

Senate Bill No. 450—Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; revising the qualifications for certain district health officers; revising provisions relating to medical records; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the appointment of a State Health Officer by the Director of the Department of Health and Human Services and establishes the qualifications for that position. (NRS 439.090, 439.100) Existing law further creates a health district in a county whose population is 700,000 or more. Such a health district has a health department consisting of a district health officer and a district board of health. (NRS 439.362) Existing law requires the district board of health in such a county to appoint a district health officer for the health district and establishes the qualifications for the district health officer. (NRS 439.368) **Section 1** of this bill revises the qualifications of the district health officer. **Section 2** of this bill allows a person who is serving as the district health officer of a county whose population is 700,000 or more (currently Clark County) on July 1, 2013, to continue to serve in that capacity until his or her successor is appointed.

Existing law requires a provider of health care, including a facility that maintains the health care records of patients, to make the health care records of a patient available for inspection in certain circumstances. (NRS 629.021, 629.061) **Section 1.2** of this bill extends the period of time within which a provider of health care must make health care records available for inspection in certain circumstances. **Section 1.8** of this bill repeals a provision making it a misdemeanor for a physician licensed pursuant to chapter 630 of NRS to willfully fail or refuse to comply with this requirement.

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. NRS 439.368 is hereby amended to read as follows:

439.368 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]~~ *or be eligible for such a license and obtain such a license within 12 months after being appointed as district health officer;*

(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] 5 years of management experience [in an administrative position] in a local, state or national public health department, program, organization or agency ; and~~

(c) Have:

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

(2) Work experience which is deemed to be equivalent to a degree described in subparagraph (1), which may include, without limitation, relevant work experience with a national organization which conducts research on issues concerning public health; or

(3) Obtained certification from or be eligible to be certified by the American Board of Preventive Medicine, the American Osteopathic Board of Preventive Medicine, a successor organization or, if there is no successor organization, by a similar organization designated by the district board of health.

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. 1.2. NRS 629.061 is hereby amended to read as follows:

629.061 1. Each provider of health care shall make the health care records of a patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority;

(e) An investigator for the Attorney General or a grand jury investigating an alleged violation of NRS 200.495, 200.5091 to 200.50995, inclusive, or 422.540 to 422.570, inclusive;

(f) An investigator for the Attorney General investigating an alleged violation of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive, or any fraud in the administration of chapter 616A, 616B, 616C, 616D or 617 of NRS or in the provision of benefits for industrial insurance; or



(g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

~~1-2~~ 2. The records *described in subsection 1* must be made available at a place within the depository convenient for physical inspection. ~~1-1~~ *Except as otherwise provided in subsection 3, if the records are located* ~~within~~ :

(a) *Within* this State, the provider shall make any records requested pursuant to this section available for inspection within ~~1-1~~ 10 working days after the request. ~~If the records are located outside~~

(b) *Outside* this State, the provider shall make any records requested pursuant to this section available in this State for inspection within ~~1-1~~ 20 working days after the request.

~~1-2~~ 3. *If the records described in subsection 1 are requested pursuant to paragraph (e), (f) or (g) of subsection 1 and the investigator, grand jury or authorized representative, as applicable, declares that exigent circumstances exist which require the immediate production of the records, the provider shall make any records which are located:*

(a) *Within this State available for inspection within 5 working days after the request.*

(b) *Outside this State available for inspection within 10 working days after the request.*

4. Except as otherwise provided in subsection ~~1-3~~ 5, the provider of health care shall also furnish a copy of the records to each person described in subsection 1 who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy.

~~1-3~~ 5. The provider of health care shall also furnish a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal. A copying fee, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes, may be charged by the provider of health care for furnishing a second copy of the records



to support the same claim or appeal. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy. The provider of health care shall furnish the copy of the records requested pursuant to this subsection within 30 days after the date of receipt of the request, and the provider of health care shall not deny the furnishing of a copy of the records pursuant to this subsection solely because the patient is unable to pay the fees established in this subsection.

~~14~~ 6. Each person who owns or operates an ambulance in this State shall make the records regarding a sick or injured patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority; or

(e) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

➔ The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. The person who owns or operates an ambulance shall also furnish a copy of the records to each person described in this subsection who requests it and pays the actual cost of postage, if any, and the costs of making the copy, not to exceed 60 cents per page for photocopies. No administrative fee or additional service fee of any kind may be charged for furnishing a copy of the records.

~~15~~ 7. Records made available to a representative or investigator must not be used at any public hearing unless:

(a) The patient named in the records has consented in writing to their use; or

(b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.

~~16~~ 8. Subsection ~~15~~ 7 does not prohibit:

(a) A state licensing board from providing to a provider of health care or owner or operator of an ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on the identity of a patient whose records may be used in a public hearing relating to the complaint or allegation,



but the provider of health care or owner or operator of an ambulance and the attorney shall keep the information confidential.

(b) The Attorney General from using health care records in the course of a civil or criminal action against the patient or provider of health care.

~~17~~ **9.** A provider of health care or owner or operator of an ambulance and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

~~18~~ **10.** For the purposes of this section:

(a) "Guardian" means a person who has qualified as the guardian of a minor pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.

(b) "Living trust" means an inter vivos trust created by a natural person:

(1) Which was revocable by the person during the lifetime of the person; and

(2) Who was one of the beneficiaries of the trust during the lifetime of the person.

(c) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.

(d) "Personal representative" has the meaning ascribed to it in NRS 132.265.

Sec. 1.8. NRS 630.405 is hereby repealed.

Sec. 2. Notwithstanding the amendatory provisions of section 1 of this act, any person who, on July 1, 2013, is serving as the district health officer in a county whose population is 700,000 or more and who is otherwise qualified to serve as the district health officer on that date may continue to serve in that capacity until his or her successor is appointed by the district board of health.

Sec. 3. This act becomes effective on July 1, 2013.

