district board of health shall file a copy of all of its adopted regulations with the county clerk.

Sec. 10. *1. The district board of health may:*

(a) Receive and disburse federal money;

(b) Submit project applications and programs of projects to federal agencies; and

(c) Enter into formal agreements with federal agencies concerning projects and programs.

2. The district board of health may accept and disburse contributions from private sources, the State, the county, and the cities and towns within the jurisdiction of the board to match federal money for any project or program. All such contributions must be deposited with the county treasurer to the credit of the health district fund created by the board of county commissioners pursuant to section 6 of this act.

Sec. 11. NRS 439.410 is hereby amended to read as follows:

439.410 1. The district board of health has the powers, duties and authority of a county board of health in the health district.

2. The district health department has jurisdiction over all public health matters in the health district, except in matters concerning emergency medical services pursuant to the provisions of chapter 450B of NRS . ~~[in a county whose population is less than 400,000.]~~

3. In addition to any other powers, duties and authority conferred on a district board of health by this section, the district board of health may by affirmative vote of a majority of all the members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:

- (a) Prevent and control nuisances;
- (b) Regulate sanitation and sanitary practices in the interests of the public health;
- (c) Provide for the sanitary protection of water and food supplies; and
- (d) Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district.

4. Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days' notice of its intended action. The notice must:

(a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved, and of the time when, the place where, and the manner in which ~~the~~ interested persons may present their views thereon.

(b) State each address at which the text of the proposal may be inspected and copied.

(c) Be mailed to all persons who have requested in writing that they be placed ~~upon~~ *on* a mailing list, which must be kept by the district board for such purpose.

5. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board may proceed immediately to act upon any written submissions. The district board shall consider fully all written and oral submissions respecting the proposal.

6. Each district board of health shall file a copy of all of its adopted regulations with the county clerk of each county in which it has jurisdiction.

Sec. 12. NRS 439.580 is hereby amended to read as follows:

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

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

regulation of the State Board of Health or violates any rule or regulation approved by the State Board of Health pursuant to NRS 439.350, 439.410 and 439.460 *or section 9 of this act* is guilty of a misdemeanor.

Sec. 13. NRS 444.495 is hereby amended to read as follows:

444.495 “Solid waste management authority” means:

1. The district board of health in any area in which a health district has been created pursuant to NRS 439.370 *or section 4 of this act* and in any area over which the board has authority pursuant to an interlocal agreement, if the board has adopted all regulations that are necessary to carry out the provisions of NRS 444.440 to 444.620, inclusive.

2. In all other areas of the State, the Division of Environmental Protection of the State Department of Conservation and Natural Resources.

Sec. 14. NRS 444.510 is hereby amended to read as follows:

444.510 1. The governing body of every municipality or district board of health created pursuant to NRS 439.370 *or section 4 of this act* shall develop a plan to provide for a solid waste management system which adequately provides for the management and disposal of solid waste within the boundaries of the municipality or within the area to be served by the system, whether generated within or outside of the boundaries of the area.

2. The plan may include ordinances adopted pursuant to NRS 444.520 and 444.530.

3. Such a governing body may enter into agreements with governing bodies of other municipalities, or with any person, or with a combination thereof, to carry out or develop portions of the plan provided for in subsection 1, or both, and to provide a solid waste management system, or any part thereof.

4. Any plan developed by the governing body of a municipality or district board of health created pursuant to NRS 439.370 *or section 4 of this act* must be submitted to the State Department of Conservation and Natural Resources for approval according to a schedule established by the State Environmental Commission. No action may be taken by that governing body or district board of health until the plan has been approved. The Department shall determine the adequacy of the plan within 90 days after receiving the plan. If the Department does not respond to the plan within 90 days, the plan shall be deemed approved and becomes effective immediately.

5. An approved plan remains in effect until the plan is revised and the revised plan is approved. A plan must not conflict with the statewide plan adopted by the State Environmental Commission pursuant to NRS 444.570. Plans must be revised to reflect proposed

changes in the solid waste management system, and changes in applicable regulations.

Sec. 15. NRS 444.558 is hereby amended to read as follows:

444.558 1. The State Environmental Commission and the district board of health of a health district created pursuant to NRS 439.370 *or section 4 of this act* shall, in a timely manner, adopt all regulations that are necessary to establish and carry out a program of issuing permits for municipal solid waste landfills. The program must ensure compliance with the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto, and carry out the purpose and intent of this section.

2. The regulations adopted by a district board of health pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.

Sec. 16. NRS 444.580 is hereby amended to read as follows:

444.580 1. Any district board of health created pursuant to NRS 439.370 *or section 4 of this act* and any governing body of a municipality may adopt standards and regulations for the location, design, construction, operation and maintenance of solid waste disposal sites and solid waste management systems or any part thereof more restrictive than those adopted by the State Environmental Commission , and any district board of health may issue permits thereunder.

2. Any district board of health created pursuant to NRS 439.370 *or section 4 of this act* may adopt such other regulations as are necessary to carry out the provisions of NRS 444.440 to 444.620, inclusive. Such regulations must not conflict with regulations adopted by the State Environmental Commission.

Sec. 17. NRS 444.590 is hereby amended to read as follows:

444.590 1. The State Department of Conservation and Natural Resources is hereby designated the state agency for such purposes as are required by the Resource Conservation and Recovery Act of 1976, 42 U.S.C. §§ 6941 et seq., except that:

(a) The State Environmental Commission has the exclusive authority to adopt regulations pursuant to NRS 444.440 to 444.620, inclusive; and

(b) The district boards of health of health districts created pursuant to NRS 439.370 *or section 4 of this act* retain the authority to issue permits and adopt regulations pursuant to NRS 444.580.

2. The State Department of Conservation and Natural Resources may take any action necessary and appropriate to secure the benefits of any federal law relating to solid waste.

Sec. 18. NRS 444.605 is hereby amended to read as follows:

444.605 1. In carrying out the provisions of NRS 444.440 to 444.620, inclusive, the State Environmental Commission, a district

board of health of a health district created pursuant to NRS 439.370 ~~[]~~ *or section 4 of this act*, and a solid waste management authority may by subpoena require the attendance and testimony of witnesses and the production of reports, papers, documents and other evidence which they deem necessary.

2. If any person to whom a subpoena has been directed pursuant to subsection 1 refuses to attend, testify or produce any evidence specified in the subpoena, the person who issued the subpoena may present a petition, to a court of competent jurisdiction where the person to whom the subpoena was directed is subject to service of process, setting forth that:

(a) Notice has been given of the time and place at which the person was required to attend, testify or produce evidence;

(b) A subpoena has been mailed to or personally served on the witness or custodian of the evidence in sufficient time to enable him to comply with its provisions; and

(c) The person has failed or refused to attend, answer questions or produce evidence specified in the subpoena,

➔ and asking that the court issue an order compelling the person to attend and to testify or produce the evidence specified in the subpoena.

3. When a court receives a petition pursuant to subsection 2, it shall order the person to whom the subpoena was directed to appear at a time and place fixed by the court in its order, which must be not more than 10 days after the date of the order, and show cause why he should not be held in contempt. A certified copy of the order must be mailed to or personally served on the person to whom the subpoena was directed.

4. If it appears to the court that the subpoena was properly issued and that the person's failure or refusal to appear, answer questions or produce evidence was without sufficient reason, the court shall order the person to appear at a time and place fixed by the court and to testify or produce the specified evidence. If the person fails to comply with the order of the court, he may be punished as for a contempt of court.

Sec. 19. NRS 444A.012 is hereby amended to read as follows:

444A.012 "Municipality" means a county, city, town, general improvement district or health district created pursuant to NRS 439.370 *or section 4 of this act* or other political subdivision of this State which has jurisdiction over the management of solid waste.

Sec. 20. NRS 445B.508 is hereby amended to read as follows:

445B.508 1. In a county whose population is 400,000 or more, a district board of health ~~[county board of health]~~ or board of county commissioners may, as a part of its program for the control of air pollution established pursuant to NRS 445B.500, require each person or entity that is proposing to locate a new source of air

pollution within its jurisdiction or to modify an existing source of air pollution within its jurisdiction in such a way as to increase emissions of air pollutants, to reduce or mitigate any increase in emissions in accordance with regulations adopted by such board.

2. If a district board of health ~~[, county board of health]~~ or board of county commissioners imposes the requirement described in subsection 1, its program established pursuant to NRS 445B.500 must:

(a) Provide a method for determining credits which results in credits that are quantifiable, surplus and legally enforceable;

(b) Set forth the manner in which credits will be banked and traded, and the manner in which such transactions will be tracked and accounted for by the board; and

(c) By not later than January 1, 2002, prohibit any person or entity from purchasing or selling credits of one type of pollutant if such credits will be used subsequently to produce a different type of pollutant.

3. If a county operates a program for the control of air pollution that allows a person operating or responsible for the existence of a source to earn credits for maintaining or reducing the level of air contaminant emitted from the source, the program:

(a) Must allow the person to earn credits for reducing the level of air contaminant emitted from that source through the use of solar energy; and

(b) Must not allow the person to earn credits for reducing the level of air contaminant emitted from that source if such a reduction is required as a component of a penalty imposed against the person.

4. A credit earned pursuant to this section does not constitute an interest in property.

5. As used in this section:

(a) "Credit" means an administratively created asset that may:

(1) Entitle a person operating or responsible for the existence of a source to allow the source to emit a certain level of air contaminant above a baseline that is determined by the board;

(2) Be used to comply with the requirements of a permit; and

(3) Be traded or sold to another person.

(b) "Surplus" means that a credit is not earned by compliance with a requirement of the state implementation plan adopted by this State pursuant to 42 U.S.C. § 7410 or any other federal, state or local law, ordinance or regulation.

Sec. 21. NRS 450B.060 is hereby amended to read as follows:
450B.060 "Board" means:

1. In a county whose population is less than 400,000, the State Board of Health.

2. In a county whose population is 400,000 or more, the ~~[county or]~~ district board of health.

Sec. 22. NRS 450B.077 is hereby amended to read as follows:
450B.077 "Health authority" means:

1. In a county whose population is less than 400,000, the Health Division.

2. In a county whose population is 400,000 or more, the ~~county or~~ district board of health.

Sec. 23. NRS 450B.082 is hereby amended to read as follows:
450B.082 "Health officer" means:

1. In a county whose population is less than 400,000, the State Health Officer.

2. In a county whose population is 400,000 or more, the ~~county or~~ district health officer.

Sec. 24. NRS 450B.180 is hereby amended to read as follows:

450B.180 1. Any person desiring certification as an emergency medical technician must apply to the health authority using forms prescribed by the health authority.

2. The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, and shall issue a certificate as an emergency medical technician to each qualified applicant.

3. A certificate as an emergency medical technician is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate complies with the provisions of this chapter and meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

(a) An overview of acts of terrorism and weapons of mass destruction;

(b) Personal protective equipment required for acts of terrorism;

(c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(e) An overview of the information available on, and the use of, the Health Alert Network.

➤ The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

4. The health authority may suspend or revoke the certificate of an emergency medical technician if it finds that the holder of the certificate no longer meets the prescribed qualifications. Unless the certificate is suspended by the district court pursuant to NRS 425.540, the holder of the certificate may appeal the suspension or revocation of his certificate pursuant to regulations adopted by the board.

5. The board shall determine the procedures and techniques which may be performed by an emergency medical technician.

6. A certificate issued pursuant to this section is valid throughout the State, whether issued by the Health Division or a ~~county or~~ district board of health.

7. The Health Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Health Division or a ~~county or~~ district board of health.

8. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

9. As used in this section:

(a) "Act of terrorism" has the meaning ascribed to it in NRS 202.4415.

(b) "Biological agent" has the meaning ascribed to it in NRS 202.442.

(c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.

(d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

(e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

Sec. 25. NRS 450B.180 is hereby amended to read as follows:

450B.180 1. Any person desiring certification as an emergency medical technician must apply to the health authority using forms prescribed by the health authority.

2. The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, and shall issue a certificate as an emergency medical technician to each qualified applicant.

3. A certificate as an emergency medical technician is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course

must provide at least 4 hours of instruction that includes instruction in the following subjects:

(a) An overview of acts of terrorism and weapons of mass destruction;

(b) Personal protective equipment required for acts of terrorism;

(c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(e) An overview of the information available on, and the use of, the Health Alert Network.

➔ The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

4. The health authority may suspend or revoke the certificate of an emergency medical technician if it finds that the holder of the certificate no longer meets the prescribed qualifications. The holder of the certificate may appeal the suspension or revocation of his certificate pursuant to regulations adopted by the board.

5. The board shall determine the procedures and techniques which may be performed by an emergency medical technician.

6. A certificate issued pursuant to this section is valid throughout the State, whether issued by the Health Division or a ~~county or~~ district board of health.

7. The Health Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Health Division or a ~~county or~~ district board of health.

8. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

9. As used in this section:

(a) "Act of terrorism" has the meaning ascribed to it in NRS 202.4415.

(b) "Biological agent" has the meaning ascribed to it in NRS 202.442.

(c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.

(d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

(e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

Sec. 26. NRS 450B.1985 is hereby amended to read as follows:

450B.1985 1. Except as otherwise provided in subsection 2, no permit may be issued pursuant to this chapter authorizing a fire-

fighting agency to provide intermediate or advanced medical care to sick or injured persons while transporting those persons to a medical facility.

2. Except as otherwise provided in subsection 9 of NRS 450B.200, the ~~county or~~ district board of health in a county whose population is 400,000 or more may issue a permit pursuant to NRS 450B.200 or 450B.210 authorizing a fire-fighting agency to provide intermediate or advanced medical care to sick or injured persons at the scene of an emergency and while transporting those persons to a medical facility.

Sec. 27. NRS 450B.200 is hereby amended to read as follows:

450B.200 1. The health authority may issue a permit for the operation of an ambulance, an air ambulance or a vehicle of a fire-fighting agency at the scene of an emergency.

2. Each permit must be evidenced by a card issued to the holder of the permit.

3. No permit may be issued unless the applicant is qualified pursuant to the regulations of the board.

4. An application for a permit must be made upon forms prescribed by the board and in accordance with procedures established by the board, and must contain the following:

(a) The name and address of the owner of the ambulance or air ambulance or of the fire-fighting agency;

(b) The name under which the applicant is doing business or proposes to do business, if applicable;

(c) A description of each ambulance, air ambulance or vehicle of a fire-fighting agency, including the make, year of manufacture and chassis number, and the color scheme, insignie, name, monogram or other distinguishing characteristics to be used to designate the applicant's ambulance, air ambulance or vehicle;

(d) The location and description of the places from which the ambulance, air ambulance or fire-fighting agency intends to operate; and

(e) Such other information as the board deems reasonable and necessary to a fair determination of compliance with the provisions of this chapter.

5. The board shall establish a reasonable fee for annual permits.

6. All permits expire on July 1 following the date of issue, and are renewable annually thereafter upon payment of the fee required by subsection 5 at least 30 days before the expiration date.

7. The health authority shall:

(a) Revoke, suspend or refuse to renew any permit issued pursuant to this section for violation of any provision of this chapter or of any regulation adopted by the board; or

(b) Bring an action in any court for violation of this chapter or the regulations adopted pursuant to this chapter,
➡ only after the holder of a permit is afforded an opportunity for a public hearing pursuant to regulations adopted by the board.

8. The health authority may suspend a permit if the holder is using an ambulance, air ambulance or vehicle of a fire-fighting agency which does not meet the minimum requirements for equipment as established by the board pursuant to this chapter.

9. The issuance of a permit pursuant to this section or NRS 450B.210 does not authorize any person or governmental entity to provide those services or to operate any ambulance, air ambulance or vehicle of a fire-fighting agency not in conformity with any ordinance or regulation enacted by any county, municipality or special purpose district.

10. A permit issued pursuant to this section is valid throughout the State, whether issued by the Health Division or a ~~county or~~ district board of health. An ambulance, air ambulance or vehicle of a fire-fighting agency which has received a permit from the ~~county or~~ district board of health in a county whose population is 400,000 or more is not required to obtain a permit from the Health Division, even if the ambulance, air ambulance or vehicle of a fire-fighting agency has routine operations outside the county.

11. The Health Division shall maintain a central registry of all permits issued pursuant to this section, whether issued by the Health Division or a ~~county or~~ district board of health.

12. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

Sec. 28. NRS 450B.210 is hereby amended to read as follows:

450B.210 1. The board may issue provisional permits limited as to time, place and purpose, based on the need therefor. No provisional permit may be issued for a period of longer than 6 months. The board may establish a reasonable fee for such provisional permits.

2. Unless otherwise limited in the permit, a provisional permit issued pursuant to this section is valid for providing emergency services throughout the State, whether issued by the Health Division or a ~~county or~~ district board of health.

Sec. 29. NRS 450B.490 is hereby amended to read as follows:

450B.490 1. The board shall adopt regulations to carry out the provisions of NRS 450B.400 to 450B.590, inclusive. The regulations must establish:

(a) A do-not-resuscitate protocol; and
(b) The procedure to apply for a do-not-resuscitate identification.

2. The board may establish a fee for:

(a) A do-not-resuscitate identification to be collected by the health authority. The fee may not exceed the actual cost to the health authority of:

(1) Manufacturing or obtaining the identification from a manufacturer, including the cost of shipping and handling; and

(2) Engraving the identification.

(b) The issuance of a bracelet or medallion which indicates that a do-not-resuscitate identification has been issued to a qualified patient.

3. In the case of a ~~county or~~ district board of health, such regulations take effect immediately upon approval by the State Board of Health.

Sec. 30. NRS 453.375 is hereby amended to read as follows:

453.375 A controlled substance may be possessed and administered by the following persons:

1. A practitioner.

2. A registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a physician, physician assistant, dentist, podiatric physician or advanced practitioner of nursing, or pursuant to a chart order, for administration to a patient at another location.

3. An advanced emergency medical technician:

(a) As authorized by regulation of:

(1) The State Board of Health in a county whose population is less than 100,000; or

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

(b) 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 439.370 *or section 4 of this act* in any county.

4. A respiratory therapist, at the direction of a physician or physician assistant.

5. A medical student, student in training to become a physician assistant or student nurse in the course of his studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician or physician assistant and:

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

(b) Under the supervision of a physician, physician assistant or a registered nurse if the student is authorized by the college or school to administer the substance outside the presence of a physician, physician assistant or nurse.

↪ A medical student or student nurse may administer a controlled substance in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.

7. Any person designated by the head of a correctional institution.

8. A veterinary technician at the direction of his supervising veterinarian.

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

10. In accordance with applicable regulations of the State Board of Pharmacy, an animal control officer, a wildlife biologist or an employee designated by a federal, state or local governmental agency whose duties include the control of domestic, wild and predatory animals.

11. A person who is enrolled in a training program to become an advanced emergency medical technician, respiratory therapist or veterinary technician if the person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, to an advanced emergency medical technician, respiratory therapist or veterinary technician who may possess and administer the controlled substance, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

Sec. 31. NRS 454.213 is hereby amended to read as follows:

454.213 A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

1. A practitioner.

2. A physician assistant at the direction of his supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant, dentist, podiatric physician or advanced practitioner of nursing, or pursuant to a chart order, for administration to a patient at another location.

4. In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

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

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

5. An intermediate emergency medical technician or an advanced emergency medical technician, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(a) The State Board of Health in a county whose population is less than 100,000;

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

(c) A district board of health created pursuant to NRS 439.370 *or section 4 of this act* in any county.

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

7. A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

8. A medical student or student nurse in the course of his studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician and:

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

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

➡ 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 circumstances are such that the registered nurse would be authorized to administer it personally.

9. Any person designated by the head of a correctional institution.

10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

11. A nuclear medicine technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

12. A radiologic technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

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

14. A physical therapist, but only if the drug or medicine is a topical drug which is:

(a) Used for cooling and stretching external tissue during therapeutic treatments; and

(b) Prescribed by a licensed physician for:

(1) Iontophoresis; or

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

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

16. A veterinary technician at the direction of his supervising veterinarian.

17. In accordance with applicable regulations of the Board, a registered pharmacist who:

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

(b) Is authorized to administer immunizations pursuant to written protocols from a physician; and

(c) Administers immunizations in compliance with the "Standards of Immunization Practices" recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices.

18. A person who is enrolled in a training program to become a physician assistant, dental hygienist, intermediate emergency medical technician, advanced emergency medical technician, respiratory therapist, dialysis technician, nuclear medicine technologist, radiologic technologist, physical therapist or veterinary technician if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant, dental hygienist, intermediate emergency medical technician, advanced emergency medical technician, respiratory therapist, dialysis technician, nuclear medicine technologist, radiologic technologist, physical therapist or veterinary technician who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

Sec. 32. NRS 332.015 is hereby amended to read as follows:

332.015 For the purpose of this chapter, unless the context otherwise requires, "local government" means:

1. Every political subdivision or other entity which has the right to levy or receive money from ad valorem taxes or other taxes or from any mandatory assessments, including counties, cities, towns, school districts and other districts organized pursuant to

chapters 244, 309, 318, 379, 450, 473, 474, 539, 541, 543 and 555 of NRS.

2. The Las Vegas Valley Water District created pursuant to the provisions of chapter 167, Statutes of Nevada 1947, as amended.

3. County fair and recreation boards and convention authorities created pursuant to the provisions of NRS 244A.597 to 244A.655, inclusive.

4. District boards of health created pursuant to the provisions of NRS 439.370 ~~to 439.410, inclusive.~~ *or section 4 of this act.*

5. The Nevada Rural Housing Authority.

Sec. 33. NRS 639.268 is hereby amended to read as follows:

639.268 1. A practitioner may purchase supplies of controlled substances, poisons, dangerous drugs and devices from a pharmacy by:

(a) Making an oral order to the pharmacy or transmitting an oral order through his agent, except an order for a controlled substance in schedule II; or

(b) If the order is for a controlled substance, presenting to the pharmacy a written order signed by him which contains his registration number issued by the Drug Enforcement Administration.

2. A hospital pharmacy or a pharmacy designated for this purpose by a county health officer in a county whose population is 100,000 or more, or by a district health officer in any county within its jurisdiction or, in the absence of either, by the State Health Officer or his designated medical director of emergency medical services, may sell to a person or agency described in subsection 3 supplies of controlled substances to stock the ambulances or other authorized vehicles of such a person or agency or replenish the stock if:

(a) The person or agency is registered with the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301;

(b) The person in charge of the controlled substances is:

(1) An advanced emergency medical technician appropriately certified by the health authority;

(2) A registered nurse licensed by the State Board of Nursing; or

(3) A person who holds equivalent certification or licensure issued by another state; and

(c) Except as otherwise provided in this paragraph, the purchase order is countersigned by a physician or initiated by an oral order and may be made by the person or agency or transmitted by an agent of such a person or agency. An order for a controlled substance listed in schedule II must be made pursuant to NRS 453.251.

3. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish controlled substances and dangerous drugs may sell to:

(a) The holder of a permit issued pursuant to the provisions of NRS 450B.200 or 450B.210;

(b) The holder of a permit issued by another state which is substantially similar to a permit issued pursuant to the provisions of NRS 450B.200 or 450B.210; and

(c) An agency of the Federal Government that provides emergency care or transportation and is registered with the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301.

4. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish dangerous drugs who sells supplies pursuant to this section shall maintain a record of each sale which must contain:

(a) The date of sale;

(b) The name, address and signature of the purchaser or the person receiving the delivery;

(c) The name of the dispensing pharmacist;

(d) The name and address of the authorizing practitioner; and

(e) The name, strength and quantity of each drug sold.

5. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish dangerous drugs who supplies the initial stock for an ambulance or other emergency vehicle shall comply with any applicable regulations adopted by the State Board of Health, or a ~~county or~~ district board of health, pursuant to NRS 450B.120.

6. The Board shall adopt regulations regarding the records a pharmacist shall keep of any purchase made pursuant to this section.

Sec. 34. 1. This section and sections 1 to 24, inclusive, and 26 to 33, inclusive, of this act become effective on July 1, 2005.

2. Section 24 of this act expires by limitation on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending or restricting the use of professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.

3. Section 25 of this act becomes effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending or restricting the use of professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.