

CHAPTER.....

AN ACT relating to children; requiring the nomination and appointment of a person who is legally responsible for the psychiatric care of a child who is placed in the custody of an agency which provides child welfare services; establishing the duties and responsibilities of such a legally responsible person; revising provisions governing the provision of psychiatric care to children in the custody of agencies which provide child welfare services; revising provisions relating to the health care records of children who are placed in the custody of such an agency; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, each agency which provides child welfare services is required to establish appropriate policies to ensure that children in the custody of the agency have timely access to clinically appropriate psychotropic medication. (NRS 432B.197) **Sections 2-7** of this bill require the appointment of a person who is legally responsible for the psychiatric care of each child who is in the custody of such an agency and who requires psychiatric care, including making all decisions concerning services, treatment and psychotropic medications provided to such children.

Section 3 of this bill requires an agency which provides child welfare services to nominate a person who is legally responsible for the psychiatric care of a child who is in the custody of the agency and who requires psychiatric care. The court with jurisdiction over the child is required pursuant to **section 7** of this bill to appoint a person who is legally responsible for the psychiatric care of the child. The court may appoint the person nominated by the agency or may appoint any other person who the court determines is qualified to carry out the duties and responsibilities of a person who is legally responsible for the psychiatric care of the child. To the extent that a parent or legal guardian of the child is able and willing to serve as the person who is legally responsible for the psychiatric care of the child, the parent or guardian must be nominated and appointed pursuant to this bill.

Section 4 of this bill requires the person who is legally responsible for the psychiatric care of a child to provide written consent or, in writing, deny consent for each appointment or for a course of routine treatment for psychiatric care of the child and to maintain current information concerning the medical history and the emotional, behavioral and educational needs of the child. **Section 4** also requires the person who is legally responsible for the psychiatric care of a child to notify the parent or legal guardian, if applicable, and the agency which provides child welfare services of each appointment.

Section 5 of this bill requires the person who is legally responsible for the psychiatric care of a child to approve or deny the administration of each psychotropic medication recommended for the child and to provide notice of the approval or denial. **Sections 5 and 9** of this bill prohibit the administration of a psychotropic medication to a child in the custody of an agency without consent from the person who is legally responsible for the psychiatric care of the child. **Section 5.5** of this bill sets forth circumstances in which a child in the custody of an agency which provides child welfare services may be administered a psychotropic



medication without the approval of the person who is legally responsible for the psychiatric care of the child, including in cases of emergency.

Section 14 of this bill requires certain providers of health care to obtain written consent from a person who is legally responsible for the psychiatric care of a child before providing psychiatric care to a child in the custody of an agency which provides child welfare services and requires the provider of health care to keep a copy of the consent in the health care record of the child.

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

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

Section 1. Chapter 432B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this act.

Sec. 2. *As used in NRS 432B.197 and sections 2 to 6, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 2.3 and 2.5 of this act have the meanings ascribed to them in those sections.*

Sec. 2.3. *“Person professionally qualified in the field of psychiatric mental health” has the meaning ascribed to it in NRS 433A.018.*

Sec. 2.5. *“Psychiatric care” means the provision of psychiatric services and psychiatric treatment and the administration of psychotropic medication.*

Sec. 2.7. *The provisions of NRS 432B.197 and sections 2 to 6, inclusive, of this act, do not relieve an agency which provides child welfare services of any responsibility of the agency relating to the general health and well-being of a child in the custody of the agency.*

Sec. 3. 1. *If a child who is in the custody of an agency which provides child welfare services has a prescription for a psychotropic medication upon entering the custody of the agency or if the agency determines that a child may be in need of psychiatric care, the agency shall nominate, pending appointment by a court pursuant to section 7 of this act, a person who is legally responsible for the psychiatric care of the child. A person nominated pursuant to this subsection shall be deemed to be the person who is legally responsible for the psychiatric care of the child pending approval by a court pursuant to section 7 of this act.*

2. *Upon nominating a person who is legally responsible for the psychiatric care of a child pursuant to this section, the agency which provides child welfare services shall petition the court with*



jurisdiction over the child for the appointment of the nominee as the person who is legally responsible for the psychiatric care of the child. A petition filed pursuant to this subsection may be heard by the court at the next hearing of the court conducted pursuant to NRS 432B.410 to 432B.590, inclusive, and section 7 of this act or at a hearing for the express purpose of appointing a person pursuant to section 7 of this act.

3. The person who is legally responsible for the psychiatric care of a child may be a parent or legal guardian of the child or, if a parent or legal guardian of the child is not able or willing to act as the person who is legally responsible for the psychiatric care of the child:

- (a) The attorney for the child;*
- (b) The guardian ad litem of the child;*
- (c) The foster parent or other provider of substitute care for the child;*
- (d) An employee of the agency which provides child welfare services; or*
- (e) Any other person who a court determines is qualified to carry out the duties and responsibilities prescribed by NRS 432B.197 and sections 2 to 6, inclusive, of this act and any policies adopted pursuant thereto,*

↳ who is appointed by a court pursuant to NRS 432B.410 to 432B.590, inclusive, and section 7 of this act.

Sec. 4. *1. A person who is legally responsible for the psychiatric care of a child who is in the custody of an agency which provides child welfare services is responsible for the procurement and oversight of all psychiatric care for the child and shall make all decisions relating to the psychiatric care and related treatment of the child, including, without limitation, the approval of all psychiatric services, psychiatric treatment and psychotropic medication that may be administered to the child.*

2. A person who is appointed to be legally responsible for the psychiatric care of a child shall:

(a) To the extent that such information is available, maintain current information concerning the medical history of the child, including, without limitation:

- (1) All known allergies of the child;*
- (2) Past and current illnesses and treatments of the child;*
- (3) Past and current psychiatric history and treatments of the child;*
- (4) Past and current psychiatric history of the family of the child; and*



(5) Any other information which is necessary to make decisions relating to the medical treatment of the child.

(b) Maintain current information concerning the emotional, behavioral, educational and related needs of the child.

(c) Attend each visit of the child to receive psychiatric care or be available by telephone to discuss the visit with the person professionally qualified in the field of psychiatric mental health who treats the child.

3. Except as otherwise provided in this subsection, a person who is legally responsible for the psychiatric care of a child shall provide written consent or, in writing, deny consent for each visit of the child with a person professionally qualified in the field of psychiatric mental health who treats the child. Written consent is not required for each visit if the visit is part of the routine care of the child and the written consent approves such routine care. Written consent for routine care may be revoked at any time.

4. Written consent provided pursuant to subsection 3 must include, without limitation:

(a) The name and address of the person with whom the child currently resides or the name and location of the agency which provides child welfare services where the child currently resides;

(b) The name of the person who is legally responsible for the psychiatric care of the child;

(c) The name of the person professionally qualified in the field of psychiatric mental health who treats the child;

(d) The date, time and location of the visit or, if the consent is for routine visits, the frequency and duration of the routine visits; and

(e) If the person who is legally responsible for the psychiatric care of the child does not attend a visit, a written statement that the person is aware of and is available to discuss the visit and the treatment recommended for the child with the person professionally qualified in the field of psychiatric mental health.

5. A person who is legally responsible for the psychiatric care of a child shall, not less than 1 week before each visit of the child with a person professionally qualified in the field of psychiatric mental health who treats the child, notify:

(a) The agency which provides child welfare services that has custody of the child; and

(b) If the person is not the parent or legal guardian of the child, the parent or legal guardian,

↳ of the date, time and location of each visit of the child with a person professionally qualified in the field of psychiatric mental



health who treats the child. Unless a court order prohibits such visitation, a parent or legal guardian of the child may attend each visit of the child with a person professionally qualified in the field of psychiatric mental health who treats the child.

Sec. 5. 1. *A person who is legally responsible for the psychiatric care of a child who is in the custody of an agency which provides child welfare services shall approve or deny the administration of a psychotropic medication to the child:*

(a) After considering the purpose, benefits, risks, alternatives, side effects and complications of each psychotropic medication recommended by the person professionally qualified in the field of psychiatric mental health who treats the child;

(b) After considering any additional information provided by the person professionally qualified in the field of psychiatric mental health who treats the child;

(c) After considering the possible clinical indications to suspend or terminate the psychotropic medication and the potential consequences of such an action; and

(d) In accordance with the policies adopted by the agency which provides child welfare services pursuant to NRS 432B.197.

2. *If a person who is legally responsible for the psychiatric care of a child:*

(a) Approves the administration of a psychotropic medication to the child, the person shall provide written consent to the person professionally qualified in the field of psychiatric mental health, the agency which provides child welfare services and the foster parent or other provider of substitute care for the child for the administration of the psychotropic medication. The written consent must include:

(1) The name of the child;

(2) The name, address and telephone number of the person who is legally responsible for the psychiatric care of the child;

(3) The name, purpose and expected time frame for improvement for each medication;

(4) The dosage, times of administration and, if applicable, the number of units at each administration of the medication which may be administered to the child;

(5) The duration of the course of treatment for the administration of the medication;

(6) A description of the possible risks, side effects interactions with other medications or foods, and complications of the medication; and



(7) If applicable, the specific authorization required by subsection 4.

(b) Denies the administration of a psychotropic medication to the child, the person shall provide written notice of the denial to the agency which provides child welfare services.

3. Except as otherwise provided in section 5.5 of this act, the foster parent or other provider of substitute care for a child in the custody of an agency which provides child welfare services shall not administer a psychotropic medication to the child unless:

(a) The person who is legally responsible for the psychiatric care of the child has consented to the administration of the medication; and

(b) The psychotropic medication is administered in accordance with the consent of the person who is legally responsible for the psychiatric care of the child.

4. The person who is legally responsible for the psychiatric care of a child must, in addition to providing written consent for the administration of a psychotropic medication, specifically approve:

(a) The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;

(b) The prescribing of any psychotropic medication for use by a child who is less than 4 years of age;

(c) The concurrent use by a child of three or more classes of psychotropic medication; and

(d) The concurrent use by a child of two psychotropic medications of the same class.

Sec. 5.5. 1. An agency which provides child welfare services may allow the administration of, and a foster parent or other provider of substitute care for a child in the custody of an agency which provides child welfare services may administer, a psychotropic medication to a child without obtaining consent from a person who is legally responsible for the psychiatric care of the child if:

(a) The child has a prescription for a psychotropic medication upon entering the custody of the agency and the agency continues administering the psychotropic medication in accordance with that prescription; or



(b) A physician determines that an emergency exists which requires the immediate administration of a psychotropic medication before consent may be obtained from the person who is legally responsible for the psychiatric care of the child. The agency which provides child welfare services shall obtain documentation, which may include an incident report or other documentation which demonstrates that an emergency existed, regarding the circumstances surrounding the administration of the psychotropic medication.

2. If a psychotropic medication is administered pursuant to this section, the agency which provides child welfare services shall take reasonable efforts, as soon as practicable, to notify the parent or legal guardian of the child and the person who is legally responsible for the psychiatric care of the child of the administration of the psychotropic medication.

Sec. 6. (Deleted by amendment.)

Sec. 7. *If proceedings pursuant to this chapter involve the protection of a child who requires psychiatric care, including, without limitation, any child who is administered a psychotropic medication, the court shall appoint the parent or legal guardian of the child as the person who is legally responsible for the psychiatric care of the child or, if a parent or legal guardian of the child is not able or willing to act as the person who is legally responsible for the psychiatric care of the child:*

1. The person nominated by the agency which provides child welfare services pursuant to section 3 of this act; or

2. Any other person who the court determines is qualified to carry out the duties and responsibilities of a person who is legally responsible for the psychiatric care of the child.

Sec. 8. NRS 432B.190 is hereby amended to read as follows:

432B.190 The Division of Child and Family Services shall, in consultation with each agency which provides child welfare services, adopt:

1. Regulations establishing reasonable and uniform standards for:

- (a) Child welfare services provided in this State;
- (b) Programs for the prevention of abuse or neglect of a child and the achievement of the permanent placement of a child;
- (c) The development of local councils involving public and private organizations;
- (d) Reports of abuse or neglect, records of these reports and the response to these reports;



(e) Carrying out the provisions of NRS 432B.260, including, without limitation, the qualifications of persons with whom agencies which provide child welfare services enter into agreements to provide services to children and families;

(f) The management and assessment of reported cases of abuse or neglect;

(g) The protection of the legal rights of parents and children;

(h) Emergency shelter for a child;

(i) The prevention, identification and correction of abuse or neglect of a child in residential institutions;

(j) Developing and distributing to persons who are responsible for a child's welfare a pamphlet that is written in language which is easy to understand, is available in English and in any other language the Division determines is appropriate based on the demographic characteristics of this State and sets forth:

(1) Contact information regarding persons and governmental entities which provide assistance to persons who are responsible for the welfare of children, including, without limitation, persons and entities which provide assistance to persons who are being investigated for allegedly abusing or neglecting a child;

(2) The procedures for taking a child for placement in protective custody; and

(3) The state and federal legal rights of:

(I) A person who is responsible for a child's welfare and who is the subject of an investigation of alleged abuse or neglect of a child, including, without limitation, the legal rights of such a person at the time an agency which provides child welfare services makes initial contact with the person in the course of the investigation and at the time the agency takes the child for placement in protective custody, and the legal right of such a person to be informed of any allegation of abuse or neglect of a child which is made against the person at the initial time of contact with the person by the agency; and

(II) Persons who are parties to a proceeding held pursuant to NRS 432B.410 to 432B.590, inclusive, *and section 7 of this act* during all stages of the proceeding; and

(k) Making the necessary inquiries required pursuant to NRS 432B.397 to determine whether a child is an Indian child.

2. Regulations, which are applicable to any person who is authorized to place a child in protective custody without the consent of the person responsible for the child's welfare, setting forth reasonable and uniform standards for establishing whether immediate action is necessary to protect the child from injury, abuse



or neglect for the purposes of determining whether to place the child into protective custody pursuant to NRS 432B.390. Such standards must consider the potential harm to the child in remaining in his or her home, including, without limitation:

(a) Circumstances in which a threat of harm suggests that a child is in imminent danger of serious harm.

(b) The conditions or behaviors of the child's family which threaten the safety of the child who is unable to protect himself or herself and who is dependent on others for protection, including, without limitation, conditions or behaviors that are beyond the control of the caregiver of the child and create an imminent threat of serious harm to the child.

↪ The Division of Child and Family Services shall ensure that the appropriate persons or entities to whom the regulations adopted pursuant to this subsection apply are provided with a copy of such regulations. As used in this subsection, "serious harm" includes the threat or evidence of serious physical injury, sexual abuse, significant pain or mental suffering, extreme fear or terror, extreme impairment or disability, death, substantial impairment or risk of substantial impairment to the child's mental or physical health or development.

3. Such other regulations as are necessary for the administration of NRS 432B.010 to 432B.606, inclusive ~~[1]~~, *and sections 2 to 7, inclusive, of this act.*

Sec. 9. NRS 432B.197 is hereby amended to read as follows:

432B.197 *1.* Each agency which provides child welfare services shall establish appropriate policies to ensure that children in the custody of the agency have timely access to *and safe administration of* clinically appropriate psychotropic medication. The policies must include, without limitation, policies concerning:

~~[1-1]~~ *(a)* The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;

~~[2-1]~~ *(b)* Prescribing any psychotropic medication for use by a child who is less than 4 years of age;

~~[3-1]~~ *(c)* The concurrent use by a child of three or more classes of psychotropic medication; ~~and~~

~~—4-1~~ *(d)* The concurrent use by a child of two psychotropic medications of the same class ~~[1]~~; *and*



(e) The criteria for nominating persons who are legally responsible for the psychiatric care of children in the custody of agencies which provide child welfare services pursuant to NRS 432B.197 and sections 2 to 6, inclusive, of this act and the policies adopted pursuant thereto.

2. Except as otherwise provided in section 5.5 of this act, an agency which provides child welfare services shall not allow the administration of a psychotropic medication to a child in the custody of the agency unless:

(a) The person who is legally responsible for the psychiatric care of the child has consented to the administration of the medication; and

(b) The psychotropic medication is administered in accordance with the consent of the person who is legally responsible for the psychiatric care of the child.

3. An agency which provides child welfare services shall, at least quarterly, review the records for each child in the custody of the agency who is administered a psychotropic medication to determine whether the medication is being administered in accordance with NRS 432B.197 and sections 2 to 6, inclusive, of this act and the policies adopted pursuant thereto. The agency may use the results of the quarterly reviews to determine whether the placement of the child should be continued.

Sec. 10. NRS 432B.430 is hereby amended to read as follows:

432B.430 1. Except as otherwise provided in subsections 3 and 4 and NRS 432B.457, in each judicial district that includes a county whose population is 400,000 or more:

(a) Any proceeding held pursuant to NRS 432B.410 to 432B.590, inclusive, *and section 7 of this act*, other than a hearing held pursuant to subsections 1 to 4, inclusive, of NRS 432B.530 or a hearing held pursuant to subsection 5 of NRS 432B.530 when the court proceeds immediately, must be open to the general public unless the judge or master, upon his or her own motion or upon the motion of another person, determines that all or part of the proceeding must be closed to the general public because such closure is in the best interests of the child who is the subject of the proceeding. In determining whether closing all or part of the proceeding is in the best interests of the child who is the subject of the proceeding, the judge or master must consider and give due weight to the desires of that child.

(b) If the judge or master determines pursuant to paragraph (a) that all or part of a proceeding must be closed to the general public:



(1) The judge or master must make specific findings of fact to support such a determination; and

(2) The general public must be excluded and only those persons having a direct interest in the case, as determined by the judge or master, may be admitted to the proceeding.

(c) Any proceeding held pursuant to subsections 1 to 4, inclusive, of NRS 432B.530 and any proceeding held pursuant to subsection 5 of NRS 432B.530 when the court proceeds immediately must be closed to the general public unless the judge or master, upon his or her own motion or upon the motion of another person, determines that all or part of the proceeding must be open to the general public because opening the proceeding in such a manner is in the best interests of the child who is the subject of the proceeding. In determining whether opening all or part of the proceeding is in the best interests of the child who is the subject of the proceeding, the judge or master must consider and give due weight to the desires of that child. If the judge or master determines pursuant to this paragraph that all or part of a proceeding must be open to the general public, the judge or master must make specific findings of fact to support such a determination. Unless the judge or master determines pursuant to this paragraph that all or part of a proceeding described in this paragraph must be open to the general public, the general public must be excluded and only those persons having a direct interest in the case, as determined by the judge or master, may be admitted to the proceeding.

2. Except as otherwise provided in subsections 3 and 4 and NRS 432B.457, in each judicial district that includes a county whose population is less than 400,000:

(a) Any proceeding held pursuant to NRS 432B.410 to 432B.590, inclusive, *and section 7 of this act* must be closed to the general public unless the judge or master, upon his or her own motion or upon the motion of another person, determines that all or part of the proceeding must be open to the general public because opening the proceeding in such a manner is in the best interests of the child who is the subject of the proceeding. In determining whether opening all or part of the proceeding is in the best interests of the child who is the subject of the proceeding, the judge or master shall consider and give due weight to the desires of that child.

(b) If the judge or master determines pursuant to paragraph (a) that all or part of a proceeding must be open to the general public, the judge or master must make specific findings of fact to support such a determination.



(c) Unless the judge or master determines pursuant to paragraph (a) that all or part of a proceeding must be open to the general public, the general public must be excluded and only those persons having a direct interest in the case, as determined by the judge or master, may be admitted to the proceeding.

3. Except as otherwise provided in subsection 4 and NRS 432B.457, in a proceeding held pursuant to NRS 432B.470, the general public must be excluded and only those persons having a direct interest in the case, as determined by the judge or master, may be admitted to the proceeding.

4. In conducting a proceeding held pursuant to NRS 432B.410 to 432B.590, inclusive, *and section 7 of this act*, a judge or master shall keep information confidential to the extent necessary to obtain federal funds in the maximum amount available to this state.

Sec. 11. NRS 432B.4675 is hereby amended to read as follows:

432B.4675 Upon the entry of a final order by the court establishing a guardianship pursuant to NRS 432B.4665:

1. The custody of the child by the agency which has legal custody of the child is terminated;

2. The proceedings concerning the child conducted pursuant to NRS 432B.410 to 432B.590, inclusive, *and section 7 of this act* terminate; and

3. Unless subsequently ordered by the court to assist the court, the following agencies and persons are excused from any responsibility to participate in the guardianship case:

(a) The agency which has legal custody of the child; ~~and~~

(b) Any counsel or guardian ad litem appointed by the court to assist in the proceedings conducted pursuant to NRS 432B.410 to 432B.590, inclusive ~~and~~, *and section 7 of this act; and*

(c) *Any person nominated or appointed as the person who is legally responsible for the psychiatric care of the child pursuant to section 3 or 7 of this act, respectively.*

Sec. 12. NRS 62A.380 is hereby amended to read as follows:

62A.380 1. In carrying out the objects and purposes of this title, the juvenile court may use the services and facilities of the agency which provides child welfare services.

2. The agency which provides child welfare services shall determine the plans, placements and services to be provided to any child pursuant to the provisions of this title, chapter 432 of NRS and NRS 432B.010 to 432B.400, inclusive ~~and~~, *and sections 2 to 6, inclusive, of this act.*



3. As used in this section, “agency which provides child welfare services” means:

(a) In a county whose population is less than 100,000, the local office of the Division of Child and Family Services; or

(b) In a county whose population is 100,000 or more, the agency of the county,

↳ which provides or arranges for necessary child welfare services.

Sec. 13. NRS 433B.130 is hereby amended to read as follows:

433B.130 1. The Administrator shall:

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

(b) Establish appropriate policies to ensure that children in division facilities have timely access to clinically appropriate psychotropic medication that are consistent with the ~~{policies established pursuant to}~~ *provisions of NRS 432B.197 [.] and sections 2 to 6, inclusive, of this act and the policies adopted pursuant thereto.*

2. The Administrator may:

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

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

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

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

5. The Administrator may enter into agreements with the Administrator of the Division of Mental Health and Developmental Services of the Department for the care and treatment of clients of the Division of Child and Family Services at any facility operated by the Division of Mental Health and Developmental Services.

Sec. 14. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A provider of health care who is asked to provide psychiatric care to a child who is in the custody of an agency which provides child welfare services shall not examine, treat or otherwise provide psychiatric services to the child unless consent



has been obtained from the person who is legally responsible for the psychiatric care of the child pursuant to NRS 432B.197 and sections 2 to 6, inclusive, of this act and the policies adopted pursuant thereto.

2. *A copy of the written consent required by section 4 of this act must be maintained in the health care record of the child.*

Sec. 15. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, physician assistant, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor, athletic trainer, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or a licensed hospital as the employer of any such person.

2. For the purposes of NRS 629.051, 629.061 and 629.065, *and section 14 of this act*, the term includes a facility that maintains the health care records of patients.

Sec. 16. (Deleted by amendment.)

