

CHAPTER.....

AN ACT relating to corrections; requiring the coordination of certain care for a prisoner to be arranged by a sheriff, chief of police or town marshal in certain counties and the Department of Health and Human Services; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law imposes upon sheriffs, chiefs of police and town marshals certain duties relating to the control and care of prisoners in their custody. (NRS 211.140) This bill requires, in a county whose population is 700,000 or more (currently Clark County), a sheriff, chief of police or town marshal, in collaboration with the Department of Health and Human Services, for the purpose of maintaining continuity of care, to arrange for the coordination of certain care provided to a prisoner while the prisoner is in custody. This bill requires the Department to arrange for the coordination of such care after the prisoner is released from custody. This bill also requires each such sheriff and the Director of the Department to report to the Legislative Committee on Health Care regarding such collaboration and coordination.

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:

Sections 1-3. (Deleted by amendment.)

Sec. 4. NRS 211.140 is hereby amended to read as follows:

211.140 1. The sheriff of each county has charge and control over all prisoners committed to his or her care in the respective county jails, and the chiefs of police and town marshals in the several cities and towns throughout this State have charge and control over all prisoners committed to their respective city and town jails and detention facilities.

2. A court shall not, at the request of any prisoner in a county, city or town jail, issue an order which affects the conditions of confinement of the prisoner unless, except as otherwise provided in this subsection, the court provides the sheriff, chief of police or town marshal having control over the prisoner with:

(a) Sufficient prior notice of the court's intention to enter the order. Notice by the court is not necessary if the prisoner has filed an action with the court challenging his or her conditions of confinement and has served a copy of the action on the sheriff, chief of police or town marshal.

(b) An opportunity to be heard on the issue.



↳ As used in this subsection, “conditions of confinement” includes, but is not limited to, a prisoner’s access to the law library, privileges regarding visitation and the use of the telephone, the type of meals provided to the prisoner and the provision of medical care in situations which are not emergencies.

3. The sheriffs, chiefs of police and town marshals shall see that the prisoners under their care are kept at labor for reasonable amounts of time within the jail or detention facility, on public works in the county, city or town, or as part of a program of release for work established pursuant to NRS 211.120 or 211.171 to 211.200, inclusive.

4. The sheriff, chief of police or town marshal shall arrange for the administration of medical care required by prisoners while in his or her custody. The county, city or town shall pay the cost of appropriate medical:

(a) Treatment provided to a prisoner while in custody for injuries incurred by a prisoner while the prisoner is in custody and for injuries incurred during the prisoner’s arrest for commission of a public offense if the prisoner is not convicted of that offense;

(b) Treatment provided to a prisoner while in custody for any infectious, contagious or communicable disease which the prisoner contracts while the prisoner is in custody; and

(c) Examinations required by law or by court order conducted while the prisoner is in custody unless the order otherwise provides.

5. A prisoner shall pay the cost of medical treatment for:

(a) Injuries incurred by the prisoner during his or her commission of a public offense or for injuries incurred during his or her arrest for commission of a public offense if the prisoner is convicted of that offense;

(b) Injuries or illnesses which existed before the prisoner was taken into custody;

(c) Self-inflicted injuries; and

(d) Except treatment provided pursuant to subsection 4, any other injury or illness incurred by the prisoner.

6. A medical facility furnishing treatment pursuant to subsection 5 shall attempt to collect the cost of the treatment from the prisoner or the prisoner’s insurance carrier. If the facility is unable to collect the cost and certifies to the appropriate board of county commissioners that it is unable to collect the cost of the medical treatment, the board of county commissioners shall pay the cost of the medical treatment.

7. A sheriff, chief of police or town marshal who arranges for the administration of medical care pursuant to this section may



attempt to collect from the prisoner or the insurance carrier of the prisoner the cost of arranging for the administration of medical care including the cost of any transportation of the prisoner for the purpose of medical care. The prisoner shall obey the requests of, and fully cooperate with the sheriff, chief of police or town marshal in collecting the costs from the prisoner or the prisoner's insurance carrier.

8. *In a county whose population is 700,000 or more:*

(a) While a prisoner is in custody, a sheriff, chief of police or town marshal, in collaboration with the Department of Health and Human Services and the various divisions thereof, for the purpose of maintaining continuity of care, shall arrange for the coordination of the care for mental health and substance abuse treatment provided to the prisoner by all providers of such care in the county, city or town jail or detention facility.

(b) After a prisoner is released from custody:

(1) The Department and the various divisions thereof shall arrange for the coordination of the care for mental health and substance abuse treatment provided to the prisoner.

(2) The sheriff, chief of police or town marshal is no longer responsible for arranging the coordination of such care.

9. *Each sheriff described in subsection 8, or his or her representative, and the Director of the Department of Health and Human Services, or his or her representative, shall, at the request of the Legislative Committee on Health Care, appear before the Committee during the legislative interim to report on the collaboration and coordination provided pursuant to subsection 8.*

10. *Mental health and substance abuse treatment provided pursuant to subsection 8 may include any medication that has been:*

(a) Approved by the United States Food and Drug Administration; and

(b) Prescribed by a treating physician as medically necessary for use by the prisoner to address mental health or substance abuse issues.

Secs. 5-9. (Deleted by amendment.)

Sec. 10. This act becomes effective on July 1, 2017.

