THE ONE HUNDRED AND FOURTEENTH DAY

CARSON CITY (Tuesday), May 30, 2017

Assembly called to order at 9:05 p.m.

Mr. Speaker presiding.

Roll called.

All present except Assemblyman Wheeler, who was excused.

Prayer by Assemblyman John Hambrick.

Heavenly Father, we ask that You look down upon this Assembly. You truly are the only One who knows our hearts, and in the coming days, I ask You to give this group the grace and the courage to remember the oath they took at the beginning of this session and why they are here. We are here for the people of this state. Lord, please give us the patience to do thy will.

AMEN.

Pledge of allegiance to the Flag.

Assemblywoman Benitez-Thompson moved that further reading of the Journal be dispensed with and the Speaker and Chief Clerk be authorized to make the necessary corrections and additions.

Motion carried.

REPORTS OF COMMITTEES

Mr. Speaker:

Your Committee on Commerce and Labor, to which was referred Senate Bill No. 106, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

IRENE BUSTAMANTE ADAMS, *Chair*

Mr. Speaker:

Your Committee on Education, to which were referred Senate Bills Nos. 66, 132, 457, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Education, to which was referred Senate Bill No. 213, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Education, to which was referred Senate Bill No. 212, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

TYRONE THOMPSON, *Chair*

Mr. Speaker:

Your Committee on Judiciary, to which was referred Senate Bill No. 229, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

STEVE YEAGER, *Chair*

Mr. Speaker:

Your Committee on Natural Resources, Agriculture, and Mining, to which was referred Senate Bill No. 74, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

HEIDI SWANK, *Chair*

Mr. Speaker:

Your Committee on Taxation, to which were referred Senate Bill No. 414; Senate Joint Resolution No. 14, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

DINA NEAL, *Chair*

Mr. Speaker:

Your Committee on Transportation, to which was referred Senate Bill No. 427, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

RICHARD CARRILLO, *Chair*

Mr. Speaker:

Your Committee on Ways and Means, to which was referred Assembly Bill No. 508, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was referred Assembly Bill No. 510, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 374, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass, as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 130, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 144, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 224, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 348, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 417, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 436, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 467, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Assembly Bill No. 491, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

Also, your Committee on Ways and Means, to which was rereferred Senate Bill No. 150, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

MAGGIE CARLTON, *Chair*

MESSAGES FROM THE SENATE

SENATE CHAMBER, Carson City, May 29, 2017

To the Honorable the Assembly:

I have the honor to inform your honorable body that the Senate on this day passed Assembly Bills Nos. 106, 141, 473, 480.

Also, I have the honor to inform your honorable body that the Senate on this day passed Senate Bill No. 88.

Also, I have the honor to inform your honorable body that the Senate on this day passed, as amended, Senate Bills Nos. 126, 225, 355.

Also, I have the honor to inform your honorable body that the Senate on this day passed, as amended, Senate Bills Nos. 402, 405, 438, 498.

Also, I have the honor to inform your honorable body that the Senate on this day passed, as amended, Senate Bill No. 538.

Also, I have the honor to inform your honorable body that the Senate on this day concurred in Assembly Amendment No. 774 to Senate Bill No. 10; Assembly Amendment No. 802 to Senate Bill No. 60; Assembly Amendment No. 883 to Senate Bill No. 169; Assembly Amendment No. 897 to Senate Bill No. 194; Assembly Amendment No. 932 to Senate Bill No. 260; Assembly Amendment No. 744 to Senate Bill No. 262; Assembly Amendment No. 730 to Senate Bill No. 337; Assembly Amendment No. 880 to Senate Bill No. 360; Assembly Amendment No. 731 to Senate Bill No. 406; Assembly Amendment No. 776 to Senate Bill No. 407; Assembly Amendment No. 885 to Senate Bill No. 409; Assembly Amendment No. 790 to Senate Bill No. 433.

Also, I have the honor to inform your honorable body that the Senate on this day respectfully refused to concur in the Assembly Amendment No. 912 to Senate Bill No. 470; Assembly Amendment No. 911 to Senate Bill No. 472.

SHERRY RODRIGUEZ
Assistant Secretary of the Senate

SENATE CHAMBER, Carson City, May 30, 2017

To the Honorable the Assembly:

I have the honor to inform your honorable body that the Senate on this day passed Assembly Bill No. 492.

Also, I have the honor to inform your honorable body that the Senate on this day receded from its action on Assembly Bill No. 83, Senate Amendment No. 853.

Also, I have the honor to inform your honorable body that the Senate on this day respectfully refused to recede from its action on Assembly Bill No. 454, Senate Amendment No. 697, and requests a conference, and appointed Senators Cannizzaro, Spearman and Hardy as a Conference Committee to meet with a like committee of the Assembly.

Also, I have the honor to inform your honorable body that the Senate on this day passed Senate Bill No. 527.

Also, I have the honor to inform your honorable body that the Senate on this day passed, as amended, Senate Bills Nos. 325, 428.

Also, I have the honor to inform your honorable body that the Senate on this day passed, as amended, Senate Bills Nos. 373, 500, 511, 522, 540.

Also, I have the honor to inform your honorable body that the Senate on this day adopted Senate Concurrent Resolution No. 6.

Also, I have the honor to inform your honorable body that the Senate on this day concurred in Assembly Amendment No. 816 to Senate Bill No. 65; Assembly Amendment No. 840 to Senate Bill No. 84; Assembly Amendments Nos. 767, 938, 984 to Senate Bill No. 149; Assembly Amendment No. 725 to Senate Bill No. 162; Assembly Amendment No. 728 to Senate Bill No. 199; Assembly Amendment No. 834 to Senate Bill No. 251; Assembly Amendment No. 663 to Senate Bill No. 268; Assembly Amendment No. 835 to Senate Bill No. 270; Assembly Amendment No. 690 to Senate Bill No. 283; Assembly Amendments Nos. 888, 985 to Senate Bill No. 291; Assembly Amendment No. 768 to Senate Bill No. 320; Assembly Amendment No. 828 to Senate Bill No. 350; Assembly Amendment No. 879 to Senate Bill No. 352; Assembly Amendments Nos. 934, 971 to Senate Bill No. 357; Assembly Amendment No. 681 to Senate Bill No. 398; Assembly Amendment No. 688 to Senate Bill No. 399; Assembly Amendment No. 989 to Senate Bill No. 400; Assembly Amendment No. 878 to Senate Bill No. 415; Assembly Amendments Nos. 689, 978 to Senate Bill No. 452; Assembly Amendment No. 687 to Senate Bill No. 460; Assembly Amendment No. 733 to Senate Bill No. 468;

Assembly Amendment No. 941 to Senate Bill No. 516; Assembly Amendment No. 792 to Senate Joint Resolution No. 1; Assembly Amendment No. 764 to Senate Joint Resolution No. 3.

Also, I have the honor to inform your honorable body that the Senate on this day respectfully refused to concur in the Assembly Amendment No. 892 to Senate Bill No. 144.

Also, I have the honor to inform your honorable body that the Senate on this day respectfully refused to concur in the Assembly Amendments Nos. 756, 757 to Senate Bill No. 209; Assembly Amendment No. 948 to Senate Bill No. 259.

SHERRY RODRIGUEZ
Assistant Secretary of the Senate

MOTIONS, RESOLUTIONS AND NOTICES

Senate Concurrent Resolution No. 6.

Assemblywoman Benitez-Thompson moved that the resolution be referred to the Committee on Legislative Operations and Elections.

Motion carried.

Assemblywoman Benitez-Thompson moved that Assembly Bills Nos. 505, 506, 507, and 509 be taken from the Chief Clerk's desk and placed at the top of the General File.

Motion carried.

Assemblywoman Benitez-Thompson moved that Senate Concurrent Resolution No. 1 be taken from the Chief Clerk's desk and placed at the top of the Resolution File.

Motion carried.

Senate Concurrent Resolution No. 1.

Assemblywoman Diaz moved the adoption of the resolution.

Remarks by Assemblywoman Diaz.

ASSEMBLYWOMAN DIAZ:

Senate Concurrent Resolution 1 directs the Legislative Commission to appoint a committee to conduct an interim study relating to affordable housing in Nevada. The resolution specifies that the study must include, among other things, an examination of the present and prospective need for affordable housing, any impediments to the development of affordable housing, the methods to increase the availability of affordable housing, and other relevant matters relating to affordable housing.

Resolution adopted and ordered transmitted to the Senate.

INTRODUCTION, FIRST READING AND REFERENCE

By the Committee on Ways and Means:

Assembly Bill No. 517—AN ACT relating to public employees; establishing the maximum allowed salaries for certain employees in the classified and unclassified service of the State; making appropriations from the State General Fund and State Highway Fund for increases in the salaries of certain employees of the State; and providing other matters properly relating thereto.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

By the Committee on Ways and Means:

Assembly Bill No. 518—AN ACT relating to state financial administration; making appropriations from the State General Fund and the State Highway Fund for the support of the civil government of the State of Nevada for the 2017-2019 biennium; providing for the use of the money so appropriated; making various other changes relating to the financial administration of the State; repealing the prospective expiration of certain provisions relating to the Nevada Supreme Court; and providing other matters properly relating thereto.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 9:20 p.m.

ASSEMBLY IN SESSION

At 9:26 p.m.

Mr. Speaker presiding.

Quorum present.

Senate Bill No. 88.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 126.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 225.

Assemblyman Thompson moved that the bill be referred to the Committee on Education.

Motion carried.

Senate Bill No. 325.

Assemblyman Sprinkle moved that the bill be referred to the Committee on Health and Human Services.

Motion carried.

Senate Bill No. 355.

Assemblyman Sprinkle moved that the bill be referred to the Committee on Health and Human Services.

Motion carried.

Senate Bill No. 373.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 402.

Assemblyman Ohrenschall moved that the bill be referred to the Committee on Corrections, Parole, and Probation.

Motion carried.

Senate Bill No. 405.

Assemblyman Yeager moved that the bill be referred to the Committee on Judiciary.

Motion carried.

Senate Bill No. 428.

Assemblywoman Swank moved that the bill be referred to the Committee on Natural Resources, Agriculture, and Mining.

Motion carried.

Senate Bill No. 438.

Assemblywoman Bustamante Adams moved that the bill be referred to the Committee on Commerce and Labor.

Motion carried.

Senate Bill No. 498.

Assemblywoman Bustamante Adams moved that the bill be referred to the Committee on Commerce and Labor.

Motion carried.

Senate Bill No. 500.

Assemblyman Flores moved that the bill be referred to the Committee on Government Affairs.

Motion carried.

Senate Bill No. 511.

Assemblywoman Swank moved that the bill be referred to the Committee on Natural Resources, Agriculture, and Mining.

Motion carried.

Senate Bill No. 522.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 527.

Assemblywoman Carlton moved that the bill be referred to the Committee on Ways and Means.

Motion carried.

Senate Bill No. 538.

Assemblyman Yeager moved that the bill be referred to the Committee on Judiciary.

Motion carried.

Senate Bill No. 540.

Assemblywoman Diaz moved that the bill be referred to the Committee on Legislative Operations and Elections.

Motion carried.

UNFINISHED BUSINESS

SIGNING OF BILLS AND RESOLUTIONS

There being no objections, the Speaker and Chief Clerk signed Assembly Bills Nos. 77, 106, 141, 150, 161, 234, 320, 321, 379, 384, 415, 418, 431, 447, 457, 461, 473, 480, and 485; Assembly Joint Resolution No. 5; Senate Bills Nos. 3, 10, 25, 41, 60, 137, 138, 169, 194, 260, 262, 324, 337, 360, 369, 406, 407, 409, 433, 496, 501, 512, 518, 524; Senate Joint Resolutions Nos. 8, 12, and 13.

CONSIDERATION OF SENATE AMENDMENTS

Assembly Bill No. 36.

The following Senate amendment was read:

Amendment No. 960.

AN ACT relating to the City of Reno; revising provisions relating to appointive officers and employees; creating a sixth ward for the City; requiring that a candidate for Council Member be voted upon in a special or general election only by the registered voters of the ward that the candidate seeks to represent; **removing the Mayor from the City Council; authorizing the Mayor to veto, under certain circumstances, matters passed by the City Council;** revising provisions relating to interactions between the City Council and employees; eliminating the office of the Council Member who represents the City at large; requiring the City Council to adopt an ordinance requiring the Mayor and Council Members to submit reports of campaign contributions in certain years; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The existing Charter of the City of Reno specifies the persons within the City government who are considered appointive officers and also describes appointive employees of the City who: (1) are not appointive officers but regularly assist an appointive officer; (2) have duties that consist of administrative work directly related to management policies; and (3) have positions that require them customarily to exercise discretion and independent judgment. (Reno City Charter §§ 1.012, 1.090) The existing Charter of the City of Reno also authorizes the City Manager to appoint such staff as necessary for the functioning of the office, including specified

appointive employees. (Reno City Charter § 3.020) **Section 1** of this bill clarifies the definition of "appointive employee." **Section 6** of this bill authorizes the City Manager to appoint such staff as necessary for the functioning of the City, subject to certain limitations on the number of appointive offices and positions.

The existing Charter of the City of Reno prohibits the Mayor or any Council Member from dictating the appointment, suspension or removal of any appointive employee. The existing Charter also prohibits the City Council or its members from dealing directly with an appointive employee, instead of the City Manager, on matters pertaining to City business, except for the purpose of inquiry. (Reno City Charter § 3.140) **Section 7** of this bill prohibits the Mayor or a Council Member from dictating the appointment, suspension or removal of any employee unless specifically authorized in the Charter. **Section 7** also removes the exception authorizing the City Council or its members to deal directly with an employee for the purpose of inquiry and instead: (1) requires the City Council to deal directly with the City Manager; and (2) prohibits the City Council from giving any order to any subordinate to the City Manager.

Existing law requires candidates for public office to report campaign contributions. Five reports are required during the calendar year in which the office is up for election, and one report is required during each year in which the office is not up for election. (NRS 294A.120) **Section 8** of this bill requires the City Council of the City of Reno to adopt an ordinance requiring the Mayor and each Council Member to report the campaign contributions received during every year other than the year in which the general election for that office is held. These reports are in addition to the existing reports required of candidates for public office.

The existing Charter of the City of Reno divides the City into five wards, each of which is represented on the City Council by a Council Member. A sixth Council Member represents the City at large. (Reno City Charter §§ 1.050, 2.010) The existing Charter of the City of Reno also provides that the candidates for Council Member to represent a particular ward must be voted on in a primary election only by the registered voters of that ward and, in a general election, must be elected by the registered voters of the City at large. (Reno City Charter §§ 5.010, 5.020)

Sections 9 and 11 of this bill amend the Charter of the City of Reno to provide that all candidates for Council Member to represent a particular ward must be elected in a general election only by the registered voters of that ward. **Section 2** of this bill increases the number of wards in the City of Reno to six. **Section 10** of this bill replaces the office of Council Member at large with the office of Council Member to represent the newly created sixth ward, and **sections 4, 5 and 12** of this bill provide conforming changes to account for that replacement. **Section 13** of this bill requires the City Council to establish the boundaries of the sixth ward, and alter the boundaries of the first through fifth wards accordingly, after the completion of the 2020 federal

decennial census and before January 1, 2024. Under **sections 14 and 15** of this bill, the Council Member who represents the sixth ward will first be elected at the 2024 general election. **Section 14** also provides that Council Members representing wards one through five who are in office on January 1, 2024, will continue to represent those wards notwithstanding the altered boundaries for the remainders of their terms and that the Council Member who represents the City at large, who was last elected at the 2020 general election, will continue to represent the City at large for the remainder of his or her term.

Existing law requires that a vacancy in the office of a Council Member be filled by appointment by a majority vote of the City Council unless the City Council calls a special election to fill the vacancy. **Section 3** of this bill provides that if a special election is held to fill the vacancy in the office of Council Member who represents a ward, only registered voters of that ward may vote at the special election.

Existing law provides that the legislative power of the City is vested in the City Council consisting of six Council Members and a Mayor. (Reno City Charter § 2.010) Effective October 1, 2017: (1) section 4.5 of this bill removes the Mayor from the City Council; and (2) section 5.5 of this bill authorizes the Mayor, under certain circumstances, to veto matters passed by the City Council.

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

Section 1. Section 1.012 of the Charter of the City of Reno, being chapter 349, Statutes of Nevada 2013, as amended by chapter 163, Statutes of Nevada 2015, at page 766, is hereby amended to read as follows:

Sec. 1.012 "Appointive employee" defined. "Appointive employee" means a person ***described in subsection 5 of section 1.090*** who is appointed to an appointive position established by ordinance pursuant to subsection 4 of section 1.090 **.** ~~[or a position described in subsection 5 of section 1.090.]~~

Sec. 2. Section 1.050 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 327, Statutes of Nevada 1999, at page 1365, is hereby amended to read as follows:

Sec. 1.050 Wards: Creation; boundaries.

1. The City must be divided into ~~[five]~~ ***six*** wards, which must be as nearly equal in population as can be conveniently provided. The territory comprising each ward must be contiguous, except that if any territory of the City which is not contiguous to the remainder of the City does not contain sufficient population to constitute a separate ward, it may be placed in any ward of the City.

2. The boundaries of the wards must be established and changed by ordinance, passed by a vote of at least five-sevenths of the City Council. The boundaries of the wards:

(a) Must be changed whenever the population, as determined by the last preceding national census of the Bureau of the Census of the United States Department of Commerce, in any ward exceeds the population in any other ward by more than 5 percent.

(b) May be changed to include territory that has been annexed, or whenever the population in any ward exceeds the population in another ward by more than 5 percent by any measure that is found to be reliable by the City Council.

Sec. 3. Section 1.070 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 163, Statutes of Nevada 2015, at page 767, is hereby amended to read as follows:

Sec. 1.070 Elective offices: Vacancies.

1. Except as otherwise provided in this section, a vacancy in the City Council or in the office of City Attorney or Municipal Judge must be filled by a majority vote of the members of the City Council within 30 days after the occurrence of the vacancy. A person may be selected to fill a prospective vacancy in the City Council before the vacancy occurs. In filling a prospective vacancy, each member of the Council, except any member whose term of office expires before the occurrence of the vacancy, may participate in any action taken by the Council pursuant to this section. The appointee must have the same qualifications as are required of the elective official. The appointee shall serve until the next general municipal election and until his or her successor is elected and qualified.

2. If a prospective vacancy or vacancy occurs in ~~[an]~~ ***the*** office of ***a*** City Council ~~[,]~~ ***Member,*** in lieu of appointment, the City Council may, by resolution, declare a special election to fill the vacancy for the remainder of the unexpired term. The resolution declaring a special election must be adopted within 30 days after the occurrence of the vacancy and must state the date set by the City Council for the special election. In the case of a prospective vacancy, the Council may adopt the resolution before the vacancy occurs, but the special election may not be held until after the vacancy occurs. The special election must be conducted in accordance with the provisions of the resolution declaring the special election and section
5.030 of this Charter. A person elected to fill a vacancy at a special election must have the same qualifications as are required of the elected official.

3. A candidate at a special election to fill a vacancy in the office of a City Council Member who represents a ward must be elected only by the registered voters of the ward that the candidate seeks to represent.

Sec. 4. Section 1.070 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 163, Statutes of Nevada 2015, at page 767, is hereby amended to read as follows:

Sec. 1.070 Elective offices: Vacancies.

1. Except as otherwise provided in this section, a vacancy in the City Council or in the office of City Attorney or Municipal Judge must be filled by a majority vote of the members of the City Council within 30 days after the occurrence of the vacancy. A person may be selected to fill a prospective vacancy in the City Council before the vacancy occurs. In filling a prospective vacancy, each member of the Council, except any member whose term of office expires before the occurrence of the vacancy, may participate in any action taken by the Council pursuant to this section. The appointee must have the same qualifications as are required of the elective official. The appointee shall serve until the next general municipal election and until his or her successor is elected and qualified.

2. If a prospective vacancy or vacancy occurs in the office of a City Council Member, in lieu of appointment, the City Council may, by resolution, declare a special election to fill the vacancy for the remainder of the unexpired term. The resolution declaring a special election must be adopted within 30 days after the occurrence of the vacancy and must state the date set by the City Council for the special election. In the case of a prospective vacancy, the Council may adopt the resolution before the vacancy occurs, but the special election may not be held until after the vacancy occurs. The special election must be conducted in accordance with the provisions of the resolution declaring the special election and section 5.030 of this Charter. A person elected to fill a vacancy at a special election must have the same qualifications as are required of the elected official.

3. A candidate at a special election to fill a vacancy in the office of a City Council Member ~~[who represents a ward]~~ must be elected only by the registered voters of the ward that the candidate seeks to represent.

Sec. 4.5. Section 2.010 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 327, Statutes of Nevada 1999, at page 1366, is hereby amended to read as follows:

Sec. 2.010 ~~[Mayor and]~~ City Council: Qualifications; election; term of office; salary.

1. The legislative power of the City is vested in a City Council consisting of six Council Members. ~~[and a Mayor.]~~

2. The ~~[Mayor and]~~ Council Members must be qualified electors within the City. Each Council Member elected from a ward must continue to live in that ward for as long as he or she represents the ward.

3. ~~[The Mayor and one]~~ ***One*** Council Member ~~[represent]~~ ***represents*** the City at large and one Council Member represents each ward. The ~~[Mayor and]~~ Council Members serve for terms of 4 years.

4. The ~~[Mayor and]~~ Council Members are entitled to receive a salary in an amount fixed by the City Council.

Sec. 5. Section 2.010 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 327, Statutes of Nevada 1999, at page 1366, is hereby amended to read as follows:

Sec. 2.010 City Council: Qualifications; election; term of office; salary.

1. The legislative power of the City is vested in a City Council consisting of six Council Members.

2. The Council Members must be qualified electors within the City. Each Council Member elected from a ward must continue to live in that ward for as long as he or she represents the ward.

3. ~~[One Council Member represents the City at large and one]~~ ***One*** Council Member represents each ward. The Council Members serve for terms of 4 years.

4. The Council Members are entitled to receive a salary in an amount fixed by the City Council.

Sec. 5.5. **Section 3.010 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 349, Statutes of Nevada 2013, at page 1824, is hereby amended to read as follows:**

Sec. 3.010 Mayor: ~~[Duties;]~~ ***Qualifications; term of office; duties; salary;*** Vice Mayor.

1. ***The Mayor shall:***

(a) Be a qualified elector within the City.

(b) Serve a term of 4 years.

2. The Mayor:

(a) Shall ~~[serve as a member of the City Council and]~~ preside over ~~[its]~~ ***the*** meetings ~~[.]~~ ***of the City Council, but he or she is not entitled to vote on any matter before the Council.***

(b) ***May veto any matter passed by the City Council if he or she gives notice in writing to the City Clerk within 10 days after the action taken by the City Council. A veto may be overturned only by a vote of at least five-sixths of the City Council.***

(c) Shall not have any administrative duties.

~~[(c)]~~ ***(d)*** Must be recognized as the head of the City Government for all ceremonial purposes.

~~[(d)]~~ ***(e)*** Shall determine the order of business at meetings pursuant to the rules of the City Council.

~~[(e) Is entitled to vote and shall vote last on all roll call votes.]~~

(f) Shall take all proper measures for the preservation of the public peace and order and for the suppression of riots and all forms of public disturbance, for which he or she is authorized to appoint extra police officers temporarily and without regard to Civil Service rules and regulations, and to call upon the County Sheriff or, if that force is inadequate, to call upon the Governor for assistance.

(g) Shall perform such other duties, except administrative duties, as are prescribed by ordinance or by the provisions of Nevada Revised Statutes which apply to a mayor of a city organized pursuant to the provisions of a special charter.

~~[2.]~~ ***(h) Is entitled to receive a salary in an amount fixed by the City Council.***

3. At the first regular City Council meeting in November of each year or whenever a vacancy occurs in the office of Vice Mayor, the City Council shall elect one of the Council Members to be Vice Mayor. That person:

(a) Holds that office and title, without additional compensation, for a term of 1 year or until removed after a hearing for cause by a vote of six-sevenths of the City Council or the office otherwise becomes vacant.

(b) Shall perform the duties of Mayor during the absence or disability of the Mayor.

(c) Shall act as Mayor if the office of Mayor becomes vacant until the vacancy is filled pursuant to section 1.070 of this Charter.

Sec. 6. Section 3.020 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 163, Statutes of Nevada 2015, at page 771, is hereby amended to read as follows:

Sec. 3.020 City Manager: Duties; compensation; residency; vacancy.

1. The City Manager is the Chief Executive and Administrative Officer of the City Government. He or she is responsible to the City Council for the proper administration of all affairs of the City. The duties and salary of the City Manager must be fixed by the City Council and he or she is entitled to be reimbursed for all expenses incurred in the performance of his or her duties.

2. Except as otherwise provided in this subsection, the City Manager must actually, as opposed to constructively, reside in the State. A person who is appointed as City Manager by the City Council must become an actual resident of the State not later than 6 months after the date of his or her appointment.

3. Any vacancy in the City Manager position must be filled by the City Council not later than 6 months after the vacancy occurs.

4. ~~[~~The~~]~~ ***Subject to the provisions of section 1.090, the*** City Manager may appoint such staff as he or she deems necessary for the proper functioning of ~~[~~his or her office, including, without limitation:

~~(a) A Chief of Staff, who is an appointive officer and not subject to the provisions of article IX of this Charter.~~

~~(b) One or more Assistant City Managers, who are appointive officers and not subject to the provisions of article IX of this Charter.~~

~~(c) An Executive Assistant, who is an appointive officer and not subject to the provisions of article IX of this Charter.~~

~~(d) Clerical and office support staff, who are subject to the provisions of article IX of this Charter.~~] ***the City.***

5. The City Manager may designate an acting City Manager to serve in his or her absence or, if he or she fails to do so, the City Council may appoint an acting City Manager.

6. No member of the City Council may be appointed as City Manager during the term for which he or she was elected, or for 1 year thereafter.

7. The City Manager shall appoint all officers and employees of the City and may remove any officer or employee of the City except as otherwise provided in this Charter. The City Manager may authorize the head of a department or office to appoint or remove his or her subordinates.

Sec. 7. Section 3.140 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 163, Statutes of Nevada 2015, at page 773, is hereby amended to read as follows:

Sec. 3.140 Interference and direction by City Council.

1. [~~The~~] ***Except as specifically authorized in this Charter, the*** Mayor or Council Members shall not dictate the appointment, suspension or removal of any [~~appointive~~] employee. No person covered by the rules and regulations of the Commission may be appointed, suspended or removed except as provided in those rules and regulations.

2. Any action directed by the City Council in a public meeting shall be deemed to be direction to the City Manager and not to any subordinate of the City Manager. The City Council [~~or~~] ***and*** its members shall [~~not:~~

~~(a) Deal~~] ***deal*** directly with [~~an appointive employee on a matter pertaining to City business, except for the purpose of inquiry, but shall deal through~~] the City Manager [~~; or~~

~~(b) Give~~] ***and shall not give*** any order, publicly or privately, to any subordinate of the City Manager.

Sec. 8. The Charter of the City or Reno, being chapter 662, Statutes of Nevada 1971, at page 1962, is hereby amended by adding thereto a new section to be designated as section 5.120 immediately following section 5.110, to read as follows:

Sec. 5.120 Reports of Campaign Contributions.

1. The City Council shall adopt an ordinance requiring the Mayor and each member of the City Council to report contributions received during every year other than the year in which the general election for that office is held.

2. The reports required by an ordinance adopted pursuant to subsection 1 must be in addition to the reports required by chapter 294A of NRS.

3. As used in this section, "contribution" has the meaning ascribed to it in NRS 294A.007.

Sec. 9. Section 5.010 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 349, Statutes of Nevada 2013, at page 1828, is hereby amended to read as follows:

Sec. 5.010 General elections.

1. On the date fixed by the election laws of the State for the statewide general election in November 2002, and at each successive interval of 6 years, there must be elected ~~[by the qualified voters of the City,]~~ at the general election, a Municipal Judge, who holds office for a term of 6 years and until his or her successor has been elected and qualified.

2. On the date fixed by the election laws of the State for the statewide general election in November 2002, and at each successive interval of 4 years, there must be elected ~~[by the qualified voters of the City,]~~ at the general election, a Mayor, Council Members from the second and fourth wards, and a City Attorney, all of whom hold office for a term of 4 years and until their successors have been elected and qualified.

3. On the date fixed by the election laws of the State for the statewide general election in November 2004, and at each successive interval of 6 years, there must be elected ~~[by the qualified voters of the City,]~~ at the general election, one or more Municipal Judges, other than the Municipal Judge referred to in subsection 1, all of whom hold office for a term of 6 years and until their successors have been elected and qualified.

4. On the date fixed by the election laws of the State for the statewide general election in November 2004, and at each successive interval of 4 years, there must be elected ~~[by the qualified voters of the City,]~~ at the general election, Council Members from the first, third and fifth wards and one Council Member at large, all of whom hold office for a term of 4 years and until their successors have been elected and qualified.

5. In the general election:

(a) A candidate for the office of Council Member who represents a ward must be elected only by the registered voters of the ward that the candidate seeks to represent.

(b) Candidates for the offices of Mayor, Municipal Judge, City Attorney and Council Member at large must be elected by the registered voters of the city at large.

Sec. 10. Section 5.010 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 349, Statutes of Nevada 2013, at page 1828, is hereby amended to read as follows:

Sec. 5.010 General elections.

1. On the date fixed by the election laws of the State for the statewide general election in November 2002, and at each successive interval of 6 years, there must be elected at the general election, a

Municipal Judge, who holds office for a term of 6 years and until his or her successor has been elected and qualified.

2. On the date fixed by the election laws of the State for the statewide general election in November 2002, and at each successive interval of 4 years, there must be elected at the general election, a Mayor, Council Members from the second and fourth wards, and a City Attorney, all of whom hold office for a term of 4 years and until their successors have been elected and qualified.

3. On the date fixed by the election laws of the State for the statewide general election in November 2004, and at each successive interval of 6 years, there must be elected at the general election, one or more Municipal Judges, other than the Municipal Judge referred to in subsection 1, all of whom hold office for a term of 6 years and until their successors have been elected and qualified.

4. On the date fixed by the election laws of the State for the statewide general election in November 2004, and at each successive interval of 4 years, there must be elected at the general election, Council Members from the first, third and fifth wards ~~[and one Council Member at large,]~~ all of whom hold office for a term of 4 years and until their successors have been elected and qualified.

5. ***On the date fixed by the election laws of the State for the statewide general election in November 2024, and at each successive interval of 4 years, there must be elected at the general election a Council Member from the sixth ward, who holds office for a term of 4 years and until his or her successor has been elected and qualified.***

6. In the general election:

(a) A candidate for the office of Council Member ~~[who represents a ward]~~ must be elected only by the registered voters of the ward that the candidate seeks to represent.

(b) Candidates for the offices of Mayor, Municipal Judge ~~[,]~~ ***and*** City Attorney ~~[and Council Member at large]~~ must be elected by the registered voters of the city at large.

Sec. 11. Section 5.020 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 349, Statutes of Nevada 2013, at page 1829, is hereby amended to read as follows:

Sec. 5.020 Primary elections; declaration of candidacy.

1. A candidate for any office to be voted for at an election must file a declaration of candidacy with the City Clerk. All filing fees collected by the City Clerk must be deposited to the credit of the General Fund of the City.

2. If for any general election, there are three or more candidates for any office to be filled at that election, a primary election for any such office must be held on the date fixed by the election laws of the State for statewide elections, at which time there must be nominated candidates for the office to be voted for at the next general election. If for any

general election there are two or fewer candidates for any office to be filled at that election, their names must not be placed on the ballot for the primary election but must be placed on the ballot for the general election. The general election must be held on the date fixed by the election laws of the State for the statewide general election.

3. In the primary election:

(a) The names of the two candidates for Municipal Judge, City Attorney or a particular City Council seat, as the case may be, who receive the highest number of votes must be placed on the ballot for the general election.

(b) Candidates for Council Member who represent a specific ward must be voted upon only by the registered voters of that ward.

(c) Candidates for Mayor ***, Municipal Judge, City Attorney*** and Council Member at large must be voted upon by all registered voters of the City.

~~[4. The Mayor and all Council Members must be voted upon by all registered voters of the City at the general election.]~~

Sec. 12. Section 5.020 of the Charter of the City of Reno, being chapter 662, Statutes of Nevada 1971, as last amended by chapter 349, Statutes of Nevada 2013, at page 1829, is hereby amended to read as follows:

Sec. 5.020 Primary elections; declaration of candidacy.

1. A candidate for any office to be voted for at an election must file a declaration of candidacy with the City Clerk. All filing fees collected by the City Clerk must be deposited to the credit of the General Fund of the City.

2. If for any general election, there are three or more candidates for any office to be filled at that election, a primary election for any such office must be held on the date fixed by the election laws of the State for statewide elections, at which time there must be nominated candidates for the office to be voted for at the next general election. If for any general election there are two or fewer candidates for any office to be filled at that election, their names must not be placed on the ballot for the primary election but must be placed on the ballot for the general election. The general election must be held on the date fixed by the election laws of the State for the statewide general election.

3. In the primary election:

(a) The names of the two candidates for Municipal Judge, City Attorney or a particular City Council seat, as the case may be, who receive the highest number of votes must be placed on the ballot for the general election.

(b) Candidates for Council Member who represent a specific ward must be voted upon only by the registered voters of ~~[~~that~~]~~ ***the*** ward ~~[.]~~ ***that the candidate seeks to represent.***

(c) Candidates for Mayor, Municipal Judge ~~[,]~~ ***and*** City Attorney ~~[and Council Member at large]~~ must be voted upon by all registered voters of the City.

Sec. 13. After the completion of the 2020 decennial census of the Bureau of the Census of the United States Department of Commerce, and before January 1, 2024, the City Council of the City of Reno shall establish the boundaries of the additional ward created by the provisions of section 1.050 of the Charter of the City of Reno, as amended by section 2 of this act, which must be designated the sixth ward, and change the boundaries of the first through fifth wards to comply with the provisions of section 1.050 of the Charter of the City of Reno, as amended by section 2 of this act.

Sec. 14. Notwithstanding the provisions of sections 2.010 and 5.010 of the Charter of the City of Reno, as amended by sections 5 and 10 of this act:

1. A Council Member of the City or Reno who holds office on January 1, 2024:

(a) If elected or appointed to represent a ward, shall continue to represent that ward for the remainder of his or her term of office.

(b) If elected or appointed to represent the City at large, shall continue to represent the City at large for the remainder of his or her term of office.

2. The sixth ward created by the provisions of section 1.050 of the Charter of the City of Reno, as amended by section 2 of this act, must be filled initially at the general election held on the date fixed by the election laws of the State for the statewide general election in November 2024 and shall not be deemed to be vacant before that time.

Sec. 15. 1. This section and sections 1, 3, 6 to 9, inclusive, 11 and 13 of this act become effective on July 1, 2017.

2. Sections 2, 4, 5, 10, 12 and 14 of this act become effective:

(a) On July 1, 2017, for the purpose of passing ordinances, establishing the boundaries of the additional ward created by the provisions of section 1.050 of the Charter of the City of Reno, as amended by section 2 of this act, changing the boundaries of the first through fifth wards to comply with the provisions of section 1.050 of the Charter of the City of Reno, as amended by section 2 of this act, and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.

3. Sections 4.5 and 5.5 of this act become effective on October 1, 2017.

Assemblywoman Benitez-Thompson moved that the Assembly do not concur in the Senate Amendment No. 960 to Assembly Bill No. 36.

Remarks by Assemblywoman Benitez-Thompson.

ASSEMBLYWOMAN BENITEZ-THOMPSON:

First of all, I want to thank the Chairman of Government Affairs for giving me the latitude to be able to make this motion and to be able to make comments on the record. It was important to me as I served as the Chair of Assembly Government Affairs during the 2013 Session. During that session, we heard and considered Assembly Bill 9, which was brought forth by the City of

Reno and addressed changes they would like to make to their charter. It was during that session that I worked with my colleague from Assembly District 31 to create and put in place a charter committee. The goal of the committee was to create a citizen-based process whereby due consideration of measures could be deliberated and voted upon. It is because of my role in helping to establish that process and my belief in that process and in that spirit that we not concur with Amendment 960.

Motion carried.

Bill ordered transmitted to the Senate.

Assembly Bill No. 249.

The following Senate amendment was read:

Amendment No. 751.

ASSEMBLYMEN FRIERSON, BILBRAY-AXELROD, SPRINKLE, BENITEZ-THOMPSON, YEAGER; ELLIOT ANDERSON, ARAUJO, BROOKS, BUSTAMANTE ADAMS, CARLTON, CARRILLO, COHEN, DALY, DIAZ, FLORES, FUMO, JAUREGUI, JOINER, MCCURDY II, MILLER, MONROE-MORENO, NEAL, OHRENSCHALL, SPIEGEL, SWANK, THOMPSON AND WATKINS

JOINT SPONSORS: SENATORS FORD, RATTI AND CANCELA

AN ACT relating to health care; requiring the State Plan for Medicaid to provide certain benefits relating to contraception; revising provisions relating to dispensing of contraceptives; requiring all health insurance plans to provide certain benefits relating to contraception; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires most health insurance plans which cover prescription drugs and outpatient care to also include coverage for contraceptive drugs and devices without an additional copay, coinsurance or a higher deductible than that which may be charged for other prescription drugs and outpatient care under the plan. (NRS 689A.0415, 689A.0417, 689B.0376, 689B.0377, 695B.1916, 695B.1918, 695C.1694, 695C.1695) Certain plans, including small employer plans, benefit contracts provided by fraternal benefit societies, plans issued by a managed care organization and certain plans offered by governmental entities of this State are not currently subject to these requirements. (Chapters 287, 689C, 695A and 695G of NRS)

The federal Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended, requires certain contraceptive drugs, devices and services to be covered by every health insurance plan without any copay, coinsurance or higher deductible. (42 U.S.C. § 300gg-13(a)(4); 45 C.F.R. § 147.130) **Sections 3, 4 and 7-25** of this bill align Nevada law with federal law, requiring all public and private health insurance plans made available in this State to provide coverage for certain benefits relating to contraception without any copay, coinsurance or a higher deductible. **Sections 3, 4 and 7-25** require ~~[all forms of]~~ **certain** contraceptive drugs, devices and services which are approved by the Food and Drug Administration to be covered by a health insurance plan, including, without limitation, up to a 12-month supply of ~~[contraceptives]~~ **a drug for contraception** or its therapeutic equivalent,

insertion ~~[or removal]~~ of a ~~[contraceptive]~~ device **~~[,]~~ for contraception, removal of such a device that was inserted while the insured was covered by the same policy of health insurance,** education and counseling relating to contraception, management of side effects relating to contraception and voluntary sterilization for women. **Sections 3, 4 and 7-25** allow an insurer to require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug **~~.~~ ~~[or device.]~~** In addition, a health insurance plan must include for each method of contraception which is approved by the Food and Drug Administration **and for which the insurer is required to provide coverage** at least one contraceptive drug or device for which no deductible, copayment or coinsurance may be charged to the insured. **Sections 3, 4 and 7-25** authorize an insurer to ~~[require a program of step therapy or prior authorization to obtain coverage for]~~ **use medical management techniques to determine the frequency of treatment using** the contraceptive drugs, devices and services required by this bill. **Sections 3, 4 and 7-25 prohibit an insurer from using medical management techniques to require an insured to use a method of contraception other than that prescribed by a provider of health care. Sections 3, 4 and 7-25 additionally require an insurer to provide a process by which an insured may request an exemption from a medical management technique required by an insurer. Sections 3, 4 and 7-25** also require a health insurance plan to provide coverage for certain therapeutic equivalent drugs ~~[and devices]~~ relating to contraception when a therapeutic equivalent covered by the plan is deemed to be medically inappropriate by a provider of health care. Additionally, **sections 7, 11, 14, 16, 17, 20 and 25** require that the benefits provided by a health insurance plan relating to contraception which are provided to the insured must also be provided to a covered dependent of an insured.

Existing law allows an insurer which is affiliated with a religious organization and which objects on religious grounds to providing coverage for contraceptive drugs and devices to exclude coverage in its policies, plans or contracts for such drugs and devices. (NRS 689A.0415, 689B.0376, 695B.1916, 695C.1694) **Sections 7, 11, 14, 16, 17, 20 and 25** of this bill move the religious exemption coverage for the contraceptive drugs, devices and services required by this bill to the new provisions relating to coverage of contraception.

Existing law requires this State to develop a State Plan for Medicaid which includes, without limitation, a list of the medical services provided to Medicaid recipients. (42 U.S.C. § 1396a; NRS 422.063) Existing federal law authorizes a state to charge a copay, coinsurance or deductible for most Medicaid services, but prohibits any copay, coinsurance or deductible for certain contraceptive drugs, devices and services. (42 U.S.C. § 1396o-1) Existing federal law also authorizes a state to define the parameters of contraceptive coverage provided under Medicaid. (42 U.S.C. § 1396u-7)

Existing Nevada law requires a number of specific medical services to be covered under Medicaid. (NRS 422.2717-422.27241) **Section 1** of this bill requires the State Plan for Medicaid to include certain benefits relating to contraception currently required to be covered by private health insurance plans pursuant to existing Nevada law and the Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended, as well as ~~[the]~~ **certain** additional benefits related to contraception required by **sections 3, 4 and 7-25** of this bill without any copay, coinsurance or deductible in most cases. The benefits relating to ~~[contraceptive]~~ drugs **for contraception** which are provided by **section 1** of this bill are subject to step therapy and prior authorization requirements pursuant to existing law.

Existing law authorizes a pharmacist to dispense up to a 90-day supply of a drug pursuant to a valid prescription or order in certain circumstances. (NRS 639.2396) **Section 4.5** of this bill requires a pharmacist to dispense up to a 12-month supply of ~~[contraceptives]~~ **drugs for contraception** or a therapeutic equivalent **thereof** pursuant to a valid prescription or order if: (1) the patient has previously received a 3-month supply of the same drug; (2) the patient has previously received a 9-month supply of the same drug or a supply of the same drug for the balance of the plan year in which the 3-month supply was prescribed or ordered, whichever is less; (3) the patient is insured by the same health insurance plan; and (4) a provider of health care has not specified in the prescription or order that a different supply of the drug is necessary.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures for family planning services and supplies, including, without limitation:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration;

(c) Insertion or removal of a device for contraception;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. ~~[If a covered therapeutic equivalent described in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the Plan.~~

~~3.]~~ Except as otherwise provided in subsections ~~[5]~~ 4 and ~~[6,]~~ 5, to obtain any benefit included in the Plan pursuant to subsection 1, a person enrolled in Medicaid must not be required to:

(a) Pay a higher deductible, any copayment or coinsurance; or

(b) Be subject to a longer waiting period or any other condition.

~~[4.]~~ 3. The Director shall ensure that the provisions of this section are carried out in a manner which complies with the requirements established by the Drug Use Review Board and set forth in the list of preferred prescription drugs established by the Department pursuant to NRS 422.4025.

~~[5.]~~ 4. The Plan may require a person enrolled in Medicaid to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the person refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~6.]~~ 5. For each method of contraception which is approved by the Food and Drug Administration, the Plan must include at least one ~~[contraceptive]~~ drug or device for contraception for which no deductible, copayment or coinsurance may be charged to the person enrolled in Medicaid, but the Plan may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~[7.]~~ 6. As used in this section, "therapeutic equivalent" means a drug which:

(a) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(b) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(c) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 2. (Deleted by amendment.)

Sec. 2.5. NRS 422.401 is hereby amended to read as follows:

422.401 As used in NRS 422.401 to 422.406, inclusive, ***and section 1 of this act,*** unless the context otherwise requires, the words and terms defined in NRS 422.4015 and 422.402 have the meanings ascribed to them in those sections.

Sec. 3. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may:

(a) Adopt and carry into effect a system of group life, accident or health insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.

(b) Purchase group policies of life, accident or health insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, ***and section 11 of this act*** and 689B.287 apply to coverage provided pursuant to this paragraph ~~[.]~~ ***, except that the provisions of section 11 of this act only apply to coverage for active officers and employees of the governing body*** ~~*[of a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada,]*~~ ***or the dependents of such officers and employees.***

(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.

4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and

(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.

5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.

(b) Does not become effective unless approved by the Commissioner.

(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.

6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

Sec. 4. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, ***and section 25 of this act*** in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 4.5. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsections 2 and 3, pursuant to a valid prescription or order for a drug to be used for contraception or its therapeutic equivalent which has been approved by the Food and Drug Administration a pharmacist shall:

(a) The first time dispensing the drug or therapeutic equivalent to the patient, dispense up to a 3-month supply of the drug or therapeutic equivalent.

(b) The second time dispensing the drug or therapeutic equivalent to the patient, dispense up to a 9-month supply of the drug ~~[,]~~ or therapeutic equivalent, or any amount which covers the remainder of the plan year if the patient is covered by a health care plan, whichever is less.

(c) For a refill in a plan year following the initial dispensing of a drug or therapeutic equivalent pursuant to paragraphs (a) and (b) , ~~[of subsection 1,]~~ dispense up to a 12-month supply of the drug or therapeutic equivalent ~~[,]~~ or any amount which covers the remainder of the plan year if the patient is covered by a health care plan, whichever is less.

2. The provisions of paragraphs (b) and (c) of subsection 1 only apply if:

(a) The drug for contraception or the therapeutic equivalent of such drug is the same drug or therapeutic equivalent which was previously prescribed or ordered pursuant to paragraph (a) of subsection 1; and

(b) The patient is covered by the same health care plan.

3. If a prescription or order for a drug for contraception or its therapeutic equivalent limits the dispensing of the drug or therapeutic equivalent to a quantity which is less than the amount otherwise authorized to be dispensed pursuant to subsection 1, the pharmacist must dispense the drug or therapeutic equivalent in accordance with the quantity specified in the prescription or order.

4. As used in this section:

(a) "Health care plan" means a policy, contract, certificate or agreement offered or issued by an insurer, including without limitation, the State Plan for Medicaid, to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.

(b) "Plan year" means the year ~~[in which an insured is covered by a health care plan.]~~ designated in the evidence of coverage of a health care plan in which a person is covered by such plan.

(c) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 5. NRS 639.2396 is hereby amended to read as follows:

639.2396 1. Except as otherwise provided by subsection 2, a prescription which bears specific authorization to refill, given by the prescribing practitioner at the time he or she issued the original prescription, or a prescription which bears authorization permitting the pharmacist to refill the prescription as needed by the patient, may be refilled for the number of

times authorized or for the period authorized if it was refilled in accordance with the number of doses ordered and the directions for use.

2. ~~[A]~~ ***Except as otherwise provided in section 4.5 of this act, a*** pharmacist may, in his or her professional judgment and pursuant to a valid prescription that specifies an initial amount of less than a 90-day supply of a drug other than a controlled substance followed by periodic refills of the initial amount of the drug, dispense not more than a 90-day supply of the drug if:

(a) The patient has used an initial 30-day supply of the drug or the drug has previously been prescribed to the patient in a 90-day supply;

(b) The total number of dosage units that are dispensed pursuant to the prescription does not exceed the total number of dosage units, including refills, that are authorized on the prescription by the prescribing practitioner; and

(c) The prescribing practitioner has not specified on the prescription that dispensing the prescription in an initial amount of less than a 90-day supply followed by periodic refills of the initial amount of the drug is medically necessary.

3. Nothing in this section shall be construed to alter the coverage provided under any contract or policy of health insurance, health plan or program or other agreement arrangement that provides health coverage.

Sec. 6. (Deleted by amendment.)

Sec. 7. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, an insurer that offers or issues a policy of health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent,]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same policy of health insurance;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[7,]~~ 8, ~~[and]~~ 9 ~~[,]~~ and 11, an insurer that offers or issues a policy of health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. An insurer that offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

*~~[7.]~~ 8. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the

insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~8.]~~ 9. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 10 that have been approved by the Food and Drug Administration, a policy of health insurance must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~[9. An insurer may require an insured to:~~

~~(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.~~

~~(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the insurer that the benefit is medically necessary or appropriate for the insured.]~~

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

11. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

[(b)] (d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 8. NRS 689A.0415 is hereby amended to read as follows:

689A.0415 1. ~~[~~Except as otherwise provided in subsection 5, an~~]~~ ***An*** insurer that offers or issues a policy of health insurance which provides coverage for prescription drugs or devices shall include in the policy coverage for ~~[~~:

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any~~~~]~~ ***any*** type of hormone replacement therapy ~~[~~, ~~→~~~~]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a policy of health insurance that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for ~~[~~a contraceptive or~~]~~ hormone replacement therapy than is required for other prescription drugs covered by the policy;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[~~any of the services listed in subsection 1;~~]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the policy.

5. ~~[An insurer which offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.~~

~~6.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 9. NRS 689A.0417 is hereby amended to read as follows:

689A.0417 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of health insurance which provides coverage for outpatient care shall include in the policy coverage for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a policy of health insurance that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the policy;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the policy.

5. ~~[An insurer which offers or issues such a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.~~

~~6.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 10. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~[.]~~ ***, and section 7 of this act.***

Sec. 11. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, an insurer that offers or issues a policy of group health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent,]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same policy of group health insurance;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[8,]~~ 9 , ~~[and]~~ 10 ~~[,]~~ and 12, an insurer that offers or issues a policy of group health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. An insurer that offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

~~[7.]~~ 8. If an insurer refuses, pursuant to subsection ~~[6,]~~ 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

*~~[8.]~~ 9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~9.]~~ 10. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 11 that have been approved by the Food and Drug Administration, a policy of group health insurance must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

*~~[10. An insurer may require an insured to:~~

~~(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.~~

~~(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the insurer that the benefit is medically necessary or appropriate for the insured.]~~

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;
(d) Copper-based intrauterine devices;
(e) Progesterone-based intrauterine devices;
(f) Injections;
(g) Combined estrogen- and progestin-based drugs;
(h) Progestin-based drugs;
(i) Extended- or continuous-regimen drugs;
(j) Estrogen- and progestin-based patches;
(k) Vaginal contraceptive rings;
(l) Diaphragms with spermicide;
(m) Sponges with spermicide;
(n) Cervical caps with spermicide;
(o) Female condoms;
(p) Spermicide;
(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and
(r) Antiprogestin-based drugs for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a policy of group health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~[(b)]~~ ***(d) "Therapeutic equivalent" means a drug which:***

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 12. NRS 689B.0376 is hereby amended to read as follows:

689B.0376 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of group health insurance which provides coverage for prescription drugs or devices shall include in the policy coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~

~~➥]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a policy of group health insurance that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for ~~[a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the policy;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the policy.

5. ~~[An insurer which offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 13. NRS 689B.0377 is hereby amended to read as follows:

689B.0377 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of group health insurance which provides coverage for outpatient care shall include in the policy coverage for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a policy of group health insurance that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the policy;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[~~any of the services listed in subsection 1~~]~~ ***hormone replacement therapy*** to an insured.

3. ~~[~~Except as otherwise provided in subsection 5, a~~]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the policy.

5. ~~[An insurer which offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.~~~~]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 14. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, a carrier that offers or issues a health benefit plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same health benefit plan;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A carrier must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the carrier.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the carrier.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[7,]~~ 8 , ~~[and]~~ 9 ~~[,]~~ and 11, a carrier that offers or issues a health benefit plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health benefit plan pursuant to subsection 1;

(b) Refuse to issue a health benefit plan or cancel a health benefit plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. A carrier that offers or issues a health benefit plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the carrier objects on religious grounds. Such a carrier shall, before the issuance of a health benefit plan

and before the renewal of such a plan, provide to the prospective insured written notice of the coverage that the carrier refuses to provide pursuant to this subsection.

~~[7.]~~ 8. A carrier may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~8.]~~ 9. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 10 that have been approved by the Food and Drug Administration, a health benefit plan must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the carrier may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~[9. A carrier may require an insured to:~~

~~(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.~~

~~(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the carrier that the benefit is medically necessary or appropriate for the insured.]~~

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

11. Except as otherwise provided in this section and federal law, a carrier may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or

treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A carrier shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A carrier must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the carrier to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health benefit plan offered by a carrier under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the carrier. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~[(b)]~~ (d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 15. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, ***and section 14 of this act,*** to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 16. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, a society that offers or issues a benefit contract which provides coverage for prescription drugs or devices shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same benefit contract;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A society must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the society.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the society.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[7,]~~ 8 , ~~[and]~~ 9 ~~[,]~~ and 11, a society that offers or issues a benefit contract shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage for any benefit included in the benefit contract pursuant to subsection 1;

(b) Refuse to issue a benefit contract or cancel a benefit contract solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6.]~~ 7, a benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. A society that offers or issues a benefit contract and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the society objects on religious grounds. Such a society shall, before the issuance of a benefit contract and before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the society refuses to provide pursuant to this subsection.

*~~[7.]~~ 8. A society may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~8.]~~ 9. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 10 that have been approved by the Food and Drug Administration, a benefit contract must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the society may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~*[9. A society may require an insured to:*~~

~~*(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.*~~

~~*(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the society that the benefit is medically necessary or appropriate for the insured.]*~~

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;
(b) Surgical sterilization implants for women;
(c) Implantable rods;
(d) Copper-based intrauterine devices;
(e) Progesterone-based intrauterine devices;
(f) Injections;
(g) Combined estrogen- and progestin-based drugs;
(h) Progestin-based drugs;
(i) Extended- or continuous-regimen drugs;
(j) Estrogen- and progestin-based patches;
(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

11. Except as otherwise provided in this section and federal law, a society may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A society shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A society must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the society to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a benefit contract offered by a society under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the society. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~(b)~~ (d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 17. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, an insurer that offers or issues a contract for hospital or medical service shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same contract for hospital or medical service;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer that offers or issues a contract for hospital or medical services must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[8,]~~ 9 , ~~[and]~~ 10 ~~[,]~~ and 12, an insurer that offers or issues a contract for hospital or medical service shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the contract for hospital or medical service pursuant to subsection 1;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a contract for hospital or medical service subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. An insurer that offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

~~[7.]~~ 8. If an insurer refuses, pursuant to subsection ~~[6,]~~ 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

*~~[8.]~~ 9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug. ~~[or device.~~

~~9.]~~ 10. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 11 that have been approved by the Food and Drug Administration, a contract for hospital or medical service must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~*[10. An insurer may require an insured to:*~~

~~*(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.*~~

~~*(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the insurer that the benefit is medically necessary or appropriate for the insured.]*~~

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer that offers or issues a contract for hospital or medical services may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a contract for hospital or medical service offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in

whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~*[(b)]*~~ ***(d) "Therapeutic equivalent" means a drug which:***

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 18. NRS 695B.1916 is hereby amended to read as follows:

695B.1916 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a contract for hospital or medical service which provides coverage for prescription drugs or devices shall include in the contract coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~ ~~➥]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a contract for hospital or medical service that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for ~~[a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the contract;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage

required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the contract.

5. ~~[An insurer which offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 19. NRS 695B.1918 is hereby amended to read as follows:

695B.1918 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a contract for hospital or medical service which provides coverage for outpatient care shall include in the contract coverage for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a contract for hospital or medical service that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the contract;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the contract.

5. ~~[An insurer which offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 20. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, a health maintenance organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the enrollee was covered by the same health care plan;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A health maintenance organization must ensure that the benefits required by subsection 1 are made available to an enrollee through a provider of health care who participates in the network plan of the health maintenance organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the health maintenance organization.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[8,]~~ 9 , ~~[and]~~ 10 ~~[,]~~ and 12, a health maintenance organization that offers or issues a health care plan shall not:

(a) Require an enrollee to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an enrollee; or

(f) Impose any other restrictions or delays on the access of an enrollee to any such benefit.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an enrollee must be the same as for the enrollee.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a health care plan subject to the provisions of this chapter that is delivered, issued for

delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. A health maintenance organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the health maintenance organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective enrollee written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection.

~~[7.]~~ 8. If a health maintenance organization ~~[,]~~ refuses, pursuant to subsection ~~[6, refuses]~~ 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

*~~[8.]~~ 9. A health maintenance organization may require an enrollee to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the enrollee refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~9.]~~ 10. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 11 that have been approved by the Food and Drug Administration, a health care plan must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the enrollee, but the health maintenance organization may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~[10. A health maintenance organization may require an enrollee to:~~

~~(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.~~

~~(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the health maintenance organization that the benefit is medically necessary or appropriate for the enrollee.]~~

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

12. Except as otherwise provided in this section and federal law, a health maintenance organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. A health maintenance organization shall not use medical management techniques to require an enrollee to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. A health maintenance organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an enrollee, or the authorized representative of the enrollee, may request an exception relating to any medical management technique used by the health maintenance organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~[(b)]~~ (d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 21. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

2. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, must not be construed to violate any provision of law relating to solicitation or advertising by practitioners of a healing art.

3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt from the provisions of chapter 630 of NRS.

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1735 to 695C.1755, inclusive, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694, 695C.1695, 695C.1708, 695C.1731, 695C.17345 **,** ~~[and]~~ 695C.1757 ***and section 20 of this act*** apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 22. NRS 695C.1694 is hereby amended to read as follows:

695C.1694 1. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** health maintenance organization which offers or issues a health care plan that provides coverage for prescription drugs or devices shall include in the plan coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~ ~~➥]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. A health maintenance organization that offers or issues a health care plan that provides coverage for prescription drugs shall not:

(a) Require an enrollee to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for

coverage for ~~[a prescription for a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the plan;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an enrollee.

3. ~~[Except as otherwise provided in subsection 5, evidence]~~ ***Evidence*** of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require a health maintenance organization to provide coverage for fertility drugs.

(b) Prohibit a health maintenance organization from requiring an enrollee to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the enrollee is required to pay for other prescription drugs covered by the plan.

~~5. [A health maintenance organization which offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the health maintenance organization objects on religious grounds. The health maintenance organization shall, before the issuance of a health care plan and before renewal of enrollment in such a plan, provide to the group policyholder or prospective enrollee, as applicable, written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection. The health maintenance organization shall provide notice to each enrollee, at the time the enrollee receives his or her evidence of coverage, that the health maintenance organization refused to provide coverage pursuant to this subsection.~~

~~6. If a health maintenance organization refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an~~

~~employer may otherwise provide for the coverage for the employees of the employer.~~

~~— 7.~~**]** As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 23. NRS 695C.1695 is hereby amended to read as follows:

695C.1695 1. ~~**[**Except as otherwise provided in subsection 5, a~~**]** ***A*** health maintenance organization that offers or issues a health care plan which provides coverage for outpatient care shall include in the plan coverage for any health care service related to ~~**[**contraceptives or~~**]** hormone replacement therapy.

2. A health maintenance organization that offers or issues a health care plan that provides coverage for outpatient care shall not:

(a) Require an enrollee to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~**[**contraceptives or~~**]** hormone replacement therapy than is required for other outpatient care covered by the plan;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future ~~**[**any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from accessing ~~**[**any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~**[**any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~**[**any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an enrollee.

3. ~~**[**Except as otherwise provided in subsection 5, evidence~~**]** ***Evidence*** of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit a health maintenance organization from requiring an enrollee to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the enrollee is required to pay for other outpatient care covered by the plan.

5. ~~**[**A health maintenance organization which offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives~~

~~required by this section if the health maintenance organization objects on religious grounds. The health maintenance organization shall, before the issuance of a health care plan and before renewal of enrollment in such a plan, provide to the group policyholder or prospective enrollee, as applicable, written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection. The health maintenance organization shall provide notice to each enrollee, at the time the enrollee receives his or her evidence of coverage, that the health maintenance organization refused to provide coverage pursuant to this subsection.~~

~~6. If a health maintenance organization refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 24. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, ***and section 20 of this act*** or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or

(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.

Sec. 25. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection ~~[6,]~~ 7, a managed care organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

~~[(3)]~~ (4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception ~~[or its therapeutic equivalent]~~ which is ~~[lawfully]~~ :

(1) Lawfully prescribed or ordered ~~[and which has been approved]~~ ;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion ~~[or removal]~~ of a device for contraception ~~[,]~~ or removal of such a device if the device was inserted while the insured was covered by the same health care plan;

(d) Education and counseling relating to the initiation of the use of ~~[contraceptives]~~ contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A managed care organization must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the managed care organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the managed care organization.

~~[3.]~~ 4. Except as otherwise provided in subsections ~~[7,]~~ 8 , ~~[and]~~ 9 ~~[,]~~ and 11, a managed care organization that offers or issues a health care plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefits;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefits;

(d) Penalize a provider of health care who provides any such benefits to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefits to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefits.

~~[4.]~~ 5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

~~[5.]~~ 6. Except as otherwise provided in subsection ~~[6,]~~ 7, a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

~~[6.]~~ 7. A managed care organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to

provide the coverage required by subsection 1 if the managed care organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective insured written notice of the coverage that the managed care organization refuses to provide pursuant to this subsection.

~~[7.]~~ 8. A managed care organization may require an insured to pay a higher deductible, copayment or coinsurance for a drug ~~[or device]~~ for contraception if the insured refuses to accept a therapeutic equivalent of the ~~[contraceptive]~~ drug . ~~[or device.~~

~~8.]~~ 9. For each ~~[method]~~ of the 18 methods of contraception ~~[which is]~~ listed in subsection 10 that have been approved by the Food and Drug Administration, a health care plan must include at least one ~~[contraceptive]~~ drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the managed care organization may charge a deductible, copayment or coinsurance for any other ~~[contraceptive]~~ drug or device that provides the same method of contraception.

~~[9. A managed care organization may require an insured to:~~

~~(a) Participate in a reasonable program of step therapy to obtain coverage for any benefit required by subsection 1.~~

~~(b) Obtain prior authorization before obtaining coverage for any benefit required by subsection 1 as part of a determination by the managed care organization that the benefit is medically necessary or appropriate for the insured.]~~

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) Antiprogestin-based drugs for emergency contraception.

11. Except as otherwise provided in this section and federal law, a managed care organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A managed care organization shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A managed care organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the managed care organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health care plan offered by a managed care organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the managed care organization. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

~~[(b)]~~ (d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 26. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 27. This act becomes effective on January 1, 2018.

Assemblyman Sprinkle moved that the Assembly do not concur in the Senate Amendment No. 751 to Assembly Bill No. 249.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

Amendment 751 made numerous changes to Assembly Bill 249. The most substantive changes included listing the types of contraception that must be covered by certain health insurance providers and authorizing an insurer to use medical management techniques in certain circumstances.

Motion carried by a constitutional majority.

The following Senate amendment was read:

Amendment No. 966.

AN ACT relating to health care; requiring the State Plan for Medicaid to provide certain benefits relating to contraception; revising provisions relating to dispensing of contraceptives; requiring all health insurance plans to provide certain benefits relating to contraception; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires most health insurance plans which cover prescription drugs and outpatient care to also include coverage for contraceptive drugs and devices without an additional copay, coinsurance or a higher deductible than that which may be charged for other prescription drugs and outpatient care under the plan. (NRS 689A.0415, 689A.0417, 689B.0376, 689B.0377, 695B.1916, 695B.1918, 695C.1694, 695C.1695) Certain plans, including small employer plans, benefit contracts provided by fraternal benefit societies, plans issued by a managed care organization and certain plans offered by governmental entities of this State are not currently subject to these requirements. (Chapters 287, 689C, 695A and 695G of NRS)

The federal Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended, requires certain contraceptive drugs, devices and services to be covered by every health insurance plan without any copay, coinsurance or higher deductible. (42 U.S.C. § 300gg-13(a)(4); 45 C.F.R. § 147.130) **Sections 3, 4 and 7-25** of this bill align Nevada law with federal law, requiring all public and private health insurance plans made available in this State to provide coverage for certain benefits relating to contraception without any copay, coinsurance or a higher deductible. **Sections 3, 4 and 7-25** require certain contraceptive drugs, devices and services which are approved by the Food and Drug Administration to be covered by a health insurance plan, including, without limitation, up to a 12-month supply of a drug for contraception or its therapeutic equivalent, insertion of a device for contraception, removal of such a device that was inserted while the insured was covered by the same policy of health insurance, education and counseling relating to contraception, management of side effects relating to contraception and voluntary sterilization for women. **Sections 3, 4 and 7-25** allow an insurer to require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug. In addition, a health insurance plan must include for each method of contraception which is approved by the Food and Drug Administration and for which the insurer is required to provide

coverage at least one contraceptive drug or device for which no deductible, copayment or coinsurance may be charged to the insured. **Sections 3, 4 and 7-25** authorize an insurer to use medical management techniques to determine the frequency of treatment using the contraceptive drugs, devices and services required by this bill. **Sections 3, 4 and 7-25** prohibit an insurer from using medical management techniques to require an insured to use a method of contraception other than that prescribed by a provider of health care. **Sections 3, 4 and 7-25** additionally require an insurer to provide a process by which an insured may request an exemption from a medical management technique required by an insurer. **Sections 3, 4 and 7-25** also require a health insurance plan to provide coverage for certain therapeutic equivalent drugs relating to contraception when a therapeutic equivalent covered by the plan is deemed to be medically inappropriate by a provider of health care. Additionally, **sections 7, 11, 14, 16, 17, 20 and 25** require that the benefits provided by a health insurance plan relating to contraception which are provided to the insured must also be provided to a covered dependent of an insured.

Existing law allows an insurer which is affiliated with a religious organization and which objects on religious grounds to providing coverage for contraceptive drugs and devices to exclude coverage in its policies, plans or contracts for such drugs and devices. (NRS 689A.0415, 689B.0376, 695B.1916, 695C.1694) **Sections 7, 11, 14, 16, 17, 20 and 25** of this bill move the religious exemption coverage for the contraceptive drugs, devices and services required by this bill to the new provisions relating to coverage of contraception.

Existing law requires this State to develop a State Plan for Medicaid which includes, without limitation, a list of the medical services provided to Medicaid recipients. (42 U.S.C. § 1396a; NRS 422.063) Existing federal law authorizes a state to charge a copay, coinsurance or deductible for most Medicaid services, but prohibits any copay, coinsurance or deductible for certain contraceptive drugs, devices and services. (42 U.S.C. § 1396o-1) Existing federal law also authorizes a state to define the parameters of contraceptive coverage provided under Medicaid. (42 U.S.C. § 1396u-7) Existing Nevada law requires a number of specific medical services to be covered under Medicaid. (NRS 422.2717-422.27241) **Section 1** of this bill requires the State Plan for Medicaid to include certain benefits relating to contraception currently required to be covered by private health insurance plans pursuant to existing Nevada law and the Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended, as well as certain additional benefits related to contraception required by **sections 3, 4 and 7-25** of this bill without any copay, coinsurance or deductible in most cases. The benefits relating to drugs for contraception which are provided by **section 1** of this bill are subject to step therapy and prior authorization requirements pursuant to existing law.

Existing law authorizes a pharmacist to dispense up to a 90-day supply of a drug pursuant to a valid prescription or order in certain circumstances. (NRS 639.2396) **Section 4.5** of this bill requires a pharmacist to dispense up to a 12-month supply of drugs for contraception or a therapeutic equivalent thereof pursuant to a valid prescription or order if: (1) the patient has previously received a 3-month supply of the same drug; (2) the patient has previously received a 9-month supply of the same drug or a supply of the same drug for the balance of the plan year in which the 3-month supply was prescribed or ordered, whichever is less; (3) the patient is insured by the same health insurance plan; and (4) a provider of health care has not specified in the prescription or order that a different supply of the drug is necessary.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Director shall include in the State Plan for Medicaid a requirement that the State pay the nonfederal share of expenditures for family planning services and supplies, including, without limitation:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration;

(c) Insertion or removal of a device for contraception;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. Except as otherwise provided in subsections 4 and 5, to obtain any benefit included in the Plan pursuant to subsection 1, a person enrolled in Medicaid must not be required to:

(a) Pay a higher deductible, any copayment or coinsurance; or

(b) Be subject to a longer waiting period or any other condition.

3. The Director shall ensure that the provisions of this section are carried out in a manner which complies with the requirements established by the Drug Use Review Board and set forth in the list of preferred prescription drugs established by the Department pursuant to NRS 422.4025.

4. The Plan may require a person enrolled in Medicaid to pay a higher deductible, copayment or coinsurance for a drug for contraception if the person refuses to accept a therapeutic equivalent of the drug.

5. For each method of contraception which is approved by the Food and Drug Administration, the Plan must include at least one drug or device for contraception for which no deductible, copayment or coinsurance may be charged to the person enrolled in Medicaid, but the Plan may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

6. As used in this section, "therapeutic equivalent" means a drug which:

(a) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(b) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(c) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 2. (Deleted by amendment.)

Sec. 2.5. NRS 422.401 is hereby amended to read as follows:

422.401 As used in NRS 422.401 to 422.406, inclusive, ***and section 1 of this act,*** unless the context otherwise requires, the words and terms defined in NRS 422.4015 and 422.402 have the meanings ascribed to them in those sections.

Sec. 3. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may:

(a) Adopt and carry into effect a system of group life, accident or health insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.

(b) Purchase group policies of life, accident or health insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and

employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, ***and section 11 of this act*** and 689B.287 apply to coverage provided pursuant to this paragraph ~~[.]~~ ***, except that the provisions of section 11 of this act only apply to coverage for active officers and employees of the governing body or the dependents of such officers and employees.***

(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.

4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and

(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.

5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.

(b) Does not become effective unless approved by the Commissioner.

(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.

6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

Sec. 4. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, ***and section 25 of this act*** in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 4.5. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsections 2 and 3, pursuant to a valid prescription or order for a drug to be used for contraception or its therapeutic equivalent which has been approved by the Food and Drug Administration a pharmacist shall:

(a) The first time dispensing the drug or therapeutic equivalent to the patient, dispense up to a 3-month supply of the drug or therapeutic equivalent.

(b) The second time dispensing the drug or therapeutic equivalent to the patient, dispense up to a 9-month supply of the drug or therapeutic equivalent, or any amount which covers the remainder of the plan year if the patient is covered by a health care plan, whichever is less.

(c) For a refill in a plan year following the initial dispensing of a drug or therapeutic equivalent pursuant to paragraphs (a) and (b), dispense up to a 12-month supply of the drug or therapeutic equivalent or any amount which covers the remainder of the plan year if the patient is covered by a health care plan, whichever is less.

2. The provisions of paragraphs (b) and (c) of subsection 1 only apply if:

(a) The drug for contraception or the therapeutic equivalent of such drug is the same drug or therapeutic equivalent which was previously prescribed or ordered pursuant to paragraph (a) of subsection 1; and

(b) The patient is covered by the same health care plan.

3. If a prescription or order for a drug for contraception or its therapeutic equivalent limits the dispensing of the drug or therapeutic equivalent to a quantity which is less than the amount otherwise authorized

to be dispensed pursuant to subsection 1, the pharmacist must dispense the drug or therapeutic equivalent in accordance with the quantity specified in the prescription or order.

4. As used in this section:

(a) "Health care plan" means a policy, contract, certificate or agreement offered or issued by an insurer, including without limitation, the State Plan for Medicaid, to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.

(b) "Plan year" means the year designated in the evidence of coverage of a health care plan in which a person is covered by such plan.

(c) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 5. NRS 639.2396 is hereby amended to read as follows:

639.2396 1. Except as otherwise provided by subsection 2, a prescription which bears specific authorization to refill, given by the prescribing practitioner at the time he or she issued the original prescription, or a prescription which bears authorization permitting the pharmacist to refill the prescription as needed by the patient, may be refilled for the number of times authorized or for the period authorized if it was refilled in accordance with the number of doses ordered and the directions for use.

2. ~~[A]~~ ***Except as otherwise provided in section 4.5 of this act, a*** pharmacist may, in his or her professional judgment and pursuant to a valid prescription that specifies an initial amount of less than a 90-day supply of a drug other than a controlled substance followed by periodic refills of the initial amount of the drug, dispense not more than a 90-day supply of the drug if:

(a) The patient has used an initial 30-day supply of the drug or the drug has previously been prescribed to the patient in a 90-day supply;

(b) The total number of dosage units that are dispensed pursuant to the prescription does not exceed the total number of dosage units, including refills, that are authorized on the prescription by the prescribing practitioner; and

(c) The prescribing practitioner has not specified on the prescription that dispensing the prescription in an initial amount of less than a 90-day supply followed by periodic refills of the initial amount of the drug is medically necessary.

3. Nothing in this section shall be construed to alter the coverage provided under any contract or policy of health insurance, health plan or program or other agreement arrangement that provides health coverage.

Sec. 6. (Deleted by amendment.)

Sec. 7. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, an insurer that offers or issues a policy of health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same policy of health insurance;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 8, 9 and 11, an insurer that offers or issues a policy of health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a policy of health insurance must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;
(b) Surgical sterilization implants for women;
(c) Implantable rods;
(d) Copper-based intrauterine devices;
(e) Progesterone-based intrauterine devices;
(f) Injections;
(g) Combined estrogen- and progestin-based drugs;
(h) Progestin-based drugs;
(i) Extended- or continuous-regimen drugs;
(j) Estrogen- and progestin-based patches;
(k) Vaginal contraceptive rings;
(l) Diaphragms with spermicide;
(m) Sponges with spermicide;
(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin-based drugs]~~ Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 8. NRS 689A.0415 is hereby amended to read as follows:

689A.0415 1. ~~[~~Except as otherwise provided in subsection 5, an~~]~~ ***An*** insurer that offers or issues a policy of health insurance which provides coverage for prescription drugs or devices shall include in the policy coverage for ~~[~~:

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any~~**]** ***any*** type of hormone replacement therapy **[**~~,~~ ~~"]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a policy of health insurance that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for **[**~~a contraceptive or~~**]** hormone replacement therapy than is required for other prescription drugs covered by the policy;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future **[**~~any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing **[**~~any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides **[**~~any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay **[**~~any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an insured.

3. **[**~~Except as otherwise provided in subsection 5, a~~**]** ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by **[**~~paragraphs (a) and (b) of~~**]** subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the policy.

5. **[**~~An insurer which offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.~~

~~6.~~**]** As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 9. NRS 689A.0417 is hereby amended to read as follows:

689A.0417 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of health insurance which provides coverage for outpatient care shall include in the policy coverage for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a policy of health insurance that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the policy;

(b) Refuse to issue a policy of health insurance or cancel a policy of health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the policy.

5. ~~[An insurer which offers or issues such a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of health insurance and before the renewal of such a policy, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.~~

~~— 6.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 10. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~[.]~~ ***, and section 7 of this act.***

Sec. 11. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, an insurer that offers or issues a policy of group health insurance shall include in the policy coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same policy of group health insurance;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 9, 10 and 12, an insurer that offers or issues a policy of group health insurance shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the policy pursuant to subsection 1;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. If an insurer refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a policy of group health insurance must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin based drugs]~~ Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a policy of group health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 12. NRS 689B.0376 is hereby amended to read as follows:

689B.0376 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of group health insurance which provides coverage for prescription drugs or devices shall include in the policy coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~ ~~➥]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a policy of group health insurance that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for ~~[a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the policy;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the policy.

5. ~~[An insurer which offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 13. NRS 689B.0377 is hereby amended to read as follows:

689B.0377 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a policy of group health insurance which provides coverage for outpatient care shall include in the policy coverage for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a policy of group health insurance that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the policy;

(b) Refuse to issue a policy of group health insurance or cancel a policy of group health insurance solely because the person applying for or covered by the policy uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the policy or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the policy.

5. ~~[An insurer which offers or issues a policy of group health insurance and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a policy of group health insurance and before the renewal of such a policy, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 14. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, a carrier that offers or issues a health benefit plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same health benefit plan;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A carrier must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the carrier.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the carrier.

4. Except as otherwise provided in subsections 8, 9 and 11, a carrier that offers or issues a health benefit plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health benefit plan pursuant to subsection 1;

(b) Refuse to issue a health benefit plan or cancel a health benefit plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A carrier that offers or issues a health benefit plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the carrier objects on religious grounds. Such a carrier shall, before the issuance of a health benefit plan and before the renewal of such a plan, provide to the prospective insured

written notice of the coverage that the carrier refuses to provide pursuant to this subsection.

8. A carrier may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a health benefit plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the carrier may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin based drugs]~~ Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a carrier may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A carrier shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A carrier must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating

to any medical management technique used by the carrier to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health benefit plan offered by a carrier under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the carrier. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 15. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, ***and section 14 of this act,*** to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 16. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, a society that offers or issues a benefit contract which provides coverage for prescription drugs or devices shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same benefit contract;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A society must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the society.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the society.

4. Except as otherwise provided in subsections 8, 9 and 11, a society that offers or issues a benefit contract shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition for coverage for any benefit included in the benefit contract pursuant to subsection 1;

(b) Refuse to issue a benefit contract or cancel a benefit contract solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

7. A society that offers or issues a benefit contract and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the society objects on religious grounds. Such a society shall, before the issuance of a benefit contract and

before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the society refuses to provide pursuant to this subsection.

8. A society may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a benefit contract must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the society may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin-based drugs]~~ Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a society may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A society shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A society must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the

authorized representative of the insured, may request an exception relating to any medical management technique used by the society to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a benefit contract offered by a society under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the society. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 17. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, an insurer that offers or issues a contract for hospital or medical service shall include in the contract coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same contract for hospital or medical service;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. An insurer that offers or issues a contract for hospital or medical services must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the insurer.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the insurer.

4. Except as otherwise provided in subsections 9, 10 and 12, an insurer that offers or issues a contract for hospital or medical service shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the contract for hospital or medical service pursuant to subsection 1;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an insured, including, without limitation, reducing the reimbursement to the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a contract for hospital or medical service subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

7. An insurer that offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the prospective insured written notice of the coverage that the insurer refuses to provide pursuant to this subsection.

8. If an insurer refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. An insurer may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a contract for hospital or medical service must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the insurer may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin-based drugs]~~ Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, an insurer that offers or issues a contract for hospital or medical services may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. An insurer shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. An insurer must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the insurer to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a contract for hospital or medical service offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 18. NRS 695B.1916 is hereby amended to read as follows:

695B.1916 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a contract for hospital or medical service which provides coverage for prescription drugs or devices shall include in the contract coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~

~~→]~~ which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. An insurer that offers or issues a contract for hospital or medical service that provides coverage for prescription drugs shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for a prescription for ~~[a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the contract;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying

for or covered by the contract uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require an insurer to provide coverage for fertility drugs.

(b) Prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the insured is required to pay for other prescription drugs covered by the contract.

5. ~~[An insurer which offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 19. NRS 695B.1918 is hereby amended to read as follows:

695B.1918 1. ~~[Except as otherwise provided in subsection 5, an]~~ ***An*** insurer that offers or issues a contract for hospital or medical service which provides coverage for outpatient care shall include in the contract coverage

for any health care service related to ~~[contraceptives or]~~ hormone replacement therapy.

2. An insurer that offers or issues a contract for hospital or medical service that provides coverage for outpatient care shall not:

(a) Require an insured to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to ~~[contraceptives or]~~ hormone replacement therapy than is required for other outpatient care covered by the contract;

(b) Refuse to issue a contract for hospital or medical service or cancel a contract for hospital or medical service solely because the person applying for or covered by the contract uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an insured.

3. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the contract or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit an insurer from requiring an insured to pay a deductible, copayment or coinsurance for the coverage required by subsection 1 that is the same as the insured is required to pay for other outpatient care covered by the contract.

5. ~~[An insurer which offers or issues a contract for hospital or medical service and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds. Such an insurer shall, before the issuance of a contract for hospital or medical service and before the renewal of such a contract, provide to the group policyholder or prospective insured, as applicable, written notice of the coverage that the insurer refuses to provide pursuant to this subsection. The insurer shall provide notice to each insured, at the time the insured receives his or her certificate of coverage or evidence of coverage, that the insurer refused to provide coverage pursuant to this subsection.~~

~~6. If an insurer refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.~~] As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 20. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, a health maintenance organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 11; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 11;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the enrollee was covered by the same health care plan;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A health maintenance organization must ensure that the benefits required by subsection 1 are made available to an enrollee through a provider of health care who participates in the network plan of the health maintenance organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the health maintenance organization.

4. Except as otherwise provided in subsections 9, 10 and 12, a health maintenance organization that offers or issues a health care plan shall not:

(a) Require an enrollee to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefit;

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from obtaining any such benefit;

(d) Penalize a provider of health care who provides any such benefit to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefit to an enrollee; or

(f) Impose any other restrictions or delays on the access of an enrollee to any such benefit.

5. Coverage pursuant to this section for the covered dependent of an enrollee must be the same as for the enrollee.

6. Except as otherwise provided in subsection 7, a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A health maintenance organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the health maintenance organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective enrollee written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection.

8. If a health maintenance organization refuses, pursuant to subsection 7, to provide the coverage required by subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.

9. A health maintenance organization may require an enrollee to pay a higher deductible, copayment or coinsurance for a drug for contraception if the enrollee refuses to accept a therapeutic equivalent of the drug.

10. For each of the 18 methods of contraception listed in subsection 11 that have been approved by the Food and Drug Administration, a health care plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the enrollee, but the health maintenance organization may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

11. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin-based drugs]~~ Ulipristal acetate for emergency contraception.

12. Except as otherwise provided in this section and federal law, a health maintenance organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

13. A health maintenance organization shall not use medical management techniques to require an enrollee to use a method of contraception other than the method prescribed or ordered by a provider of health care.

14. A health maintenance organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an enrollee, or the authorized representative of the enrollee, may request an exception relating to any medical management technique used by the health maintenance organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

15. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health care plan offered by a health maintenance organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the health maintenance organization. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 21. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

2. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, must not be construed to violate any provision of law relating to solicitation or advertising by practitioners of a healing art.

3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt from the provisions of chapter 630 of NRS.

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1735 to 695C.1755, inclusive, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694, 695C.1695, 695C.1708, 695C.1731, 695C.17345 **,** ~~[and]~~ 695C.1757 ***and section 20 of this act*** apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 22. NRS 695C.1694 is hereby amended to read as follows:

695C.1694 1. ~~[Except as otherwise provided in subsection 5, a]~~ ***A*** health maintenance organization which offers or issues a health care plan that provides coverage for prescription drugs or devices shall include in the plan coverage for ~~[:~~

~~(a) Any type of drug or device for contraception; and~~

~~(b) Any]~~ ***any*** type of hormone replacement therapy ~~[,~~

~~.~~] which is lawfully prescribed or ordered and which has been approved by the Food and Drug Administration.

2. A health maintenance organization that offers or issues a health care plan that provides coverage for prescription drugs shall not:

(a) Require an enrollee to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for ~~[a prescription for a contraceptive or]~~ hormone replacement therapy than is required for other prescription drugs covered by the plan;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from accessing ~~[any of the services listed in subsection 1;]~~ ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay ~~[any of the services listed in subsection 1]~~ ***hormone replacement therapy*** to an enrollee.

3. ~~[Except as otherwise provided in subsection 5, evidence]~~ ***Evidence*** of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with this section is void.

4. The provisions of this section do not:

(a) Require a health maintenance organization to provide coverage for fertility drugs.

(b) Prohibit a health maintenance organization from requiring an enrollee to pay a deductible, copayment or coinsurance for the coverage required by ~~[paragraphs (a) and (b) of]~~ subsection 1 that is the same as the enrollee is required to pay for other prescription drugs covered by the plan.

5. ~~[A health maintenance organization which offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by paragraph (a) of subsection 1 if the health maintenance organization objects on religious grounds. The health maintenance organization shall, before the issuance of a health care plan and before renewal of enrollment in such a plan, provide to the group policyholder or prospective enrollee, as applicable, written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection. The health maintenance organization shall~~

~~provide notice to each enrollee, at the time the enrollee receives his or her evidence of coverage, that the health maintenance organization refused to provide coverage pursuant to this subsection.~~

~~6. If a health maintenance organization refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.~~**]** As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 23. NRS 695C.1695 is hereby amended to read as follows:

695C.1695 1. **[**~~Except as otherwise provided in subsection 5, a~~**]** ***A*** health maintenance organization that offers or issues a health care plan which provides coverage for outpatient care shall include in the plan coverage for any health care service related to **[**~~contraceptives or~~**]** hormone replacement therapy.

2. A health maintenance organization that offers or issues a health care plan that provides coverage for outpatient care shall not:

(a) Require an enrollee to pay a higher deductible, copayment or coinsurance or require a longer waiting period or other condition for coverage for outpatient care related to **[**~~contraceptives or~~**]** hormone replacement therapy than is required for other outpatient care covered by the plan;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use in the future **[**~~any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(c) Offer or pay any type of material inducement or financial incentive to an enrollee to discourage the enrollee from accessing **[**~~any of the services listed in subsection 1;~~**]** ***hormone replacement therapy;***

(d) Penalize a provider of health care who provides **[**~~any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an enrollee, including, without limitation, reducing the reimbursement of the provider of health care; or

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay **[**~~any of the services listed in subsection 1~~**]** ***hormone replacement therapy*** to an enrollee.

3. **[**~~Except as otherwise provided in subsection 5, evidence~~**]** ***Evidence*** of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by subsection 1, and any provision of the evidence of coverage or the renewal which is in conflict with this section is void.

4. The provisions of this section do not prohibit a health maintenance organization from requiring an enrollee to pay a deductible, copayment or

coinsurance for the coverage required by subsection 1 that is the same as the enrollee is required to pay for other outpatient care covered by the plan.

5. ~~[A health maintenance organization which offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the health maintenance organization objects on religious grounds. The health maintenance organization shall, before the issuance of a health care plan and before renewal of enrollment in such a plan, provide to the group policyholder or prospective enrollee, as applicable, written notice of the coverage that the health maintenance organization refuses to provide pursuant to this subsection. The health maintenance organization shall provide notice to each enrollee, at the time the enrollee receives his or her evidence of coverage, that the health maintenance organization refused to provide coverage pursuant to this subsection.~~

~~6. If a health maintenance organization refuses, pursuant to subsection 5, to provide the coverage required by paragraph (a) of subsection 1, an employer may otherwise provide for the coverage for the employees of the employer.~~

~~7.]~~ As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 24. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, ***and section 20 of this act*** or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or

(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.

Sec. 25. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 7, a managed care organization that offers or issues a health care plan shall include in the plan coverage for:

(a) Up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration;

(3) Listed in subsection 10; and

(4) Dispensed in accordance with section 4.5 of this act;

(b) Any type of device for contraception which is:

(1) Lawfully prescribed or ordered;

(2) Approved by the Food and Drug Administration; and

(3) Listed in subsection 10;

(c) Insertion of a device for contraception or removal of such a device if the device was inserted while the insured was covered by the same health care plan;

(d) Education and counseling relating to the initiation of the use of contraception and any necessary follow-up after initiating such use;

(e) Management of side effects relating to contraception; and

(f) Voluntary sterilization for women.

2. A managed care organization must ensure that the benefits required by subsection 1 are made available to an insured through a provider of health care who participates in the network plan of the managed care organization.

3. If a covered therapeutic equivalent listed in subsection 1 is not available or a provider of health care deems a covered therapeutic equivalent to be medically inappropriate, an alternate therapeutic equivalent prescribed by a provider of health care must be covered by the managed care organization.

4. Except as otherwise provided in subsections 8, 9 and 11, a managed care organization that offers or issues a health care plan shall not:

(a) Require an insured to pay a higher deductible, any copayment or coinsurance or require a longer waiting period or other condition to obtain any benefit included in the health care plan pursuant to subsection 1;

(b) Refuse to issue a health care plan or cancel a health care plan solely because the person applying for or covered by the plan uses or may use any such benefits;

(c) Offer or pay any type of material inducement or financial incentive to an insured to discourage the insured from obtaining any such benefits;

(d) Penalize a provider of health care who provides any such benefits to an insured, including, without limitation, reducing the reimbursement of the provider of health care;

(e) Offer or pay any type of material inducement, bonus or other financial incentive to a provider of health care to deny, reduce, withhold, limit or delay access to any such benefits to an insured; or

(f) Impose any other restrictions or delays on the access of an insured to any such benefits.

5. Coverage pursuant to this section for the covered dependent of an insured must be the same as for the insured.

6. Except as otherwise provided in subsection 7, a health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2018, has the legal effect of including the coverage required by subsection 1, and any provision of the plan or the renewal which is in conflict with this section is void.

7. A managed care organization that offers or issues a health care plan and which is affiliated with a religious organization is not required to provide the coverage required by subsection 1 if the managed care organization objects on religious grounds. Such an organization shall, before the issuance of a health care plan and before the renewal of such a plan, provide to the prospective insured written notice of the coverage that the managed care organization refuses to provide pursuant to this subsection.

8. A managed care organization may require an insured to pay a higher deductible, copayment or coinsurance for a drug for contraception if the insured refuses to accept a therapeutic equivalent of the drug.

9. For each of the 18 methods of contraception listed in subsection 10 that have been approved by the Food and Drug Administration, a health care plan must include at least one drug or device for contraception within each method for which no deductible, copayment or coinsurance may be charged to the insured, but the managed care organization may charge a deductible, copayment or coinsurance for any other drug or device that provides the same method of contraception.

10. The following 18 methods of contraception must be covered pursuant to this section:

(a) Voluntary sterilization for women;

(b) Surgical sterilization implants for women;

(c) Implantable rods;

(d) Copper-based intrauterine devices;

(e) Progesterone-based intrauterine devices;

(f) Injections;

(g) Combined estrogen- and progestin-based drugs;

(h) Progestin-based drugs;

(i) Extended- or continuous-regimen drugs;

(j) Estrogen- and progestin-based patches;

(k) Vaginal contraceptive rings;

(l) Diaphragms with spermicide;

(m) Sponges with spermicide;

(n) Cervical caps with spermicide;

(o) Female condoms;

(p) Spermicide;

(q) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(r) ~~[Antiprogestin-based drugs]~~ Ulipristal acetate for emergency contraception.

11. Except as otherwise provided in this section and federal law, a managed care organization may use medical management techniques, including, without limitation, any available clinical evidence, to determine the frequency of or treatment relating to any benefit required by this section or the type of provider of health care to use for such treatment.

12. A managed care organization shall not use medical management techniques to require an insured to use a method of contraception other than the method prescribed or ordered by a provider of health care.

13. A managed care organization must provide an accessible, transparent and expedited process which is not unduly burdensome by which an insured, or the authorized representative of the insured, may request an exception relating to any medical management technique used by the managed care organization to obtain any benefit required by this section without a higher deductible, copayment or coinsurance.

14. As used in this section:

(a) "Medical management technique" means a practice which is used to control the cost or utilization of health care services or prescription drug use. The term includes, without limitation, the use of step therapy, prior authorization or categorizing drugs and devices based on cost, type or method of administration.

(b) "Network plan" means a health care plan offered by a managed care organization under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the managed care organization. The term does not include an arrangement for the financing of premiums.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Therapeutic equivalent" means a drug which:

(1) Contains an identical amount of the same active ingredients in the same dosage and method of administration as another drug;

(2) Is expected to have the same clinical effect when administered to a patient pursuant to a prescription or order as another drug; and

(3) Meets any other criteria required by the Food and Drug Administration for classification as a therapeutic equivalent.

Sec. 26. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 27. This act becomes effective on January 1, 2018.

Assemblyman Sprinkle moved that the Assembly concur in the Senate Amendment No. 966 to Assembly Bill No. 249.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

This amendment replaces antiprogestin-based drugs with ulipristal acetate for emergency contraception.

Motion carried by a constitutional majority.

Bill ordered transmitted to the Senate.

RECEDE FROM ASSEMBLY AMENDMENTS

Assemblyman Yeager moved that the Assembly do not recede from its action on Senate Bill No. 258, that a conference be requested, and that Mr. Speaker appoint a Conference Committee consisting of three members to meet with a like committee of the Senate.

Motion carried.

APPOINTMENT OF CONFERENCE COMMITTEES

Mr. Speaker appointed Assemblymen Yeager, Watkins, and Krasner as a Conference Committee to meet with a like committee of the Senate for the further consideration of Senate Bill No. 258.

RECEDE FROM ASSEMBLY AMENDMENTS

Assemblyman Yeager moved that the Assembly do not recede from its action on Senate Bill No. 376, that a conference be requested, and that Mr. Speaker appoint a Conference Committee consisting of three members to meet with a like committee of the Senate.

Motion carried.

APPOINTMENT OF CONFERENCE COMMITTEES

Mr. Speaker appointed Assemblymen Yeager, Ohrenschall, and Hansen as a Conference Committee to meet with a like committee of the Senate for the further consideration of Senate Bill No. 376.

RECEDE FROM ASSEMBLY AMENDMENTS

Assemblyman Yeager moved that the Assembly do not recede from its action on Senate Bill No. 432, that a conference be requested, and that Mr. Speaker appoint a Conference Committee consisting of three members to meet with a like committee of the Senate.

Motion carried.

APPOINTMENT OF CONFERENCE COMMITTEES

Mr. Speaker appointed Assemblymen Yeager, Cohen, and Tolles as a Conference Committee to meet with a like committee of the Senate for the further consideration of Senate Bill No. 432.

GENERAL FILE AND THIRD READING

Assembly Bill No. 505.

Bill read third time.

The following amendment was proposed by Assemblywoman Carlton:

Amendment No. 1010.

AN ACT making appropriations to the Department of Corrections for a new telephone system and for certain information system projects; 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. 1. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of $2,339,477 for an electronic medical records system to store inmate medical records and interface with the Department's offender management system and other vendor software systems.

2. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of $1,285,440 for the continuation of the transition from the Nevada Offender Tracking Information System to a new internal system.

3. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of $2,263,231 for the installation of a new telephone system for the Department.

4. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of $637,085 for the replacement of the Nevada Staffing Information System used to schedule correctional officers.

Sec. 2. Any remaining balance of the appropriations made by section 1 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2019.

Sec. 3. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 506.

Bill read third time.

The following amendment was proposed by Assemblywoman Carlton:

Amendment No. 1011.

AN ACT making appropriations to the Nevada Gaming Control Board for certain costs relating to the Alpha Migration Project; 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. 1. There is hereby appropriated from the State General Fund to the Nevada Gaming Control Board the sum of $2,091,590 for phase three of the Alpha Migration Project.

2. There is hereby appropriated from the State General Fund to the Nevada Gaming Control Board the sum of $124,908 for in-state travel costs for information technology staff to provide support for phase three of the Alpha Migration Project.

Sec. 2. Any remaining balance of the appropriations made by section 1 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2019.

Sec. 3. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 507.

Bill read third time.

The following amendment was proposed by Assemblywoman Carlton:

Amendment No. 1012.

AN ACT making appropriations to the Department of Public Safety for the replacement of vehicles, pickup trucks and motorcycles for the Nevada Highway Patrol; 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. 1. There is hereby appropriated from the State Highway Fund to the Department of Public Safety the sum of $8,531,643 for the replacement of vehicles and pickup trucks for the Nevada Highway Patrol.

2. There is hereby appropriated from the State Highway Fund to the Department of Public Safety the sum of $385,252 for the replacement of motorcycles for the Nevada Highway Patrol.

Sec. 2. Any remaining balance of the appropriations made by section 1 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from

the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State Highway Fund on or before September 20, 2019.

Sec. 3. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Mr. Speaker announced if there were no objections, the Assembly would recess subject to the call of the Chair.

Assembly in recess at 9:50 p.m.

ASSEMBLY IN SESSION

At 9:56 p.m.

Mr. Speaker presiding.

Quorum present.

Assembly Bill No. 509.

Bill read third time.

The following amendment was proposed by Assemblywoman Carlton:

Amendment No. 1013.

AN ACT making an appropriation to the Department of Business and Industry for the implementation of an electronic management system for public works and prevailing wage surveys in the Office of the Labor Commissioner; 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. There is hereby appropriated from the State General Fund to the Department of Business and Industry the sum of $48,920 for the implementation of an electronic management system for public works and prevailing wage surveys in the Office of the Labor Commissioner.

Sec. 2. Any remaining balance of the appropriation made by section 1 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted

or transferred, and must be reverted to the State General Fund on or before September 20, 2019.

Sec. 3. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 130.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 1001.

AN ACT relating to guardianships; authorizing a court to require a proposed guardian to file a proposed preliminary care plan and budget; establishing the process by which a person may obtain the approval of the court for the payment of attorney's fees and costs from the assets of a ward; establishing the State Guardianship Compliance Office; replacing the term "incompetent" with the term "incapacitated" for purposes of guardianships and revising the definition thereof; revising various provisions relating to notice given to certain persons; revising provisions concerning the sale of real and personal property of a ward; **making an appropriation;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law defines the term "incompetent" for purposes of the provisions of law governing guardianships. (NRS 159.019) **Section 7** of this bill replaces the term "incompetent" with the term "incapacitated" and revises the definition thereof. **Sections 5, 6, 11, 12-17, 20, 22, 35 and 36-43** of this bill make conforming changes.

Existing law generally requires a petitioner in a guardianship proceeding to give notice of the time and place of the hearing on any petition filed in the guardianship proceeding to certain persons, including any minor ward who is 14 years of age or older. (NRS 159.034) **Section 8** of this bill revises this requirement and requires that notice be given to any ward who is 14 years of age or older, regardless of whether the ward is considered to have the capacity to understand or appreciate the contents of the petition.

Existing law provides that after the filing of a petition in a guardianship proceeding, the clerk is required to issue a citation setting forth a time and place for the hearing and directing certain persons to appear and show cause why a guardian should not be appointed for the proposed ward. (NRS 159.047) **Section 9** of this bill requires a copy of the petition to be served together with the citation on certain persons, including a proposed ward who is 14 years of age or older, regardless of whether the ward is considered to have the capacity to understand or appreciate the contents of the petition, and

section 10 of this bill requires that the proposed ward be served by personal service. **Section 9** also requires a person who serves notice upon the proposed ward to file with the court an affidavit stating that notice was served.

Existing law requires a guardian of the person to file with the court a written report on the condition of the ward and the exercise of authority and performance of duties by the guardian at certain specified times. (NRS 159.081) **Section 18** of this bill requires that such a report be served on the ward.

Section 21 of this bill requires the guardian of the estate and the guardian of the person to be notified if the ward is a party to any criminal action. **Section 23** of this bill requires that notice be given to a ward upon the filing of certain petitions or any account.

Existing law establishes various provisions concerning transactions involving real and personal property of a ward, including the sale of such property. (NRS 159.127-159.175) **Sections 24-31** of this bill revise certain provisions concerning the sale of real property of a ward, and **section 44** of this bill repeals provisions of law relating to a public auction for the sale of real property. **Sections 32-34** of this bill revise provisions concerning the sale of personal property of a ward. **Section 32** of this bill authorizes a guardian to: (1) sell or dispose of personal property of a ward that has a total value of less than $10,000 if certain notice is given and no objection to the sale or disposal is received; and (2) authorize the immediate destruction of personal property of a ward without notice in certain circumstances. **Section 33** of this bill requires that notice of a sale of the personal property of a ward be given to a ward who is 14 years of age or older and certain other persons and, if the gross value of the estate of the ward is $10,000 or more, published in a newspaper before a guardian may sell the personal property of a ward.

Section 2 of this bill specifies that upon the filing of a petition for the appointment of a guardian, the court may require a proposed guardian to file a proposed preliminary care plan and budget, the format of which and the timing of the filing thereof must be specified by a court rule approved by the Supreme Court.

Section 3 of this bill provides that any person who retains an attorney for the purposes of representing a party in a guardianship proceeding is personally liable for any attorney's fees and costs incurred, but authorizes such a person to petition the court for an order authorizing the payment of such attorney's fees and costs from the estate of the ward. **Section 3** prohibits such attorney's fees and costs from being paid from the estate of the ward without court approval and establishes the process by which a person is able to obtain the approval of the court. **Section 3** also authorizes an attorney who is appointed by the court to seek compensation for his or her services from the guardianship estate in accordance with the established process. **Section 3** additionally provides that if two or more parties in a guardianship proceeding file competing petitions for the appointment of a guardian or otherwise

litigate any contested issue in the guardianship proceeding, only the prevailing party may petition the court for the payment of attorney's fees and costs. If the court determines that there is no prevailing party, the court may authorize a portion of each party's attorney's fees and costs to be paid.

Section 4 of this bill establishes the State Guardianship Compliance Office. **Section 4** provides that the State Guardianship Compliance Officer is appointed by the Supreme Court and serves at the pleasure of the Court. **Section 4** also authorizes the State Guardianship Compliance Officer to hire two accountants and two investigators to provide auditing and investigative services to the district courts during the administration of guardian proceedings. **Section 43.5 of this bill appropriates money to the Nevada Supreme Court to pay the costs of the State Guardianship Compliance Office.**

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

Section 1. Chapter 159 of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this act.

Sec. 2. ***Upon the filing of a petition for the appointment of a guardian, the court may require a proposed guardian to file a proposed preliminary care plan and budget. The format of such a proposed preliminary care plan and budget and the timing of the filing thereof must be specified by a rule approved by the Supreme Court.***

Sec. 3. ***1. Any person, including, without limitation, a guardian or proposed guardian, who retains an attorney for the purposes of representing a party in a guardianship proceeding is personally liable for any attorney's fees and costs incurred as a result of such representation.***

2. Notwithstanding the provisions of subsection 1 and except as otherwise provided in subsection 5 of NRS 159.183, a person who is personally liable for attorney's fees and costs may petition the court for an order authorizing such attorney's fees and costs to be paid from the estate of the ward in accordance with this section. Any such attorney's fees and costs must not be paid from the guardianship estate unless and until the court authorizes the payment pursuant to this section.

3. When a person who intends to petition the court for payment of attorney's fees and costs from the guardianship estate first appears in the guardianship proceeding, the person must file written notice of his or her intent to seek payment of attorney's fees and costs from the guardianship estate. The written notice:

(a) Must provide a general explanation of the compensation arrangement and how compensation will be computed;

(b) Must include the hourly billing rates of all timekeepers, including, without limitation, attorneys, law clerks and paralegals;

(c) Must provide a general explanation of the reasons why the services of the attorney are necessary to further the best interests of the ward;

(d) Must be served by the person on all persons entitled to notice pursuant to NRS 159.034 and 159.047; and

(e) Is subject to approval by the court after a hearing.

4. If written notice was filed and approved by the court pursuant to subsection 3, a person may file with the court a petition requesting payment of attorney's fees and costs from the guardianship estate. Such a petition must include the following information:

(a) A detailed statement as to the nature and extent of the services performed by the attorney;

(b) An itemization of each task performed by the attorney, with reference to the time spent on each task in an increment to the nearest one-tenth of an hour and with no minimum billing unit in excess of one-tenth of an hour;

(c) An indication of whether any time billed, including, without limitation, any time spent traveling or waiting, benefited any clients of the attorney other than the ward and, if so, how many other clients benefited from such time; and

(d) Any other information considered relevant to a determination of whether attorney's fees are just, reasonable and necessary.

➥ Absent approval from all parties who have appeared in the proceeding, any supplemental requests for the payment of attorney's fees and costs cannot be augmented in open court and must be properly noticed in the same manner as the underlying petition requesting payment.

5. In determining whether attorney's fees are just, reasonable and necessary, the court may consider all the following factors:

(a) The written notice approved by the court pursuant to subsection 3.

(b) Whether the services conferred any actual benefit upon the ward or attempted to advance the best interests of the ward.

(c) The qualities of the attorney, including, without limitation, his or her ability, training, education, experience, professional standing and skill.

(d) The character of the work performed, including, without limitation, the difficulty, intricacy and importance of the work, the time and skill required to complete the work, the responsibility imposed and the nature of the proceedings.

(e) The work actually performed by the attorney, including, without limitation, the skill, time and attention given to the work.

(f) The result of the work, including, without limitation, whether the attorney was successful and any benefits that were derived.

(g) The usual and customary fees charged in the relevant professional communities for each task performed, regardless of who actually performed the task. The court may only award:

(1) Compensation at an attorney rate for time spent performing services that require an attorney;

(2) Compensation at a paralegal rate for time spent performing paralegal services;

(3) Compensation at a fiduciary rate for time spent performing fiduciary services; and

(4) No compensation for time spent performing secretarial or clerical services.

(h) The appropriate apportionment among multiple clients of any billed time that benefited multiple clients of the attorney.

(i) The extent to which the services were provided in a reasonable, efficient and cost-effective manner, including, without limitation, whether there was appropriate and prudent delegation of services to others.

(j) The ability of the estate of the ward to pay, including, without limitation:

(1) The value of the estate;

(2) The nature, extent and liquidity of the assets of the estate;

(3) The disposable net income of the estate;

(4) The anticipated future needs of the ward; and

(5) Any other foreseeable expenses.

(k) The efforts made by the person and attorney to reduce and minimize any issues.

(l) Any actions by the person or attorney that unnecessarily expanded issues or delayed or hindered the efficient administration of the estate.

(m) Whether any actions taken by the person or attorney were taken for the purpose of advancing or protecting the interests of the person as opposed to the interests of the ward.

(n) Any other factor that is relevant in determining whether attorney's fees are just, reasonable and necessary, including, without limitation, any other factor that is relevant in determining whether the person was acting in good faith and was actually pursuing the best interests of the ward.

6. The court shall not approve compensation for an attorney for:

(a) Time spent on internal business activities of the attorney, including, without limitation, clerical or secretarial support; or

(b) Time reported as a total amount of time spent on multiple tasks, rather than an itemization of the time spent on each task.

7. Any fees paid by a third party, including, without limitation, a trust of which the estate is a beneficiary, must be disclosed to and approved by the court.

8. In addition to any payment provided to a person pursuant to this section for the services of an attorney, a person may receive payment for ordinary costs and expenses incurred in the scope of the attorney's representation.

9. If two or more parties in a guardianship proceeding file competing petitions for the appointment of a guardian or otherwise litigate any contested issue in the guardianship proceeding, only the prevailing party may petition the court for payment of attorney's fees and costs from the guardianship estate pursuant to this section. If the court determines that there is no prevailing party, the court may authorize a portion of each

party's attorney's fees and costs to be paid from the guardianship estate if the court determines that such fees and costs are just, reasonable and necessary given the nature of any issues in dispute.

10. If an attorney is appointed by the court in a guardianship proceeding, he or she may petition the court for compensation for his or her services from the guardianship estate in accordance with the procedure set forth in this section.

Sec. 4. ***1. The State Guardianship Compliance Office is hereby created.***

2. The State Guardianship Compliance Officer is:

(a) Appointed by the Supreme Court and serves at the pleasure of the Court; and

(b) Entitled to receive an annual salary set by the Supreme Court within the limits of legislative appropriations.

3. The State Guardianship Compliance Officer may hire two accountants and two investigators to provide auditing and investigative services to the district courts during the administration of guardianship proceedings.

4. The State Guardianship Compliance Officer shall not act as a guardian for any ward.

Sec. 5. NRS 159.014 is hereby amended to read as follows:

159.014 "Care provider" includes any public or private institution located within or outside this state which provides facilities for the care or maintenance of **[**~~incompetents,~~**]** ***persons who are incapacitated,*** persons of limited capacity or minors.

Sec. 6. NRS 159.015 is hereby amended to read as follows:

159.015 "Court" means any court or judge having jurisdiction of the persons and estates of minors, **[**~~incompetent~~**]** persons **[**~~,~~**]** ***who are incapacitated*** or persons of limited capacity.

Sec. 7. NRS 159.019 is hereby amended to read as follows:

159.019 **[**~~"Incompetent" means an adult~~**]** ***A*** person **[**~~who, by reason of mental illness, mental deficiency, disease, weakness of mind or any other cause,~~**]** ***is "incapacitated" if he or she, for reasons other than being a minor,*** is unable **[**~~, without assistance, properly to manage and take care of himself or herself or his or her property, or both. The term includes a person who is mentally incapacitated.~~**]** ***to receive and evaluate information or make or communicate decisions to such an extent that the person lacks the ability to meet essential requirements for physical health, safety or self-care without appropriate assistance.***

Sec. 8. NRS 159.034 is hereby amended to read as follows:

159.034 1. Except as otherwise provided in this section, by specific statute or as ordered by the court, a petitioner in a guardianship proceeding shall give notice of the time and place of the hearing on any petition filed in the guardianship proceeding to:

(a) Any ~~[minor]~~ ward who is 14 years of age or older ~~[.]~~ ***, regardless of whether the ward is considered to have the capacity to understand or appreciate the contents of the petition.***

(b) The parent or legal guardian of any minor ward who is less than 14 years of age.

(c) The spouse of the ward and all other known relatives of the ward who are within the second degree of consanguinity.

(d) Any other interested person or the person's attorney who has filed a request for notice in the guardianship proceedings and has served a copy of the request upon the guardian. The request for notice must state the interest of the person filing the request and the person's name and address, or that of his or her attorney.

(e) The guardian, if the petitioner is not the guardian.

(f) Any person or care provider who is providing care for the ward, except that if the person or care provider is not related to the ward, such person or care provider must not receive copies of any inventory or accounting.

(g) Any office of the Department of Veterans Affairs in this State if the ward is receiving any payments or benefits through the Department of Veterans Affairs.

(h) The Director of the Department of Health and Human Services if the ward has received or is receiving benefits from Medicaid.

(i) Those persons entitled to notice if a proceeding were brought in the ward's home state.

2. The petitioner shall give notice not later than 10 days before the date set for the hearing:

(a) By mailing a copy of the notice by certified, registered or ordinary first-class mail to the residence, office or post office address of each person required to be notified pursuant to this section;

(b) By personal service; or

(c) In any other manner ordered by the court, upon a showing of good cause.

3. Except as otherwise provided in this subsection, if none of the persons entitled to notice of a hearing on a petition pursuant to this section can, after due diligence, be served by certified mail or personal service and this fact is proven by affidavit to the satisfaction of the court, service of the notice must be made by publication in the manner provided by N.R.C.P. 4(e). In all such cases, the notice must be published not later than 10 days before the date set for the hearing. If, after the appointment of a guardian, a search for relatives of the ward listed in paragraph (c) of subsection 1 fails to find any such relative, the court may waive the notice by publication required by this subsection.

4. For good cause shown, the court may waive the requirement of giving notice.

5. A person entitled to notice pursuant to this section may waive such notice. Such a waiver must be in writing and filed with the court.

6. On or before the date set for the hearing, the petitioner shall file with the court proof of giving notice to each person entitled to notice pursuant to this section.

Sec. 9. NRS 159.047 is hereby amended to read as follows:

159.047 1. Except as otherwise provided in NRS 159.0475 and 159.049 to 159.0525, inclusive, upon the filing of a petition under NRS 159.044, the clerk shall issue a citation setting forth a time and place for the hearing and directing the persons or care provider referred to in subsection 2 to appear and show cause why a guardian should not be appointed for the proposed ward.

2. A citation issued under subsection 1 ***, together with a copy of the petition filed under NRS 159.044,*** must be served upon:

(a) A proposed ward who is 14 years of age or older ~~[:]~~ ***, regardless of whether the proposed ward is considered to have the capacity to understand or appreciate the contents of the citation and petition;***

(b) The spouse of the proposed ward and all other known relatives of the proposed ward who are:

(1) Fourteen years of age or older; and

(2) Within the second degree of consanguinity;

(c) The parents and custodian of the proposed ward;

(d) Any person or officer of a care provider having the care, custody or control of the proposed ward;

(e) The proposed guardian, if the petitioner is not the proposed guardian;

(f) Any office of the Department of Veterans Affairs in this State if the proposed ward is receiving any payments or benefits through the Department of Veterans Affairs; and

(g) The Director of the Department of Health and Human Services if the proposed ward has received or is receiving any benefits from Medicaid.

3. A person who serves notice upon a proposed ward pursuant to paragraph (a) of subsection 2 shall file with the court an affidavit stating that he or she served notice upon the proposed ward in accordance with the provisions of NRS 159.0475.

Sec. 10. NRS 159.0475 is hereby amended to read as follows:

159.0475 1. A copy of the citation issued pursuant to NRS 159.047 ***, together with a copy of the petition filed under NRS 159.044,*** must be served ***:*** ~~[by:]~~

(a) ***Except as otherwise ordered by the court, on a proposed ward who is 14 years of age or older by personal service in the manner provided pursuant to N.R.C.P. 4(d) at least 10 days before the date set for the hearing; and***

(b) On each person required to be served pursuant to NRS 159.047 other than a proposed ward by:

(1) Certified mail, with a return receipt requested, ~~[on each person required to be served pursuant to NRS 159.047]~~ at least 20 days before the hearing; or

~~[(b)]~~ ***(2)*** Personal service in the manner provided pursuant to N.R.C.P. 4(d) at least 10 days before the date set for the hearing **.** ~~[on each person required to be served pursuant to NRS 159.047.]~~

2. If none of the persons on whom the citation ***and petition*** is to be served can, after due diligence, be served by certified mail or personal service **,** ***as applicable,*** and this fact is proven ~~[,]~~ by affidavit ~~[,]~~ to the satisfaction of the court, service of the citation ***and petition*** must be made by publication in the manner provided by N.R.C.P. 4(e). In all such cases, the citation ***and petition*** must be published at least 20 days before the date set for the hearing.

3. A citation ***and petition*** need not be served on a person or an officer of the care provider who has signed the petition or a written waiver of service of ***the*** citation ***and petition*** or who makes a general appearance.

4. The court may find that notice is sufficient if:

(a) ***The citation and petition have been served by personal service on the proposed ward and an affidavit of such service has been filed with the court pursuant to subsection 3 of NRS 159.047;***

(b) The citation ~~[has]~~ ***and petition have*** been served by certified mail, with a return receipt requested, or by personal service on the ~~[proposed ward,]~~ care provider or public guardian required to be served pursuant to NRS 159.047; and

~~[(b)]~~ ***(c)*** At least one relative of the proposed ward who is required to be served pursuant to NRS 159.047 has been served, as evidenced by the return receipt or the certificate of service. If the court finds that at least one relative of the proposed ward has not received notice that is sufficient, the court will require the citation ***and petition*** to be published pursuant to subsection 2.

Sec. 11. NRS 159.048 is hereby amended to read as follows:

159.048 The citation issued pursuant to NRS 159.047 must state that the:

1. Proposed ward may be adjudged to be ~~[incompetent]~~ ***incapacitated*** or of limited capacity and a guardian may be appointed for the proposed ward;

2. Proposed ward's rights may be affected as specified in the petition;

3. Proposed ward has the right to appear at the hearing and to oppose the petition; and

4. Proposed ward has the right to be represented by an attorney, who may be appointed for the proposed ward by the court if the proposed ward is unable to retain one.

Sec. 11.5. NRS 159.0485 is hereby amended to read as follows:

159.0485 1. At the first hearing for the appointment of a guardian for a proposed adult ward, the court shall advise the proposed adult ward who is in attendance at the hearing or who is appearing by videoconference at the hearing of his or her right to counsel and determine whether the proposed adult ward wishes to be represented by counsel in the guardianship proceeding. If the proposed adult ward is not in attendance at the hearing because the proposed adult ward has been excused pursuant to NRS 159.0535 and is not appearing by videoconference at the hearing, the

proposed adult ward must be advised of his or her right to counsel pursuant to subsection 2 of NRS 159.0535.

2. If an adult ward or proposed adult ward is unable to retain legal counsel and requests the appointment of counsel at any stage in a guardianship proceeding and whether or not the adult ward or proposed adult ward lacks or appears to lack capacity, the court shall, at or before the time of the next hearing, appoint an attorney who works for legal aid services, if available, or a private attorney to represent the adult ward or proposed adult ward. The appointed attorney shall represent the adult ward or proposed adult ward until relieved of the duty by court order.

3. Subject to the discretion and approval of the court, the attorney for the adult ward or proposed adult ward is entitled to reasonable compensation and expenses. Unless the court determines that the adult ward or proposed adult ward does not have the ability to pay such compensation and expenses or the court shifts the responsibility of payment to a third party, the compensation and expenses must be paid from the estate of the adult ward or proposed adult ward, unless the compensation and expenses are provided for or paid by another person or entity. If the court finds that a person has unnecessarily or unreasonably caused the appointment of an attorney, the court may order the person to pay to the estate of the adult ward or proposed adult ward all or part of the expenses associated with the appointment of the attorney. ***Any attorney who intends to seek compensation from the estate of the adult ward or proposed adult ward must follow the procedure established in section 3 of this act.***

Sec. 12. NRS 159.0487 is hereby amended to read as follows:

159.0487 Any court of competent jurisdiction may appoint:

1. Guardians of the person, of the estate, or of the person and estate for ~~[incompetents]~~ ***persons who are incapacitated*** or minors whose home state is this State.

2. Guardians of the person or of the person and estate for ~~[incompetents]~~ ***persons who are incapacitated*** or minors who, although not residents of this State, are physically present in this State and whose welfare requires such an appointment.

3. Guardians of the estate for nonresident ~~[incompetents]~~ ***persons who are incapacitated*** or nonresident minors who have property within this State.

4. Special guardians.

5. Guardians ad litem.

Sec. 13. NRS 159.054 is hereby amended to read as follows:

159.054 1. If the court finds ***that*** the proposed ward ~~[competent]~~ ***is not incapacitated*** and ***is*** not in need of a guardian, the court shall dismiss the petition.

2. If the court finds ***that*** the proposed ward ~~[to be]~~ ***is*** of limited capacity and ***is*** in need of a special guardian, the court shall enter an order accordingly and specify the powers and duties of the special guardian.

3. If the court finds that appointment of a general guardian is required, the court shall appoint a general guardian of the ward's person, estate, or person and estate.

Sec. 14. NRS 159.0593 is hereby amended to read as follows:

159.0593 1. If the court orders a general guardian appointed for a proposed ward, the court shall determine, by clear and convincing evidence, whether the proposed ward is a person with a mental defect who is prohibited from possessing a firearm pursuant to 18 U.S.C. § 922(d)(4) or (g)(4). If a court makes a finding pursuant to this section that the proposed ward is a person with a mental defect, the court shall include the finding in the order appointing the guardian and cause, within 5 business days after issuing the order, a record of the order to be transmitted to the Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System.

2. As used in this section:

(a) "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

(b) "Person with a mental defect" means a person who, as a result of marked subnormal intelligence, mental illness, ~~[incompetence,]~~ ***incapacitation,*** condition or disease, is:

(1) A danger to himself or herself or others; or

(2) Lacks the capacity to contract or manage his or her own affairs.

Sec. 15. NRS 159.0613 is hereby amended to read as follows:

159.0613 1. Except as otherwise provided in subsection 3, in a proceeding to appoint a guardian for an adult, the court shall give preference to a nominated person or relative, in that order of preference:

(a) Whether or not the nominated person or relative is a resident of this State; and

(b) If the court determines that the nominated person or relative is qualified and suitable to be appointed as guardian for the adult.

2. In determining whether any nominated person, relative or other person listed in subsection 4 is qualified and suitable to be appointed as guardian for an adult, the court shall consider, if applicable and without limitation:

(a) The ability of the nominated person, relative or other person to provide for the basic needs of the adult, including, without limitation, food, shelter, clothing and medical care;

(b) Whether the nominated person, relative or other person has engaged in the habitual use of alcohol or any controlled substance during the previous 6 months, except the use of marijuana in accordance with the provisions of chapter 453A of NRS;

(c) Whether the nominated person, relative or other person has been judicially determined to have committed abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or

any other adult, unless the court finds that it is in the best interests of the ward to appoint the person as guardian for the adult;

(d) Whether the nominated person, relative or other person is ~~[incompetent]~~ ***incapacitated*** or has a disability; and

(e) Whether the nominated person, relative or other person has been convicted in this State or any other jurisdiction of a felony, unless the court determines that any such conviction should not disqualify the person from serving as guardian for the adult.

3. If the court finds that two or more nominated persons are qualified and suitable to be appointed as guardian for an adult, the court may appoint two or more nominated persons as co-guardians or shall give preference among them in the following order of preference:

(a) A person whom the adult nominated for the appointment as guardian for the adult in a will, trust or other written instrument that is part of the adult's established estate plan and was executed by the adult while ~~[competent.]~~ ***he or she was not incapacitated.***

(b) A person whom the adult requested for the appointment as guardian for the adult in a written instrument that is not part of the adult's established estate plan and was executed by the adult while ~~[competent.]~~ ***he or she was not incapacitated.***

4. Subject to the preferences set forth in subsections 1 and 3, the court shall appoint as guardian the qualified person who is most suitable and is willing to serve. In determining which qualified person is most suitable, the court shall, in addition to considering any applicable factors set forth in subsection 2, give consideration, among other factors, to:

(a) Any nomination or request for the appointment as guardian by the adult.

(b) Any nomination or request for the appointment as guardian by a relative.

(c) The relationship by blood, adoption, marriage or domestic partnership of the proposed guardian to the adult. In considering preferences of appointment, the court may consider relatives of the half blood equally with those of the whole blood. The court may consider any relative in the following order of preference:

(1) A spouse or domestic partner.

(2) A child.

(3) A parent.

(4) Any relative with whom the adult has resided for more than 6 months before the filing of the petition or any relative who has a power of attorney executed by the adult while ~~[competent.]~~ ***he or she was not incapacitated.***

(5) Any relative currently acting as agent.

(6) A sibling.

(7) A grandparent or grandchild.

(8) An uncle, aunt, niece, nephew or cousin.

(9) Any other person recognized to be in a familial relationship with the adult.

(d) Any recommendation made by a master of the court or special master pursuant to NRS 159.0615.

(e) Any request for the appointment of any other interested person that the court deems appropriate, including, without limitation, a person who is not a relative and who has a power of attorney executed by the adult while ~~[~~competent.~~]~~ ***he or she was not incapacitated.***

5. The court may appoint as guardian any nominated person, relative or other person listed in subsection 4 who is not a resident of this State. The court shall not give preference to a resident of this State over a nonresident if the court determines that:

(a) The nonresident is more qualified and suitable to serve as guardian; and

(b) The distance from the proposed guardian's place of residence and the adult's place of residence will not affect the quality of the guardianship or the ability of the proposed guardian to make decisions and respond quickly to the needs of the adult because:

(1) A person or care provider in this State is providing continuing care and supervision for the adult;

(2) The adult is in a secured residential long-term care facility in this State; or

(3) Within 30 days after the appointment of the proposed guardian, the proposed guardian will move to this State or the adult will move to the proposed guardian's state of residence.

6. If the court appoints a nonresident as guardian for the adult:

(a) The jurisdictional requirements of NRS 159.1991 to 159.2029, inclusive, must be met;

(b) The court shall order the guardian to designate a registered agent in this State in the same manner as a represented entity pursuant to chapter 77 of NRS; and

(c) The court may require the guardian to complete any available training concerning guardianships pursuant to NRS 159.0592, in this State or in the state of residence of the guardian, regarding:

(1) The legal duties and responsibilities of the guardian pursuant to this chapter;

(2) The preparation of records and the filing of annual reports regarding the finances and well-being of the adult required pursuant to NRS 159.073;

(3) The rights of the adult;

(4) The availability of local resources to aid the adult; and

(5) Any other matter the court deems necessary or prudent.

7. If the court finds that there is not any suitable nominated person, relative or other person listed in subsection 4 to appoint as guardian, the court may appoint as guardian:

(a) The public guardian of the county where the adult resides if:

(1) There is a public guardian in the county where the adult resides; and

(2) The adult qualifies for a public guardian pursuant to chapter 253 of NRS;

(b) A private fiduciary who may obtain a bond in this State and who is a resident of this State, if the court finds that the interests of the adult will be served appropriately by the appointment of a private fiduciary; or

(c) A private professional guardian who meets the requirements of NRS 159.0595.

8. A person is not qualified to be appointed as guardian for an adult if the person has been suspended for misconduct or disbarred from any of the professions listed in this subsection, but the disqualification applies only during the period of the suspension or disbarment. This subsection applies to:

(a) The practice of law;

(b) The practice of accounting; or

(c) Any other profession that:

(1) Involves or may involve the management or sale of money, investments, securities or real property; and

(2) Requires licensure in this State or any other state in which the person practices his or her profession.

9. As used in this section:

(a) "Adult" means a person who is a ward or a proposed ward and who is not a minor.

(b) "Domestic partner" means a person in a domestic partnership.

(c) "Domestic partnership" means:

(1) A domestic partnership as defined in NRS 122A.040; or

(2) A domestic partnership which was validly formed in another jurisdiction and which is substantially equivalent to a domestic partnership as defined in NRS 122A.040, regardless of whether it bears the name of a domestic partnership or is registered in this State.

(d) "Nominated person" means a person, whether or not a relative, whom an adult:

(1) Nominates for the appointment as guardian for the adult in a will, trust or other written instrument that is part of the adult's established estate plan and was executed by the adult while ~~[competent.]~~ ***he or she was not incapacitated.***

(2) Requests for the appointment as guardian for the adult in a written instrument that is not part of the adult's established estate plan and was executed by the adult while ~~[competent.]~~ ***he or she was not incapacitated.***

(e) "Relative" means a person who is 18 years of age or older and who is related to the adult by blood, adoption, marriage or domestic partnership within the third degree of consanguinity or affinity.

Sec. 16. NRS 159.062 is hereby amended to read as follows:

159.062 A parent or spouse of ~~[an incompetent,]~~ ***a*** minor ***, person who is incapacitated*** or person of limited capacity may by will nominate a guardian.

The person nominated must file a petition and obtain an appointment from the court before exercising the powers of a guardian.

Sec. 17. NRS 159.078 is hereby amended to read as follows:

159.078 1. Before taking any of the following actions, the guardian shall petition the court for an order authorizing the guardian to:

(a) Make or change the last will and testament of the ward.

(b) Except as otherwise provided in this paragraph, make or change the designation of a beneficiary in a will, trust, insurance policy, bank account or any other type of asset of the ward which includes the designation of a beneficiary. The guardian is not required to petition the court for an order authorizing the guardian to utilize an asset which has a designated beneficiary, including the closure or discontinuance of the asset, for the benefit of a ward if:

(1) The asset is the only liquid asset available with which to pay for the proper care, maintenance, education and support of the ward;

(2) The asset, or the aggregate amount of all the assets if there is more than one type of asset, has a value that does not exceed $5,000; or

(3) The asset is a bank account, investment fund or insurance policy and is required to be closed or discontinued in order for the ward to qualify for a federal program of public assistance.

(c) Create for the benefit of the ward or others a revocable or irrevocable trust of the property of the estate.

(d) Except as otherwise provided in this paragraph, exercise the right of the ward to revoke or modify a revocable trust or to surrender the right to revoke or modify a revocable trust. The court shall not authorize or require the guardian to exercise the right to revoke or modify a revocable trust if the instrument governing the trust:

(1) Evidences an intent of the ward to reserve the right of revocation or modification exclusively to the ward;

(2) Provides expressly that a guardian may not revoke or modify the trust; or

(3) Otherwise evidences an intent that would be inconsistent with authorizing or requiring the guardian to exercise the right to revoke or modify the trust.

2. Any other interested person may also petition the court for an order authorizing or directing the guardian to take any action described in subsection 1.

3. The court may authorize the guardian to take any action described in subsection 1 if, after notice to any person who is adversely affected by the proposed action and an opportunity for a hearing, the court finds by clear and convincing evidence that:

(a) A reasonably prudent person or the ward, if ~~[competent,]~~ ***not incapacitated,*** would take the proposed action and that a person has committed or is about to commit any act, practice or course of conduct which

operates or would operate as a fraud or act of exploitation upon the ward or estate of the ward and that person:

(1) Is designated as a beneficiary in or otherwise stands to gain from an instrument which was executed by or on behalf of the ward; or

(2) Will benefit from the lack of such an instrument; or

(b) The proposed action is otherwise in the best interests of the ward for any other reason not listed in this section.

4. The petition must contain, to the extent known by the petitioner:

(a) The name, date of birth and current address of the ward;

(b) A concise statement as to the condition of the ward's estate; and

(c) A concise statement as to the necessity for the proposed action.

5. As used in this section:

(a) "Exploitation" means any act taken by a person who has the trust and confidence of a ward or any use of the power of attorney of a ward to:

(1) Obtain control, through deception, intimidation or undue influence, over the money, assets or property of the ward with the intention of permanently depriving the ward of the ownership, use, benefit or possession of the ward's money, assets or property.

(2) Convert money, assets or property of the ward with the intention of permanently depriving the ward of the ownership, use, benefit or possession of the ward's money, assets or property.

➥ As used in this paragraph, "undue influence" does not include the normal influence that one member of a family has over another.

(b) "Fraud" means an intentional misrepresentation, deception or concealment of a material fact known to the person with the intent to deprive the ward of the ward's rights or property or to otherwise injure the ward.

(c) "Interested person" has the meaning ascribed to it in NRS 132.185 and also includes a named beneficiary under a trust or other instrument if the validity of the trust or other instrument may be in question.

Sec. 18. NRS 159.081 is hereby amended to read as follows:

159.081 1. A guardian of the person shall make and file in the guardianship proceeding for review of the court a written report on the condition of the ward and the exercise of authority and performance of duties by the guardian:

(a) Annually, not later than 60 days after the anniversary date of the appointment of the guardian;

(b) Within 10 days of moving a ward to a secured residential long-term care facility; and

(c) At such other times as the court may order.

2. A report filed pursuant to paragraph (b) of subsection 1 must:

(a) Include a copy of the written recommendation upon which the transfer was made; and

(b) Be served, without limitation, on the ***ward and any*** attorney for the ward **.** ~~[, if any.]~~

3. The court may prescribe the form and contents for filing a report described in subsection 1.

4. The guardian of the person shall give to the guardian of the estate, if any, a copy of each report not later than 30 days after the date the report is filed with the court.

5. The court is not required to hold a hearing or enter an order regarding the report.

Sec. 19. NRS 159.085 is hereby amended to read as follows:

159.085 1. Not later than 60 days after the date of the appointment of a general or special guardian of the estate or, if necessary, such further time as the court may allow, the guardian shall make and file in the guardianship proceeding a verified inventory of all of the property of the ward which comes to the possession or knowledge of the guardian.

2. A temporary guardian of the estate who is not appointed as the general or special guardian shall file an inventory with the court by not later than the date on which the temporary guardian files a final accounting as required pursuant to NRS 159.177.

3. The guardian shall take and subscribe an oath, which must be endorsed or attached to the inventory, before any person authorized to administer oaths, that the inventory contains a true statement of:

(a) All of the estate of the ward which has come into the possession of the guardian;

(b) All of the money that belongs to the ward; and

(c) All of the just claims of the ward against the guardian.

4. ***A copy of the inventory filed with the court and a notice of the filing must be served on the ward, his or her attorney and any guardian ad litem representing the ward.***

5. Whenever any property of the ward not mentioned in the inventory comes to the possession or knowledge of a guardian of the estate, the guardian shall:

(a) Make and file in the proceeding a verified supplemental inventory not later than 30 days after the date the property comes to the possession or knowledge of the guardian; or

(b) Include the property in the next accounting.

~~[5.]~~ ***6.*** The court may order which of the two methods described in subsection ~~[4]~~ ***5*** the guardian shall follow.

~~[6.]~~ ***7.*** The court may order all or any part of the property of the ward appraised as provided in NRS 159.0865 and 159.305.

~~[7.]~~ ***8.*** If the guardian neglects or refuses to file the inventory within the time required pursuant to subsection 1, the court may, for good cause shown and upon such notice as the court deems appropriate:

(a) Revoke the letters of guardianship and the guardian shall be liable on the bond for any loss or injury to the estate caused by the neglect of the guardian; or

(b) Enter a judgment for any loss or injury to the estate caused by the neglect of the guardian.

Sec. 20. NRS 159.0893 is hereby amended to read as follows:

159.0893 1. A guardian shall present a copy of the court order appointing the guardian and letters of guardianship to a bank or other financial institution that holds any account or other assets of the ward before the guardian may access the account or other assets.

2. The bank or other financial institution shall accept the copy of the court order appointing the guardian and letters of guardianship as proof of guardianship and allow the guardian access to the account or other assets of the ward, subject to any limitations set forth in the court order.

3. Unless the bank or other financial institution is a party to the guardianship proceeding, the bank or other financial institution is not entitled to a copy of any:

(a) ~~[Competency]~~ ***Capacity*** evaluation of the ward or any other confidential information concerning the medical condition or the placement of the ward; or

(b) Inventory or accounting of the estate of the ward.

Sec. 21. NRS 159.095 is hereby amended to read as follows:

159.095 1. A guardian of the estate shall appear for and represent the ward in all actions, suits or proceedings to which the ward is a party, unless the court finds that the interests of the guardian conflict with the interests of the ward or it is otherwise appropriate to appoint a guardian ad litem in the action, suit or proceeding.

2. Upon final resolution of the action, suit or proceeding, the guardian of the estate or the guardian ad litem shall notify the court of the outcome of the action, suit or proceeding.

3. If the person of the ward would be affected by the outcome of any action, suit or proceeding, the guardian of the person, if any, should be joined to represent the ward in the action, suit or proceeding.

4. If the ward is a party to any criminal action, the guardian of the estate and the guardian of the person must be notified of the action.

Sec. 22. NRS 159.097 is hereby amended to read as follows:

159.097 Any contract, except to the extent of the reasonable value of necessaries, and any transaction with respect to the property of a ward made by the ward are voidable by the guardian of the estate if such contract or transaction was made at any time by the ward while ~~[an incompetent]~~ ***he or she was incapacitated*** or a minor.

Sec. 22.5. NRS 159.105 is hereby amended to read as follows:

159.105 1. ~~[Other than claims for attorney's fees that are subject to the provisions of subsection 3, a]~~ ***A*** guardian of the estate may pay from the guardianship estate the following claims without complying with the provisions of this section and NRS 159.107 and 159.109:

(a) The guardian's claims against the ward or the estate; and

(b) Any claims accruing after the appointment of the guardian which arise from contracts entered into by the guardian on behalf of the ward.

2. The guardian shall report all claims and the payment of claims made pursuant to subsection 1 in the account that the guardian makes and files in the guardianship proceeding following each payment.

~~[3. Claims for attorney's fees which are associated with the commencement and administration of the guardianship of the estate:~~

~~(a) May be made at the time of the appointment of the guardian of the estate or any time thereafter; and~~

~~(b) May not be paid from the guardianship estate unless the payment is made in compliance with the provisions of this section and NRS 159.107 and 159.109.]~~

Sec. 23. NRS 159.115 is hereby amended to read as follows:

159.115 1. ~~[Upon]~~ ***Except as otherwise ordered by the court, upon*** the filing of any petition under NRS 159.078 or 159.113, or any account, notice must be given ***to the ward and the persons specified in NRS 159.034*** in the manner prescribed by ~~[NRS 159.034.]~~ ***that section.***

2. The notice must:

(a) Give the name of the ward.

(b) Give the name of the petitioner.

(c) Give the date, time and place of the hearing.

(d) State the nature of the petition.

(e) Refer to the petition for further particulars, and notify all persons interested to appear at the time and place mentioned in the notice and show cause why the court order should not be made.

Sec. 24. NRS 159.134 is hereby amended to read as follows:

159.134 1. All sales of real property of a ward must be ~~[:~~

~~(a) Reported to the court; and~~

~~(b) Confirmed]~~ ***confirmed*** by the court ***pursuant to NRS 159.146*** before ***escrow closes for*** the ***sale and*** title to the real property passes to the purchaser.

2. ~~[The report and a]~~ ***A*** petition for confirmation of the sale must be filed with the court not later than 30 days after the date of ~~[each]~~ ***the*** sale ~~[.]~~ ***, which is the date on which the contract for the sale was signed.***

3. The court shall set the date of the hearing ***for confirmation of the sale*** and give notice of the hearing in the manner required pursuant to NRS 159.115 or as the court may order.

4. An interested person may file written objections to the confirmation of the ***sale before the hearing for confirmation of the*** sale. If such objections are filed, the court shall conduct a hearing regarding those objections during which the interested person may offer witnesses in support of the objections. ***The court may, in its discretion, allow oral objections to the confirmation of the sale on the date of the hearing for confirmation of the sale.***

5. Before the court confirms a sale, the court must find that notice of the sale was given in the manner required pursuant to NRS 159.1425 ~~[,~~ ~~159.1435]~~ and 159.144, unless the sale was exempt from notice pursuant to NRS 159.123.

Sec. 25. NRS 159.1385 is hereby amended to read as follows:

159.1385 1. ~~[A]~~ ***After the court has granted authority to sell real property of a ward, a*** guardian may enter into a written contract with any bona fide agent, broker or multiple agents or brokers to secure a purchaser for ~~[any real]~~ ***such*** property **.** ~~[of the estate.]~~ Such a contract may grant an exclusive right to sell the property to the agent, broker or multiple agents or brokers.

2. The guardian shall provide for the payment of a commission upon the sale of the real property which:

(a) Must be paid from the proceeds of the sale;

(b) Must be fixed in an amount not to exceed:

(1) Ten percent for unimproved real property; or

(2) Seven percent for ~~[improved]~~ real property ~~[,]~~ ***with any type of improvement;*** and

(c) Must be authorized by the court by confirmation of the sale.

3. Upon confirmation of the sale by the court, the contract for the sale becomes binding and enforceable against the estate.

4. A guardian may not be held personally liable and the estate is not liable for the payment of any commission set forth in a contract entered into with an agent or broker pursuant to this section until the sale is confirmed by the court, and then is liable only for the amount set forth in the contract.

Sec. 26. NRS 159.1415 is hereby amended to read as follows:

159.1415 1. ~~[When an offer]~~ ***Except as otherwise provided in subsection 10 of NRS 159.146, if a contract of sale*** to purchase real property of a guardianship estate is presented to the court for confirmation:

(a) Other persons may submit higher bids ~~[to the]~~ ***in open*** court; and

(b) The court may confirm the highest bid.

2. Upon confirmation of a sale of real property by the court, the commission for the sale must be divided between the listing agent or broker and the agent or broker who secured the purchaser to whom the sale was confirmed, if any, in accordance with the contract with the listing agent or broker.

Sec. 27. NRS 159.142 is hereby amended to read as follows:

159.142 1. If a ward owns real property jointly with one or more other persons, ***after the court grants authority to sell the property,*** the interest owned by the ward may be sold to one or more joint owners of the property only if:

(a) ***All joint owners of the property have been given notice that the court has granted the authority to sell the property;***

(b) The guardian files a petition with the court to confirm the sale pursuant to NRS 159.134; and

~~[(b)]~~ ***(c)*** The court confirms the sale.

2. The court shall confirm the sale only if:

(a) The net amount of the proceeds from the sale to the estate of the ward is not less than 90 percent of the fair market value of the portion of the property to be sold; and

(b) Upon confirmation, the estate of the ward will be released from all liability for any mortgage or lien on the property.

Sec. 28. NRS 159.1425 is hereby amended to read as follows:

159.1425 1. Except as otherwise provided in this section and except for a sale pursuant to NRS 159.123 or 159.142, a guardian may sell the real property of a ward only after ***the court grants authority for the sale pursuant to NRS 159.113 and*** notice of the sale is published ***:*** ~~[in:]~~

(a) ~~[A]~~ ***In a*** newspaper that is published in the county in which the property, or some portion of the property, is located; ~~[or]~~

(b) If a newspaper is not published in ~~[that]~~ ***the*** county ~~[:]~~ ***in which the property, or some portion of the property, is located:***

(1) In a newspaper of general circulation in the county; or

(2) In such other newspaper as the court orders ~~[.]~~ ***; or***

(c) On a public property listing service for a period of not less than 30 days.

2. Except as otherwise provided in this section and except for a sale of real property pursuant to NRS 159.123 or 159.142 ~~[:~~

~~(a) The notice of a public auction for the sale of real property must be published not less than three times before the date of the sale, over a period of 14 days and 7 days apart.~~

~~(b) The~~ ***, the*** notice of a ~~[private]~~ sale must be published ***pursuant to paragraph (a) or (b) of subsection 1*** not less than three times before the date on which ~~[offers will]~~ ***the sale may*** be ~~[accepted,]~~ ***made,*** over a period of 14 days and 7 days apart.

3. For good cause shown, the court may order fewer publications and shorten the time of notice, but must not shorten the time of notice to less than 8 days.

4. The court may waive the requirement of publication pursuant to this section if:

(a) The guardian is the sole devisee or heir of the estate; or

(b) All devisees or heirs of the estate consent to the waiver in writing.

5. Publication for the sale of real property is not required pursuant to this section if the property to be sold is reasonably believed to have a ***net*** value of $10,000 or less. In lieu of publication, the guardian shall post notice of the sale in three of the most public places in the county in which the property, or some portion of the property, is located for at least 14 days before ~~[:~~

~~(a) The date of the sale at public auction; or~~

~~(b) The~~ ***the*** date on ***or after*** which ~~[offers]~~ ***an offer*** will be accepted for a ~~[private]~~ sale.

6. Any notice published or posted pursuant to this section must include, without limitation:

(a) ~~[For a public auction:~~

~~(1) A description of the real property which reasonably identifies the property to be sold; and~~

~~(2) The date, time and location of the auction.~~

~~(b) For a private sale:~~

~~(1)]~~ A description of the real property which reasonably identifies the property to be sold; and

~~[(2)]~~ ***(b)*** The date, time and location ~~[that offers]~~ ***on or after which an offer*** will be accepted.

Sec. 29. NRS 159.144 is hereby amended to read as follows:

159.144 1. Except for the sale of real property pursuant to NRS 159.123 or 159.142, a sale of real property of a guardianship estate ***:*** ~~[at a private sale:]~~

(a) Must not occur before the date stated in the notice.

(b) Except as otherwise provided in this paragraph, must not occur sooner than 14 days after the date of the first publication or posting of the notice. For good cause shown, the court may shorten the time in which the sale may occur to not sooner than 8 days after the date of the first publication or posting of the notice. If the court so orders, the notice of the sale and the sale may be made to correspond with the court order.

(c) Must occur not later than 1 year after the date stated in the notice.

2. The offers made in a ~~[private]~~ sale:

(a) Must be in writing; and

(b) May be delivered to the place designated in the notice or to the guardian at any time ~~[:~~

~~(1) After]~~ ***after*** the date of the first publication or posting of the notice **.** ~~[; and~~

~~(2) Before the date on which the sale is to occur.]~~

Sec. 30. NRS 159.1455 is hereby amended to read as follows:

159.1455 1. Except as otherwise provided in subsection 2, the court shall not confirm a sale of real property of a guardianship estate ~~[at a private sale]~~ unless:

(a) The court is satisfied that the amount offered represents the fair market value of the property to be sold; and

(b) Except for a sale of real property pursuant to NRS 159.123, the real property has been appraised within 1 year before the date of the sale. If the real property has not been appraised within this period, a new appraisal must be conducted pursuant to NRS 159.086 and 159.0865 at any time before the sale or confirmation by the court of the sale.

2. The court may waive the requirement of an appraisal ~~[and allow the guardian to rely on the assessed value of the real property for purposes of taxation in obtaining confirmation by the court of the sale.]~~ ***upon a showing to and specific findings by the court on the record that:***

(a) An additional appraisal will unduly delay the sale; and

(b) The delay will impair the estate of the ward.

Sec. 31. NRS 159.146 is hereby amended to read as follows:

159.146 1. At the hearing to confirm the sale of real property, the court shall:

(a) Consider whether the sale is necessary or in the best interest of the estate of the ward; and

(b) Examine the return on the investment and the evidence submitted in relation to the sale.

2. The court shall confirm the sale and order conveyances to be executed if it appears to the court that:

(a) Good reason existed for the sale;

(b) The sale was conducted in a legal and fair manner;

(c) The amount of the offer ~~[or bid]~~ is not disproportionate to the value of the property; and

(d) It is unlikely that ~~[an offer or]~~ ***a*** bid would be made which exceeds the original offer ***:*** ~~[or bid:]~~

(1) By at least 5 percent if the offer ~~[or bid]~~ is less than $100,000; or

(2) By at least $5,000 if the offer ~~[or bid]~~ is $100,000 or more.

3. The court shall not confirm the sale if the conditions in this section are not satisfied.

4. If the court does not confirm the sale, the court:

(a) May order a new sale; ***or***

(b) May conduct a public auction in open court ***.*** ~~[; or~~

~~(c) May accept a written offer or bid from a responsible person and confirm the sale to the person if the written offer complies with the laws of this state and exceeds the original bid:~~

~~(1) By at least 5 percent if the bid is less than $100,000; or~~

~~(2) By at least $5,000 if the bid is $100,000 or more.~~]

5. If the court ~~[does not confirm the sale and]~~ orders a new sale:

(a) Notice must be given in the manner set forth in NRS 159.1425; and

(b) The sale must be conducted in all other respects as though no previous sale has taken place.

6. If a higher offer ~~[or bid]~~ is received by the court during the hearing to confirm the sale, the court may continue the hearing ~~[rather than accept the offer or bid as set forth in paragraph (c) of subsection 4]~~ if the court determines that the person who made the ~~[original]~~ offer ~~[or bid]~~ ***being confirmed*** was not notified of the hearing and ~~[that the person who made the original offer or bid]~~ may wish to increase ***the price of*** his or her ~~[bid.]~~ ***offer.*** This subsection does not grant a right to a person to have a continuance granted and may not be used as a ground to set aside an order confirming a sale.

7. Except as otherwise provided in this ~~[subsection, if a higher offer or bid is received by the court during the hearing to confirm the sale and the~~

~~court does not accept that offer or bid, each successive bid must be for not less than:~~

~~(a) An additional $5,000, if the original offer is for $100,000 or more; or~~

~~(b) An additional $250 if the original offer is less than $100,000.~~

~~➥ Upon the request of the guardian during the hearing to confirm the sale, the court may set other incremental bid amounts.~~**]** ***section, only the name of the buyer and the price of the sale may be changed at a public auction in open court. An order confirming the sale is sufficient as an addendum to the original contract to allow escrow to close.***

8. The title company may be changed at a public auction in open court if the estate and the buyer have mutually agreed to the change in writing.

9. The date of the close of escrow must be at least 10 judicial days after the date that the notice of the entry of order confirming the sale is filed with the clerk of the court unless the contract specifies a later date. The parties to the sale may extend the date of the close of escrow by mutual agreement in writing.

10. If the estate owes more than the value of the property and the estate has made an agreement with all lienholders to accept the sale price and waive any deficiency between the sale price and the amount owed to all lienholders, the sale must be confirmed without the potential for bidding in court. All other portions of the confirmation of sale must be adhered to. The valuation by the bank shall be deemed to be sufficient to meet the appraisal requirement for the sale, and the date of the sale is the date on which the bank approves the sale.

Sec. 32. NRS 159.1515 is hereby amended to read as follows:

159.1515 1. **[**~~A~~**]** ***Except as otherwise provided in subsection 2, a*** guardian may sell **[**~~perishable property and other~~**]** ***or dispose of*** personal property of the ward **[**~~without~~**]** ***that has a total value of less than $10,000 if:***

(a) A notice **[**~~, and title to~~**]** ***of intent to sell or dispose of*** the property **[**~~passes without confirmation by the court if the property:~~

~~(a) Will depreciate in value if not disposed of promptly; or~~

~~(b) Will incur loss or expense by being kept.~~

~~2. The~~**]** ***is mailed by certified mail or delivered personally to the ward, his or her attorney and the persons specified in NRS 159.034; and***

(b) No objection to the sale or disposal is made within 15 days after such notice is received.

2. A guardian **[**~~is responsible for the actual value~~**]** ***may authorize the immediate destruction*** of the personal property **[**~~unless the guardian obtains confirmation by the court of the sale.~~**]** ***of a ward without notice if:***

(a) The guardian determines that the property has been contaminated by vermin or biological or chemical agents;

(b) The expenses related to the decontamination of the property cause salvage to be impractical;

(c) The property constitutes an immediate threat to public health or safety;

(d) The handling, transfer or storage of the property might endanger public health or safety or exacerbate contamination; and

(e) The value of the property is less than $100 or, if the value of the property is $100 or more, a state or local health officer has endorsed the destruction of the property.

Sec. 33. NRS 159.1535 is hereby amended to read as follows:

159.1535 1. Except as otherwise provided in ***this section and*** NRS 159.1515 and 159.152, a guardian may sell the personal property of the ward only after notice of the sale is ~~[~~published~~]~~ ***:***

(a) Given to the:

(1) Ward if he or she is 14 years of age or older;

(2) Parent or legal guardian of the ward, if the ward is a minor who is less than 14 years of age; and

(3) Spouse of the ward and all other known relatives of the ward who are within the second degree of consanguinity; and

(b) Published in:

~~[~~(a)~~]~~ ***(1)*** A newspaper that is published in the county in which the property, or some portion of the property, is located; or

~~[~~(b)~~]~~ ***(2)*** If a newspaper is not published in ~~[~~that~~]~~ ***the*** county ~~[~~.~~]~~ ***in which the property, or some portion of the property, is located:***

~~[~~(1)~~]~~ ***(I)*** In a newspaper of general circulation in the county; or

~~[~~(2)~~]~~ ***(II)*** In such other newspaper as the court orders.

2. Except as otherwise provided in this section ~~[~~:

~~(a) The notice of a public sale must be published not less than three times before the date of the sale, over a period of 14 days and 7 days apart.~~

~~(b) The~~~~]~~ ***, the*** notice of a ~~[~~private~~]~~ sale must be published not less than three times before the date on which offers will be accepted, over a period of 14 days and 7 days apart.

3. For good cause shown, the court may order fewer publications and shorten the time of notice, but must not shorten the time of notice to less than 8 days.

4. The notice must include, without limitation:

(a) ~~[~~For a public sale:

~~(1) A description of the personal property to be sold; and~~

~~(2) The date, time and location of the sale.~~

~~(b)~~~~]~~ For a ~~[~~private~~]~~ sale ~~[~~:~~]~~ ***other than a sale described in paragraph (b):***

(1) A description of the personal property to be sold; and

(2) The date, time and location that offers will be ~~[~~accepted.

~~(c)~~~~]~~ ***received.***

(b) For a sale on an appropriate auction website on the Internet:

(1) A description of the personal property to be sold;

(2) The date the personal property will be listed; and

(3) The Internet address of the website on which the sale will be posted.

5. Notice of a sale is not required to be published pursuant to this section if the gross value of the estate of the ward is less than $10,000.

Sec. 34. NRS 159.154 is hereby amended to read as follows:

159.154 1. The guardian may sell the personal property of a ward ~~[by public sale]~~ at:

(a) The residence of the ward; or

(b) Any other location designated by the guardian.

2. The guardian may sell the personal property ~~[by public sale]~~ only if the property is made available for inspection at the time of the sale or photographs of the personal property are posted on an appropriate auction website on the Internet.

3. Personal property may be sold ~~[at a public or private sale]~~ for cash or upon credit.

4. Except as otherwise provided in NRS 159.1515, a sale or disposition of any personal property of the ward must not be commenced until 30 days after an inventory of the property is filed with the court and a copy thereof is sent by regular mail to the persons specified in NRS 159.034. An affidavit of mailing must be filed with the court.

5. The guardian is responsible for the actual value of the personal property unless the guardian makes a report to the court, not later than 90 days after the conclusion of the sale, showing that good cause existed for the sale and that the property was sold for a price that was not disproportionate to the value of the property.

6. The family members of the ward and any interested persons must be offered the first right of refusal to acquire the personal property of the ward at fair market value.

Sec. 35. NRS 159.173 is hereby amended to read as follows:

159.173 If a guardian of the estate sells or transfers any real or personal property that is specifically devised or bequeathed by the ward or which is held by the ward as a joint tenancy, designated as being held by the ward in trust for another person or held by the ward as a revocable trust and the ward ~~[was competent]~~ ***had the capacity*** to make a will or create the interest at the time the will or interest was created, but ~~[was not competent]~~ ***did not have the capacity*** to make a will or create the interest at the time of the sale or transfer and never executed a valid later will or changed the manner in which the ward held the interest, the devisee, beneficiary or legatee may elect to take the proceeds of the sale or other transfer of the interest, specific devise or bequest.

Sec. 35.5. NRS 159.183 is hereby amended to read as follows:

159.183 1. Subject to the discretion and approval of the court and except as otherwise provided in subsection ~~[4,]~~ ***5,*** a guardian must be allowed:

(a) Reasonable compensation for the guardian's services;

(b) Necessary and reasonable expenses incurred in exercising the authority and performing the duties of a guardian; and

(c) Reasonable expenses incurred in retaining accountants, attorneys, appraisers or other professional services.

2. Reasonable compensation and services must be based upon similar services performed for persons who are not under a legal disability. In determining whether compensation is reasonable, the court may consider:

(a) The nature of the guardianship;

(b) The type, duration and complexity of the services required; and

(c) Any other relevant factors.

3. In the absence of an order of the court pursuant to this chapter shifting the responsibility of the payment of compensation and expenses, the payment of compensation and expenses must be paid from the estate of the ward. In evaluating the ability of a ward to pay such compensation and expenses, the court may consider:

(a) The nature, extent and liquidity of the ward's assets;

(b) The disposable net income of the ward;

(c) Any foreseeable expenses; and

(d) Any other factors that are relevant to the duties of the guardian pursuant to NRS 159.079 or 159.083.

4. ***Any compensation or expenses, including, without limitation, attorney's fees, must not be paid from the estate of the ward unless and until the payment of such fees is approved by the court pursuant to this section or section 3 of this act, as applicable.***

5. A ~~[private professional]~~ guardian is not allowed compensation or expenses ***, including, without limitation, attorney's fees,*** for services incurred by the ~~[private professional]~~ guardian as a result of a petition to have him or her removed as guardian if the court removes the ~~[private professional]~~ guardian ***.*** ~~[pursuant to the provisions of paragraph (b), (d), (e), (f) or (h) of subsection 1 of NRS 159.185.]~~

Sec. 36. NRS 159.185 is hereby amended to read as follows:

159.185 1. The court may remove a guardian if the court determines that:

(a) The guardian has become mentally ~~[incompetent,]~~ ***incapacitated,*** unsuitable or otherwise incapable of exercising the authority and performing the duties of a guardian as provided by law;

(b) The guardian is no longer qualified to act as a guardian pursuant to NRS 159.0613 if the ward is an adult or NRS 159.061 if the ward is a minor;

(c) The guardian has filed for bankruptcy within the previous 5 years;

(d) The guardian of the estate has mismanaged the estate of the ward;

(e) The guardian has negligently failed to perform any duty as provided by law or by any order of the court and:

(1) The negligence resulted in injury to the ward or the estate of the ward; or

(2) There was a substantial likelihood that the negligence would result in injury to the ward or the estate of the ward;

(f) The guardian has intentionally failed to perform any duty as provided by law or by any lawful order of the court, regardless of injury;

(g) The best interests of the ward will be served by the appointment of another person as guardian; or

(h) The guardian is a private professional guardian who is no longer qualified as a private professional guardian pursuant to NRS 159.0595.

2. A guardian may not be removed if the sole reason for removal is the lack of money to pay the compensation and expenses of the guardian.

Sec. 37. NRS 159.1995 is hereby amended to read as follows:

159.1995 1. In a guardianship proceeding in this State, a court of this State may request the appropriate court of another state to do any of the following:

(a) Hold an evidentiary hearing;

(b) Order a person in that state to produce evidence or give testimony pursuant to the procedures of that state;

(c) Order that an evaluation or assessment be made of the ward;

(d) Order any appropriate investigation of a person involved in a proceeding;

(e) Forward to the court of this State a certified copy of the transcript or other record of a hearing under paragraph (a) or any other proceeding, any evidence otherwise produced under paragraph (b), and any evaluation or assessment prepared in compliance with an order under paragraph (c) or (d);

(f) Issue any order necessary to ensure the appearance in the proceeding of a person whose presence is necessary for the court to make a determination, including the proposed ward, the ward or the ~~[incompetent;]~~ ***person who is incapacitated;*** and

(g) Issue an order authorizing the release of medical, financial, criminal or other relevant information in that state relating to the ward or proposed ward, including protected health information as defined in 45 C.F.R. § 160.103.

2. If a court of another state in which a guardianship or conservatorship proceeding is pending requests assistance of the kind provided in subsection 1, a court of this State has jurisdiction for the limited purpose of granting the request or making reasonable efforts to comply with the request.

Sec. 38. NRS 159.215 is hereby amended to read as follows:

159.215 1. A member of the Armed Forces of the United States, a reserve component thereof or the National Guard may, by written instrument and without the approval of a court, appoint any ~~[competent]~~ adult residing in this State ***who is not incapacitated*** as the guardian of the person of a minor child who is a dependent of that member. The instrument must be:

(a) Executed by both parents if living, not divorced and having legal custody of the child, otherwise by the parent having legal custody; and

(b) Acknowledged in the same manner as a deed.

➥ If both parents do not execute the instrument, the executing parent shall send by certified mail, return receipt requested, to the other parent at his or

her last known address, a copy of the instrument and a notice of the provisions of subsection 3.

2. The instrument must contain a provision setting forth the:

(a) Branch of the Armed Forces;

(b) Unit of current assignment;

(c) Current rank or grade; and

(d) Social security number or service number,

➥ of the parent who is the member.

3. The appointment of a guardian pursuant to this section:

(a) May be terminated by a written instrument signed by either parent of the child if that parent has not been deprived of his or her parental rights to the child; and

(b) Is terminated by any order of a court.

Sec. 39. NRS 449.6922 is hereby amended to read as follows:

449.6922 ~~[~~"Incompetent"~~]~~ ***"Incapacitated"*** has the meaning ascribed to it in NRS 159.019.

Sec. 40. NRS 449.6942 is hereby amended to read as follows:

449.6942 1. A physician shall take the actions described in subsection 2:

(a) If the physician diagnoses a patient with a terminal condition;

(b) If the physician determines, for any reason, that a patient has a life expectancy of less than 5 years; or

(c) At the request of a patient.

2. Upon the occurrence of any of the events specified in subsection 1, the physician shall explain to the patient:

(a) The existence and availability of the Physician Order for Life-Sustaining Treatment form;

(b) The features of and procedures offered by way of the POLST form; and

(c) The differences between a POLST form and the other types of advance directives.

3. Upon the request of the patient, the physician shall complete the POLST form based on the preferences and medical indications of the patient.

4. A POLST form is valid upon execution by a physician and:

(a) If the patient is 18 years of age or older and of sound mind, the patient;

(b) If the patient is 18 years of age or older and ~~[~~incompetent,~~]~~ ***incapacitated,*** the representative of the patient; or

(c) If the patient is less than 18 years of age, the patient and a parent or legal guardian of the patient.

5. As used in this section, "terminal condition" has the meaning ascribed to it in NRS 449.590.

Sec. 41. NRS 449.6944 is hereby amended to read as follows:

449.6944 1. A Physician Order for Life-Sustaining Treatment form may be revoked at any time and in any manner by:

(a) The patient who executed it, if ~~[competent,]~~ ***not incapacitated,*** without regard to his or her age or physical condition;

(b) If the patient is ~~[incompetent,]~~ ***incapacitated,*** the representative of the patient; or

(c) If the patient is less than 18 years of age, a parent or legal guardian of the patient.

2. The revocation of a POLST form is effective upon the communication to a provider of health care, by the patient or a witness to the revocation, of the desire to revoke the form. The provider of health care to whom the revocation is communicated shall:

(a) Make the revocation a part of the medical record of the patient; or

(b) Cause the revocation to be made a part of the medical record of the patient.

Sec. 42. NRS 449.695 is hereby amended to read as follows:

449.695 1. Except as otherwise provided in this section and NRS 449.6946, a provider of health care shall comply with a valid Physician Order for Life-Sustaining Treatment form, regardless of whether the provider of health care is employed by a health care facility or other entity affiliated with the physician who executed the POLST form.

2. A physician may medically evaluate the patient and, based upon the evaluation, may recommend new orders consistent with the most current information available about the patient's health status and goals of care. Before making a modification to a valid POLST form, the physician shall consult the patient or, if the patient is ~~[incompetent,]~~ ***incapacitated,*** shall make a reasonable attempt to consult the representative of the patient and the patient's attending physician.

3. Except as otherwise provided in subsection 4, a provider of health care who is unwilling or unable to comply with a valid POLST form shall take all reasonable measures to transfer the patient to a physician or health care facility so that the POLST form will be followed.

4. Life-sustaining treatment must not be withheld or withdrawn pursuant to a POLST form of a patient known to the attending physician to be pregnant, so long as it is probable that the fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

5. Nothing in this section requires a provider of health care to comply with a valid POLST form if the provider of health care does not have actual knowledge of the existence of the form.

Sec. 43. NRS 616C.505 is hereby amended to read as follows:

616C.505 If an injury by accident arising out of and in the course of employment causes the death of an employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, the compensation is known as a death benefit and is payable as follows:

1. In addition to any other compensation payable pursuant to chapters 616A to 616D, inclusive, of NRS, burial expenses are payable in an amount not to exceed $10,000, plus the cost of transporting the remains of the

deceased employee. When the remains of the deceased employee and the person accompanying the remains are to be transported to a mortuary or mortuaries, the charge of transportation must be borne by the insurer.

2. Except as otherwise provided in subsection 3, to the surviving spouse of the deceased employee, 66 2/3 percent of the average monthly wage is payable until the death of the surviving spouse.

3. If there is a surviving spouse and any surviving children of the deceased employee who are not the children of the surviving spouse, the compensation otherwise payable pursuant to subsection 2 must be paid as follows until the entitlement of all children of the deceased employee to receive compensation pursuant to this subsection ceases:

(a) To the surviving spouse, 50 percent of the death benefit is payable until the death of the surviving spouse; and

(b) To each child of the deceased employee, regardless of whether the child is the child of the surviving spouse, the child's proportionate share of 50 percent of the death benefit and, except as otherwise provided in subsection 11, if the child has a guardian, the compensation the child is entitled to receive may be paid to the guardian.

4. In the event of the subsequent death of the surviving spouse:

(a) Each surviving child of the deceased employee, in addition to any amount the child may be entitled to pursuant to subsection 3, must share equally the compensation theretofore paid to the surviving spouse but not in excess thereof, and it is payable until the youngest child reaches the age of 18 years.

(b) Except as otherwise provided in subsection 11, if the children have a guardian, the compensation they are entitled to receive may be paid to the guardian.

5. If there are any surviving children of the deceased employee under the age of 18 years, but no surviving spouse, then each such child is entitled to his or her proportionate share of 66 2/3 percent of the average monthly wage for the support of the child.

6. Except as otherwise provided in subsection 7, if there is no surviving spouse or child under the age of 18 years, there must be paid:

(a) To a parent, if wholly dependent for support upon the deceased employee at the time of the injury causing the death of the deceased employee, 33 1/3 percent of the average monthly wage.

(b) To both parents, if wholly dependent for support upon the deceased employee at the time of the injury causing the death of the deceased employee, 66 2/3 percent of the average monthly wage.

(c) To each brother or sister until he or she reaches the age of 18 years, if wholly dependent for support upon the deceased employee at the time of the injury causing the death of the deceased employee, his or her proportionate share of 66 2/3 percent of the average monthly wage.

7. The aggregate compensation payable pursuant to subsection 6 must not exceed 66 2/3 percent of the average monthly wage.

8. In all other cases involving a question of total or partial dependency:

(a) The extent of the dependency must be determined in accordance with the facts existing at the time of the injury.

(b) If the deceased employee leaves dependents only partially dependent upon the earnings of the deceased employee for support at the time of the injury causing his or her death, the monthly compensation to be paid must be equal to the same proportion of the monthly payments for the benefit of persons totally dependent as the amount contributed by the deceased employee to the partial dependents bears to the average monthly wage of the deceased employee at the time of the injury resulting in his or her death.

(c) The duration of compensation to partial dependents must be fixed in accordance with the facts shown, but may not exceed compensation for 100 months.

9. Compensation payable to a surviving spouse is for the use and benefit of the surviving spouse and the dependent children, and the insurer may, from time to time, apportion such compensation between them in such a way as it deems best for the interest of all dependents.

10. In the event of the death of any dependent specified in this section before the expiration of the time during which compensation is payable to the dependent, funeral expenses are payable in an amount not to exceed $10,000.

11. If a dependent is entitled to receive a death benefit pursuant to this section and is less than 18 years of age or ~~[incompetent,]~~ ***incapacitated,*** the legal representative of the dependent shall petition for a guardian to be appointed for that dependent pursuant to NRS 159.044. An insurer shall not pay any compensation in excess of $3,000, other than burial expenses, to the dependent until a guardian is appointed and legally qualified. Upon receipt of a certified letter of guardianship, the insurer shall make all payments required by this section to the guardian of the dependent until the dependent is emancipated, the guardianship terminates or the dependent reaches the age of 18 years, whichever occurs first, unless paragraph (a) of subsection 12 is applicable. The fees and costs related to the guardianship must be paid from the estate of the dependent. A guardianship established pursuant to this subsection must be administered in accordance with chapter 159 of NRS, except that after the first annual review required pursuant to NRS 159.176, a court may elect not to review the guardianship annually. The court shall review the guardianship at least once every 3 years. As used in this subsection, ~~[“incompetent”]~~ ***“incapacitated”*** has the meaning ascribed to it in NRS 159.019.

12. Except as otherwise provided in paragraphs (a) and (b), the entitlement of any child to receive his or her proportionate share of compensation pursuant to this section ceases when the child dies, marries or reaches the age of 18 years. A child is entitled to continue to receive compensation pursuant to this section if the child is:

(a) Over 18 years of age and incapable of supporting himself or herself, until such time as the child becomes capable of supporting himself or herself; or

(b) Over 18 years of age and enrolled as a full-time student in an accredited vocational or educational institution, until the child reaches the age of 22 years.

13. As used in this section, "surviving spouse" means a surviving husband or wife who was married to the employee at the time of the employee's death.

Sec. 43.5. **1. There is hereby appropriated from the State General Fund to the Nevada Supreme Court to pay the costs of the State Guardianship Compliance Office created by section 4 of this act:**

For the Fiscal Year 2017-2018..... $295,732

For the Fiscal Year 2018-2019..... $659,019

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 21, 2018, and September 20, 2019, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 21, 2018, and September 20, 2019, respectively.

Sec. 44. NRS 159.1435 is hereby repealed.

Sec. 45. **1.** This ~~[act becomes]~~ **section and section 43.5 of this act become effective on July 1, 2017.**

2. Sections 1 to 43, inclusive, and 44 of this act become effective on January 1, 2018.

TEXT OF REPEALED SECTION

159.1435 Public auction for sale of real property: Where held; postponement.

1. Except for a sale pursuant to NRS 159.123 or 159.142, a public auction for the sale of real property must be held:

(a) In the county in which the property is located or, if the real property is located in two or more counties, in either county;

(b) Between the hours of 9 a.m. and 5 p.m.; and

(c) On the date specified in the notice, unless the sale is postponed.

2. If, on or before the date and time set for the public auction, the guardian determines that the auction should be postponed:

(a) The auction may be postponed for not more than 3 months after the date first set for the auction; and

(b) Notice of the postponement must be given by a public declaration at the place first set for the sale on the date and time that was set for the sale.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 144.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 1000.

AN ACT relating to education; creating the Nevada Advisory Commission on Mentoring; providing for the membership, powers and duties of the Commission; **making an appropriation;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

This bill creates the Nevada Advisory Commission on Mentoring for the purpose of supporting and facilitating existing mentorship programs in this State. **Section 3** of this bill creates the Commission and prescribes the membership of the Commission. **Sections 4 and 5** of this bill set forth the duties and powers of the Commission. **Section 4** requires the Commission to meet quarterly and authorizes the Commission to: (1) appoint committees from its members; (2) engage the services of volunteers and consultants without compensation; (3) enter into public-private partnerships; and (4) apply for and receive gifts, grants, contributions and other money from any source. **Section 4** further requires the Commission to appoint a Mentorship Advisory Council to advise the Commission on matters of importance relating to mentoring and mentorship programs in this State. **Section 5** requires the Commission to: (1) establish model guidelines and parameters for existing mentorship programs; (2) develop a model financial plan providing for the sustainability and financial stability of existing mentorship programs; (3) develop model protocols for the management of mentors, mentees and matches under existing mentorship programs; (4) employ a coordinator for mentorship programs in this State; and (5) develop and administer a competitive grants program to award grants of money to mentorship programs. **Section 6.5 of this bill makes an appropriation from the State General Fund to the Department of Education for the costs of the Commission during the 2017-2019 biennium.**

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

Section 1. Chapter 385 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this act.

Sec. 2. ***As used in sections 2 to 5, inclusive, of this act, unless the context otherwise requires, "Commission" means the Nevada Advisory Commission on Mentoring created by section 3 of this act.***

Sec. 3. ***1. The Nevada Advisory Commission on Mentoring is hereby created. The Commission consists of the following 13 members:***

(a) One member appointed by the Governor who is a representative of business and industry with a vested interest in supporting mentorship programs in this State.

(b) One member appointed by the Governor who represents an employment and training organization located in this State.

(c) One member appointed by the Governor who is a resident of a county whose population is less than 100,000.

(d) One member who is the superintendent of a school district in a county whose population is 700,000 or more.

(e) One member who is the superintendent of a school district in a county whose population is 100,000 or more but less than 700,000.

(f) One member appointed by the Majority Leader of the Senate.

(g) One member appointed by the Speaker of the Assembly.

(h) One member appointed by the Minority Leader of the Senate.

(i) One member appointed by the Minority Leader of the Assembly.

(j) Four members appointed to the Commission pursuant to subsection 2.

2. The members of the Commission appointed pursuant to paragraphs (a) to (i), inclusive, of subsection 1 shall, at the first meeting of the Commission, appoint to the Commission four additional voting members:

(a) One of whom must be a member of the state advisory group appointed by the Governor pursuant to 42 U.S.C. § 5633 and operating in this State as the Juvenile Justice Commission under the Division of Child and Family Services of the Department of Health and Human Services;

(b) One of whom must be a representative of business and industry with a vested interest in supporting mentorship programs in this State; and

(c) Two members between the ages of 16 years and 24 years who have a vested interest in supporting mentorship programs in this State.

3. After the initial terms, each member of the Commission appointed pursuant to subsections 1 and 2 serves a term of 4 years. A member of the Commission may be reappointed.

4. Any vacancy occurring in the membership of the Commission must be filled in the same manner as the original appointment not later than 30 days after the vacancy occurs. A member appointed to fill a vacancy shall

serve as a member of the Commission for the remainder of the original term of appointment.

5. Each member of the Commission:

(a) Serves without compensation; and

(b) While engaged in the business of the Commission, is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

Sec. 4. *1. At the first meeting of each calendar year, the Commission shall elect from its members a Chair, a Vice Chair and a Secretary and shall adopt the rules and procedures of the Commission.*

2. The Commission shall meet at least once each calendar quarter and at other times at the call of the Chair or a majority of its members.

3. A majority of the members of the Commission constitutes a quorum for the transaction of business, and a quorum may exercise any power or authority conferred on the Commission.

4. Except as otherwise provided in section 5 of this act, the Commission may, for the purpose of carrying out the duties of the Commission prescribed by that section:

(a) Appoint committees from its members.

(b) Engage the services of volunteer workers and consultants without compensation.

(c) Enter into a public-private partnership with any business, for-profit organization or nonprofit organization.

(d) Apply for and receive gifts, grants, donations, contributions or other money from any source.

5. The Commission shall appoint a Mentorship Advisory Council consisting of five members who represent organizations which provide mentorship programs in this State. The members of the Council serve at the pleasure of the Commission. If a member of the Council is removed or if the position of a member otherwise becomes vacant, the Commission shall appoint a new member to fill the vacancy at the next regularly scheduled meeting of the Commission. The Council shall advise the Commission on matters of importance relating to mentoring and mentorship programs in this State.

6. The Commission shall, on or before February 1 of each year, prepare and submit a report outlining the activities and recommendations of the Commission to:

(a) The Governor; and

(b) The Director of the Legislative Counsel Bureau for transmittal to the Legislature or to the Legislative Commission if the Legislature is not in regular session.

Sec. 5. *1. The Commission shall, within the scope of its duties, support and facilitate mentorship programs in this State for the purpose of addressing issues relating to education, health, criminal justice and*

employment with respect to children who reside in this State. The Commission shall:

(a) Establish model guidelines and parameters for existing mentorship programs, including, without limitation:

(1) The development of a model management plan setting forth guidelines for the operation of mentorship programs and strategic goals and benchmarks to measure the success of a mentorship program.

(2) The process for identifying children in need of mentorship and geographic areas of need within this State. Such a process must include, without limitation, consideration of children who:

(I) Are disproportionately at risk of being deprived of the opportunity to develop and maintain a competitive position in the economy.

(II) Are disproportionately at risk of failing to make adequate yearly progress in a school in this State.

(III) Have been involved with the system of juvenile justice in this State, either as a victim or as an offender.

(IV) Have been involved with the criminal justice system, either as a victim or as an offender.

(V) Are in the child welfare system.

(b) Develop a model financial plan that provides for the sustainability and financial stability of mentorship programs, including, without limitation:

(1) The development of a resource plan to provide for diversified fundraising.

(2) The identification of potential sources of revenue to fund the hiring of the coordinator for mentorship programs in this State, as required by paragraph (e).

(3) The identification of potential sources of revenue to fund the hiring of administrative support staff for mentorship programs in this State.

(4) The development, in coordination with the Office of Grant Procurement, Coordination and Management of the Department of Administration of a plan for seeking gifts, grants, donations and contributions from any source for the purpose of carrying out a mentorship program.

(5) The identification of potential strategic private partners to assist in the implementation and continuation of mentorship programs.

(6) The development of public relations and marketing campaigns for the purpose of increasing public awareness regarding existing mentorship programs and the value of mentorship programs.

(c) Develop model protocols for the recruitment, screening, training, matching, monitoring and support of mentors.

(d) Develop model protocols for the effective management of mentors, mentees and matches under mentorship programs, including, without

limitation, protocols for the introduction of a mentor to a mentee and closure of the relationship between a mentor and a mentee.

(e) Within the limits of legislative appropriations, employ a coordinator for mentorship programs in this State.

(f) Within the limits of legislative appropriations, develop a competitive grants program to award grants of money to mentorship programs in this State. In coordination with the Office of Grant Procurement, Coordination and Management of the Department of Administration, the Commission shall:

(1) Administer the grants program;

(2) Establish guidelines for the submission and review of applications to receive grants from the program; and

(3) Consider and approve or disapprove applications for grants from the program.

2. As used in this section, "child" means a person 24 years of age or younger.

Sec. 6. 1. The members of the Nevada Advisory Commission on Mentoring created by section 3 of this act appointed to initial terms in accordance with paragraphs (a) to (i), inclusive, of subsection 1 of section 3 of this act must be appointed on or before October 1, 2017.

2. The Governor shall call the first meeting of the Commission, which must take place on or before December 31, 2017.

3. At the first meeting of the Commission, and after the appointment of 4 voting members to the Commission pursuant to subsection 2 of section 3 of this act, the 13 members appointed to initial terms pursuant to subsections 1 and 2 of section 3 of this act shall choose their term of office by lot, in the following manner:

(a) Five members for terms of 2 years;

(b) Four members for terms of 3 years; and

(c) Four members for terms of 4 years.

Sec. 6.5. **1. There is hereby appropriated from the State General Fund to the Department of Education for the expenses incurred for meetings of the Nevada Advisory Commission on Mentoring created by section 3 of this act the following sums:**

For the Fiscal Year 2017-2018..... $7,400

For the Fiscal Year 2018-2019..... $7,400

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 21, 2018, and September 20, 2019, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or

transferred, and must be reverted to the State General Fund on or before September 21, 2018, and September 20, 2019, respectively.

Sec. 7. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 8. This act becomes effective on July 1, 2017.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 224.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 975.

AN ACT relating to disabilities; replacing the term "related conditions" with the term "developmental disability" for certain purposes; prohibiting a provider of jobs and day training services from entering into certain contracts or arrangements; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Various provisions of existing law govern the care and services provided to persons with intellectual disabilities and persons with related conditions. (Chapters 433, 433A, 433C and 435 of NRS) For the purposes of these provisions, a "person with related conditions" is generally defined to mean a person with a condition "closely related to an intellectual disability" and requiring "treatment or services similar to those required by a person with an intellectual disability." (NRS 433.211) For the purposes of the provisions referred to above, this bill generally replaces references to the term "related conditions" with the term "developmental disability." Such a disability is defined in **sections 1 and 17** of this bill as autism, cerebral palsy, epilepsy ~~[,~~ ~~a visual or hearing impairment]~~ or any other neurological condition diagnosed by a qualified professional that: (1) is manifested before the age of 22 years and is likely to continue indefinitely; (2) substantially limits certain major life activities; and (3) results in a lifelong or protracted need for individually planned and coordinated services, support or other assistance.

Existing law permits a person or organization to provide jobs and day training services to persons with intellectual disabilities and persons with related conditions. (NRS 435.130-435.310) Such a provider may contract with county and school officials and public and private agencies for the provision of such services. (NRS 435.310) **Section 45** of this bill prohibits any such contract that provides for the employment of a person under 25 years of age unless the person is paid at least the federal minimum wage.

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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto a new section to read as follows:

"Developmental disability" has the meaning ascribed to it in NRS 435.007.

Sec. 2. NRS 433.005 is hereby amended to read as follows:

433.005 As used in chapters 433 to 433C, inclusive, of NRS, unless the context otherwise requires, or except as otherwise defined by specific statute, the words and terms defined in NRS 433.014 to 433.227, inclusive, ***and section 1 of this act*** have the meanings ascribed to them in those sections.

Sec. 3. NRS 433.314 is hereby amended to read as follows:

433.314 The Commission shall:

1. Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution;

2. Set policies for the care and treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided by all state agencies;

3. Review the programs and finances of the Division; and

4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on the quality of the care and treatment provided for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment.

Sec. 4. NRS 433.316 is hereby amended to read as follows:

433.316 The Commission may:

1. Collect and disseminate information pertaining to mental health, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

2. Request legislation pertaining to mental health, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

3. Review findings of investigations of complaints about the care of any person in a public facility for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental***

disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

4. Accept, as authorized by the Legislature, gifts and grants of money and property.

5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided through private nonprofit organizations, governmental entities, hospitals and clinics.

6. Promote programs for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

7. Create a plan to coordinate the services for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided in this State and to provide continuity in the care and treatment provided.

8. Establish and maintain an appropriate program which provides information to the general public concerning mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders and consider ways to involve the general public in the decisions concerning the policy on mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

9. Compile statistics on mental illness and study the cause, pathology and prevention of that illness.

10. Establish programs to prevent or postpone the commitment of residents of this State to facilities for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

11. Evaluate the future needs of this State concerning the treatment of mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders and develop ways to improve the treatment already provided.

12. Take any other action necessary to promote mental health in this State.

Sec. 5. NRS 433.318 is hereby amended to read as follows:

433.318 1. The Commission may appoint a subcommittee or an advisory committee composed of members who have experience and knowledge of matters relating to persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders and who, to the extent practicable, represent the ethnic and geographic diversity of this State.

2. A subcommittee or advisory committee appointed pursuant to this section shall consider specific issues and advise the Commission on matters related to the duties of the Commission.

3. The members of a subcommittee or advisory committee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee or advisory committee, to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose.

Sec. 6. NRS 433.325 is hereby amended to read as follows:

433.325 The Commission or its designated agent may inspect any state facility providing services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders to determine if the facility is in compliance with the provisions of this title and any regulations adopted pursuant thereto.

Sec. 7. (Deleted by amendment.)

Sec. 8. (Deleted by amendment.)

Sec. 9. NRS 433C.110 is hereby amended to read as follows:

433C.110 The Legislature declares that the purposes of this chapter are:

1. To encourage and provide financial assistance to counties in the establishment and development of mental health services, including services to persons with intellectual ***disabilities and persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ through locally controlled community mental health programs.

2. To promote the improvement and, if necessary, the expansion of already existing services which help to conserve the mental health of the people of Nevada. It is the intent of this chapter that services to individuals be rendered only upon voluntary application.

Sec. 10. NRS 433C.170 is hereby amended to read as follows:

433C.170 The county board shall:

1. Review and evaluate communities' needs, services, facilities and special problems in the fields of mental health **,** ~~[and]~~ intellectual ***disabilities and developmental*** disabilities **.** ~~[and related conditions.]~~

2. Advise the governing body as to programs of community mental health services and facilities and services to persons with intellectual

disabilities and persons with developmental disabilities ~~[and persons with related conditions,]~~ and, when requested by the governing body, make recommendation regarding the appointment of a county director.

3. After adoption of a program, continue to act in an advisory capacity to the county director.

Sec. 11. NRS 433C.190 is hereby amended to read as follows:

433C.190 The county director shall:

1. Serve as chief executive officer of the county program and be accountable to the county board.

2. Exercise administrative responsibility and authority over the county program and facilities furnished, operated or supported in connection therewith, and over services to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ except as administrative responsibility is otherwise provided for in this title.

3. Recommend to the governing body, after consultation with the county board, the providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter.

4. Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

5. Carry on such studies as may be appropriate for the discharge of his or her duties, including the control and prevention of psychiatric disorders and the treatment of intellectual ***disabilities and developmental*** disabilities **.** ~~[and related conditions.]~~

Sec. 12. NRS 433C.260 is hereby amended to read as follows:

433C.260 Expenditures made by counties for county programs, including services to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ pursuant to this chapter ~~[,]~~ must be reimbursed by the State pursuant to NRS 433C.270 to 433C.350, inclusive.

Sec. 13. NRS 433C.270 is hereby amended to read as follows:

433C.270 1. A service operated within a county program must be directed to at least one of the following mental health areas:

(a) Mental illness;

(b) Intellectual ***disabilities;***

(c) Developmental disabilities ***;*** ~~[and related conditions;~~

~~(c)]~~ ***(d)*** Organic brain and other neurological impairment;

~~[(d)]~~ ***(e)*** Alcoholism; and

~~[(e)]~~ ***(f)*** Drug abuse.

2. A service is any of the following:

(a) Diagnostic service;

(b) Emergency service;

(c) Inpatient service;

(d) Outpatient or partial hospitalization service;

(e) Residential, sheltered or protective care service;

(f) Habilitation or rehabilitation service;

(g) Prevention, consultation, collaboration, education or information service; and

(h) Any other service approved by the Division.

Sec. 14. NRS 433C.300 is hereby amended to read as follows:

433C.300 1. Money provided by direct legislative appropriation for purposes of reimbursement as provided by NRS 433C.260 to 433C.290, inclusive, must be allotted to the governing body as follows:

(a) The State shall pay to each county a sum equal to 90 percent of the total proposed expenditures as reflected by the plan of proposed expenditures submitted pursuant to NRS 433C.280 if the county has complied with the provisions of paragraph (b).

(b) Before payment under this subsection, the governing body of a county must submit evidence to the Administrator that 10 percent of the total proposed expenditures have been raised and budgeted by the county for the establishment or maintenance of a county program.

2. All state and federal moneys appropriated or authorized for the promotion of mental health or for services to persons with intellectual ***disabilities or persons with developmental*** disabilities **[**~~and persons with related conditions~~**]** in the State of Nevada must be disbursed through the Division in accordance with the provisions of this chapter and rules and regulations adopted in accordance therewith.

Sec. 15. NRS 433C.340 is hereby amended to read as follows:

433C.340 Fees for mental health services, including services to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** **[**~~and persons with related conditions,~~**]** rendered pursuant to an approved county plan must be charged in accordance with ability to pay, but not in excess of actual cost.

Sec. 16. NRS 435.005 is hereby amended to read as follows:

435.005 Unless specifically excluded by law, the provisions of this chapter apply to all facilities within the Division offering services to persons with intellectual ***disabilities or persons with developmental*** disabilities **.** **[**~~and persons with related conditions.~~**]**

Sec. 17. NRS 435.007 is hereby amended to read as follows:

435.007 As used in this chapter, unless the context otherwise requires:

1. "Administrative officer" means a person with overall executive and administrative responsibility for those state or nonstate intellectual ***and developmental*** disability centers designated by the Administrator.

2. "Administrator" means the Administrator of the Division.

3. "Child" means any person under the age of 18 years who may be eligible for intellectual ***disability services or developmental*** disability services **.** **[**~~or services for a related condition.~~**]**

4. "Department" means the Department of Health and Human Services.

5. ***"Developmental disability" means autism, cerebral palsy, epilepsy*** ~~[, a visual or hearing impairment]~~ ***or any other neurological condition diagnosed by a qualified professional that:***

(a) Is manifested before the person affected attains the age of 22 years;

(b) Is likely to continue indefinitely;

(c) Results in substantial functional limitations, as measured by a qualified professional, in three or more of the following areas of major life activity:

(1) Taking care of oneself;

(2) Understanding and use of language;

(3) Learning;

(4) Mobility;

(5) Self-direction; and

(6) Capacity for independent living; and

(d) Results in the person affected requiring a combination of individually planned and coordinated services, support or other assistance that is lifelong or has an extended duration.

6. "Director of the Department" means the administrative head of the Department.

~~[6.]~~ ***7.*** "Division" means the Aging and Disability Services Division of the Department.

~~[7.]~~ ***8.*** "Division facility" means any unit or subunit operated by the Division for the care, treatment and training of consumers.

~~[8.]~~ ***9.*** "Intellectual disability" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

~~[9.]~~ ***10.*** "Intellectual ***and developmental*** disability center" means an organized program for providing appropriate services and treatment to persons with intellectual disabilities and persons with ~~[related conditions.]~~ ***developmental disabilities.*** An intellectual ***and developmental*** disability center may include facilities for residential treatment and training.

~~[10.]~~ ***11.*** "Medical director" means the chief medical officer of any program of the Division for persons with intellectual ***disabilities or developmental*** disabilities ***.*** ~~[and persons with other related conditions.~~

~~11.]~~ ***12.*** "Mental illness" has the meaning ascribed to it in NRS 433.164.

~~[12.]~~ ***13.*** "Parent" means the parent of a child. The term does not include the parent of a person who has attained the age of 18 years.

~~[13.]~~ ***14.*** "Person" includes a child and any other consumer with an intellectual ***disability and a child or any other consumer with a developmental*** disability ~~[or a related condition]~~ who has attained the age of 18 years.

~~[14.]~~ ***15.*** "Person professionally qualified in the field of psychiatric mental health" has the meaning ascribed to it in NRS 433.209.

~~[15. "Persons with related conditions" means persons who have a severe, chronic disability which:~~

~~(a) Is attributable to:~~

~~(1) Cerebral palsy or epilepsy; or~~

~~(2) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability and requires treatment or services similar to those required by a person with an intellectual disability;~~

~~(b) Is manifested before the person affected attains the age of 22 years;~~

~~(c) Is likely to continue indefinitely; and~~

~~(d) Results in substantial functional limitations in three or more of the following areas of major life activity:~~

~~(1) Taking care of oneself;~~

~~(2) Understanding and use of language;~~

~~(3) Learning;~~

~~(4) Mobility;~~

~~(5) Self-direction; and~~

~~(6) Capacity for independent living.~~**]**

16. "Residential facility for groups" means a structure similar to a private residence which will house a small number of persons in a homelike atmosphere.

17. "Training" means a program of services directed primarily toward enhancing the health, welfare and development of persons with intellectual ***disabilities or persons with developmental*** disabilities **[**~~and persons with related conditions~~**]** through the process of providing those experiences that will enable the person to:

(a) Develop his or her physical, intellectual, social and emotional capacities to the fullest extent;

(b) Live in an environment that is conducive to personal dignity; and

(c) Continue development of those skills, habits and attitudes essential to adaptation in contemporary society.

18. "Treatment" means any combination of procedures or activities, of whatever level of intensity and whatever duration, ranging from occasional counseling sessions to full-time admission to a residential facility.

Sec. 18. NRS 435.009 is hereby amended to read as follows:

435.009 It is the policy of this State that persons with intellectual ***disabilities and persons with developmental*** disabilities ***:*** **[**~~and persons with related conditions:~~**]**

1. Receive services in a considerate and respectful manner;

2. Are recognized as individuals before recognizing the disabilities of the persons; and

3. Are to be referred to using language which is commonly viewed as respectful and which refers to the person before referring to his or her disability.

Sec. 19. NRS 435.010 is hereby amended to read as follows:

435.010 1. The boards of county commissioners of the various counties shall make provision for the support, education and care of the children with intellectual ***disabilities and children with developmental*** disabilities ~~[and children with related conditions]~~ of their respective counties.

2. For that purpose, they are empowered to make all necessary contracts and agreements to carry out the provisions of this section and NRS 435.020 and 435.030. Any such contract or agreement may be made with any responsible person or facility in or without the State of Nevada.

3. The provisions of this section and NRS 435.020 and 435.030 supplement the services which other political subdivisions or agencies of the State are required by law to provide, and do not supersede or relieve the responsibilities of such political subdivisions or agencies.

Sec. 20. NRS 435.020 is hereby amended to read as follows:

435.020 All children with intellectual ***disabilities and children with developmental*** disabilities ~~[and children with related conditions]~~ are entitled to benefits under this section and NRS 435.010 and 435.030:

1. Who are unable to pay for their support and care;

2. Whose parents, relatives or guardians are unable to pay for their support and care; and

3. If division facilities are to be utilized, whom the Division recognizes as proper subjects for services within such division facilities.

Sec. 21. NRS 435.030 is hereby amended to read as follows:

435.030 1. A parent, relative, guardian or nearest friend of any child with an intellectual ***disability or any child with a developmental*** disability ~~[or any child with a related condition]~~ who is a resident of this State may file with the board of county commissioners of the proper county an application under oath stating:

(a) That the child meets the criteria set forth in NRS 435.020; and

(b) That the child requires services not otherwise required by law to be provided to the child by any other county, political subdivision or agency of this or any other state.

2. If the board of county commissioners is satisfied that the statements made in the application are true, the board shall issue a certificate to that effect.

3. The board of county commissioners shall make necessary arrangements for the transportation of a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a child with a related condition]~~ to any responsible person or facility to be utilized pursuant to contract or agreement as designated in NRS 435.010 at the expense of the county.

4. A certificate of the board of county commissioners, when produced, shall be the authority of any responsible person or facility in or without the State of Nevada under contract with the board of county commissioners to receive any such child.

Sec. 22. NRS 435.035 is hereby amended to read as follows:

435.035 1. To the extent that money is available for that purpose, the Division of Health Care Financing and Policy of the Department ~~[of Health and Human Services]~~ and the Aging and Disability Services Division of the Department shall establish a pilot program to provide intensive care coordination services to children with intellectual ***disabilities or children with developmental*** disabilities ~~[and children with related conditions]~~ who are also diagnosed as having behavioral health needs and who reside in a county whose population is 100,000 or more.

2. The intensive care coordination services provided by the pilot program must include, without limitation:

(a) Medically necessary habilitation or rehabilitation and psychiatric or behavioral therapy provided using evidence-based practices to a child with intellectual ***disabilities or a child with developmental*** disabilities ~~[or a child with a related condition]~~ who is also diagnosed as having behavioral health needs;

(b) Support for the family of such a child, including, without limitation, respite care for the primary caregiver of the child;

(c) Coordination of all services provided to such a child and his or her family;

(d) Food and lodging expenses for such a child who is receiving supported living arrangement services and does not reside with his or her parent or guardian;

(e) Assistance with acquisition of life skills and community participation that is provided in the residence of a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a child with a related condition]~~ who has also been diagnosed as having behavioral health needs;

(f) Nonmedical transportation;

(g) Career planning;

(h) Supported employment; and

(i) Prevocational services.

3. The Division of Health Care Financing and Policy and the Aging and Disability Services Division shall:

(a) Design and utilize a system to collect and analyze data concerning the evidence-based practices used pursuant to paragraph (a) of subsection 2;

(b) On or before July 1, 2017, obtain an independent evaluation of the effectiveness of the pilot program; and

(c) Collaborate with each person or governmental entity that provides services pursuant to the pilot program to obtain grants for the purpose of carrying out the pilot program. The Division of Health Care Financing and Policy, the Aging and Disability Services Division and any other governmental entity that provides services pursuant to the pilot program may apply for and accept any available grants and may accept any bequests, devises, donations or gifts from any public or private source to carry out the pilot program.

4. The Director of the Department of Health and Human Services shall make any amendments to the State Plan for Medicaid authorized by Federal law and obtain any Medicaid waivers from the Federal Government necessary to use money received pursuant to the State Plan for Medicaid to pay for any part of the pilot program described in subsection 1 for which such money is authorized to be used by federal law or by the waiver.

5. As used in this section:

(a) ~~[“Children with related conditions” means children who have a severe, chronic disability which:~~

~~(1) Is attributable to:~~

~~(I) Cerebral palsy or epilepsy; or~~

~~(II) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a child with an intellectual disability and requires treatment or services similar to those required by a child with an intellectual disability;~~

~~(2) Is likely to continue indefinitely; and~~

~~(3) Results in substantial functional limitations in three or more of the following areas of major life activity:~~

~~(I) Taking care of oneself;~~

~~(II) Understanding and use of language;~~

~~(III) Learning;~~

~~(IV) Mobility;~~

~~(V) Self-direction; and~~

~~(VI) Capacity for independent living.~~

~~(b) “Intellectual disability” has the meaning ascribed to it in NRS 435.007.~~

~~(c)]~~ “Intensive care coordination services” means the delivery of comprehensive services provided to a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a child with a related condition that]~~ ***who*** is also diagnosed as having behavioral health needs, or the family of such a child, that are coordinated by a single entity and delivered in an individualized and culturally appropriate manner.

~~[(d)]~~ ***(b)*** “Supported living arrangement services” means flexible, individualized services provided in a ~~[residential setting,]~~ ***homelike environment,*** for compensation, to a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a person with a related condition]~~ who is also diagnosed as having behavioral health needs that are designed and coordinated to assist the person in maximizing the child’s independence, including, without limitation, training and habilitation services.

Sec. 23. NRS 435.060 is hereby amended to read as follows:

435.060 The Division may operate a residential facility for groups to care for and maintain persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ until they can live in a more normal situation.

Sec. 24. NRS 435.077 is hereby amended to read as follows:

435.077 1. The Administrator shall adopt regulations for the transfer of persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ from one facility to another facility operated by the Division.

2. Subject to the provisions of subsection 3, when the Administrator or his or her designee determines that it is in the best interest of the person, the Administrator or his or her designee may discharge, or place on convalescent leave, any person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ in a facility operated by the Division.

3. When a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ is committed to a division facility by court order, the committing court must be given 10 days' notice before the discharge of that person.

Sec. 25. NRS 435.081 is hereby amended to read as follows:

435.081 1. The Administrator or the Administrator's designee may receive a person ***of this State*** with an intellectual ***disability or a person of this State with a developmental*** disability ~~[or a person with a related condition of this State]~~ for services in a facility operated by the Division if:

(a) The person is a person with an intellectual ***disability or a person with a developmental*** disability ~~[or is a person with a related condition]~~ and is in need of institutional training and treatment;

(b) Space is available which is designed and equipped to provide appropriate care for the person;

(c) The facility has or can provide an appropriate program of training and treatment for the person; and

(d) There is written evidence that no less restrictive alternative is available in the person's community.

2. A person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ may be accepted at a division facility for emergency evaluation when the evaluation is requested by a court. A person must not be retained pursuant to this subsection for more than 10 working days.

3. A court may order that a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ be admitted to a division facility if it finds that admission is necessary because of the death or sudden disability of the parent or guardian of the person. The person must not be retained pursuant to this subsection for more than 45 days. Before the expiration of the 45-day period, the Division shall report to the court its recommendations for placement or treatment of the person. If less restrictive alternatives are not available, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

4. A child may be received, cared for and examined at a division facility for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ for not more than 10 working days without admission, if the examination is ordered by a court having jurisdiction of the minor in accordance with the provisions of NRS 62E.280 and subsection 1 of NRS 432B.560. At the end of the 10 days, the Administrator or the Administrator's designee shall report the result of the examination to the court and shall detain the child until the further order of the court, but not to exceed 7 days after the Administrator's report.

5. The parent or guardian of a person believed to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ may apply to the administrative officer of a division facility to have the person evaluated by personnel of the Division who are experienced in the diagnosis of intellectual ***disabilities and developmental*** disabilities ***.*** ~~[and related conditions.]~~ The administrative officer may accept the person for evaluation without admission.

6. If, after the completion of an examination or evaluation pursuant to subsection 4 or 5, the administrative officer finds that the person meets the criteria set forth in subsection 1, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

7. If, at any time, the parent or guardian of a person admitted to a division facility on a voluntary basis, or the person himself or herself if the person has attained the age of 18 years, requests in writing that the person be discharged, the administrative officer shall discharge the person. If the administrative officer finds that discharge from the facility is not in the person's best interests, the administrative officer may initiate proceedings for involuntary admission, but the person must be discharged pending those proceedings.

Sec. 26. NRS 435.085 is hereby amended to read as follows:

435.085 The administrative officer of a division facility may authorize the transfer of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to a general hospital for necessary diagnostic, medical or surgical services not available within the Division. All expenses incurred under this section must be paid as follows:

1. In the case of a person with an intellectual ***disability or person with a developmental*** disability who is judicially committed ***,*** ~~[or a person with a related condition who is judicially committed,]~~ the expenses must be paid by the person's parents or guardian to the extent of their reasonable financial ability as determined by the Administrator, and the remainder, if any, is a charge upon the county of the last known residence of the person with an intellectual ***disability or the person with a developmental*** disability ***;*** ~~[or the person with a related condition;]~~

2. In the case of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ admitted to

a division facility pursuant to NRS 435.010, 435.020 and 435.030, the expenses are a charge upon the county from which a certificate was issued pursuant to subsection 2 of NRS 435.030; and

3. In the case of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ admitted to a division facility upon voluntary application as provided in NRS 435.081, the expenses must be paid by the parents or guardian to the extent of their reasonable financial ability as determined by the Administrator, and for the remainder, if any, the Administrator shall explore all reasonable alternative sources of payment.

Sec. 27. NRS 435.090 is hereby amended to read as follows:

435.090 1. When any child with an intellectual ***disability or any child with a developmental*** disability ~~[or a child with a related condition]~~ is committed to a division facility by a court of competent jurisdiction, the court shall examine the parent, parents or guardian of the child regarding the ability of the parent, parents or guardian or the estate of the child to contribute to the care, support and maintenance of the child while residing in the facility.

2. If the court determines that the parent, parents or guardian of the child is able to contribute, it shall enter an order prescribing the amount to be contributed.

3. If the court determines that the estate of the child is able to contribute, it shall enter an order requiring that a guardian of the estate of the child be appointed, if there is none, and that the guardian of the estate contribute the amount prescribed by the court from the estate.

4. If the parent, parents or guardian fail or refuse to comply with the order of the court, the Division is entitled to recover from the parent, parents or guardian, by appropriate legal action, all sums due together with interest.

Sec. 28. NRS 435.100 is hereby amended to read as follows:

435.100 1. When any person with an intellectual ***disability or any person with a developmental*** disability ~~[or a person with a related condition]~~ is transferred from one care facility operated by the Division to another care facility operated by the Division, the parent, parents or guardian shall continue to contribute the amount for the care, support and maintenance of the person as may have previously been ordered by the court of competent jurisdiction committing the person.

2. If no such order was entered by the committing court, the Division may petition the court for an order requiring the parent, parents or guardian to contribute.

3. Any order for contribution entered under the provisions of subsection 2 must be entered in the same manner and has the same effect as an order for contribution entered under the provisions of NRS 435.090.

Sec. 29. NRS 435.110 is hereby amended to read as follows:

435.110 1. When any child with an intellectual ***disability or any child with a developmental*** disability ~~[or a child with a related condition]~~ is

admitted to a facility operated by the Division at the request of a parent, parents or guardian, the parent, parents or guardian shall enter into an agreement with the Division providing for the contribution of an amount for the care, support and maintenance of the child as determined by the Division to be reasonable. In determining the amount, the Division shall give consideration to the ability of the parent, parents or guardian to make such a contribution, and may excuse the making of any contribution.

2. If the parent, parents or guardian fail or refuse to perform under the terms of the agreement, the Division is entitled to recover from the parent, parents or guardian, by appropriate legal action, all sums due together with interest.

3. If the Division determines that the parent, parents or guardian do not have the ability to contribute an amount sufficient to pay for the care, support and maintenance of the child, but that the estate of the child is able to contribute, the Division may make application to a court of competent jurisdiction for the appointment of a guardian of the estate of the child, if there is none, and for an order requiring the guardian to contribute an amount as determined by the court.

Sec. 30. NRS 435.115 is hereby amended to read as follows:

435.115 The Administrator shall establish a fee schedule, in consultation with the State Association for Retarded Citizens and subject to the approval of the Board and the Director of the Department, for services rendered to persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ by the Division.

Sec. 31. (Deleted by amendment.)

Sec. 32. NRS 435.121 is hereby amended to read as follows:

435.121 1. There are two types of admissions of persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ to an intellectual ***and developmental*** disability center:

(a) Voluntary admission.

(b) Involuntary admission.

2. An application for admission of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to an intellectual ***and developmental*** disability center must be made on a form approved by the Division and the Attorney General. The clerk of each district court in the State shall make the forms available to any person upon request.

Sec. 33. NRS 435.122 is hereby amended to read as follows:

435.122 1. Any person with an intellectual ***disability or any person with a developmental*** disability ~~[or a person with a related condition]~~ may apply to any intellectual ***and developmental*** disability center for admission as a voluntary consumer. The person's parent or guardian or another responsible person may submit the application on his or her behalf.

2. If the person or a responsible party on behalf of the person objects to voluntary admission, the procedure for involuntary admission may be followed.

Sec. 34. NRS 435.123 is hereby amended to read as follows:

435.123 Whenever a person is alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ and is alleged to be a clear and present danger to himself or herself or others, the person's parent or guardian or another responsible person may initiate proceedings for his or her involuntary admission to an intellectual ***and developmental*** disability center by petitioning the district court of the county where the person resides. The petition must be accompanied by a certificate signed by a physician or licensed psychologist experienced in the diagnosis of intellectual ***disabilities or developmental*** disabilities **,** ~~[and related conditions]~~ stating that he or she has examined the person within the preceding 30 days and has concluded that the person is a person with an intellectual ***disability or a person with a developmental*** disability **,** ~~[or is a person with a related condition,]~~ has demonstrated that the person is a clear and present danger to himself or herself or to others and is in need of institutional training and treatment.

Sec. 35. NRS 435.124 is hereby amended to read as follows:

435.124 Immediately after receiving the petition, the clerk of the district court shall transmit the petition to the district judge, who shall:

1. Determine whether appropriate space and programs are available for the person at the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted; and

2. If appropriate space and programs are available, set a time and place for a hearing on the petition.

➥ The hearing must be held within 7 calendar days after the date when the petition was filed. The clerk of the court shall give notice of the hearing to the person who is the subject of the petition, the person's attorney, if known, the petitioner and the administrative officer of the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted.

Sec. 36. NRS 435.125 is hereby amended to read as follows:

435.125 1. After the petition is filed, the court may cause a physician or licensed psychologist promptly to examine the person who is the subject of the petition or request an evaluation from the intellectual ***and developmental*** disability center to which it is proposed the person be admitted. Any physician or licensed psychologist requested by the court to conduct such an examination must be experienced in the diagnosis of intellectual ***disabilities and developmental*** disabilities **.** ~~[and related conditions.]~~ The examination or evaluation must indicate whether the person is or is not a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ and whether the person is or is not in need of institutional training and treatment.

2. The court may allow the person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to remain at his or her place of residence pending any ordered examination and to return upon completion of the examination. One or more of the person's relatives or friends may accompany the person to the place of examination.

Sec. 37. NRS 435.126 is hereby amended to read as follows:

435.126 1. The person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ***,*** ~~[or a person with a related condition,]~~ or any relative or friend acting on the person's behalf, is entitled to retain counsel to represent him or her in any proceeding before the district court relating to his or her involuntary admission to an intellectual ***and developmental*** disability center.

2. If counsel has not been retained, the court, before proceeding, shall advise the person and the person's guardian, or closest living relative if such a relative can be located, of the person's right to have counsel.

3. If the person fails or refuses to secure counsel, the court shall appoint counsel to represent the person. If the person is indigent, the counsel appointed may be the public defender.

4. Any counsel appointed by the court is entitled to fair and reasonable compensation for his or her services. The compensation must be charged against the property of the person for whom the counsel was appointed. If the person is indigent, the compensation must be charged against the county in which the person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ last resided.

Sec. 38. NRS 435.127 is hereby amended to read as follows:

435.127 In proceedings for involuntary admission of a person to an intellectual ***and developmental*** disability center:

1. The court shall hear and consider all relevant evidence, including the certificate, signed by a physician or licensed psychologist, which accompanied the petition and the testimony of persons who conducted examinations or evaluations ordered by the court after the petition was filed.

2. The person must be present and has the right to testify, unless the physician or licensed psychologist who signed the certificate, or who examined the person as ordered by the court, is present and testifies that the person is so severely disabled that he or she is unable to be present.

3. The person may obtain independent evaluation and expert opinion at his or her own expense, and may summon other witnesses.

Sec. 39. NRS 435.128 is hereby amended to read as follows:

435.128 1. Upon completion of the proceedings for involuntary admission of a person to an intellectual ***and developmental*** disability center, if the court finds:

(a) That the person is a person with an intellectual ***disability or a person with a developmental*** disability ***,*** ~~[or a person with a related condition,]~~ has

demonstrated that the person is a clear and present danger to himself or herself or others and is in need of institutional training and treatment;

(b) That appropriate space and programs are available at the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted; and

(c) That there is no less restrictive alternative to admission to an intellectual ***and developmental*** disability center which would be consistent with the best interests of the person,

➥ the court shall by written order certify that the person is eligible for involuntary admission to an intellectual ***and developmental*** disability center.

2. A certificate of eligibility for involuntary admission expires 12 months after the date of issuance if the consumer has not been discharged earlier by the procedure provided in NRS 435.129. At the end of the 12-month period, the administrative officer of the intellectual ***and developmental*** disability center may petition the court to renew the certificate for an additional period of not more than 12 months. Each petition for renewal must set forth the specific reasons why further treatment is required. A certificate may be renewed more than once.

Sec. 40. NRS 435.129 is hereby amended to read as follows:

435.129 1. If the administrative officer of an intellectual ***and developmental*** disability center finds that a consumer is no longer in need of the services offered at the center, the administrative officer shall discharge that consumer.

2. A written notice of the discharge must be given to the consumer and the consumer's representatives at least 10 days before the discharge.

3. If the consumer was admitted involuntarily, the Administrator shall, at least 10 days before the discharge, notify the district court which issued the certificate of eligibility for the person's admission.

Sec. 41. NRS 435.130 is hereby amended to read as follows:

435.130 The intent of the Legislature in the enactment of NRS 435.130 to 435.310, inclusive, is to aid persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ who are not served by existing programs in receiving high quality care and training in an effort to help them become useful citizens.

Sec. 42. NRS 435.176 is hereby amended to read as follows:

435.176 "Jobs and day training services" means individualized services for day habilitation, prevocational, employment and supported employment:

1. Which are provided:

(a) For compensation;

(b) In a division facility or in the community; and

(c) To a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ who is served by the Division; and

2. Which are designed to assist the person in:

(a) Learning or maintaining skills;

(b) Succeeding in paid or unpaid employment;

(c) Increasing self-sufficiency, including, without limitation, training and habilitation services; and

(d) Contributing to the person's community.

Sec. 43. NRS 435.220 is hereby amended to read as follows:

435.220 1. The Administrator shall adopt regulations governing jobs and day training services, including, without limitation, regulations that set forth:

(a) Standards for the provision of quality care and training by providers of jobs and day training services;

(b) The requirements for the issuance and renewal of a certificate; and

(c) The rights of consumers of jobs and day training services, including, without limitation, the right of a consumer to file a complaint and the procedure for filing the complaint.

2. The Division may enter into such agreements with public and private agencies as it deems necessary for the provision of jobs and day training services. Any such agreements must include a provision stating that employment is the preferred service option for all adults of working age.

3. For the purpose of entering into an agreement described in subsection 2, if the qualifications of more than one agency are equal, the Division shall give preference to the agency that will provide persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ with training and experience that demonstrates a progression of measurable skills that is likely to lead to competitive employment outcomes that provide employment that:

(a) Is comparable to employment of persons without intellectual ***disabilities or persons without developmental*** disabilities ***;*** ~~[and persons without related conditions;]~~ and

(b) Pays at or above the minimum wage prescribed by regulation of the Labor Commissioner pursuant to NRS 608.250.

Sec. 44. NRS 435.225 is hereby amended to read as follows:

435.225 1. A partnership, firm, corporation or association, including, without limitation, a nonprofit organization, or a state or local government or agency thereof shall not provide jobs and day training services in this State without first obtaining a certificate from the Division.

2. A natural person other than a person who is employed by an entity listed in subsection 1 shall not provide jobs and day training services in this State without first obtaining a certificate from the Division.

3. For the purpose of issuing a certificate pursuant to this section, if the qualifications of more than one applicant are equal, the Division shall give preference to the natural person who, or the nonprofit organization, state or local government or agency thereof that, will provide persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ with training and experience that

demonstrates a progression of measurable skills that is likely to lead to competitive employment outcomes that provide employment that:

(a) Is comparable to employment of persons without intellectual ***disabilities or persons without developmental*** disabilities ***;*** ~~[and persons without related conditions;]~~ and

(b) Pays at or above the minimum wage prescribed by regulation of the Labor Commissioner pursuant to NRS 608.250.

4. Each application for the issuance or renewal of a certificate issued pursuant to this section must include a provision stating that employment is the preferred service option for all adults of working age.

Sec. 45. NRS 435.310 is hereby amended to read as follows:

435.310 A provider of jobs and day training services certified pursuant to NRS 435.130 to 435.310, inclusive ~~[, may enter]~~ ***:***

1. Except as otherwise provided in subsection 2, may enter into contracts with authorized county and school officials and public and private agencies to give care and training to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ who would also qualify for care or training programs offered by the public schools or by county welfare programs.

2. Shall not enter into a contract or other arrangement with any person or governmental entity to provide for the employment of a person under 25 years of age where the person will be paid less than the federal minimum wage.

Sec. 46. NRS 435.3315 is hereby amended to read as follows:

435.3315 "Supported living arrangement services" means flexible, individualized services provided in the home, for compensation, to a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ who is served by the Division that are designed and coordinated to assist the person in maximizing the person's independence, including, without limitation, training and habilitation services.

Sec. 47. NRS 435.340 is hereby amended to read as follows:

435.340 Neither voluntary admission nor judicial commitment nor any other procedure provided in this chapter may be construed as depriving a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ of the person's full civil and legal rights by any method other than a separate judicial proceeding resulting in a determination of incompetency wherein the civil and legal rights forfeited and the legal disabilities imposed are specifically stated.

Sec. 48. NRS 435.350 is hereby amended to read as follows:

435.350 1. Each person with an intellectual ***disability and each person with a developmental*** disability ~~[and each person with a related condition]~~ admitted to a division facility is entitled to all rights enumerated in NRS 435.006, 435.565 and 435.570.

2. The Administrator shall designate a person or persons to be responsible for establishment of regulations relating to denial of rights of persons with an intellectual ***disability or persons with a developmental*** disability **.** ~~[and persons with related conditions.]~~ The person designated shall file the regulations with the Administrator.

3. Consumers' rights specified in NRS 433.482, 433.484, 435.565 and 435.570 may be denied only for cause. Any denial of such rights must be entered in the consumer's treatment record, and notice of the denial must be forwarded to the Administrator's designee or designees as provided in subsection 2. Failure to report denial of rights by an employee may be grounds for dismissal.

4. Upon receipt of notice of a denial of rights as provided in subsection 3, the Administrator's designee or designees shall cause a full report to be prepared which sets forth in detail the factual circumstances surrounding the denial. A copy of the report must be sent to the Administrator and the Commission on Behavioral Health.

5. The Commission on Behavioral Health has such powers and duties with respect to reports of denial of rights as are enumerated for the Commission on Behavioral Health in subsection 3 of NRS 435.610.

Sec. 49. NRS 435.360 is hereby amended to read as follows:

435.360 1. The relatives of a consumer with an intellectual ***disability or a consumer with a developmental*** disability ~~[or a consumer with a related condition]~~ who is 18 years of age or older are not responsible for the costs of the consumer's care and treatment within a division facility.

2. The consumer or the consumer's estate, when able, may be required to contribute a reasonable amount toward the costs of the consumer's care and treatment. Otherwise, the full costs of the services must be borne by the State.

Sec. 50. NRS 435.365 is hereby amended to read as follows:

435.365 1. To the extent that money is available for that purpose, whenever a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a related condition]~~ is cared for by a parent or other relative with whom the person lives, that parent or relative is eligible to receive assistance on a monthly basis from the Division for each such person who lives and is cared for in the home if the Division finds that:

(a) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ has been diagnosed as having a profound or severe intellectual ***disability or developmental*** disability or, if he or she is under 6 years of age, has developmental delays that require support that is equivalent to the support required by a person with a profound or severe intellectual ***disability or a person with a profound or severe developmental*** disability ***;*** ~~[or a related condition;]~~

(b) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ is receiving adequate care; and

(c) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ and the parent or other relative with whom the person lives is not reasonably able to pay for his or her care and support.

➥ The amount of the assistance must be established by legislative appropriation for each fiscal year.

2. The Administrator shall adopt regulations:

(a) Which establish a procedure of application for assistance;

(b) For determining the eligibility of an applicant pursuant to subsection 1; and

(c) For determining the amount of assistance to be provided to an eligible applicant.

3. The Administrator shall establish a waiting list for applicants who are eligible for assistance but who are denied assistance because the legislative appropriation is insufficient to provide assistance for all eligible applicants.

4. The decision of the Administrator regarding eligibility for assistance or the amount of assistance to be provided is a final administrative decision.

Sec. 51. NRS 435.370 is hereby amended to read as follows:

435.370 The Division may make such rules and regulations and enter such agreements with public and private agencies as are deemed necessary to implement residential placement-foster family care programs for persons with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

Sec. 52. NRS 435.375 is hereby amended to read as follows:

435.375 1. The Division shall enter into a cooperative agreement with the Rehabilitation Division of the Department of Employment, Training and Rehabilitation to provide long-term support to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ including, without limitation, jobs and day training services and supported living arrangement services. The agreement must include a provision stating that employment is the preferred service option for all adults of working age.

2. The Administrator may adopt regulations governing the provision of services to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ who are unable or unwilling to be employed.

Sec. 53. NRS 435.380 is hereby amended to read as follows:

435.380 1. All gifts or grants of money which the Division is authorized to accept must be spent in accordance with the provisions of the gift or grant. In the absence of those provisions, the Division must spend the money for the purpose approved by the Interim Finance Committee.

2. All such money must be deposited in the State Treasury to the credit of the Intellectual ***and Developmental*** Disability Gift Account in the Department of Health and Human Services' Gift Fund.

3. All claims must be approved by the Administrator before they are paid.

Sec. 54. NRS 435.390 is hereby amended to read as follows:

435.390 1. The administrative officer of any division facility where persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ reside may establish a canteen operated for the benefit of consumers and employees of the facility. The administrative officer shall keep a record of transactions in the operation of the canteen.

2. Each canteen must be self-supporting. No money provided by the State may be used for its operation.

3. The respective administrative officers shall deposit the money used for the operation of the canteen in one or more banks or credit unions of reputable standing, except that an appropriate sum may be maintained as petty cash at each canteen.

Sec. 55. NRS 435.400 is hereby amended to read as follows:

435.400 1. The division facilities providing services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ are designated as:

(a) Desert Regional Center;

(b) Sierra Regional Center; and

(c) Rural Regional Center.

2. Division facilities established after July 1, 1981, must be named by the Administrator, subject to the approval of the Director of the Department.

Sec. 56. NRS 435.411 is hereby amended to read as follows:

435.411 The administrative officer of a facility of the Division must:

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, education or administration.

2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to intellectual ***disabilities and developmental*** disabilities, including care and treatment of persons with intellectual ***disabilities and persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

Sec. 57. NRS 435.425 is hereby amended to read as follows:

435.425 1. The Division shall carry out a vocational and educational program for the certification of intellectual ***and developmental*** disability technicians, including forensic technicians employed by the Division, or other employees of the Division who perform similar duties, but are classified differently. The program must be carried out in cooperation with the Nevada System of Higher Education.

2. An intellectual ***and developmental*** disability technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, dentist, podiatric physician, psychiatrist, psychologist, rehabilitation therapist, social worker, registered

nurse or other professionally qualified person. This section does not authorize an intellectual ***and developmental*** disability technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Administrator shall adopt regulations to carry out the provisions of this section.

4. As used in this section, "intellectual ***and developmental*** disability technician" means an employee of the Division who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions,]~~ and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 58. NRS 435.430 is hereby amended to read as follows:

435.430 1. The Administrator shall adopt regulations:

(a) For the care and treatment of persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ by all state agencies and facilities, and their referral to private facilities;

(b) To ensure continuity in the care and treatment provided to persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ in this State; and

(c) Necessary for the proper and efficient operation of the facilities of the Division.

2. The Administrator may adopt regulations to promote programs relating to intellectual ***disabilities or developmental*** disabilities **.** ~~[and related conditions.]~~

Sec. 59. NRS 435.445 is hereby amended to read as follows:

435.445 The Division or its designated agent may inspect any division facility providing services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ to determine if the facility is in compliance with the provisions of this chapter and any regulations adopted pursuant thereto.

Sec. 60. NRS 435.455 is hereby amended to read as follows:

435.455 The Division may, by contract with general hospitals or other institutions having adequate facilities in the State of Nevada, provide for

inpatient care of persons with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

Sec. 61. NRS 435.460 is hereby amended to read as follows:

435.460 The Division may contract with appropriate persons professionally qualified in the field of psychiatric mental health to provide inpatient and outpatient care for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ when it appears that they can be treated best in that manner.

Sec. 62. NRS 435.470 is hereby amended to read as follows:

435.470 Nothing in this chapter precludes the involuntary court-ordered admission of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ to a private institution where such admission is authorized by law.

Sec. 63. NRS 435.490 is hereby amended to read as follows:

435.490 1. Upon approval of the Director of the Department, the Administrator may accept:

(a) Donations of money and gifts of real or personal property; and

(b) Grants of money from the Federal Government,

➥ for use in public or private programs that provide services to persons in this State with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ in a manner that supports the plan to coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ in consideration of the nature and value of the donation, gift or grant.

3. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section.

Sec. 64. NRS 435.495 is hereby amended to read as follows:

435.495 1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the Commission on Behavioral Health and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 435.465 for fees collected pursuant to contract or agreement

and in NRS 435.120 for fees collected for services to consumers with intellectual ***disabilities or consumers with developmental*** disabilities **.** ~~[and related conditions.]~~

2. For a facility providing services for the treatment of persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay.

Sec. 65. NRS 435.505 is hereby amended to read as follows:

435.505 An intellectual ***and developmental*** disability center revolving account up to the amount of $5,000 is hereby created for each division intellectual ***and developmental*** disability center, and may be used for the payment of ***bills of the*** intellectual ***and developmental*** disability center ~~[bills]~~ requiring immediate payment and for no other purposes. The respective administrative officers shall deposit the money for the respective revolving accounts in one or more banks or credit unions of reputable standing. Payments made from each account must be promptly reimbursed from appropriated money of the respective intellectual ***and developmental*** disability centers on claims as other claims against the State are paid.

Sec. 66. NRS 435.515 is hereby amended to read as follows:

435.515 1. For the purpose of facilitating the return of nonresident consumers to the state in which they have legal residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this chapter, with the proper boards, commissioners or officers of other states for the mutual exchange of consumers confined in, admitted or committed to an intellectual ***or developmental*** disability facility in one state whose legal residence is in the other, and may give written permission for the return and admission to a division facility of any resident of this State when such permission is conformable to the provisions of this chapter governing admissions to a division facility.

2. The county clerk and board of county commissioners of each county, upon receiving notice from the Administrator that an application for the return of an alleged resident of this State has been received, shall promptly investigate and report to the Administrator their findings as to the legal residence of the consumer.

Sec. 67. NRS 435.535 is hereby amended to read as follows:

435.535 "Administrative officer" means a person with overall executive and administrative responsibility for a facility that provides services relating to intellectual ***disabilities or developmental*** disabilities ~~[and related conditions]~~ and that is operated by any public or private entity.

Sec. 68. NRS 435.575 is hereby amended to read as follows:

435.575 1. An individualized written plan of intellectual ***disability services or developmental*** disability services ~~[or plan of services for a related~~

~~condition]~~ must be developed ***, as applicable,*** for each consumer of each facility. The plan must:

(a) Provide for the least restrictive treatment procedure that may reasonably be expected to benefit the consumer; and

(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to provide input and participate; and

(2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if the consumer is under 18 years of age and is not legally emancipated, or the legal guardian of a consumer who has been adjudicated mentally incompetent.

2. The plan must be kept current and must be modified, with the input and participation of the consumer, the parent or guardian of the consumer or the legal guardian of the consumer, as appropriate, when indicated. The plan must be thoroughly reviewed at least once every 3 months.

3. The person in charge of implementing the plan of services must be designated in the plan.

Sec. 69. NRS 435.645 is hereby amended to read as follows:

435.645 1. An employee of a public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ or any other person, except a consumer, who:

(a) Has reason to believe that a consumer of the Division or of a private facility offering services for consumers with intellectual ***disabilities or consumers with developmental*** disabilities ~~[and consumers with related conditions]~~ has been or is being abused or neglected and fails to report it;

(b) Brings intoxicating beverages or a controlled substance into any division facility occupied by consumers unless specifically authorized to do so by the administrative officer or a staff physician of the facility;

(c) Is under the influence of liquor or a controlled substance while employed in contact with consumers, unless in accordance with a lawfully issued prescription;

(d) Enters into any transaction with a consumer involving the transfer of money or property for personal use or gain at the expense of the consumer; or

(e) Contrives the escape, elopement or absence of a consumer,

➥ is guilty of a misdemeanor, in addition to any other penalties provided by law.

2. In addition to any other penalties provided by law, an employee of a public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ or any other person, except a consumer, who willfully abuses or neglects a consumer:

(a) For a first violation that does not result in substantial bodily harm to the consumer, is guilty of a gross misdemeanor.

(b) For a first violation that results in substantial bodily harm to the consumer, is guilty of a category B felony.

(c) For a second or subsequent violation, is guilty of a category B felony.

➥ A person convicted of a category B felony pursuant to this section shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than $5,000, or by both fine and imprisonment.

3. A person who is convicted pursuant to this section is ineligible for 5 years for appointment to or employment in a position in the state service and, if the person is an officer or employee of the State, the person forfeits his or her office or position.

4. A conviction pursuant to this section is, when applicable, grounds for disciplinary action against the person so convicted and the facility where the violation occurred. The Division may recommend to the appropriate agency or board the suspension or revocation of the professional license, registration, certificate or permit of a person convicted pursuant to this section.

5. For the purposes of this section:

(a) "Abuse" means any willful and unjustified infliction of pain, injury or mental anguish upon a consumer, including, but not limited to:

(1) The rape, sexual assault or sexual exploitation of the consumer;

(2) The use of any type of aversive intervention;

(3) Except as otherwise provided in NRS 433.5486, a violation of NRS 433.549; and

(4) The use of physical, chemical or mechanical restraints or the use of seclusion in violation of federal law.

➥ Any act which meets the standard of practice for care and treatment does not constitute abuse.

(b) "Consumer" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a public or private institution or facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

(c) "Neglect" means any omission to act which causes injury to a consumer or which places the consumer at risk of injury, including, but not limited to, the failure to follow:

(1) An appropriate plan of treatment to which the consumer has consented; and

(2) The policies of the facility for the care and treatment of consumers.

➥ Any omission to act which meets the standard of practice for care and treatment does not constitute neglect.

(d) "Standard of practice" means the skill and care ordinarily exercised by prudent professional personnel engaged in health care.

Sec. 70. NRS 435.655 is hereby amended to read as follows:

435.655 1. When a person is admitted to a division facility or hospital under one of the various forms of admission prescribed by law, the parent or

legal guardian of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ who is a minor or the husband or wife of a person with an intellectual ***disability or a person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ if of sufficient ability, and the estate of the person with an intellectual ***disability or the person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person with an intellectual ***disability or the person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ including treatment and surgical operations, in any hospital in which the person is hospitalized under the provisions of this chapter:

(a) To the administrative officer if the person is admitted to a division facility; or

(b) In all other cases, to the hospital rendering the service.

2. If a person or an estate liable for the care, maintenance and support of a committed person neglects or refuses to pay the administrative officer or the hospital rendering the service, the State is entitled to recover, by appropriate legal action, all money owed to a division facility or which the State has paid to a hospital for the care of a committed person, plus interest at the rate established pursuant to NRS 99.040.

Sec. 71. NRS 435.700 is hereby amended to read as follows:

435.700 1. A public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ may return a prescription drug that is dispensed to a patient of the facility, but will not be used by that patient, to the dispensing pharmacy for the purpose of reissuing the drug to fill other prescriptions for patients in that facility or for the purpose of transferring the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676 if:

(a) The drug is not a controlled substance;

(b) The drug is dispensed in a unit dose, in individually sealed doses or in a bottle that is sealed by the manufacturer of the drug;

(c) The drug is returned unopened and sealed in the original manufacturer's packaging or bottle;

(d) The usefulness of the drug has not expired;

(e) The packaging or bottle contains the expiration date of the usefulness of the drug; and

(f) The name of the patient for whom the drug was originally prescribed, the prescription number and any other identifying marks are obliterated from the packaging or bottle before the return of the drug.

2. A dispensing pharmacy to which a drug is returned pursuant to this section may:

(a) Reissue the drug to fill other prescriptions for patients in the same facility if the registered pharmacist of the pharmacy determines that the drug

is suitable for that purpose in accordance with standards adopted by the State Board of Pharmacy pursuant to subsection 5; or

(b) Transfer the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676.

3. No drug that is returned to a dispensing pharmacy pursuant to this section may be used to fill other prescriptions more than one time.

4. A facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ shall adopt written procedures for returning drugs to a dispensing pharmacy pursuant to this section. The procedures must:

(a) Provide appropriate safeguards for ensuring that the drugs are not compromised or illegally diverted during their return.

(b) Require the maintenance and retention of such records relating to the return of such drugs as are required by the State Board of Pharmacy.

(c) Be approved by the State Board of Pharmacy.

5. The State Board of Pharmacy shall adopt such regulations as are necessary to carry out the provisions of this section, including, without limitation, requirements for:

(a) Returning and reissuing such drugs pursuant to the provisions of this section.

(b) Transferring drugs to a nonprofit pharmacy pursuant to the provisions of this section and NRS 639.2676.

(c) Maintaining records relating to the return and the use of such drugs to fill other prescriptions.

Sec. 72. (Deleted by amendment.)

Sec. 73. NRS 220.125 is hereby amended to read as follows:

220.125 1. The Legislative Counsel shall, to the extent practicable, ensure that persons with physical, mental or cognitive disabilities are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disability.

2. Words and terms that are preferred for use in Nevada Revised Statutes include, without limitation, "persons with disabilities," "persons with mental illness," ***"persons with developmental disabilities,"*** "persons with intellectual disabilities" and other words and terms that are structured in a similar manner.

3. Words and terms that are not preferred for use in Nevada Revised Statutes include, without limitation, "disabled," "handicapped," "mentally disabled," "mentally ill," "mentally retarded" and other words and terms that tend to equate the disability with the person.

Sec. 74. NRS 608.255 is hereby amended to read as follows:

608.255 For the purposes of this chapter and any other statutory or constitutional provision governing the minimum wage paid to an employee, the following relationships do not constitute employment relationships and are therefore not subject to those provisions:

1. The relationship between a rehabilitation facility or workshop established by the Department of Employment, Training and Rehabilitation pursuant to chapter 615 of NRS and an individual with a disability who is participating in a training or rehabilitative program of such a facility or workshop.

2. The relationship between a provider of jobs and day training services which is recognized as exempt pursuant to the provisions of 26 U.S.C. § 501(c)(3) and which has been issued a certificate by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 435.130 to 435.310, inclusive, and a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ participating in a jobs and day training services program.

3. The relationship between a principal and an independent contractor.

4. As used in this section, "developmental disability" has the meaning ascribed to it in NRS 435.007.

Sec. 75. In preparing supplements to the Nevada Administrative Code, the Legislative Counsel shall make such changes as necessary so that references in chapters 433 and 435 of the Nevada Administrative Code to "mental retardation," "related conditions" and related terms are replaced with references to "developmental disabilities" and related terms.

Sec. 76. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 77. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 78. NRS 433.211 is hereby repealed.

Sec. 79. 1. This act becomes effective upon passage and approval for the purposes of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act, and on January 1, 2018, for all other purposes.

2. Section 22 of this act expires by limitation on June 30, 2019.

TEXT OF REPEALED SECTION

433.211 "Persons with related conditions" defined. "Persons with related conditions" means persons who have a severe, chronic disability which:

1. Is attributable to:

(a) Cerebral palsy or epilepsy; or

(b) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability and requires treatment or services similar to those required by a person with an intellectual disability;

2. Is manifested before the person affected attains the age of 22 years;

3. Is likely to continue indefinitely; and

4. Results in substantial functional limitations in three or more of the following areas of major life activity:

(a) Taking care of oneself;

(b) Understanding and use of language;

(c) Learning;

(d) Mobility;

(e) Self-direction; and

(f) Capacity for independent living.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

The following amendment was proposed by Assemblyman Carrillo:

Amendment No. 987.

AN ACT relating to disabilities; replacing the term "related conditions" with the term "developmental disability" for certain purposes; prohibiting a provider of jobs and day training services from entering into certain contracts or arrangements **~~[.]~~** **except under certain conditions;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Various provisions of existing law govern the care and services provided to persons with intellectual disabilities and persons with related conditions. (Chapters 433, 433A, 433C and 435 of NRS) For the purposes of these provisions, a "person with related conditions" is generally defined to mean a person with a condition "closely related to an intellectual disability" and requiring "treatment or services similar to those required by a person with an intellectual disability." (NRS 433.211) For the purposes of the provisions referred to above, this bill generally replaces references to the term "related conditions" with the term "developmental disability." Such a disability is defined in **sections 1 and 17** of this bill as autism, cerebral palsy, epilepsy, a visual or hearing impairment or any other neurological condition diagnosed by a qualified professional that: (1) is manifested before the age of 22 years and is likely to continue indefinitely; (2) substantially limits certain major life activities; and (3) results in a lifelong or protracted need for individually planned and coordinated services, support or other assistance.

Existing federal law prohibits certain entities from compensating a person who is less than 25 years of age at a rate less than the federal minimum wage unless certain conditions are met. (29 U.S.C. § 794g) Existing law permits a person or organization to provide jobs and day training services to persons with intellectual disabilities and persons with related conditions. (NRS 435.130-435.310) Such a provider may contract with county and school officials and public and private agencies for the provision of such services. (NRS 435.310) **Section 45** of this bill prohibits any such contract that provides for the employment of a person under 25

years of age unless the person is paid at least the ~~[federal]~~ **state** minimum wage ~~[.]~~ **, except under the conditions prescribed in federal law under which such a person may be compensated at less than the federal minimum wage. Section 15.5 of this bill codifies those conditions into state law.**

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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto a new section to read as follows:

"Developmental disability" has the meaning ascribed to it in NRS 435.007.

Sec. 2. NRS 433.005 is hereby amended to read as follows:

433.005 As used in chapters 433 to 433C, inclusive, of NRS, unless the context otherwise requires, or except as otherwise defined by specific statute, the words and terms defined in NRS 433.014 to 433.227, inclusive, ***and section 1 of this act*** have the meanings ascribed to them in those sections.

Sec. 3. NRS 433.314 is hereby amended to read as follows:

433.314 The Commission shall:

1. Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution;

2. Set policies for the care and treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided by all state agencies;

3. Review the programs and finances of the Division; and

4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on the quality of the care and treatment provided for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment.

Sec. 4. NRS 433.316 is hereby amended to read as follows:

433.316 The Commission may:

1. Collect and disseminate information pertaining to mental health, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

2. Request legislation pertaining to mental health, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

3. Review findings of investigations of complaints about the care of any person in a public facility for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

4. Accept, as authorized by the Legislature, gifts and grants of money and property.

5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided through private nonprofit organizations, governmental entities, hospitals and clinics.

6. Promote programs for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

7. Create a plan to coordinate the services for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders provided in this State and to provide continuity in the care and treatment provided.

8. Establish and maintain an appropriate program which provides information to the general public concerning mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders and consider ways to involve the general public in the decisions concerning the policy on mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and related conditions,]~~ substance use disorders and co-occurring disorders.

9. Compile statistics on mental illness and study the cause, pathology and prevention of that illness.

10. Establish programs to prevent or postpone the commitment of residents of this State to facilities for the treatment of persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ persons with substance use disorders or persons with co-occurring disorders.

11. Evaluate the future needs of this State concerning the treatment of mental illness, intellectual ***disabilities, developmental*** disabilities **,** ~~[and~~

~~related conditions,~~] substance use disorders and co-occurring disorders and develop ways to improve the treatment already provided.

12. Take any other action necessary to promote mental health in this State.

Sec. 5. NRS 433.318 is hereby amended to read as follows:

433.318 1. The Commission may appoint a subcommittee or an advisory committee composed of members who have experience and knowledge of matters relating to persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** [~~and persons with related conditions,~~] persons with substance use disorders or persons with co-occurring disorders and who, to the extent practicable, represent the ethnic and geographic diversity of this State.

2. A subcommittee or advisory committee appointed pursuant to this section shall consider specific issues and advise the Commission on matters related to the duties of the Commission.

3. The members of a subcommittee or advisory committee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee or advisory committee, to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose.

Sec. 6. NRS 433.325 is hereby amended to read as follows:

433.325 The Commission or its designated agent may inspect any state facility providing services for persons with mental illness, persons with intellectual ***disabilities, persons with developmental*** disabilities **,** [~~and persons with related conditions,~~] persons with substance use disorders or persons with co-occurring disorders to determine if the facility is in compliance with the provisions of this title and any regulations adopted pursuant thereto.

Sec. 7. (Deleted by amendment.)

Sec. 8. (Deleted by amendment.)

Sec. 9. NRS 433C.110 is hereby amended to read as follows:

433C.110 The Legislature declares that the purposes of this chapter are:

1. To encourage and provide financial assistance to counties in the establishment and development of mental health services, including services to persons with intellectual ***disabilities and persons with developmental*** disabilities **,** [~~and persons with related conditions,~~] through locally controlled community mental health programs.

2. To promote the improvement and, if necessary, the expansion of already existing services which help to conserve the mental health of the people of Nevada. It is the intent of this chapter that services to individuals be rendered only upon voluntary application.

Sec. 10. NRS 433C.170 is hereby amended to read as follows:

433C.170 The county board shall:

1. Review and evaluate communities' needs, services, facilities and special problems in the fields of mental health **,** ~~[and]~~ intellectual ***disabilities and developmental*** disabilities **.** ~~[and related conditions.]~~

2. Advise the governing body as to programs of community mental health services and facilities and services to persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions,]~~ and, when requested by the governing body, make recommendation regarding the appointment of a county director.

3. After adoption of a program, continue to act in an advisory capacity to the county director.

Sec. 11. NRS 433C.190 is hereby amended to read as follows:

433C.190 The county director shall:

1. Serve as chief executive officer of the county program and be accountable to the county board.

2. Exercise administrative responsibility and authority over the county program and facilities furnished, operated or supported in connection therewith, and over services to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ except as administrative responsibility is otherwise provided for in this title.

3. Recommend to the governing body, after consultation with the county board, the providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter.

4. Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

5. Carry on such studies as may be appropriate for the discharge of his or her duties, including the control and prevention of psychiatric disorders and the treatment of intellectual ***disabilities and developmental*** disabilities **.** ~~[and related conditions.]~~

Sec. 12. NRS 433C.260 is hereby amended to read as follows:

433C.260 Expenditures made by counties for county programs, including services to persons with intellectual ***disabilities or persons with developmental*** disabilities **,** ~~[and persons with related conditions,]~~ pursuant to this chapter ~~[,]~~ must be reimbursed by the State pursuant to NRS 433C.270 to 433C.350, inclusive.

Sec. 13. NRS 433C.270 is hereby amended to read as follows:

433C.270 1. A service operated within a county program must be directed to at least one of the following mental health areas:

(a) Mental illness;

(b) Intellectual ***disabilities;***

(c) Developmental disabilities ***;*** ~~[and related conditions;~~

~~(c)]~~ ***(d)*** Organic brain and other neurological impairment;

~~[(d)]~~ ***(e)*** Alcoholism; and

~~[(c)]~~ ***(f)*** Drug abuse.

2. A service is any of the following:

(a) Diagnostic service;

(b) Emergency service;

(c) Inpatient service;

(d) Outpatient or partial hospitalization service;

(e) Residential, sheltered or protective care service;

(f) Habilitation or rehabilitation service;

(g) Prevention, consultation, collaboration, education or information service; and

(h) Any other service approved by the Division.

Sec. 14. NRS 433C.300 is hereby amended to read as follows:

433C.300 1. Money provided by direct legislative appropriation for purposes of reimbursement as provided by NRS 433C.260 to 433C.290, inclusive, must be allotted to the governing body as follows:

(a) The State shall pay to each county a sum equal to 90 percent of the total proposed expenditures as reflected by the plan of proposed expenditures submitted pursuant to NRS 433C.280 if the county has complied with the provisions of paragraph (b).

(b) Before payment under this subsection, the governing body of a county must submit evidence to the Administrator that 10 percent of the total proposed expenditures have been raised and budgeted by the county for the establishment or maintenance of a county program.

2. All state and federal moneys appropriated or authorized for the promotion of mental health or for services to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ in the State of Nevada must be disbursed through the Division in accordance with the provisions of this chapter and rules and regulations adopted in accordance therewith.

Sec. 15. NRS 433C.340 is hereby amended to read as follows:

433C.340 Fees for mental health services, including services to persons with intellectual ***disabilities or persons with developmental*** disabilities ***,*** ~~[and persons with related conditions,]~~ rendered pursuant to an approved county plan must be charged in accordance with ability to pay, but not in excess of actual cost.

Sec. 15.5. **Chapter 435 of NRS is hereby amended by adding thereto a new section to read as follows:**

1. Except as otherwise provided in subsection 3, a provider of jobs and day training services certified pursuant to this section and NRS 435.130 to 435.310, inclusive, may enter into a contract or other arrangement with any person or governmental entity to provide for the employment of a person under 25 years of age under which the person will be paid less than the state minimum wage if the person was employed on July 22, 2016, by an entity that holds a valid certificate pursuant to 29 U.S.C. § 214(c) or, before beginning such employment, the person has:

(a) Received preemployment transition services available under the provisions of 29 U.S.C. § 733 or transition services under the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 et seq.;

(b) Received career counseling, information and referrals to federal and state programs and other resources in the geographic area in which the person resides that offer services and supports that are designed to enable the person to attain competitive integrated employment and meet the requirements of subsection 2; and

(c) Applied for vocational rehabilitation services under the provisions of 29 U.S.C. §§ 720 to 751, inclusive, and been found:

(1) Ineligible for such services; or

(2) Eligible for such services and:

(I) Has an individualized plan for employment pursuant to 29 U.S.C. § 722;

(II) Has been working, with appropriate supports and services, toward an employment outcome specified in that plan without success; and

(III) The person's vocational rehabilitation case has been closed.

2. Counseling, information, referrals, services and supports provided pursuant to paragraph (b) of subsection 1 must not be provided to a person for the purpose of obtaining employment compensated at less than the state minimum wage.

3. A provider of jobs and day training services certified pursuant to this section and NRS 435.130 to 435.310, inclusive, shall not enter into a contract or other arrangement described in subsection 1 with a local educational agency.

4. Except as otherwise provided in subsection 5, if a provider of jobs and day training services certified pursuant to this section and NRS 435.130 to 435.310, inclusive, enters into a contract or other arrangement described in subsection 1:

(a) The Division shall, at least once every 6 months for the first year of such employment and annually thereafter for the duration of the employment, provide the person employed pursuant to the arrangement with career counseling, information and referrals as described in paragraph (b) of subsection 1 in a manner that facilitates independent decisions and informed choice; and

(b) The employer of the person shall, at least once every 6 months for the first year of such employment and annually thereafter for the duration of the employment, inform the person of opportunities in the geographic area in which the person resides to receive training concerning self-advocacy, self-determination and peer mentoring that is provided by a person or entity that does not have a financial interest in the employment outcome of the person.

5. If a provider of jobs and day training services certified pursuant to this section and NRS 435.130 to 435.310, inclusive, enters into a contract or other arrangement described in subsection 1 with a business with fewer

than 15 employees, the business may satisfy the requirements of subsection 4 by referring a person employed pursuant to the arrangement to the Division for the services described in that subsection at least once every 6 months for the first year of such employment and annually thereafter for the duration of the employment.

6. The Division, in consultation with the Department of Education, shall adopt regulations prescribing the manner in which compliance with the requirements of subsections 1 and 4 may be documented.

7. An employer who employs a person pursuant to a contract or other arrangement described in subsection 1 shall:

(a) Before the employment begins, verify that the person meets the requirements of subsection 1 by reviewing the documentation prescribed for that purpose pursuant to subsection 6;

(b) For the duration of the employment:

(1) Verify that the person has received the services required by subsection 4 by reviewing the documentation prescribed for that purpose pursuant to subsection 6; and

(2) Maintain on file a copy of the documentation reviewed pursuant to subparagraph (1) and paragraph (a).

8. The Division may inspect the documentation maintained pursuant to subparagraph (2) of paragraph (b) of subsection 7 as necessary to ensure compliance with the requirements of this section.

9. As used in this section:

(a) "Competitive integrated employment" has the meaning ascribed to it in 29 U.S.C. § 705.

(b) "Local educational agency" has the meaning ascribed to it in 20 U.S.C. § 1401(19).

Sec. 16. NRS 435.005 is hereby amended to read as follows:

435.005 Unless specifically excluded by law, the provisions of this chapter apply to all facilities within the Division offering services to persons with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[~~and persons with related conditions.~~]~~

Sec. 17. NRS 435.007 is hereby amended to read as follows:

435.007 As used in this chapter, unless the context otherwise requires:

1. "Administrative officer" means a person with overall executive and administrative responsibility for those state or nonstate intellectual ***and developmental*** disability centers designated by the Administrator.

2. "Administrator" means the Administrator of the Division.

3. "Child" means any person under the age of 18 years who may be eligible for intellectual ***disability services or developmental*** disability services **.** ~~[~~or services for a related condition.~~]~~

4. "Department" means the Department of Health and Human Services.

5. ***"Developmental disability" means autism, cerebral palsy, epilepsy, a visual or hearing impairment or any other neurological condition diagnosed by a qualified professional that:***

(a) Is manifested before the person affected attains the age of 22 years;

(b) Is likely to continue indefinitely;

(c) Results in substantial functional limitations, as measured by a qualified professional, in three or more of the following areas of major life activity:

(1) Taking care of oneself;

(2) Understanding and use of language;

(3) Learning;

(4) Mobility;

(5) Self-direction; and

(6) Capacity for independent living; and

(d) Results in the person affected requiring a combination of individually planned and coordinated services, support or other assistance that is lifelong or has an extended duration.

6. "Director of the Department" means the administrative head of the Department.

~~[6.]~~ ***7.*** "Division" means the Aging and Disability Services Division of the Department.

~~[7.]~~ ***8.*** "Division facility" means any unit or subunit operated by the Division for the care, treatment and training of consumers.

~~[8.]~~ ***9.*** "Intellectual disability" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

~~[9.]~~ ***10.*** "Intellectual ***and developmental*** disability center" means an organized program for providing appropriate services and treatment to persons with intellectual disabilities and persons with ~~[related conditions.]~~ ***developmental disabilities.*** An intellectual ***and developmental*** disability center may include facilities for residential treatment and training.

~~[10.]~~ ***11.*** "Medical director" means the chief medical officer of any program of the Division for persons with intellectual ***disabilities or developmental*** disabilities **.** ~~[and persons with other related conditions.~~

~~11.]~~ ***12.*** "Mental illness" has the meaning ascribed to it in NRS 433.164.

~~[12.]~~ ***13.*** "Parent" means the parent of a child. The term does not include the parent of a person who has attained the age of 18 years.

~~[13.]~~ ***14.*** "Person" includes a child and any other consumer with an intellectual ***disability and a child or any other consumer with a developmental*** disability ~~[or a related condition]~~ who has attained the age of 18 years.

~~[14.]~~ ***15.*** "Person professionally qualified in the field of psychiatric mental health" has the meaning ascribed to it in NRS 433.209.

~~[15. "Persons with related conditions" means persons who have a severe, chronic disability which:~~

~~(a) Is attributable to:~~

~~(1) Cerebral palsy or epilepsy; or~~

~~(2) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability and requires treatment or services similar to those required by a person with an intellectual disability;~~

~~(b) Is manifested before the person affected attains the age of 22 years;~~

~~(c) Is likely to continue indefinitely; and~~

~~(d) Results in substantial functional limitations in three or more of the following areas of major life activity:~~

~~(1) Taking care of oneself;~~

~~(2) Understanding and use of language;~~

~~(3) Learning;~~

~~(4) Mobility;~~

~~(5) Self-direction; and~~

~~(6) Capacity for independent living.~~**]**

16. "Residential facility for groups" means a structure similar to a private residence which will house a small number of persons in a homelike atmosphere.

17. "Training" means a program of services directed primarily toward enhancing the health, welfare and development of persons with intellectual ***disabilities or persons with developmental*** disabilities **[**~~and persons with related conditions~~**]** through the process of providing those experiences that will enable the person to:

(a) Develop his or her physical, intellectual, social and emotional capacities to the fullest extent;

(b) Live in an environment that is conducive to personal dignity; and

(c) Continue development of those skills, habits and attitudes essential to adaptation in contemporary society.

18. "Treatment" means any combination of procedures or activities, of whatever level of intensity and whatever duration, ranging from occasional counseling sessions to full-time admission to a residential facility.

Sec. 18. NRS 435.009 is hereby amended to read as follows:

435.009 It is the policy of this State that persons with intellectual ***disabilities and persons with developmental*** disabilities ***:*** **[**~~and persons with related conditions:~~**]**

1. Receive services in a considerate and respectful manner;

2. Are recognized as individuals before recognizing the disabilities of the persons; and

3. Are to be referred to using language which is commonly viewed as respectful and which refers to the person before referring to his or her disability.

Sec. 19. NRS 435.010 is hereby amended to read as follows:

435.010 1. The boards of county commissioners of the various counties shall make provision for the support, education and care of the children with

intellectual ***disabilities and children with developmental*** disabilities ~~[and children with related conditions]~~ of their respective counties.

2. For that purpose, they are empowered to make all necessary contracts and agreements to carry out the provisions of this section and NRS 435.020 and 435.030. Any such contract or agreement may be made with any responsible person or facility in or without the State of Nevada.

3. The provisions of this section and NRS 435.020 and 435.030 supplement the services which other political subdivisions or agencies of the State are required by law to provide, and do not supersede or relieve the responsibilities of such political subdivisions or agencies.

Sec. 20. NRS 435.020 is hereby amended to read as follows:

435.020 All children with intellectual ***disabilities and children with developmental*** disabilities ~~[and children with related conditions]~~ are entitled to benefits under this section and NRS 435.010 and 435.030:

1. Who are unable to pay for their support and care;

2. Whose parents, relatives or guardians are unable to pay for their support and care; and

3. If division facilities are to be utilized, whom the Division recognizes as proper subjects for services within such division facilities.

Sec. 21. NRS 435.030 is hereby amended to read as follows:

435.030 1. A parent, relative, guardian or nearest friend of any child with an intellectual ***disability or any child with a developmental*** disability ~~[or any child with a related condition]~~ who is a resident of this State may file with the board of county commissioners of the proper county an application under oath stating:

(a) That the child meets the criteria set forth in NRS 435.020; and

(b) That the child requires services not otherwise required by law to be provided to the child by any other county, political subdivision or agency of this or any other state.

2. If the board of county commissioners is satisfied that the statements made in the application are true, the board shall issue a certificate to that effect.

3. The board of county commissioners shall make necessary arrangements for the transportation of a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a child with a related condition]~~ to any responsible person or facility to be utilized pursuant to contract or agreement as designated in NRS 435.010 at the expense of the county.

4. A certificate of the board of county commissioners, when produced, shall be the authority of any responsible person or facility in or without the State of Nevada under contract with the board of county commissioners to receive any such child.

Sec. 22. NRS 435.035 is hereby amended to read as follows:

435.035 1. To the extent that money is available for that purpose, the Division of Health Care Financing and Policy of the Department ~~[of Health~~

~~and Human Services]~~ and the Aging and Disability Services Division of the Department shall establish a pilot program to provide intensive care coordination services to children with intellectual ***disabilities or children with developmental*** disabilities ~~[and children with related conditions]~~ who are also diagnosed as having behavioral health needs and who reside in a county whose population is 100,000 or more.

2. The intensive care coordination services provided by the pilot program must include, without limitation:

(a) Medically necessary habilitation or rehabilitation and psychiatric or behavioral therapy provided using evidence-based practices to a child with intellectual ***disabilities or a child with developmental*** disabilities ~~[or a child with a related condition]~~ who is also diagnosed as having behavioral health needs;

(b) Support for the family of such a child, including, without limitation, respite care for the primary caregiver of the child;

(c) Coordination of all services provided to such a child and his or her family;

(d) Food and lodging expenses for such a child who is receiving supported living arrangement services and does not reside with his or her parent or guardian;

(e) Assistance with acquisition of life skills and community participation that is provided in the residence of a child with an intellectual ***disability or a child with a developmental*** disability ~~[or a child with a related condition]~~ who has also been diagnosed as having behavioral health needs;

(f) Nonmedical transportation;

(g) Career planning;

(h) Supported employment; and

(i) Prevocational services.

3. The Division of Health Care Financing and Policy and the Aging and Disability Services Division shall:

(a) Design and utilize a system to collect and analyze data concerning the evidence-based practices used pursuant to paragraph (a) of subsection 2;

(b) On or before July 1, 2017, obtain an independent evaluation of the effectiveness of the pilot program; and

(c) Collaborate with each person or governmental entity that provides services pursuant to the pilot program to obtain grants for the purpose of carrying out the pilot program. The Division of Health Care Financing and Policy, the Aging and Disability Services Division and any other governmental entity that provides services pursuant to the pilot program may apply for and accept any available grants and may accept any bequests, devises, donations or gifts from any public or private source to carry out the pilot program.

4. The Director of the Department of Health and Human Services shall make any amendments to the State Plan for Medicaid authorized by Federal law and obtain any Medicaid waivers from the Federal Government

necessary to use money received pursuant to the State Plan for Medicaid to pay for any part of the pilot program described in subsection 1 for which such money is authorized to be used by federal law or by the waiver.

5. As used in this section:

(a) ~~[~~"Children with related conditions" means children who have a severe, chronic disability which:

~~(1) Is attributable to:~~

~~(I) Cerebral palsy or epilepsy; or~~

~~(II) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a child with an intellectual disability and requires treatment or services similar to those required by a child with an intellectual disability;~~

~~(2) Is likely to continue indefinitely; and~~

~~(3) Results in substantial functional limitations in three or more of the following areas of major life activity:~~

~~(I) Taking care of oneself;~~

~~(II) Understanding and use of language;~~

~~(III) Learning;~~

~~(IV) Mobility;~~

~~(V) Self-direction; and~~

~~(VI) Capacity for independent living.~~

~~(b) "Intellectual disability" has the meaning ascribed to it in NRS 435.007.~~

~~(c)~~**]** "Intensive care coordination services" means the delivery of comprehensive services provided to a child with an intellectual ***disability or a child with a developmental*** disability **[**~~or a child with a related condition that~~**]** ***who*** is also diagnosed as having behavioral health needs, or the family of such a child, that are coordinated by a single entity and delivered in an individualized and culturally appropriate manner.

[~~(d)~~**]** ***(b)*** "Supported living arrangement services" means flexible, individualized services provided in a **[**~~residential setting,~~**]** ***homelike environment,*** for compensation, to a child with an intellectual ***disability or a child with a developmental*** disability **[**~~or a person with a related condition~~**]** who is also diagnosed as having behavioral health needs that are designed and coordinated to assist the person in maximizing the child's independence, including, without limitation, training and habilitation services.

Sec. 23. NRS 435.060 is hereby amended to read as follows:

435.060 The Division may operate a residential facility for groups to care for and maintain persons with intellectual ***disabilities or persons with developmental*** disabilities **[**~~and persons with related conditions~~**]** until they can live in a more normal situation.

Sec. 24. NRS 435.077 is hereby amended to read as follows:

435.077 1. The Administrator shall adopt regulations for the transfer of persons with intellectual ***disabilities or persons with developmental***

disabilities ~~[and persons with related conditions]~~ from one facility to another facility operated by the Division.

2. Subject to the provisions of subsection 3, when the Administrator or his or her designee determines that it is in the best interest of the person, the Administrator or his or her designee may discharge, or place on convalescent leave, any person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ in a facility operated by the Division.

3. When a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ is committed to a division facility by court order, the committing court must be given 10 days' notice before the discharge of that person.

Sec. 25. NRS 435.081 is hereby amended to read as follows:

435.081 1. The Administrator or the Administrator's designee may receive a person ***of this State*** with an intellectual ***disability or a person of this State with a developmental*** disability ~~[or a person with a related condition of this State]~~ for services in a facility operated by the Division if:

(a) The person is a person with an intellectual ***disability or a person with a developmental*** disability ~~[or is a person with a related condition]~~ and is in need of institutional training and treatment;

(b) Space is available which is designed and equipped to provide appropriate care for the person;

(c) The facility has or can provide an appropriate program of training and treatment for the person; and

(d) There is written evidence that no less restrictive alternative is available in the person's community.

2. A person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ may be accepted at a division facility for emergency evaluation when the evaluation is requested by a court. A person must not be retained pursuant to this subsection for more than 10 working days.

3. A court may order that a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ be admitted to a division facility if it finds that admission is necessary because of the death or sudden disability of the parent or guardian of the person. The person must not be retained pursuant to this subsection for more than 45 days. Before the expiration of the 45-day period, the Division shall report to the court its recommendations for placement or treatment of the person. If less restrictive alternatives are not available, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

4. A child may be received, cared for and examined at a division facility for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ for not more than 10 working days without admission, if the examination is ordered by a court having

jurisdiction of the minor in accordance with the provisions of NRS 62E.280 and subsection 1 of NRS 432B.560. At the end of the 10 days, the Administrator or the Administrator's designee shall report the result of the examination to the court and shall detain the child until the further order of the court, but not to exceed 7 days after the Administrator's report.

5. The parent or guardian of a person believed to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ may apply to the administrative officer of a division facility to have the person evaluated by personnel of the Division who are experienced in the diagnosis of intellectual ***disabilities and developmental*** disabilities ***.*** ~~[and related conditions.]~~ The administrative officer may accept the person for evaluation without admission.

6. If, after the completion of an examination or evaluation pursuant to subsection 4 or 5, the administrative officer finds that the person meets the criteria set forth in subsection 1, the person may be admitted to the facility using the procedures for voluntary or involuntary admission, as appropriate.

7. If, at any time, the parent or guardian of a person admitted to a division facility on a voluntary basis, or the person himself or herself if the person has attained the age of 18 years, requests in writing that the person be discharged, the administrative officer shall discharge the person. If the administrative officer finds that discharge from the facility is not in the person's best interests, the administrative officer may initiate proceedings for involuntary admission, but the person must be discharged pending those proceedings.

Sec. 26. NRS 435.085 is hereby amended to read as follows:

435.085 The administrative officer of a division facility may authorize the transfer of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to a general hospital for necessary diagnostic, medical or surgical services not available within the Division. All expenses incurred under this section must be paid as follows:

1. In the case of a person with an intellectual ***disability or person with a developmental*** disability who is judicially committed ***,*** ~~[or a person with a related condition who is judicially committed,]~~ the expenses must be paid by the person's parents or guardian to the extent of their reasonable financial ability as determined by the Administrator, and the remainder, if any, is a charge upon the county of the last known residence of the person with an intellectual ***disability or the person with a developmental*** disability ***;*** ~~[or the person with a related condition;]~~

2. In the case of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ admitted to a division facility pursuant to NRS 435.010, 435.020 and 435.030, the expenses are a charge upon the county from which a certificate was issued pursuant to subsection 2 of NRS 435.030; and

3. In the case of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ admitted to a division facility upon voluntary application as provided in NRS 435.081, the expenses must be paid by the parents or guardian to the extent of their reasonable financial ability as determined by the Administrator, and for the remainder, if any, the Administrator shall explore all reasonable alternative sources of payment.

Sec. 27. NRS 435.090 is hereby amended to read as follows:

435.090 1. When any child with an intellectual ***disability or any child with a developmental*** disability ~~[or a child with a related condition]~~ is committed to a division facility by a court of competent jurisdiction, the court shall examine the parent, parents or guardian of the child regarding the ability of the parent, parents or guardian or the estate of the child to contribute to the care, support and maintenance of the child while residing in the facility.

2. If the court determines that the parent, parents or guardian of the child is able to contribute, it shall enter an order prescribing the amount to be contributed.

3. If the court determines that the estate of the child is able to contribute, it shall enter an order requiring that a guardian of the estate of the child be appointed, if there is none, and that the guardian of the estate contribute the amount prescribed by the court from the estate.

4. If the parent, parents or guardian fail or refuse to comply with the order of the court, the Division is entitled to recover from the parent, parents or guardian, by appropriate legal action, all sums due together with interest.

Sec. 28. NRS 435.100 is hereby amended to read as follows:

435.100 1. When any person with an intellectual ***disability or any person with a developmental*** disability ~~[or a person with a related condition]~~ is transferred from one care facility operated by the Division to another care facility operated by the Division, the parent, parents or guardian shall continue to contribute the amount for the care, support and maintenance of the person as may have previously been ordered by the court of competent jurisdiction committing the person.

2. If no such order was entered by the committing court, the Division may petition the court for an order requiring the parent, parents or guardian to contribute.

3. Any order for contribution entered under the provisions of subsection 2 must be entered in the same manner and has the same effect as an order for contribution entered under the provisions of NRS 435.090.

Sec. 29. NRS 435.110 is hereby amended to read as follows:

435.110 1. When any child with an intellectual ***disability or any child with a developmental*** disability ~~[or a child with a related condition]~~ is admitted to a facility operated by the Division at the request of a parent, parents or guardian, the parent, parents or guardian shall enter into an agreement with the Division providing for the contribution of an amount for

the care, support and maintenance of the child as determined by the Division to be reasonable. In determining the amount, the Division shall give consideration to the ability of the parent, parents or guardian to make such a contribution, and may excuse the making of any contribution.

2. If the parent, parents or guardian fail or refuse to perform under the terms of the agreement, the Division is entitled to recover from the parent, parents or guardian, by appropriate legal action, all sums due together with interest.

3. If the Division determines that the parent, parents or guardian do not have the ability to contribute an amount sufficient to pay for the care, support and maintenance of the child, but that the estate of the child is able to contribute, the Division may make application to a court of competent jurisdiction for the appointment of a guardian of the estate of the child, if there is none, and for an order requiring the guardian to contribute an amount as determined by the court.

Sec. 30. NRS 435.115 is hereby amended to read as follows:

435.115 The Administrator shall establish a fee schedule, in consultation with the State Association for Retarded Citizens and subject to the approval of the Board and the Director of the Department, for services rendered to persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ by the Division.

Sec. 31. (Deleted by amendment.)

Sec. 32. NRS 435.121 is hereby amended to read as follows:

435.121 1. There are two types of admissions of persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ to an intellectual ***and developmental*** disability center:

(a) Voluntary admission.

(b) Involuntary admission.

2. An application for admission of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to an intellectual ***and developmental*** disability center must be made on a form approved by the Division and the Attorney General. The clerk of each district court in the State shall make the forms available to any person upon request.

Sec. 33. NRS 435.122 is hereby amended to read as follows:

435.122 1. Any person with an intellectual ***disability or any person with a developmental*** disability ~~[or a person with a related condition]~~ may apply to any intellectual ***and developmental*** disability center for admission as a voluntary consumer. The person's parent or guardian or another responsible person may submit the application on his or her behalf.

2. If the person or a responsible party on behalf of the person objects to voluntary admission, the procedure for involuntary admission may be followed.

Sec. 34. NRS 435.123 is hereby amended to read as follows:

435.123 Whenever a person is alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ and is alleged to be a clear and present danger to himself or herself or others, the person's parent or guardian or another responsible person may initiate proceedings for his or her involuntary admission to an intellectual ***and developmental*** disability center by petitioning the district court of the county where the person resides. The petition must be accompanied by a certificate signed by a physician or licensed psychologist experienced in the diagnosis of intellectual ***disabilities or developmental*** disabilities ***,*** ~~[and related conditions]~~ stating that he or she has examined the person within the preceding 30 days and has concluded that the person is a person with an intellectual ***disability or a person with a developmental*** disability ***,*** ~~[or is a person with a related condition,]~~ has demonstrated that the person is a clear and present danger to himself or herself or to others and is in need of institutional training and treatment.

Sec. 35. NRS 435.124 is hereby amended to read as follows:

435.124 Immediately after receiving the petition, the clerk of the district court shall transmit the petition to the district judge, who shall:

1. Determine whether appropriate space and programs are available for the person at the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted; and

2. If appropriate space and programs are available, set a time and place for a hearing on the petition.

➥ The hearing must be held within 7 calendar days after the date when the petition was filed. The clerk of the court shall give notice of the hearing to the person who is the subject of the petition, the person's attorney, if known, the petitioner and the administrative officer of the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted.

Sec. 36. NRS 435.125 is hereby amended to read as follows:

435.125 1. After the petition is filed, the court may cause a physician or licensed psychologist promptly to examine the person who is the subject of the petition or request an evaluation from the intellectual ***and developmental*** disability center to which it is proposed the person be admitted. Any physician or licensed psychologist requested by the court to conduct such an examination must be experienced in the diagnosis of intellectual ***disabilities and developmental*** disabilities ***.*** ~~[and related conditions.]~~ The examination or evaluation must indicate whether the person is or is not a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ and whether the person is or is not in need of institutional training and treatment.

2. The court may allow the person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ to remain at his or her place of residence

pending any ordered examination and to return upon completion of the examination. One or more of the person's relatives or friends may accompany the person to the place of examination.

Sec. 37. NRS 435.126 is hereby amended to read as follows:

435.126 1. The person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability **,** ~~[or a person with a related condition,]~~ or any relative or friend acting on the person's behalf, is entitled to retain counsel to represent him or her in any proceeding before the district court relating to his or her involuntary admission to an intellectual ***and developmental*** disability center.

2. If counsel has not been retained, the court, before proceeding, shall advise the person and the person's guardian, or closest living relative if such a relative can be located, of the person's right to have counsel.

3. If the person fails or refuses to secure counsel, the court shall appoint counsel to represent the person. If the person is indigent, the counsel appointed may be the public defender.

4. Any counsel appointed by the court is entitled to fair and reasonable compensation for his or her services. The compensation must be charged against the property of the person for whom the counsel was appointed. If the person is indigent, the compensation must be charged against the county in which the person alleged to be a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ last resided.

Sec. 38. NRS 435.127 is hereby amended to read as follows:

435.127 In proceedings for involuntary admission of a person to an intellectual ***and developmental*** disability center:

1. The court shall hear and consider all relevant evidence, including the certificate, signed by a physician or licensed psychologist, which accompanied the petition and the testimony of persons who conducted examinations or evaluations ordered by the court after the petition was filed.

2. The person must be present and has the right to testify, unless the physician or licensed psychologist who signed the certificate, or who examined the person as ordered by the court, is present and testifies that the person is so severely disabled that he or she is unable to be present.

3. The person may obtain independent evaluation and expert opinion at his or her own expense, and may summon other witnesses.

Sec. 39. NRS 435.128 is hereby amended to read as follows:

435.128 1. Upon completion of the proceedings for involuntary admission of a person to an intellectual ***and developmental*** disability center, if the court finds:

(a) That the person is a person with an intellectual ***disability or a person with a developmental*** disability **,** ~~[or a person with a related condition,]~~ has demonstrated that the person is a clear and present danger to himself or herself or others and is in need of institutional training and treatment;

(b) That appropriate space and programs are available at the intellectual ***and developmental*** disability center to which it is proposed that the person be admitted; and

(c) That there is no less restrictive alternative to admission to an intellectual ***and developmental*** disability center which would be consistent with the best interests of the person,

➥ the court shall by written order certify that the person is eligible for involuntary admission to an intellectual ***and developmental*** disability center.

2. A certificate of eligibility for involuntary admission expires 12 months after the date of issuance if the consumer has not been discharged earlier by the procedure provided in NRS 435.129. At the end of the 12-month period, the administrative officer of the intellectual ***and developmental*** disability center may petition the court to renew the certificate for an additional period of not more than 12 months. Each petition for renewal must set forth the specific reasons why further treatment is required. A certificate may be renewed more than once.

Sec. 40. NRS 435.129 is hereby amended to read as follows:

435.129 1. If the administrative officer of an intellectual ***and developmental*** disability center finds that a consumer is no longer in need of the services offered at the center, the administrative officer shall discharge that consumer.

2. A written notice of the discharge must be given to the consumer and the consumer's representatives at least 10 days before the discharge.

3. If the consumer was admitted involuntarily, the Administrator shall, at least 10 days before the discharge, notify the district court which issued the certificate of eligibility for the person's admission.

Sec. 41. NRS 435.130 is hereby amended to read as follows:

435.130 The intent of the Legislature in the enactment of NRS 435.130 to 435.310, inclusive, ***and section 15.5 of this act*** is to aid persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ who are not served by existing programs in receiving high quality care and training in an effort to help them become useful citizens.

Sec. 41.5. **NRS 435.140 is hereby amended to read as follows:**

435.140 As used in NRS 435.130 to 435.310, inclusive, ***and section 15.5 of this act,*** unless the context otherwise requires, the words and terms defined in NRS 435.172, 435.176 and 435.179 have the meanings ascribed to them in those sections.

Sec. 42. NRS 435.176 is hereby amended to read as follows:

435.176 "Jobs and day training services" means individualized services for day habilitation, prevocational, employment and supported employment:

1. Which are provided:

(a) For compensation;

(b) In a division facility or in the community; and

(c) To a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ who is served by the Division; and

2. Which are designed to assist the person in:

(a) Learning or maintaining skills;

(b) Succeeding in paid or unpaid employment;

(c) Increasing self-sufficiency, including, without limitation, training and habilitation services; and

(d) Contributing to the person's community.

Sec. 43. NRS 435.220 is hereby amended to read as follows:

435.220 1. The Administrator shall adopt regulations governing jobs and day training services, including, without limitation, regulations that set forth:

(a) Standards for the provision of quality care and training by providers of jobs and day training services;

(b) The requirements for the issuance and renewal of a certificate; and

(c) The rights of consumers of jobs and day training services, including, without limitation, the right of a consumer to file a complaint and the procedure for filing the complaint.

2. The Division may enter into such agreements with public and private agencies as it deems necessary for the provision of jobs and day training services. Any such agreements must include a provision stating that employment is the preferred service option for all adults of working age.

3. For the purpose of entering into an agreement described in subsection 2, if the qualifications of more than one agency are equal, the Division shall give preference to the agency that will provide persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ with training and experience that demonstrates a progression of measurable skills that is likely to lead to competitive employment outcomes that provide employment that:

(a) Is comparable to employment of persons without intellectual ***disabilities or persons without developmental*** disabilities ***;*** ~~[and persons without related conditions;]~~ and

(b) Pays at or above the minimum wage prescribed by regulation of the Labor Commissioner pursuant to NRS 608.250.

Sec. 44. NRS 435.225 is hereby amended to read as follows:

435.225 1. A partnership, firm, corporation or association, including, without limitation, a nonprofit organization, or a state or local government or agency thereof shall not provide jobs and day training services in this State without first obtaining a certificate from the Division.

2. A natural person other than a person who is employed by an entity listed in subsection 1 shall not provide jobs and day training services in this State without first obtaining a certificate from the Division.

3. For the purpose of issuing a certificate pursuant to this section, if the qualifications of more than one applicant are equal, the Division shall give

preference to the natural person who, or the nonprofit organization, state or local government or agency thereof that, will provide persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ with training and experience that demonstrates a progression of measurable skills that is likely to lead to competitive employment outcomes that provide employment that:

(a) Is comparable to employment of persons without intellectual ***disabilities or persons without developmental*** disabilities ***;*** ~~[and persons without related conditions;]~~ and

(b) Pays at or above the minimum wage prescribed by regulation of the Labor Commissioner pursuant to NRS 608.250.

4. Each application for the issuance or renewal of a certificate issued pursuant to this section must include a provision stating that employment is the preferred service option for all adults of working age.

Sec. 45. NRS 435.310 is hereby amended to read as follows:

435.310 A provider of jobs and day training services certified pursuant to NRS 435.130 to 435.310, inclusive, ~~[may enter:]~~ ***and section 15.5 of this act:***

1. Except as otherwise provided in subsection 2, may enter into contracts with authorized county and school officials and public and private agencies to give care and training to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ who would also qualify for care or training programs offered by the public schools or by county welfare programs.

2. ~~[Shall]~~ Except as otherwise provided in section 15.5 of this act, shall not enter into a contract or other arrangement with any person or governmental entity to provide for the employment of a person under 25 years of age where the person will be paid less than the ~~[federal]~~ state minimum wage.

Sec. 46. NRS 435.3315 is hereby amended to read as follows:

435.3315 "Supported living arrangement services" means flexible, individualized services provided in the home, for compensation, to a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ who is served by the Division that are designed and coordinated to assist the person in maximizing the person's independence, including, without limitation, training and habilitation services.

Sec. 47. NRS 435.340 is hereby amended to read as follows:

435.340 Neither voluntary admission nor judicial commitment nor any other procedure provided in this chapter may be construed as depriving a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ of the person's full civil and legal rights by any method other than a separate judicial proceeding resulting in a determination of incompetency wherein the civil and legal rights forfeited and the legal disabilities imposed are specifically stated.

Sec. 48. NRS 435.350 is hereby amended to read as follows:

435.350 1. Each person with an intellectual ***disability and each person with a developmental*** disability ~~[and each person with a related condition]~~ admitted to a division facility is entitled to all rights enumerated in NRS 435.006, 435.565 and 435.570.

2. The Administrator shall designate a person or persons to be responsible for establishment of regulations relating to denial of rights of persons with an intellectual ***disability or persons with a developmental*** disability **.** ~~[and persons with related conditions.]~~ The person designated shall file the regulations with the Administrator.

3. Consumers' rights specified in NRS 433.482, 433.484, 435.565 and 435.570 may be denied only for cause. Any denial of such rights must be entered in the consumer's treatment record, and notice of the denial must be forwarded to the Administrator's designee or designees as provided in subsection 2. Failure to report denial of rights by an employee may be grounds for dismissal.

4. Upon receipt of notice of a denial of rights as provided in subsection 3, the Administrator's designee or designees shall cause a full report to be prepared which sets forth in detail the factual circumstances surrounding the denial. A copy of the report must be sent to the Administrator and the Commission on Behavioral Health.

5. The Commission on Behavioral Health has such powers and duties with respect to reports of denial of rights as are enumerated for the Commission on Behavioral Health in subsection 3 of NRS 435.610.

Sec. 49. NRS 435.360 is hereby amended to read as follows:

435.360 1. The relatives of a consumer with an intellectual ***disability or a consumer with a developmental*** disability ~~[or a consumer with a related condition]~~ who is 18 years of age or older are not responsible for the costs of the consumer's care and treatment within a division facility.

2. The consumer or the consumer's estate, when able, may be required to contribute a reasonable amount toward the costs of the consumer's care and treatment. Otherwise, the full costs of the services must be borne by the State.

Sec. 50. NRS 435.365 is hereby amended to read as follows:

435.365 1. To the extent that money is available for that purpose, whenever a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a related condition]~~ is cared for by a parent or other relative with whom the person lives, that parent or relative is eligible to receive assistance on a monthly basis from the Division for each such person who lives and is cared for in the home if the Division finds that:

(a) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ has been diagnosed as having a profound or severe intellectual ***disability or developmental*** disability or, if he or she is under 6 years of age, has developmental delays that require support that is equivalent to the support required by a person

with a profound or severe intellectual ***disability or a person with a profound or severe developmental*** disability ***;*** ~~[or a related condition;]~~

(b) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ is receiving adequate care; and

(c) The person with an intellectual ***disability or the person with a developmental*** disability ~~[or a related condition]~~ and the parent or other relative with whom the person lives is not reasonably able to pay for his or her care and support.

➥ The amount of the assistance must be established by legislative appropriation for each fiscal year.

2. The Administrator shall adopt regulations:

(a) Which establish a procedure of application for assistance;

(b) For determining the eligibility of an applicant pursuant to subsection 1; and

(c) For determining the amount of assistance to be provided to an eligible applicant.

3. The Administrator shall establish a waiting list for applicants who are eligible for assistance but who are denied assistance because the legislative appropriation is insufficient to provide assistance for all eligible applicants.

4. The decision of the Administrator regarding eligibility for assistance or the amount of assistance to be provided is a final administrative decision.

Sec. 51. NRS 435.370 is hereby amended to read as follows:

435.370 The Division may make such rules and regulations and enter such agreements with public and private agencies as are deemed necessary to implement residential placement-foster family care programs for persons with intellectual ***disabilities or persons with developmental*** disabilities ***.*** ~~[and persons with related conditions.]~~

Sec. 52. NRS 435.375 is hereby amended to read as follows:

435.375 1. The Division shall enter into a cooperative agreement with the Rehabilitation Division of the Department of Employment, Training and Rehabilitation to provide long-term support to persons with intellectual ***disabilities or persons with developmental*** disabilities ***,*** ~~[and persons with related conditions,]~~ including, without limitation, jobs and day training services and supported living arrangement services. The agreement must include a provision stating that employment is the preferred service option for all adults of working age.

2. The Administrator may adopt regulations governing the provision of services to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ who are unable or unwilling to be employed.

Sec. 53. NRS 435.380 is hereby amended to read as follows:

435.380 1. All gifts or grants of money which the Division is authorized to accept must be spent in accordance with the provisions of the

gift or grant. In the absence of those provisions, the Division must spend the money for the purpose approved by the Interim Finance Committee.

2. All such money must be deposited in the State Treasury to the credit of the Intellectual ***and Developmental*** Disability Gift Account in the Department of Health and Human Services' Gift Fund.

3. All claims must be approved by the Administrator before they are paid.

Sec. 54. NRS 435.390 is hereby amended to read as follows:

435.390 1. The administrative officer of any division facility where persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[or persons with related conditions]~~ reside may establish a canteen operated for the benefit of consumers and employees of the facility. The administrative officer shall keep a record of transactions in the operation of the canteen.

2. Each canteen must be self-supporting. No money provided by the State may be used for its operation.

3. The respective administrative officers shall deposit the money used for the operation of the canteen in one or more banks or credit unions of reputable standing, except that an appropriate sum may be maintained as petty cash at each canteen.

Sec. 55. NRS 435.400 is hereby amended to read as follows:

435.400 1. The division facilities providing services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ are designated as:

(a) Desert Regional Center;

(b) Sierra Regional Center; and

(c) Rural Regional Center.

2. Division facilities established after July 1, 1981, must be named by the Administrator, subject to the approval of the Director of the Department.

Sec. 56. NRS 435.411 is hereby amended to read as follows:

435.411 The administrative officer of a facility of the Division must:

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, education or administration.

2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to intellectual ***disabilities and developmental*** disabilities, including care and treatment of persons with intellectual ***disabilities and persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

Sec. 57. NRS 435.425 is hereby amended to read as follows:

435.425 1. The Division shall carry out a vocational and educational program for the certification of intellectual ***and developmental*** disability technicians, including forensic technicians employed by the Division, or other employees of the Division who perform similar duties, but are

classified differently. The program must be carried out in cooperation with the Nevada System of Higher Education.

2. An intellectual ***and developmental*** disability technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, dentist, podiatric physician, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse or other professionally qualified person. This section does not authorize an intellectual ***and developmental*** disability technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Administrator shall adopt regulations to carry out the provisions of this section.

4. As used in this section, "intellectual ***and developmental*** disability technician" means an employee of the Division who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions,]~~ and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 58. NRS 435.430 is hereby amended to read as follows:

435.430 1. The Administrator shall adopt regulations:

(a) For the care and treatment of persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ by all state agencies and facilities, and their referral to private facilities;

(b) To ensure continuity in the care and treatment provided to persons with intellectual ***disabilities and persons with developmental*** disabilities ~~[and persons with related conditions]~~ in this State; and

(c) Necessary for the proper and efficient operation of the facilities of the Division.

2. The Administrator may adopt regulations to promote programs relating to intellectual ***disabilities or developmental*** disabilities **.** ~~[and related conditions.]~~

Sec. 59. NRS 435.445 is hereby amended to read as follows:

435.445 The Division or its designated agent may inspect any division facility providing services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ to

determine if the facility is in compliance with the provisions of this chapter and any regulations adopted pursuant thereto.

Sec. 60. NRS 435.455 is hereby amended to read as follows:

435.455 The Division may, by contract with general hospitals or other institutions having adequate facilities in the State of Nevada, provide for inpatient care of persons with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

Sec. 61. NRS 435.460 is hereby amended to read as follows:

435.460 The Division may contract with appropriate persons professionally qualified in the field of psychiatric mental health to provide inpatient and outpatient care for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ when it appears that they can be treated best in that manner.

Sec. 62. NRS 435.470 is hereby amended to read as follows:

435.470 Nothing in this chapter precludes the involuntary court-ordered admission of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ to a private institution where such admission is authorized by law.

Sec. 63. NRS 435.490 is hereby amended to read as follows:

435.490 1. Upon approval of the Director of the Department, the Administrator may accept:

(a) Donations of money and gifts of real or personal property; and

(b) Grants of money from the Federal Government,

➥ for use in public or private programs that provide services to persons in this State with intellectual ***disabilities or persons with developmental*** disabilities **.** ~~[and persons with related conditions.]~~

2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ in a manner that supports the plan to coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ in consideration of the nature and value of the donation, gift or grant.

3. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section.

Sec. 64. NRS 435.495 is hereby amended to read as follows:

435.495 1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the

Commission on Behavioral Health and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 435.465 for fees collected pursuant to contract or agreement and in NRS 435.120 for fees collected for services to consumers with intellectual ***disabilities or consumers with developmental*** disabilities **.** **[**~~and related conditions.~~**]**

2. For a facility providing services for the treatment of persons with intellectual ***disabilities or persons with developmental*** disabilities **,** **[**~~and persons with related conditions,~~**]** the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay.

Sec. 65. NRS 435.505 is hereby amended to read as follows:

435.505 An intellectual ***and developmental*** disability center revolving account up to the amount of $5,000 is hereby created for each division intellectual ***and developmental*** disability center, and may be used for the payment of ***bills of the*** intellectual ***and developmental*** disability center **[**~~bills~~**]** requiring immediate payment and for no other purposes. The respective administrative officers shall deposit the money for the respective revolving accounts in one or more banks or credit unions of reputable standing. Payments made from each account must be promptly reimbursed from appropriated money of the respective intellectual ***and developmental*** disability centers on claims as other claims against the State are paid.

Sec. 66. NRS 435.515 is hereby amended to read as follows:

435.515 1. For the purpose of facilitating the return of nonresident consumers to the state in which they have legal residence, the Administrator may enter into reciprocal agreements, consistent with the provisions of this chapter, with the proper boards, commissioners or officers of other states for the mutual exchange of consumers confined in, admitted or committed to an intellectual ***or developmental*** disability facility in one state whose legal residence is in the other, and may give written permission for the return and admission to a division facility of any resident of this State when such permission is conformable to the provisions of this chapter governing admissions to a division facility.

2. The county clerk and board of county commissioners of each county, upon receiving notice from the Administrator that an application for the return of an alleged resident of this State has been received, shall promptly investigate and report to the Administrator their findings as to the legal residence of the consumer.

Sec. 67. NRS 435.535 is hereby amended to read as follows:

435.535 "Administrative officer" means a person with overall executive and administrative responsibility for a facility that provides services relating

to intellectual ***disabilities or developmental*** disabilities ~~[and related conditions]~~ and that is operated by any public or private entity.

Sec. 68. NRS 435.575 is hereby amended to read as follows:

435.575 1. An individualized written plan of intellectual ***disability services or developmental*** disability services ~~[or plan of services for a related condition]~~ must be developed ***, as applicable,*** for each consumer of each facility. The plan must:

(a) Provide for the least restrictive treatment procedure that may reasonably be expected to benefit the consumer; and

(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to provide input and participate; and

(2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if the consumer is under 18 years of age and is not legally emancipated, or the legal guardian of a consumer who has been adjudicated mentally incompetent.

2. The plan must be kept current and must be modified, with the input and participation of the consumer, the parent or guardian of the consumer or the legal guardian of the consumer, as appropriate, when indicated. The plan must be thoroughly reviewed at least once every 3 months.

3. The person in charge of implementing the plan of services must be designated in the plan.

Sec. 69. NRS 435.645 is hereby amended to read as follows:

435.645 1. An employee of a public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ or any other person, except a consumer, who:

(a) Has reason to believe that a consumer of the Division or of a private facility offering services for consumers with intellectual ***disabilities or consumers with developmental*** disabilities ~~[and consumers with related conditions]~~ has been or is being abused or neglected and fails to report it;

(b) Brings intoxicating beverages or a controlled substance into any division facility occupied by consumers unless specifically authorized to do so by the administrative officer or a staff physician of the facility;

(c) Is under the influence of liquor or a controlled substance while employed in contact with consumers, unless in accordance with a lawfully issued prescription;

(d) Enters into any transaction with a consumer involving the transfer of money or property for personal use or gain at the expense of the consumer; or

(e) Contrives the escape, elopement or absence of a consumer,

➥ is guilty of a misdemeanor, in addition to any other penalties provided by law.

2. In addition to any other penalties provided by law, an employee of a public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with~~

~~related conditions~~] or any other person, except a consumer, who willfully abuses or neglects a consumer:

(a) For a first violation that does not result in substantial bodily harm to the consumer, is guilty of a gross misdemeanor.

(b) For a first violation that results in substantial bodily harm to the consumer, is guilty of a category B felony.

(c) For a second or subsequent violation, is guilty of a category B felony.

➥ A person convicted of a category B felony pursuant to this section shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than $5,000, or by both fine and imprisonment.

3. A person who is convicted pursuant to this section is ineligible for 5 years for appointment to or employment in a position in the state service and, if the person is an officer or employee of the State, the person forfeits his or her office or position.

4. A conviction pursuant to this section is, when applicable, grounds for disciplinary action against the person so convicted and the facility where the violation occurred. The Division may recommend to the appropriate agency or board the suspension or revocation of the professional license, registration, certificate or permit of a person convicted pursuant to this section.

5. For the purposes of this section:

(a) "Abuse" means any willful and unjustified infliction of pain, injury or mental anguish upon a consumer, including, but not limited to:

(1) The rape, sexual assault or sexual exploitation of the consumer;

(2) The use of any type of aversive intervention;

(3) Except as otherwise provided in NRS 433.5486, a violation of NRS 433.549; and

(4) The use of physical, chemical or mechanical restraints or the use of seclusion in violation of federal law.

➥ Any act which meets the standard of practice for care and treatment does not constitute abuse.

(b) "Consumer" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a public or private institution or facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities **.** [~~and persons with related conditions.~~]

(c) "Neglect" means any omission to act which causes injury to a consumer or which places the consumer at risk of injury, including, but not limited to, the failure to follow:

(1) An appropriate plan of treatment to which the consumer has consented; and

(2) The policies of the facility for the care and treatment of consumers.

➥ Any omission to act which meets the standard of practice for care and treatment does not constitute neglect.

(d) "Standard of practice" means the skill and care ordinarily exercised by prudent professional personnel engaged in health care.

Sec. 70. NRS 435.655 is hereby amended to read as follows:

435.655 1. When a person is admitted to a division facility or hospital under one of the various forms of admission prescribed by law, the parent or legal guardian of a person with an intellectual ***disability or a person with a developmental*** disability ~~[or person with a related condition]~~ who is a minor or the husband or wife of a person with an intellectual ***disability or a person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ if of sufficient ability, and the estate of the person with an intellectual ***disability or the person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person with an intellectual ***disability or the person with a developmental*** disability ***,*** ~~[or person with a related condition,]~~ including treatment and surgical operations, in any hospital in which the person is hospitalized under the provisions of this chapter:

(a) To the administrative officer if the person is admitted to a division facility; or

(b) In all other cases, to the hospital rendering the service.

2. If a person or an estate liable for the care, maintenance and support of a committed person neglects or refuses to pay the administrative officer or the hospital rendering the service, the State is entitled to recover, by appropriate legal action, all money owed to a division facility or which the State has paid to a hospital for the care of a committed person, plus interest at the rate established pursuant to NRS 99.040.

Sec. 71. NRS 435.700 is hereby amended to read as follows:

435.700 1. A public or private facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ may return a prescription drug that is dispensed to a patient of the facility, but will not be used by that patient, to the dispensing pharmacy for the purpose of reissuing the drug to fill other prescriptions for patients in that facility or for the purpose of transferring the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676 if:

(a) The drug is not a controlled substance;

(b) The drug is dispensed in a unit dose, in individually sealed doses or in a bottle that is sealed by the manufacturer of the drug;

(c) The drug is returned unopened and sealed in the original manufacturer's packaging or bottle;

(d) The usefulness of the drug has not expired;

(e) The packaging or bottle contains the expiration date of the usefulness of the drug; and

(f) The name of the patient for whom the drug was originally prescribed, the prescription number and any other identifying marks are obliterated from the packaging or bottle before the return of the drug.

2. A dispensing pharmacy to which a drug is returned pursuant to this section may:

(a) Reissue the drug to fill other prescriptions for patients in the same facility if the registered pharmacist of the pharmacy determines that the drug is suitable for that purpose in accordance with standards adopted by the State Board of Pharmacy pursuant to subsection 5; or

(b) Transfer the drug to a nonprofit pharmacy designated by the State Board of Pharmacy pursuant to NRS 639.2676.

3. No drug that is returned to a dispensing pharmacy pursuant to this section may be used to fill other prescriptions more than one time.

4. A facility offering services for persons with intellectual ***disabilities or persons with developmental*** disabilities ~~[and persons with related conditions]~~ shall adopt written procedures for returning drugs to a dispensing pharmacy pursuant to this section. The procedures must:

(a) Provide appropriate safeguards for ensuring that the drugs are not compromised or illegally diverted during their return.

(b) Require the maintenance and retention of such records relating to the return of such drugs as are required by the State Board of Pharmacy.

(c) Be approved by the State Board of Pharmacy.

5. The State Board of Pharmacy shall adopt such regulations as are necessary to carry out the provisions of this section, including, without limitation, requirements for:

(a) Returning and reissuing such drugs pursuant to the provisions of this section.

(b) Transferring drugs to a nonprofit pharmacy pursuant to the provisions of this section and NRS 639.2676.

(c) Maintaining records relating to the return and the use of such drugs to fill other prescriptions.

Sec. 72. (Deleted by amendment.)

Sec. 73. NRS 220.125 is hereby amended to read as follows:

220.125 1. The Legislative Counsel shall, to the extent practicable, ensure that persons with physical, mental or cognitive disabilities are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disability.

2. Words and terms that are preferred for use in Nevada Revised Statutes include, without limitation, "persons with disabilities," "persons with mental illness," ***"persons with developmental disabilities,"*** "persons with intellectual disabilities" and other words and terms that are structured in a similar manner.

3. Words and terms that are not preferred for use in Nevada Revised Statutes include, without limitation, "disabled," "handicapped," "mentally disabled," "mentally ill," "mentally retarded" and other words and terms that tend to equate the disability with the person.

Sec. 74. NRS 608.255 is hereby amended to read as follows:

608.255 For the purposes of this chapter and any other statutory or constitutional provision governing the minimum wage paid to an employee, the following relationships do not constitute employment relationships and are therefore not subject to those provisions:

1. The relationship between a rehabilitation facility or workshop established by the Department of Employment, Training and Rehabilitation pursuant to chapter 615 of NRS and an individual with a disability who is participating in a training or rehabilitative program of such a facility or workshop.

2. The relationship between a provider of jobs and day training services which is recognized as exempt pursuant to the provisions of 26 U.S.C. § 501(c)(3) and which has been issued a certificate by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 435.130 to 435.310, inclusive, ***and section 15.5 of this act,*** and a person with an intellectual ***disability or a person with a developmental*** disability ~~[or a person with a related condition]~~ participating in a jobs and day training services program.

3. The relationship between a principal and an independent contractor.

4. As used in this section, "developmental disability" has the meaning ascribed to it in NRS 435.007.

Sec. 75. In preparing supplements to the Nevada Administrative Code, the Legislative Counsel shall make such changes as necessary so that references in chapters 433 and 435 of the Nevada Administrative Code to "mental retardation," "related conditions" and related terms are replaced with references to "developmental disabilities" and related terms.

Sec. 76. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 77. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 78. NRS 433.211 is hereby repealed.

Sec. 79. 1. This act becomes effective upon passage and approval for the purposes of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act, and on January 1, 2018, for all other purposes.

2. Section 22 of this act expires by limitation on June 30, 2019.

TEXT OF REPEALED SECTION

433.211 "Persons with related conditions" defined. "Persons with related conditions" means persons who have a severe, chronic disability which:

1. Is attributable to:

(a) Cerebral palsy or epilepsy; or

(b) Any other condition, other than mental illness, found to be closely related to an intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability and requires treatment or services similar to those required by a person with an intellectual disability;

2. Is manifested before the person affected attains the age of 22 years;

3. Is likely to continue indefinitely; and

4. Results in substantial functional limitations in three or more of the following areas of major life activity:

(a) Taking care of oneself;

(b) Understanding and use of language;

(c) Learning;

(d) Mobility;

(e) Self-direction; and

(f) Capacity for independent living.

Assemblyman Carrillo moved the adoption of the amendment.

Remarks by Assemblyman Carrillo.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 348.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 976.

SUMMARY—Revises provisions governing ~~[courses]~~ **a course or unit of a course** of instruction ~~[in sex education.]~~ **concerning acquired immune deficiency syndrome, the human reproductive system, related communicable diseases and sexual responsibility.** (BDR 34-285)

AN ACT relating to education; ~~[requiring the board of trustees of each school district to establish an evidence-based, age-appropriate and medically accurate course of instruction in sex education;]~~ **revising provisions governing the establishment of a course or unit of a course of instruction concerning acquired immune deficiency syndrome, the human reproductive system, related communicable diseases and sexual responsibility;** requiring each board of trustees to submit an annual report concerning such a course **or unit of such a course** of instruction **in certain topics** to the Legislature; ~~[requiring the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for a course of instruction in sex education as part of a course of study in health;]~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the board of trustees of a school district to establish a course or unit of a course of instruction concerning acquired immune deficiency syndrome, the human reproductive system, related communicable

diseases and sexual responsibility which must be taught by a teacher, other professional educator or school nurse whose qualifications have been approved by the board of trustees. (NRS 389.036) ~~[Section 1.5 of this bill authorizes the board of trustees of a school district to approve a person other than a teacher, professional educator or school nurse to teach a course of instruction in sex education in certain circumstances.]~~

Existing law **further** requires notice to be given to a parent or guardian of a pupil to whom **such** a course **or unit of such a course** of instruction ~~[in sex education]~~ will be offered and requires the school district to provide a form for the parent or guardian of a pupil to provide written permission for the pupil to participate in the course **or unit of a course** of instruction. (NRS 389.036) **Section 1.5** of this bill authorizes a school district to make this form available on a secure Internet website and requires the form to include an option for a parent or guardian of a pupil to provide permission for the pupil to participate in a course of sex education: (1) for that school year only; or (2) for as long as the pupil is enrolled in the school district. **Section 1.5** also requires a school district to follow up with a parent or guardian and provide certain information to the parent or guardian if the form is not returned to the school district within 2 weeks.

~~[Existing law further requires the board of trustees of a school district to appoint an advisory committee to advise the district concerning the content and materials to be used in a course of instruction relating to sex education. (NRS 389.036) Section 1.5 of this bill instead requires the board of trustees of each school district to establish a course of instruction in sex education which is factual and prescribes the topics which must be included in the course of instruction. Section 1.5 also requires that the course of instruction in sex education be age appropriate for the pupils who receive the instruction, evidence based and, as applicable, medically accurate.~~

~~Existing law requires the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for certain courses of study, including, without limitation, health. (NRS 389.520) Section 2 of this bill requires the Council to establish standards of content and performance for the course of instruction in sex education required by section 1.5 as part of such a course of study in health.]~~

Section 1 of this bill requires the board of trustees of each school district to submit an annual report on the status of the establishment of **such** a course **or unit of such a course** of instruction ~~[in sex education]~~ in the district to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Education.

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

Section 1. Chapter 389 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, on or before July 1 of each year, the board of trustees of a school district shall prepare and submit a report on the status of the establishment of a course or unit of a course of instruction [in sex education] pursuant to NRS 389.036 to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Education.

2. The report submitted pursuant to subsection 1 must include, without limitation, the following information relating to [sex education,] the course or unit of a course of instruction, categorized by school and grade level:

(a) The number of pupils who participated in [a] the course or unit of a course of instruction ; [in sex education;]

(b) The number of pupils who did not participate in [a] the course or unit of a course of instruction [in sex education] based on the choice of the parent or guardian of the pupil; and

(c) The number of pupils who did not participate in [a] the course or unit of a course of instruction [in sex education] based on the failure of the parent or guardian of the pupil to provide the consent required pursuant to NRS 389.036.

3. The report must also include the total number of hours of instruction and the content of the curriculum [for a] of the course or unit of a course of instruction [in sex education which was taught in] established by the school district pursuant to NRS 389.036 for each grade level in the school district [, if the curriculum of the school district relating to sex education] in which the instruction was taught. [In one grade level, the report may indicate that the curriculum was taught at that grade level only.]

4. If only a portion of the curriculum of the school district relating to [sex education] the course or unit of a course of instruction was taught [,] or if fewer hours of instruction were taught than the number of hours of instruction reported pursuant to subsection 3, the report must indicate which portion of the curriculum was not taught , if any, and the reason for its exclusion.

[5. If an alternative curriculum relating to sex education was used by the school district, the report must include a copy of the alternative curriculum or a link to the Internet website which includes such curriculum and an explanation of the reason for using the alternative curriculum.]

Sec. 1.5. NRS 389.036 is hereby amended to read as follows:

389.036 1. The board of trustees of a ***[each]*** school district shall establish a course or unit of a course of :

(a) Factual instruction concerning acquired ***[in sex education which is factual. The course of instruction must comply with the standards of content and performance for a course of study in health established by the Council to Establish Academic Standards for Public Schools pursuant to NRS 389.520 and must be age appropriate for the pupils who receive the***

~~*instruction. Based upon the grade level of pupils designated by the board of trustees, the course of instruction must include evidence-based and, as applicable, medically accurate information regarding:*~~

~~*(a) Acquired]*~~ immune deficiency syndrome ; and ~~*[, including the human immunodeficiency virus;]*~~

(b) Instruction on the ~~*[The]*~~ human reproductive system, related communicable ~~*[including, without limitation, anatomy and physiology, puberty, pregnancy, parenting, body image, gender stereotypes and the biological, psychosocial and emotional changes that accompany maturation;*~~

~~*(c) Communicable]*~~ diseases and sexual responsibility. ~~*[that are known to be sexually transmitted, including, without limitation, the proper use and effectiveness of methods to avoid such diseases, and the availability, effectiveness and safety of any vaccinations, tests and treatments for such diseases;*~~

~~*(d) Forms of domestic violence, sexual abuse, sexual assault, exploitation and human trafficking, including, without limitation, information relating to the prevention of these forms of violence and local resources and crisis centers which are available to victims;*~~

~~*(e) The development of skills necessary to promote sexual responsibility, including, without limitation, the skills to:*~~

~~*(1) Assist pupils in setting and meeting goals;*~~

~~*(2) Identify the characteristics of a healthy relationship;*~~

~~*(3) Negotiate;*~~

~~*(4) Communicate with parents and family;*~~

~~*(5) Refuse unwanted sexual advances or activity; and*~~

~~*(6) Obtain and provide affirmative consent before engaging in sexual activity.*~~

~~*(f) Methods of contraception which may be used to prevent pregnancy, including, without limitation, the proper use, effectiveness, safety, health benefits and side effects of each method of contraception;*~~

~~*(g) All options authorized by law for family planning in the event of a pregnancy;*~~

~~*(h) The importance of abstinence as the most effective method of preventing an unwanted pregnancy and sexually transmitted diseases;*~~

~~*(i) The identification and explanation of available counseling and legal and medical information concerning health services, including, without limitation, resources to assist pupils with addressing and escaping a violent or exploitative relationship, effective and safe methods of contraception and contraceptive devices, and screening and treatment for sexually transmitted diseases and other related communicable diseases;*~~

~~*(j) The effects of alcohol and drug use on responsible decision making;*~~

~~*(k) Data to counter misinformation about and the effects of peer pressure and of social and other media on the thoughts, feelings and behaviors of a pupil that are related to sexuality and sexual behavior; and*~~

~~*— (l) The state and federal laws relating to consent, the age of consent, statutory rape, the electronic transmission of sexual images prohibited by NRS 200.737 and any other legal issues relevant to sex education.]*~~

2. ***The board of trustees shall periodically revise the content of the course or unit of a course of instruction established pursuant to subsection 1 as necessary to ensure that the content is current, age-appropriate and, as applicable, medically accurate.***

3. The course or unit of a course of instruction established pursuant to subsection 1 must ~~*[.*~~

~~*— (a) Use]*~~ ***use methods of teaching and include materials which are appropriate for a pupil of any race, sex, gender identity or expression, sexual orientation or ethnic or cultural background or a pupil who is an English learner or who is a pupil with a physical or mental disability . [;***~~*]*~~

~~*— (b) Appropriately prepare pupils who have or are currently engaged in sexual activity and pupils who may engage in sexual activity in the future; and*~~

~~*— (c) Recognize the different sexual orientations and be inclusive of persons of all sexual orientations in any examples which may be provided to pupils.]*~~

4. Each board of trustees shall appoint an advisory committee consisting of:

(a) Five parents of children who attend schools in the district; and

(b) Four representatives, one from each of four of the following professions or occupations:

(1) Medicine or nursing;

(2) Counseling;

(3) Religion;

(4) Pupils who attend schools in the district; or

(5) Teaching.~~[~~

~~— This]~~

5. The advisory committee ***appointed pursuant to subsection 4*** shall advise the district ~~*[board of trustees]*~~ concerning ~~*[all aspects of]*~~ the ~~*[course of instruction established pursuant to this section, including, without limitation:*~~

~~*— (a) Instructors who have demonstrated an appropriate level of competency to teach an evidence based, age appropriate and medically accurate course of instruction in sex education;*~~

~~*— (b) The]*~~ content of and materials to be used in a ~~*[the]*~~ course ***or unit of a course*** of instruction ~~;~~ established pursuant to this section, and the recommended

~~*[— (c) The]*~~ ages of the pupils to whom ~~*[each subject of]*~~ the course ***or unit*** is ~~*[of instruction may be]*~~ offered.

~~*[— 6.]*~~ The final decision on these matters ~~*[the course of instruction established pursuant to subsection 1]*~~ must be that of the board of trustees.

[*3. 7.]* ***6.*** The *[Except as otherwise provided in this subsection, the]* subjects of the [courses] ***course or unit of a course of instruction*** *[established pursuant to subsection 1]* may be taught only by a teacher or *[, other professional educator or]* school nurse *[.]* whose qualifications have been previously approved by the board of trustees.

[4. ***If a school does not have a sufficient number of teachers, other professional educators or school nurses to teach the course of instruction established pursuant to subsection 1 or does not have adequate funds to hire such a person to teach the course of instruction, the board of trustees of the school district may approve another person whom it determines to have an appropriate level of competency to teach the course of instruction.*** *—8.]* ***7.*** The parent or guardian of each pupil to whom a course ***or unit of a course of instruction established pursuant to this section*** is offered must first be furnished written notice that the course ***or unit of a course of instruction*** will be offered. [The] ***Except as otherwise provided in subsection*** *[9,]* ***8, the*** notice must be given in the usual manner used by the local district to transmit written material to parents, and must contain a form for the signature of the parent or guardian of the pupil consenting to the pupil's attendance. Upon receipt of the written consent of the parent or guardian, the pupil may attend the course [.] ***during the school year in which consent was provided by the parent or guardian of the pupil or during any school year in which the pupil is enrolled in the school district, depending on the permission granted by the parent or guardian on the form.*** If the written consent of the parent or guardian is not received, the pupil must be excused from such attendance without any penalty as to credits or academic standing. Any course offered pursuant to this section is not a requirement for graduation.

[5. *9.]* ***8.*** ***The form required to be provided to a parent or guardian of a pupil pursuant to subsection*** *[8.]* ***7:***

(a) May be made available on the secure Internet website of the school district for the electronic signature of the parent or guardian and may be included with any on-line registration to register a child with a school.

(b) Must allow the parent or guardian of a pupil to consent to the pupil attending a course or unit of a course of instruction pursuant to this section during:

(1) The school year in which the consent is provided; or

(2) Any school year in which the pupil is enrolled in the school district.

(c) Must include a notification that consent may be revoked at any time and regardless of how consent is provided, the parent or guardian will receive written notice pursuant to subsection *[8]* ***7 when a course or unit of a course of instruction established pursuant to subsection 1 will be offered.***

[10.] ***9.*** ***If the form provided to a parent or guardian of a pupil pursuant to subsection*** *[8]* ***7 is not returned within 2 weeks, the school***

district must contact the parent or guardian before instruction begins to inform the parent or guardian that:

(a) The form was provided for the parent or guardian of a pupil to consent to the pupil attending a course or unit of a course of instruction ~~[in sex education;]~~ established pursuant to this section; and

(b) The parent or guardian may complete the form at the school of the pupil or electronically, if available.

~~[11.]~~ 10. All instructional materials to be used in a course ***or unit of a course of instruction established pursuant to this section*** must be available for inspection by parents or guardians of pupils at reasonable times and locations before the course is taught, and appropriate written notice of the availability of the material must be furnished to all parents and guardians.

~~[12. As used in this section:~~

~~(a) "Age-appropriate" means designed to teach concepts, information and skills based on the social, cognitive, emotional and experience level of most pupils of a particular age.~~

~~(b) "Evidence-based" means that a program has been proven effective on the basis of rigorous scientific research and evaluation and has been identified through a systematic independent review.~~

~~(c) "Gender identity or expression" means a gender-related identity, appearance, expression or behavior of a person, regardless of the person's assigned sex at birth.~~

~~(d) "Medically accurate" means:~~

~~(1) Verified or supported by current or prevailing scientific evidence;~~

~~(2) Published by peer-reviewed scientific or medical journals; or~~

~~(3) Recognized as accurate and objective by a professional organization or agency, including, without limitation, the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the American Academy of Pediatrics, the American Public Health Association or the American Congress of Obstetricians and Gynecologists.~~

~~(e) "Sex education" means a sexuality education program that builds a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, family planning and disease prevention.~~

~~(f) "Sexual orientation" means having or being perceived as having a particular orientation within the continuum of sexual orientation, including, without limitation, heterosexuality, homosexuality and bisexuality.]~~

Sec. 2. ~~[~~NRS 389.520 is hereby amended to read as follows:~~

~~389.520 1. The Council shall:~~

~~(a) Establish standards of content and performance, including, without limitation, a prescription of the resulting level of achievement, for the grade levels set forth in subsection 4, based upon the content of each course, that is expected of pupils for the following courses of study:~~

~~(1) English language arts;~~
~~(2) Mathematics;~~
~~(3) Science;~~
~~(4) Social studies, which includes only the subjects of history, geography, economics and government;~~
~~(5) The arts;~~
~~(6) Computer education and technology;~~
~~(7) Health~~ **[;] *, including, without limitation, the course of instruction in sex education required by NRS 389.065*;**
~~(8) Physical education; and~~
~~(9) A foreign or world language.~~
~~(b) Establish a schedule for the periodic review and, if necessary, revision of the standards of content and performance. The review must include, without limitation, the review required pursuant to NRS 390.115 of the results of pupils on the examinations administered pursuant to NRS 390.105.~~
~~(c) Assign priorities to the standards of content and performance relative to importance and degree of emphasis and revise the standards, if necessary, based upon the priorities.~~
~~2. The standards for computer education and technology must include a policy for the ethical, safe and secure use of computers and other electronic devices. The policy must include, without limitation:~~
~~(a) The ethical use of computers and other electronic devices, including, without limitation:~~
~~(1) Rules of conduct for the acceptable use of the Internet and other electronic devices; and~~
~~(2) Methods to ensure the prevention of:~~
~~(I) Cyber bullying;~~
~~(II) Plagiarism; and~~
~~(III) The theft of information or data in an electronic form;~~
~~(b) The safe use of computers and other electronic devices, including, without limitation, methods to:~~
~~(1) Avoid cyber-bullying and other unwanted electronic communication, including, without limitation, communication with on-line predators;~~
~~(2) Recognize when an on-line electronic communication is dangerous or potentially dangerous; and~~
~~(3) Report a dangerous or potentially dangerous on-line electronic communication to the appropriate school personnel;~~
~~(c) The secure use of computers and other electronic devices, including, without limitation:~~
~~(1) Methods to maintain the security of personal identifying information and financial information, including, without limitation, identifying unsolicited electronic communication which is sent for the purpose of obtaining such personal and financial information for an unlawful purpose;~~
~~(2) The necessity for secure passwords or other unique identifiers;~~

~~(3) The effects of a computer contaminant;~~

~~(4) Methods to identify unsolicited commercial material; and~~

~~(5) The dangers associated with social networking Internet sites; and~~

~~(d) A designation of the level of detail of instruction as appropriate for the grade level of pupils who receive the instruction.~~

~~3. The standards for social studies must include multicultural education, including, without limitation, information relating to contributions made by men and women from various racial and ethnic backgrounds. The Council shall consult with members of the community who represent the racial and ethnic diversity of this State in developing such standards.~~

~~4. The Council shall establish standards of content and performance for each grade level in kindergarten and grades 1 to 8, inclusive, for English language arts and mathematics. The Council shall establish standards of content and performance for the grade levels selected by the Council for the other courses of study prescribed in subsection 1.~~

~~5. The Council shall forward to the State Board the standards of content and performance established by the Council for each course of study. The State Board shall:~~

~~(a) Adopt the standards for each course of study, as submitted by the Council; or~~

~~(b) If the State Board objects to the standards for a course of study or a particular grade level for a course of study, return those standards to the Council with a written explanation setting forth the reason for the objection.~~

~~6. If the State Board returns to the Council the standards of content and performance for a course of study or a grade level, the Council shall:~~

~~(a) Consider the objection provided by the State Board and determine whether to revise the standards based upon the objection; and~~

~~(b) Return the standards or the revised standards, as applicable, to the State Board.~~

~~➥ The State Board shall adopt the standards of content and performance or the revised standards, as applicable.~~

~~7. The Council shall work in cooperation with the State Board to prescribe the examinations required by NRS 390.105.~~

~~8. As used in this section:~~

~~(a) "Computer contaminant" has the meaning ascribed to it in NRS 205.4737.~~

~~(b) "Cyber-bullying" has the meaning ascribed to it in NRS 388.123.~~

~~(c) "Electronic communication" has the meaning ascribed to it in NRS 388.124.~~] **(Deleted by amendment.)**

Sec. 2.3. The report of the board of trustees of a school district required pursuant to section 1 of this act for the 2016-2017 school year must be submitted to the Director of the Legislative Counsel Bureau on or before October 1, 2017.

Sec. 2.7. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 3. This act becomes effective on July 1, 2017.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 374.

Bill read third time.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

Assembly Bill 374, as amended, requires the Director of the Nevada Department of Health and Human Services to seek any necessary waiver of certain provisions of federal law to establish the Nevada Care Plan within Medicaid. The Nevada Care Plan would be offered by certain insurers or for purchase through the Silver State Health Insurance Exchange to make coverage available for purchase to any person who is otherwise ineligible for Medicaid. Additionally, the bill requires the Director to seek any necessary federal waiver to allow persons to use the federal income tax credits and cost-sharing reductions authorized by the Patient Protection and Affordable Care Act to purchase coverage through the Nevada Care Plan. Further, the bill requires the benefits offered by the Nevada Care Plan to be the same as those provided to other Medicaid recipients.

Roll call on Assembly Bill No. 374:

YEAS—27.

NAYS—Edwards, Ellison, Hambrick, Hansen, Kramer, Krasner, Marchant, McArthur, Oscarson, Pickard, Titus, Tolles, Woodbury—13.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 374 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 417.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 998.

SUMMARY—Creates the Nevada Main Street Program within the ~~[Department]~~ **Office** of ~~[Tourism and Cultural Affairs.]~~ **Economic Development in the Office of the Governor.** (BDR 18-1053)

AN ACT relating to tourism; creating the Nevada Main Street Program within the ~~[Department]~~ **Office** of ~~[Tourism and Cultural Affairs;]~~ **Economic Development in the Office of the Governor;** setting forth the requirements for the operation of the Program; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates the ~~[Department]~~ **Office** of ~~[Tourism and Cultural Affairs, consisting]~~ **Economic Development within the Office** of the ~~[Division]~~ **Governor. (NRS 231.043) The Office** of ~~[Tourism, the Division of Museums]~~ **Economic Development is responsible for** ~~[and History, the Board of Museums and History, the Nevada Arts Council,]~~ **carrying out various economic development programs within** the ~~[Nevada Indian Commission, the Board of the Nevada Arts Council and the Commission on Tourism.]~~ **State.** (NRS **231.020-231.1597)** ~~[231.167)]~~ **Section 5** of this bill creates the Nevada Main Street Program within the ~~[Department.]~~ **Office of Economic Development.** The Program is designed to provide state-level coordination with the National Main Street Center, Inc., which is a wholly owned subsidiary of the National Trust for Historic Preservation. The National Trust for Historic Preservation is a nonprofit organization working to preserve historic places through programs such as the National Main Street Center.

Section 6 of this bill requires the **Executive** Director of the ~~[Department]~~ **Office** of ~~[Tourism and Cultural Affairs]~~ **Economic Development** to adopt regulations setting forth the requirements to apply for and receive approval as a designated local Main Street program or to apply for grants. **Section 6** also requires the **Executive** Director or his or her designee to coordinate the Program and approve or deny applications for designation under the Program or for grants to designated local Main Street programs. **Section 7** of this bill creates the Account for the Nevada Main Street Program in the State General Fund to accept donations, grants and other types of funding for the award of grants and operation of the Program. **Section 9** of this bill makes an appropriation of ~~[$500,000]~~ **$350,000** from the State General Fund to the Interim Finance Committee for allocation to the ~~[Department]~~ **Office** of ~~[Tourism and Cultural Affairs]~~ **Economic Development** for the operation of the Program and to provide grants to designated local Main Street programs.

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

Section 1. Chapter 231 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 sections 2 to 7, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this act have the meanings ascribed to them in those sections.***

Sec. 3. ***"Account" means the Account for the Nevada Main Street Program created by section 7 of this act.***

Sec. 4. ***"Program" means the Nevada Main Street Program created by section 5 of this act.***

Sec. 5. ***The Nevada Main Street Program is hereby created within the ~~[Department.]~~ Office. The Program must:***

1. Be administered in accordance with the standards developed by the National Main Street Center, Inc., a subsidiary of the National Trust for Historic Preservation;

2. Designate local Main Street programs in accordance with regulations adopted pursuant to section 6 of this act;

3. Coordinate those designated local Main Street programs;

4. Provide training and technical assistance to those designated local Main Street programs; and

5. Award grants from the Account to those designated local Main Street programs to further the community and economic revitalization and development of aging business districts and neighborhoods in this State.

Sec. 6. *1. The Executive Director shall adopt regulations setting forth:*

(a) The requirements to apply for and receive approval as a designated local Main Street program, including, without limitation, a requirement that each designated local Main Street program be administered by a county, city or nonprofit entity; and

(b) The requirements for applying for a grant from the Account.

2. The Executive Director or his or her designee shall coordinate the Program in accordance with the standards developed by the National Main Street Center, Inc., to further the requirements set forth in section 5 of this act and to approve or deny applications for designation as a local Main Street program or for grants from the Account which are submitted in accordance with the regulations adopted pursuant to subsection 1.

Sec. 7. *1. The Account for the Nevada Main Street Program is hereby created in the State General Fund.*

2. The Executive Director or his or her designee shall administer the Account and may apply for and accept any donation, gift, grant, bequest or other source of money for deposit in the Account.

3. The money in the Account must be used to:

(a) Provide technical assistance and training to local Main Street programs;

(b) Award grants to designated local Main Street programs approved pursuant to the regulations adopted pursuant to section 6 of this act; and

(c) Pay any reasonable administrative expenses incurred by the Executive Director or his or her designee to carry out the Program.

4. Any money appropriated from the State General Fund for the Program must be deposited in the Account.

5. The interest and income earned on money in the Account, after deducting any applicable charges, must be credited to the Account.

6. Any claims against the Account must be paid as other claims against the State are paid.

7. Any money in the Account remaining at the end of a fiscal year does not revert to the State General Fund, and the balance in the Account must be carried forward to the next fiscal year.

Sec. 8. ~~[NRS 231.161 is hereby amended to read as follows:~~

~~"231.161 As used in NRS 231.161 to 231.360, inclusive, *and sections 2 to 7, inclusive, of this act,* unless the context otherwise requires, the words and terms defined in NRS 231.163 and 231.165 have the meanings ascribed to them in those sections.]~~ **(Deleted by amendment.)**

Sec. 9. 1. There is hereby appropriated from the State General Fund to the Interim Finance Committee the sum of ~~[$500,000]~~ **$350,000** for allocation to the ~~[Department of Tourism and Cultural Affairs]~~ **Office of Economic Development within the Office of the Governor** for the operation of the Nevada Main Street Program created by section 5 of this act **, including, without limitation, administrative expenses,** and the award of grants of money to designated local Main Street programs.

2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2019.

Sec. 10. The appropriation made by section 9 of this act is not intended to finance ongoing expenditures of state agencies, and the expenditures financed with that appropriation must not be included as base budget expenditures in the proposed budget for the Executive Department of the State Government for the 2019-2021 biennium.

Sec. 11. This act becomes effective on July 1, 2017.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 436.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 977.

SUMMARY—Revises provisions governing ~~[small]~~ business **.** ~~[loans.]~~ (BDR 18-1079)

AN ACT relating to ~~[economic development;]~~ **business;** requiring the Office of Economic Development **and the Regional Business Development Advisory Council for Clark County** to provide **certain** businesses ~~[certified as a local emerging small business]~~ with information concerning ~~[certain]~~ public and private programs to obtain financing for small businesses; ~~[revising provisions governing an application]~~ **requiring the**

Secretary of State to ensure that the state business portal enables an applicant for the issuance or renewal of a state business ~~[registration ;]~~ **license to provide certain information concerning the applicant;** requiring the Secretary of State to provide ~~[to certain businesses]~~ **through the state business portal and the Internet website of the Secretary of State certain** information concerning ~~[certain]~~ public and private programs to obtain financing for small businesses and the process for obtaining certification as a disadvantaged business enterprise; ~~[requiring the Regional Business Development Advisory Council for Clark County to provide to certain businesses information concerning certain public and private programs to obtain financing for small businesses;]~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law: (1) provides for the certification of eligible local emerging small businesses by the Office of Economic Development; and (2) requires the Office to establish an outreach program for local emerging small businesses to connect those businesses with state agencies seeking state purchasing contracts and contracts for public works of this State and goals concerning the participation of local emerging small businesses in those contracts. (NRS 231.1405, 231.14065, 231.1407) **Section 1** of this bill requires the Office to provide a business certified as an eligible local emerging small business with certain information concerning public and private programs to provide financing to small businesses and the criteria for obtaining financing through such programs.

Existing law requires a person to obtain a state business ~~[registration]~~ **license** and pay an annual fee before conducting business within this State, unless **the person is** exempted from the ~~[business registration]~~ requirement **~~[.]~~ to obtain a state business license.** (NRS 76.100, 76.130) ~~[Sections 2 and 4 of this bill clarify that a person may obtain or renew a state business registration by submitting a written application or applying through the state business portal established by the Secretary of State. Sections 2 and 4 also require the Secretary of State, upon]~~ **Existing law also requires the Secretary of State to establish the state business portal to facilitate transactions among businesses and governmental agencies in this State. (Chapter 75A of NRS) Section 1.5 of this bill requires the Secretary of State to ensure that the state business portal enables an applicant who applies through the state business portal for** the issuance or renewal of a state business ~~[registration, to provide to the business certain information concerning public and private programs to provide financing to small businesses and the criteria for obtaining financing through such programs. Finally, sections 2 and 4 also require the Secretary of State to include on the form for an application for the issuance or renewal of a state business registration an opportunity for the applicant]~~ **license** to indicate whether the applicant's business is a minority-owned business, a woman-owned business or a veteran-owned business. If the applicant indicates that the business is a

minority-owned business **,** ~~[or]~~ a woman-owned business ~~[, sections 2 and 4 require]~~ **or a veteran-owned business, section 1.5 requires** the Secretary of State to provide **in electronic form through the state business portal** information concerning **: (1) certain public and private programs to provide financing to small businesses and the criteria for obtaining financing through such programs; and (2)** how the person may become certified as a disadvantaged business enterprise for certain purposes related to contracting for transportation projects and qualifying for loans to disadvantaged business enterprises. **Section 4.5 of this bill additionally requires the Secretary of State to include and maintain such information on the Secretary of State's Internet website.**

Existing law creates the Regional Business Development Advisory Council for Clark County and prescribes its duties. (Sections 15 and 20 of chapter 7, Statutes of Nevada 2003, 20th Special Session, at pp. 268-69) **Section 5** of this bill requires the Council to provide to local businesses owned and operated by disadvantaged persons certain information concerning public and private programs to provide financing to small businesses and the criteria for obtaining financing through such programs.

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

Section 1. NRS 231.14055 is hereby amended to read as follows:

231.14055 1. A business may apply, on a form prescribed by regulation of the Office, to the Office for certification as a local emerging small business. The application must be accompanied by such proof as the Office requires to demonstrate that the applicant is in compliance with the criteria set forth in NRS 231.1405 and any regulations adopted pursuant to NRS 231.1408.

2. Upon receipt of the application and when satisfied that the applicant meets the requirements set forth in this section, NRS 231.1405 and any regulations adopted pursuant to NRS 231.1408, the Office shall ~~[certify]~~ ***:***

(a) Certify the business as a local emerging small business ~~[.]~~ ***; and***

(b) Provide to the business, in written or electronic form, information concerning public and private programs to provide financing for small businesses and the criteria for obtaining financing through such programs. The information must include, without limitation, information concerning:

(1) Grants or loans of money from the Catalyst Account created by NRS 231.1573;

(2) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;

(3) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(4) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(5) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;

(6) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;

(7) Loans from the Small Business Administration pursuant to 15 U.S.C. §§ 631 et seq.; and

(8) Any other private program to provide financing for small businesses approved by the Office.

3. The Office shall compile a list of the local emerging small businesses certified pursuant to this section and post the list on its Internet website.

Sec. 1.5. **Chapter 75A of NRS is hereby amended by adding thereto a new section to read as follows:**

1. The Secretary of State shall ensure that the state business portal enables a person who applies through the state business portal for the issuance or renewal of a state business license pursuant to chapter 76 of NRS to indicate whether the applicant is a minority-owned business, a woman-owned business or a veteran-owned business.

2. If a person who applies through the state business portal for the issuance or renewal of a state business license pursuant to chapter 76 of NRS indicates that the business is a minority-owned business, a woman-owned business or a veteran-owned business, the Secretary of State shall provide the following information to the person in electronic form through the state business portal:

(a) Information concerning programs to provide financing for small businesses. The information must include, without limitation, information concerning:

(1) Grants or loans of money from the Catalyst Account created by NRS 231.1573;

(2) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;

(3) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(4) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(5) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;

(6) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;

(7) Loans from the Small Business Administration pursuant to 15 U.S.C. §§ 631 et seq.; and

(8) Any other program to provide financing for small businesses designated by the Secretary of State.

(b) Information concerning the process by which the business may become certified as a disadvantaged business enterprise for the purposes of

49 C.F.R. § 26.5 or a program to provide financing for disadvantaged business enterprises.

3. The Secretary of State may adopt regulations as he or she deems necessary to carry out the provisions of this section.

4. As used in this section:

(a) "Veteran" has the meaning ascribed to it in NRS 417.005.

(b) "Veteran-owned business" means a business that:

(1) Is owned by a natural person who is a veteran; or

(2) Has at least 51 percent of its ownership interest held by one or more veterans.

Sec. 2. ~~[~~NRS 76.100 is hereby amended to read as follows:

~~76.100 1. A person shall not conduct a business in this State unless and until the person obtains a state business registration issued by the Secretary of State. If the person is:~~

~~(a) An entity required to file an initial or annual list with the Secretary of State pursuant to this title, the person must obtain the state business registration at the time of filing the initial or annual list.~~

~~(b) Not an entity required to file an initial or annual list with the Secretary of State pursuant to this title, the person must obtain the state business registration before conducting a business in this State.~~

~~2. An application for a state business registration *may be submitted in writing or through the state business portal established pursuant to chapter 75A of NRS and* must:~~

~~(a) Be made upon a form prescribed by the Secretary of State~~ **[;] ,** ~~*which must enable the applicant to declare whether the applicant is a minority-owned business, a woman-owned business or a veteran-owned business;*~~

~~(b) Set forth the name under which the applicant transacts or intends to transact business, or if the applicant is an entity organized pursuant to this title and on file with the Secretary of State, the exact name on file with the Secretary of State, the business identification number as assigned by the Secretary of State pursuant to NRS 225.082, and the location in this State of the place or places of business;~~

~~(c) Be accompanied by a fee in the amount of $200, except that if the applicant is a corporation organized pursuant to chapter 78, 78A or 78B of NRS, or a foreign corporation required to file an initial or annual list with the Secretary of State pursuant to chapter 80 of NRS, the application must be accompanied by a fee of $500; and~~

~~(d) Include any other information that the Secretary of State deems necessary.~~

~~*~~ If the applicant is an entity organized pursuant to this title and on file with the Secretary of State and the applicant has no location in this State of its place of business, the address of its registered agent shall be deemed to be the location in this State of its place of business.~~

~~3. The application must be signed pursuant to NRS 239.330 by:~~

~~(a) The owner of a business that is owned by a natural person.~~

~~(b) A member or partner of an association or partnership.~~
~~(c) A general partner of a limited partnership.~~
~~(d) A managing partner of a limited-liability partnership.~~
~~(e) A manager or managing member of a limited-liability company.~~
~~(f) An officer of a corporation or some other person specifically authorized by the corporation to sign the application.~~
~~4. If the application for a state business registration is defective in any respect or the fee required by this section is not paid, the Secretary of State may return the application for correction or payment.~~
~~5. *Upon issuance of a state business registration, the Secretary of State shall provide to the business:*~~
~~*(a) Information, in written or electronic form, concerning public and private programs to provide financing for small businesses and the criteria for obtaining financing through such programs. The information must include, without limitation:*~~
~~*(1) Grants or loans of money from the Catalyst Account created by NRS 231.1573;*~~
~~*(2) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;*~~
~~*(3) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;*~~
~~*(4) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;*~~
~~*(5) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;*~~
~~*(6) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;*~~
~~*(7) Loans from the Small Business Administration loans pursuant to 15 U.S.C. § 631 et seq.; and*~~
~~*(8) Any other program to provide financing for small businesses designated by the Secretary of State; and*~~
~~*(b) If the business indicated on its application for a state business registration that the business is a minority-owned business or a woman-owned business, information, in written or electronic form, concerning the process by which the business may become certified as a disadvantaged business enterprise for the purposes of 49 C.F.R. § 26.5 or a program to provide financing for disadvantaged business enterprises.*~~
~~*6.* A state business registration issued pursuant to this section must contain the business identification number assigned by the Secretary of State pursuant to NRS 225.082.~~
~~**[**6.**]** *7.* The state business registration required to be obtained pursuant to this section is in addition to any license to conduct business that must be obtained from the local jurisdiction in which the business is being conducted.~~
~~**[**7.**]** *8.* For the purposes of this chapter, a person:~~

~~(a) Shall be deemed to conduct a business in this State if a business for which the person is responsible:~~

~~(1) Is organized pursuant to this title, other than a business organized pursuant to:~~

~~(I) Chapter 82 or 84 of NRS; or~~

~~(II) Chapter 81 of NRS if the business is a nonprofit unit owners' association or a nonprofit religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c);~~

~~(2) Has an office or other base of operations in this State;~~

~~(3) Except as otherwise provided in NRS 76.103, has a registered agent in this State; or~~

~~(4) Pays wages or other remuneration to a natural person who performs in this State any of the duties for which he or she is paid.~~

~~(b) Shall be deemed not to conduct a business in this State if the business for which the person is responsible:~~

~~(1) Is not organized pursuant to this title;~~

~~(2) Does not have an office or base of operations in this State;~~

~~(3) Does not have a registered agent in this State;~~

~~(4) Does not pay wages or other remuneration to a natural person who performs in this State any of the duties for which he or she is paid, other than wages or other remuneration paid to a natural person for performing duties in connection with an activity described in subparagraph (5); and~~

~~(5) Is conducting activity in this State solely to provide vehicles or equipment on a short-term basis in response to a wildland fire, a flood, an earthquake or another emergency.~~

~~[~~8.~~]~~ ***9.*** ~~As used in this section [, "registered]~~ ***:***

~~***(a) "Registered*** agent" has the meaning ascribed to it in NRS 77.230.~~

~~***(b) "Veteran" has the meaning ascribed to it in NRS 417.005.***~~

~~***(c) "Veteran-owned business" means a business that:***~~

~~***(1) Is owned by a natural person who is a veteran; or***~~

~~***(2) Has at least 51 percent of its ownership interest held by one or more veterans.]*** **(Deleted by amendment.)**~~

Sec. 3. ~~[NRS 76.103 is hereby amended to read as follows:~~

~~76.103 1. A manufacturer who maintains a registered agent in this State solely because of the requirements set forth in NRS 370.680 and who is not otherwise required to obtain a state business registration pursuant to NRS 76.100 is not deemed, pursuant to subparagraph (3) of paragraph (a) of subsection [7]~~ ***8*** ~~of NRS 76.100, to conduct a business in this State.~~

~~2. As used in this section, "manufacturer" has the meaning ascribed to it in NRS 370.0315.]~~ **(Deleted by amendment.)**

Sec. 4. ~~[NRS 76.130 is hereby amended to read as follows:~~

~~76.130 1. Except as otherwise provided in subsection 2, a person who applies for renewal of a state business registration shall submit~~ ***in writing or through the state business portal established pursuant to chapter 75A of NRS an application on a form prescribed by the Secretary of State, which***

~~***must enable the applicant to declare whether the applicant is a minority-owned business, a woman-owned business or a veteran-owned business, and*** a fee in the amount of $200 to the Secretary of State:~~

~~(a) If the person is an entity required to file an annual list with the Secretary of State pursuant to this title, at the time the person submits the annual list to the Secretary of State, unless the person submits a certificate or other form evidencing the dissolution of the entity; or~~

~~(b) If the person is not an entity required to file an annual list with the Secretary of State pursuant to this title, on the last day of the month in which the anniversary date of issuance of the state business registration occurs in each year, unless the person submits a written statement to the Secretary of State, at least 10 days before that date, indicating that the person will not be conducting a business in this State after that date.~~

~~2. If the person applying for the renewal of a state business registration pursuant to subsection 1 is a corporation organized pursuant to chapter 78, 78A or 78B of NRS, or a foreign corporation required to file an initial or annual list with the Secretary of State pursuant to chapter 80 of NRS, the fee for the renewal of a state business registration is $500.~~

~~3. The Secretary of State shall, 90 days before the last day for filing an application for renewal of the state business registration of a person who holds a state business registration, provide to the person a notice of the state business registration fee due pursuant to this section and a reminder to file the application for renewal required pursuant to this section. Failure of any person to receive a notice does not excuse the person from the penalty imposed by law.~~

~~4. ***Upon renewal of a state business registration, the Secretary of State shall provide to the business:***~~

~~***(a) Information, in written or electronic form, concerning public and private programs to provide financing for small businesses and the criteria for obtaining financing through such programs. The information must include, without limitation:***~~

~~***(1) Grants or loans of money from the Catalyst Account created by NRS 231.1573;***~~

~~***(2) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;***~~

~~***(3) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;***~~

~~***(4) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;***~~

~~***(5) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;***~~

~~***(6) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;***~~

~~***(7) Loans from the Small Business Administration loans pursuant to 15 U.S.C. § 631 et seq.; and***~~

~~*(8) Any other program to provide financing for small businesses approved by the Secretary of State; and*~~

~~*(b) If the business indicated on its application for a state business registration that the business is a minority-owned business or a woman-owned business, information, in written or electronic form, concerning the process by which the business may become certified as a disadvantaged business enterprise for the purposes of 49 C.F.R. § 26.5 or a program to provide financing for disadvantaged business enterprises.*~~

~~*5.* If a person fails to submit the annual state business registration fee required pursuant to this section in a timely manner and the person is:~~

~~(a) An entity required to file an annual list with the Secretary of State pursuant to this title, the person:~~

~~(1) Shall pay a penalty of $100 in addition to the annual state business registration fee;~~

~~(2) Shall be deemed to have not complied with the requirement to file an annual list with the Secretary of State; and~~

~~(3) Is subject to all applicable provisions relating to the failure to file an annual list, including, without limitation, the provisions governing default and revocation of its charter or right to transact business in this State, except that the person is required to pay the penalty set forth in subparagraph (1).~~

~~(b) Not an entity required to file an annual list with the Secretary of State, the person shall pay a penalty in the amount of $100 in addition to the annual state business registration fee. The Secretary of State shall provide to the person a written notice that:~~

~~(1) Must include a statement indicating the amount of the fees and penalties required pursuant to this section and the costs remaining unpaid.~~

~~(2) May be provided electronically, if the person has requested to receive communications by electronic transmission, by electronic mail or other electronic communication.~~

~~**[**5.**]** *6.* A person who continues to do business in this State without renewing the person's state business registration before its renewal date is subject to the fees and penalties provided for in this section unless the person files a certificate of cancellation of the person's state business registration with the Secretary of State.~~

~~**[**6.**]** *7.* The Secretary of State shall waive the annual state business registration fee and any related penalty imposed on a natural person or partnership if the natural person or partnership provides evidence satisfactory to the Secretary of State that the natural person or partnership conducted no business in this State during the period for which the fees and penalties would be waived.~~

~~*8. As used in this section:*~~

~~*(a) "Veteran" has the meaning ascribed to it in NRS 417.005.*~~

~~*(b) "Veteran-owned business" means a business that:*~~

~~*(1) Is owned by a natural person who is a veteran; or*~~

~~*(2) Has at least 51 percent of its ownership interest held by one or more veterans.]*~~ **(Deleted by amendment.)**

Sec. 4.5. **Chapter 225 of NRS is hereby amended to read as follows:**

1. The Secretary of State shall include and maintain on the Internet website of the Secretary of State information concerning:

(a) Programs to provide financing for small businesses. The information must include, without limitation, information concerning:

(1) Grants or loans of money from the Catalyst Account created by NRS 231.1573;

(2) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;

(3) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(4) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(5) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;

(6) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;

(7) Loans from the Small Business Administration pursuant to 15 U.S.C. §§ 631 et seq.; and

(8) Any other program to provide financing for small businesses designated by the Secretary of State.

(b) The process by which the business may become certified as a disadvantaged business enterprise for the purposes of 49 C.F.R. § 26.5 or a program to provide financing for disadvantaged business enterprises.

2. The Secretary of State may adopt regulations as he or she deems necessary to carry out the provisions of this section.

3. As used in this section:

(a) "Veteran" has the meaning ascribed to it in NRS 417.005.

(b) "Veteran-owned business" means a business that:

(1) Is owned by a natural person who is a veteran; or

(2) Has at least 51 percent of its ownership interest held by one or more veterans.

Sec. 5. Section 20 of the Regional Business Development Advisory Council for Clark County Act, being chapter 7, Statutes of Nevada 2003, 20th Special Session, as amended by chapter 142, Statutes of Nevada 2015, at page 550, is hereby amended to read as follows:

Sec. 20. 1. The Council shall propose and implement policies, programs and procedures to encourage and promote the use of local businesses owned and operated by disadvantaged persons, particularly in the area of contracting and procurement by public agencies in Clark County.

2. On or before November 1 of each year, each public entity which has a representative on the Council pursuant to subsection 1 of section

15 of this act shall prepare and deliver a written report to the Council for the immediately preceding fiscal year which contains:

(a) The number of persons employed by the public entity, disaggregated by major ethnic and racial categories, including, without limitation, African-American, Asian, Caucasian, Hispanic and Native American.

(b) Expenditures made by the public entity during the immediately preceding fiscal year, disaggregated by discretionary and nondiscretionary expenditures.

(c) The percentage of expenditures paid by the public entity to local businesses owned and operated by disadvantaged persons, disaggregated by ethnic and racial categories and by gender.

(d) A summary of the efforts and programs used by the public entity to encourage and increase the involvement in contracting local businesses owned and operated by disadvantaged persons and any efforts or programs used by the public entity to encourage the economic development of local businesses owned and operated by disadvantaged persons.

(e) Such other information as the Council determines is necessary to achieve its goals.

3. The Council shall encourage each public and private entity which has a representative on the Council pursuant to subsection 2 of section 15 of this act to prepare and deliver to the Council an annual report similar to the report required pursuant to subsection 2.

4. ***The Council shall provide to local businesses owned and operated by disadvantaged persons information, in written or electronic form, concerning public and private programs to provide financing for small businesses and the criteria for obtaining financing through such programs. The information must include, without limitation:***

(a) Grants or loans of money from the Catalyst Account created by NRS 231.1573;

(b) The issuance of revenue bonds for industrial development pursuant to NRS 349.400 to 349.670, inclusive;

(c) The Nevada Collateral Support Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(d) The Nevada Microenterprise Initiative Program pursuant to 12 U.S.C. §§ 5701 et seq.;

(e) The Nevada New Markets Jobs Act pursuant to chapter 231A of NRS;

(f) The Nevada Silver State Opportunities Fund pursuant to NRS 355.275;

(g) Loans from the Small Business Administration pursuant to 15 U.S.C. §§ 631 et seq.; and

(h) Any other private lending opportunity for small businesses with which the Council has a working relationship.

5. On or before January 15 of each odd-numbered year, the Council shall prepare a report regarding the policies, programs and procedures that the Council proposed and implemented during the immediately preceding 2 years to encourage and promote the use of local businesses owned and operated by disadvantaged persons, using the reports received pursuant to this section, and shall submit the report to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature.

Sec. 6. 1. This section and sections 1 and 5 of this act become effective on July 1, 2017.

2. Sections ~~[2, 3 and 4]~~ **1.5 to 4.5, inclusive,** of this act become effective on January 1, 2018.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 467.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 956.

SUMMARY—Revises provisions governing the Personnel Commission in the Division of Human Resource Management of the Department of Administration **.** ~~[and the Merit Award Program.]~~ (BDR 23-551)

AN ACT relating to state employees; requiring the Governor to appoint alternate members to the Personnel Commission in the Division of Human Resource Management of the Department of Administration; revising the requirements for establishing a quorum of the Commission; ~~[revising provisions governing the Merit Award Program;]~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the appointment of five members to the Personnel Commission in the Division of Human Resource Management of the Department of Administration and establishes that three members of the Commission constitute a quorum. Existing law further authorizes a quorum to exercise any power conferred on the Commission other than adopting, amending or rescinding regulations of the Commission which requires a majority vote of the entire Commission. (NRS 284.030, 284.055) **Sections 1 and 2** of this bill: (1) require the Governor to appoint five alternate members to the Commission; (2) revise the quorum requirements of the Commission; and (3) provide that a majority vote of the five members of the Commission is required for any action by the Commission.

~~[The Merit Award Program is established under existing law to provide awards to state employees who propose suggestions which would reduce or eliminate state expenditures or improve the operation of the State Government. (NRS 285.030, 285.060) The Program is administered by the Merit Award Board.~~

~~Under existing law, the Merit Award Board is authorized, within the limits of legislative appropriations, to expend a maximum of $1,000 for expenses relating to the operation of the Board. (NRS 285.030) Section 4 of this bill deletes those provisions regarding the maximum amount authorized for such expenditures. Existing law enumerates the criteria for an employee suggestion to be eligible for an award from the Merit Award Program and includes, as part of the criteria, the requirement that the suggestion is not under active consideration by the state agency affected. (NRS 285.050) Section 5 of this bill amends the criteria for eligibility for such an award to require that the suggestion has not been previously considered by the state agency affected.~~

~~Existing law requires the Secretary of the Board to refer the employee suggestion to the head of the state agency or agencies affected, or his or her designee, for consideration. Existing law further: (1) requires the head of the state agency, or his or her designee, to report his or her findings and recommendations concerning the employee suggestion to the Board within 30 days after the referral; and (2) sets forth the required contents of the report. (NRS 285.060) Section 6 of this bill: (1) requires the head of the state agency, or his or her designee, to report recommendations concerning the employee suggestion only if applicable rather than requiring such recommendations for each employee suggestion that was referred; (2) provides that the Board may extend the 30 day reporting period; and (3) revises the timeline for the Board to submit the required annual report concerning employee suggestions to the Budget Division of the Office of Finance and the Interim Finance Committee.~~

~~Under existing law, awards made to state employees under the Merit Award Program are required to be paid in two equal installments. One payment is required to be made within 30 days after the end of the first fiscal year during which the employee suggestion was adopted and one payment is required to be made within 30 days after the end of the subsequent fiscal year. (NRS 285.070) Section 7 of this bill provides instead that: (1) the first payment is required to be made within 90 days after the end of the fiscal year during which the State realized certain savings or improvement in the operation of State Government as a result of the adoption of the employee suggestion; and (2) the second payment is required to be made within 90 days after the end of the fiscal year immediately following the fiscal year during which the first installment was paid.]~~

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

Section 1. NRS 284.030 is hereby amended to read as follows:

284.030 1. There is hereby created in the Division a Personnel Commission composed of five members appointed by the Governor.

2. The Governor shall appoint:

(a) Three members who are representatives of the general public and have a demonstrated interest in or knowledge of the principles of public personnel administration.

(b) One member who is a representative of labor and has a background in personnel administration.

(c) One member who is a representative of employers or managers and has a background in personnel administration.

(d) An alternate member for each member appointed pursuant to paragraphs (a), (b) and (c) to serve when the regular member is unable to attend a meeting of the Commission.

Sec. 2. NRS 284.055 is hereby amended to read as follows:

284.055 1. The members of the Commission may meet at the times and places specified by the call of the Chair or a majority of the Commission, but a meeting of the Commission must be held regularly at least once every 3 months.

2. ~~[~~Three~~]~~ ***Five*** members of the Commission constitute a quorum. ~~[~~A quorum may exercise any power conferred on the Commission, but no regulations may be adopted, amended or rescinded except by a~~]~~ ***A*** majority vote of the ~~[~~entire membership~~]~~ ***five members*** of the Commission ~~[~~.~~]~~ ***is required for any official action taken by the Commission, including, without limitation:***

(a) To adopt, amend or rescind a regulation of the Commission; and

(b) To decide an appeal to the Commission made by an employee in the public service of the State.

3. ***If an alternate member attends a meeting of the Commission in place of the regular member, the alternate member fully assumes the duties, rights and responsibilities of the replaced regular member for the duration of that meeting***

and is entitled to the compensation, allowances and expenses otherwise payable for members who attend the meeting.

4. The Commission shall keep minutes and audio recordings or transcripts of the transactions of each meeting. Except as otherwise provided in NRS 241.035, the minutes, audio recordings and transcripts are public records and must be filed with the Division. A copy of the minutes or audio recordings must be made available to a member of the public upon request at no charge pursuant to NRS 241.035.

Sec. 3. ~~[NRS 285.010 is hereby amended to read as follows:~~

~~285.010 "Adoption" means the putting of an employee suggestion into [effect.] *practice.]*~~ **(Deleted by amendment.)**

Sec. 4. ~~[NRS 285.030 is hereby amended to read as follows:~~

~~285.030 1. The controlling authority of the Merit Award Program is the Merit Award Board.~~

~~2. The Board must be composed of five members as follows:~~

~~(a) Two persons who are members of the American Federation of State, County and Municipal Employees or its successor, designated by the executive committee of that Federation or its successor.~~

~~(b) One member from the Budget Division of the Office of Finance appointed by the Chief of the Budget Division.~~

~~(c) One member from the Division of Human Resource Management of the Department of Administration appointed by the Administrator of the Division.~~

~~(d) One member appointed by and representing the Governor.~~

~~3. The member from either the Budget Division of the Office of Finance or the Division of Human Resource Management of the Department of Administration must serve as the Secretary of the Board.~~

~~4. The Board shall adopt regulations for transacting its business and carrying out the provisions of this chapter.~~

~~[5. Within the limits of legislative appropriations, the Board may expend up to $1,000 per year on expenses relating to the operation of the Board.]]~~ **(Deleted by amendment.)**

Sec. 5. ~~[NRS 285.050 is hereby amended to read as follows:~~

~~285.050 1. Except as otherwise provided in this section, any state employee or group of state employees may make an employee suggestion. An employee suggestion must be made in writing to the Board.~~

~~2. To be eligible for an award pursuant to NRS 285.070, a state employee or group of state employees must make a suggestion:~~

~~(a) Which is not [currently] under active consideration *and has not been previously considered* by the state agency affected;~~

~~(b) For which the act of developing or proposing is not a normal part of the job duties of the state employee, whether acting individually or as a member of a group of state employees;~~

~~(c) Which is not within the state employee's authority or responsibility to carry out or implement, whether acting individually or as a member of a group of state employees;~~

~~(d) Which proposes to do more than merely suggest that an existing policy or procedure be followed correctly;~~

~~(e) Which does not concern an individual grievance or complaint;~~

~~(f) Which would not reduce the quality or quantity of services provided by the relevant state agency; and~~

~~(g) Which would not transfer costs from one state agency to another state agency.~~

~~3. If duplicate employee suggestions are submitted, only the state employee or group of state employees who makes the first employee suggestion received is eligible for an award pursuant to NRS 285.070.~~

~~4. Except as otherwise provided in this subsection, a state employee, either individually or as a member of a group of state employees, may not [make] *submit* more than two employee suggestions in any calendar year. For any employee suggestion [made] *submitted* by a state employee, either individually or as a member of a group of state employees, that is approved in a calendar year, the state employee may [make] *submit* one additional employee suggestion during [the] *that same* calendar year.~~

~~5. The Board may, in consultation with the Budget Division of the Office of Finance and the Interim Finance Committee, establish such additional standards for the making and submission of employee suggestions as it deems proper.]~~ **(Deleted by amendment.)**

Sec. 6. ~~[NRS 285.060 is hereby amended to read as follows:~~

~~285.060 1. Upon receiving an employee suggestion pursuant to NRS 285.050, the Secretary of the Board shall:~~

~~(a) Record and acknowledge receipt of the employee suggestion;~~

~~(b) Notify the state employee or each state employee of a group of state employees who [made] *submitted* the employee suggestion of any undue delays in the consideration of the employee suggestion; and~~

~~(c) Refer the employee suggestion at once to the head of the state agency or agencies affected, or his or her designee, for consideration.~~

~~2. Within 30 days after receiving an employee suggestion that is referred pursuant to subsection 1, the head of the state agency, or his or her designee, shall report his or her findings and *, if applicable,* recommendations to the Board [.] *unless the Board has, for good cause, extended the period.* The report must indicate:~~

~~(a) Whether the employee suggestion has been adopted.~~

~~(b) If adopted:~~

~~(1) The day on which the employee suggestion was [placed in effect.] *put into practice.*~~

~~(2) The actual or estimated reduction, elimination or avoidance of *state* expenditures or any improvement in [operations] *the operation of the State Government* made possible by the employee suggestion.~~

~~(3) If the employee suggestion was [made] *submitted* by a group of state employees, a recommendation of the distribution of any potential award made pursuant to NRS 285.070 to each state employee in the group. Such a distribution must be proportionate, fair and equitable based on the contributions by each state employee to the employee suggestion.~~

~~(c) If rejected, the reasons for rejection.~~

~~(d) If applicable, whether legislation will be required before the employee suggestion may be adopted.~~

~~3. The Board shall:~~

~~(a) Review the findings and~~ ***, if applicable,*** ~~recommendations of the state agency and may obtain additional information or take such other action as is necessary for prompt, thorough and impartial consideration of each employee suggestion.~~

~~(b) Evaluate each employee suggestion, taking into consideration any action by the state agency, staff recommendations and the objectives of the Merit Award Program.~~

~~(c) Monitor the efficacy and progress of employee suggestions that have been adopted and~~ **[**~~placed into effect.~~**]** ***put into practice.***

~~(d) Provide a report to the Budget Division of the Office of Finance and the Interim Finance Committee not later than~~ **[**~~30~~**]** ***90*** ~~days after the end of each fiscal year summarizing, for that fiscal year:~~

~~(1) The employee suggestions that were rejected by state agencies.~~

~~(2) The employee suggestions that were adopted by state agencies and detailing any actual reduction, elimination or avoidance of expenditures or any improvement in~~ **[**~~operations~~**]** ***the operation of State Government*** ~~made possible by the employee suggestion.~~

~~(3) Any legislation required to be enacted before an employee suggestion may be adopted.~~**]** **(Deleted by amendment.)**

Sec. 7. **[**~~NRS 285.070 is hereby amended to read as follows:~~

~~285.070 1. Except as otherwise provided in this section, after reviewing and evaluating an employee suggestion, the Board, in consultation with the Budget Division of the Office of Finance, may make an award to the state employee or to each state employee of a group of state employees who~~ **[**~~made~~**]** ***submitted*** ~~the employee suggestion.~~

~~2. If the amount of a proposed award will exceed $5,000, the award must be approved by the Interim Finance Committee. On a quarterly basis, the Board shall transmit any proposed awards that exceed $5,000 to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee. In acting upon such an award, the Interim Finance Committee shall consider, among other things:~~

~~(a) The reduction, elimination or avoidance of~~ ***state*** ~~expenditures or any improvement in~~ **[**~~operations~~**]** ***the operation of the State Government*** ~~made possible by the employee suggestion; and~~

~~(b) The intent of the Legislature in enacting this chapter.~~

~~3. An award made pursuant to this section may not exceed:~~

~~(a) Ten percent of the amount of any actual savings to the State, as determined at the end of the second fiscal year after the adoption of the employee suggestion; or~~

~~(b) A total of $25,000,~~

~~,~~ ~~whichever is less, whether distributed to an individual employee or to a group of state employees who~~ **[**~~made~~**]** ***submitted*** ~~the employee suggestion.~~

~~4. Awards to employees arising out of adopted employee suggestions must, insofar as is practicable, be paid from money other than money in the State General Fund.~~

~~5. The total amount of an award made pursuant to this section must be paid in two equal installments. The first installment must be paid not later than [30] *90* days after the end of the fiscal year during which *the State realized a reduction, elimination or avoidance of state expenditures or any improvement in the operation of State Government as a result of the adoption of* the employee suggestion *.* [was adopted, and the] *The* second installment must be paid not later than [30] *90* days after the end of the [subsequent] fiscal year [.] *immediately following the fiscal year during which the first installment was paid.*~~

~~6. A former state employee is eligible to receive an award pursuant to this section if the person was a state employee at the time he or she made an employee suggestion, or was a member of a group of state employees who [made] *submitted* an employee suggestion, that is subsequently adopted.~~

~~7. An award may not be made for an employee suggestion pursuant to this section until the State has realized a reduction, elimination or avoidance of *state* expenditures or any improvement in [operations] *the operation of the State Government* as a result of the *adopted* employee suggestion.~~

~~8. Any actual savings to the State resulting from the adoption of an employee suggestion that remains after an award is made pursuant to this section must be distributed as follows:~~

~~(a) Fifty percent must be transferred to the State General Fund; and~~

~~(b) After a revision to the appropriate work program pursuant to NRS 353.220, the remaining balance must be used by the state agency that employs the state employee or the group of state employees who [made] *submitted* the employee suggestion for one-time, nonoperational expenses which do not require ongoing maintenance, including, without limitation, training and equipment.]~~ **(Deleted by amendment.)**

Sec. 8. This act becomes effective on July 1, 2017.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 491.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 979.

CONTAINS UNFUNDED MANDATE ~~[(§§ 7,]~~ **(§** 8)

(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

AN ACT relating to education; requiring, with limited exception, that a child in foster care remain enrolled in his or her school of origin; providing that the relevant agency which provides child welfare services and local education agency are jointly liable for the costs of transportation for the child in foster care to attend his or her school of origin; requiring the Department

of Education and each agency which provides child welfare services and local education agency to develop certain policies and procedures relating to children in foster care; eliminating the Program of School Choice for Children in Foster Care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

In 2015, Congress passed the Every Student Succeeds Act of 2015. (20 U.S.C. §§ 6301 et seq.) This Act requires each state to adopt a plan that describes the steps the state will take to ensure the educational stability of children in foster care, including requiring, with limited exception, a child in foster care to remain enrolled in the child's school of origin, which is the public school in which he or she was enrolled before entering foster care. (20 U.S.C. § 6311)

Section 7 of this bill requires that a child who enters foster care or changes placement while in foster care remain enrolled in the child's school of origin if the agency which provides child welfare services determines that it is in the best interests of the child. **Section 7** also ~~[: (1)]~~ sets forth certain criteria that must be used by the agency in making such a determination . ~~[; (2) requires that a child remain in his or her school of origin throughout any dispute that arises as a result of an agency's decision concerning the best interests of the child; and (3) requires the agency which provides child welfare services and the local education agency to provide and pay for the costs of transportation of a child in foster care to the child's school of origin until the dispute is resolved.]~~

Section 7.5 of this bill requires the board of trustees of a school district or the governing body of a charter school to allow a pupil who leaves foster care to remain enrolled in his or her school of origin until the end of the school year unless the parent or guardian of the pupil elects to enroll the pupil in a different school.

Section 8 of this bill requires the agency which provides child welfare services and the local education agency to provide and pay for the costs of transportation of a child in foster care to the child's school of origin. **Section 8** also requires the agency which provides the child welfare services and the local education agency to provide and pay for the costs of transportation of a child in foster care to the child's school of origin until any dispute concerning the cost of transportation is resolved.

Section 9 of this bill requires that the Department of Education, each local education agency and each agency which provides child welfare services to designate a single point of contact who is responsible for developing certain policies and procedures relating to children in foster care.

Section 10 of this bill requires the State Board of Education to prepare an annual report concerning the academic progress of children in foster care who attend a public school in this State. **Section 10** also requires: (1) each education agency to submit to the Department of Education a report relating to children in foster care; and (2) an agency which provides child welfare

services to a child enrolled in public school in this State to provide any information requested by a local education agency as soon as practicable.

If a court finds that a child is in need of protection and places the child other than with a parent, an agency acting as the custodian of the child is required to report to the court before any hearing for a review of the placement of the child. (NRS 432B.580) **Section 13.5** of this bill requires the agency to include in the report certain information about the education of the child.

Existing law establishes the Program of School Choice for Children in Foster Care. (NRS 388E.100) This program allows the legal guardian or custodian of a child who is in foster care to apply to participate in the Program so that the child may be enrolled in a public school other than the public school which the child is zoned to attend. (NRS 388E.110) **Section 15** of this bill eliminates this Program. **Section 15** also eliminates a provision which provides that a child who is in the legal or physical custody of an agency which provides child welfare services and is awaiting foster care placement is deemed to be homeless for the purposes of the federal McKinney-Vento Homeless Assistance Act of 1987, 42 U.S.C. §§ 11301 et seq.

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

Section 1. NRS 388.040 is hereby amended to read as follows:

388.040 1. Except as otherwise provided in subsection 2, the board of trustees of a school district that includes more than one school which offers instruction in the same grade or grades may zone the school district and determine which pupils must attend each school.

2. The establishment of zones pursuant to subsection 1 does not preclude a pupil from attending a:

(a) Charter school;

(b) University school for profoundly gifted pupils;

(c) Public school outside the zone of attendance that the pupil is otherwise required to attend if the pupil is ~~[enrolled in the Program of School Choice for Children in Foster Care established pursuant to NRS 388E.100;]~~ ***a child in foster care who is remaining in his or her school of origin pursuant to section 7 of this act;*** or

(d) Public school outside the zone of attendance that the pupil is otherwise required to attend if the pupil has been issued a fictitious address pursuant to NRS 217.462 to 217.471, inclusive, or the parent or legal guardian with whom the pupil resides has been issued a fictitious address pursuant to NRS 217.462 to 217.471, inclusive.

Sec. 2. Chapter 388E of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 10, inclusive, of this act.

Sec. 3. ***"Agency which provides child welfare services" has the meaning ascribed to it in NRS 432B.030.***

Sec. 4. *"Foster care" has the meaning ascribed to it in 45 C.F.R. § 1355.20.*

Sec. 5. *"Local education agency" includes, without limitation, the board of trustees of a school district and the sponsor of a charter school.*

Sec. 6. *"School of origin" means the public school in which a child was enrolled at the time that the child was placed in foster care or the school in which a child who is in foster care is enrolled at the time of the most recent change in the placement of the child.*

Sec. 7. *1. When a child enters foster care or changes placement while in foster care, the agency which provides child welfare services to the child shall determine whether it is in the best interests of the child for the child to remain in his or her school of origin. In making this determination, there is a rebuttable presumption that it is in the best interests of the child to remain in his or her school of origin . ~~[and matriculate in accordance with the feeder pattern of the school of origin.]~~*

2. In determining whether it is in the best interests of a child in foster care to remain in his or her school of origin, the agency which provides child welfare services, in consultation with the local education agency, must consider, without limitation:

(a) The wishes of the child ; ~~[, if the child is of sufficient age and capacity to form an intelligent preference as to which public school he or she attends;]~~

(b) The educational success, stability and achievement of the child;

(c) Any individualized education program or academic plan developed for the child;

(d) Whether the child has been identified as an English learner;

(e) The health and safety of the child;

(f) The availability of necessary services for the child at the school of origin; and

(g) Whether the child has a sibling enrolled in the school of origin.

➥ The costs of transporting the child to the school of origin must not be considered when determining whether it is in the best interests of the child to remain at his or her school of origin.

3. If the agency which provides child welfare services determines that it is in the best interests of a child in foster care to attend a public school other than the child's school of origin:

(a) The agency which provides child welfare services must:

(1) Provide written notice of its determination to every interested party as soon as practicable; and

(2) In collaboration with the local education agency, ensure that the child is immediately enrolled in that public school; and

(b) The public school may not refuse to the enroll the child on the basis that the public school does not have:

(1) A certificate stating that the child has been immunized and has received proper boosters for that immunization;

(2) A birth certificate or other document suitable as proof of the child's identity;

(3) A copy of the child's records from the school the child most recently attended; or

(4) Any other documentation required by a policy adopted by the public school or the local education agency.

~~*[4. If a determination is made as described in subsection 3 that a child is to attend a public school other than the child's school of origin and a dispute arises as a result of such a decision:*~~

~~*(a) The child must remain in his or her school of origin; and*~~

~~*(b) The agency which provides child welfare services and the local education agency must provide the child with transportation to the school of origin until the dispute is resolved.*~~

~~*5. The costs of transportation of a child to the child's school of origin must be paid in the manner prescribed by subsection 2 of section 8 of this act. Any dispute that arises between the agency which provides child welfare services and the local education agency that is related to the transportation of a child in foster care to the child's school of origin must be resolved in the manner prescribed in subsection 3 of section 8 of this act.]*~~

Sec. 7.5. *The board of trustees of a school district or the governing body of a charter school must allow a pupil who leaves foster care to remain enrolled in his or her school of origin until the end of the school year during which the child leaves foster care unless the parent or guardian of the pupil elects to enroll the pupil in a different school.*

Sec. 8. *1. If the agency which provides child welfare services to a child has determined pursuant to section 7 of this act that it is in the best interests of the child to remain in his or her school of origin, the agency which provides child welfare services and the local education agency must provide the child with transportation to the school of origin:*

(a) For the entire time that the child is in foster care; and

(b) Until the end of the school year during which the child leaves foster care.

2. The agency which provides child welfare services and the local education agency are jointly responsible for the costs of transportation of a child to the child's school of origin unless the agency which provides child welfare services and the local education agency mutually agree otherwise.

3. If a dispute arises between the agency which provides child welfare services and the local education agency that is related to the transportation of a child in foster care to the child's school of origin, including, without limitation, a dispute related to the costs of transportation, and the dispute is not resolved within 5 business days, the juvenile or family court with jurisdiction over the child must resolve the dispute by court order within 5 business days.

4. If a dispute arises between the agency which provides child welfare services and the local education agency that is related to the transportation of a child in foster care, the agency which provides child welfare services and the local education agency must provide the child with transportation to the school of origin until the dispute is resolved.

Sec. 9. ***1. The Department, each local education agency and each agency which provides child welfare services shall designate a single point of contact who is responsible for:***

(a) Developing policies and procedures necessary for the Department, local education agency or agency which provides child welfare services, as applicable, to comply with the requirements of the Every Student Succeeds Act, 20 U.S.C. §§ 6301 et seq., including, without limitation, policies and procedures relating to the:

(1) Communication of information relating to children in foster care among the Department, local education agencies and agencies which provide child welfare services; and

(2) Transportation of children in foster care to their schools of origin.

(b) Communicating and coordinating with other single points of contact designated pursuant to this section.

2. Policies and procedures relating to transportation of a child in foster care to his or her school of origin must include, without limitation, a plan for paying the costs of such transportation.

3. As used in this section, "single point of contact" means a natural person or a team of personnel, each of whom has the ability and authority to perform the responsibilities described in this section.

Sec. 10. ***1. The State Board shall prepare an annual report concerning the academic progress of children in foster care who attend a public school in this State that includes, without limitation, the information prescribed by 20 U.S.C. § 6311(h)(1)(c)(i)-(iii).***

2. Each local education agency shall, on or before the date established by the Department, and in the form prescribed by the Department, prepare and submit to the Department a report on children in foster care who attend a public school within the jurisdiction of the local education agency. This report must include the information prescribed by 20 U.S.C. § 6311(h)(1)(c)(i)-(iii).

3. An agency which provides child welfare services to a child enrolled in public school in this State shall provide any information requested by the local education agency to the local education agency as soon as practicable.

Sec. 11. NRS 388E.010 is hereby amended to read as follows:

388E.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in ~~[NRS 388E.020, 388E.030 and 388E.040]~~ ***sections 3 to 6, inclusive, of this act*** have the meanings ascribed to them in those sections.

Sec. 12. NRS 392.010 is hereby amended to read as follows:

392.010 Except as to the attendance of a pupil pursuant to NRS 388.820 to 388.874, inclusive, ~~[388E.110]~~ or 392.015, ***or section 7 of this act,*** or a pupil who is ineligible for attendance pursuant to NRS 392.4675 and except as otherwise provided in NRS 392.264 and 392.268:

1. The board of trustees of any school district may, with the approval of the Superintendent of Public Instruction:

(a) Admit to the school or schools of the school district any pupil or pupils living in an adjoining school district within this State or in an adjoining state when the school district of residence in the adjoining state adjoins the receiving Nevada school district; or

(b) Pay tuition for pupils residing in the school district but who attend school in an adjoining school district within this State or in an adjoining state when the receiving district in the adjoining state adjoins the school district of Nevada residence.

2. With the approval of the Superintendent of Public Instruction, the board of trustees of the school district in which the pupil or pupils reside and the board of trustees of the school district in which the pupil or pupils attend school shall enter into an agreement providing for the payment of such tuition as may be agreed upon, but transportation costs must be paid by the board of trustees of the school district in which the pupil or pupils reside:

(a) If any are incurred in transporting a pupil or pupils to an adjoining school district within the State; and

(b) If any are incurred in transporting a pupil or pupils to an adjoining state, as provided by the agreement.

3. In addition to the provisions for the payment of tuition and transportation costs for pupils admitted to an adjoining school district as provided in subsection 2, the agreement may contain provisions for the payment of reasonable amounts of money to defray the cost of operation, maintenance and depreciation of capital improvements which can be allocated to such pupils.

Sec. 13. NRS 217.464 is hereby amended to read as follows:

217.464 1. If the Attorney General approves an application, the Attorney General shall:

(a) Designate a fictitious address for the participant; and

(b) Forward mail that the Attorney General receives for a participant to the participant.

2. The Attorney General shall not make any records containing the name, confidential address or fictitious address of a participant available for inspection or copying, unless:

(a) The address is requested by a law enforcement agency, in which case the Attorney General shall make the address available to the law enforcement agency; or

(b) The Attorney General is directed to do so by lawful order of a court of competent jurisdiction, in which case the Attorney General shall make the address available to the person identified in the order.

3. If a pupil is attending or wishes to attend ~~[a public school that is located outside the zone of attendance as authorized by paragraph (c) of subsection 2 of NRS 388.040 or]~~ a public school that is located in a school district other than the school district in which the pupil resides as authorized by NRS 392.016, the Attorney General shall, upon request of the public school that the pupil is attending or wishes to attend, inform the public school of whether the pupil is a participant and whether the parent or legal guardian with whom the pupil resides is a participant. The Attorney General shall not provide any other information concerning the pupil or the parent or legal guardian of the pupil to the public school.

Sec. 13.5. NRS 432B.580 is hereby amended to read as follows:

432B.580 1. Except as otherwise provided in this section and NRS 432B.513, if a child is placed pursuant to NRS 432B.550 other than with a parent, the placement must be reviewed by the court at least semiannually, and within 90 days after a request by a party to any of the prior proceedings. Unless the parent, guardian or the custodian objects to the referral, the court may enter an order directing that the placement be reviewed by a panel appointed pursuant to NRS 432B.585.

2. An agency acting as the custodian of the child shall, before any hearing for review of the placement of a child, submit a report to the court, or to the panel if it has been designated to review the matter, which includes:

(a) An evaluation of the progress of the child and the family of the child and any recommendations for further supervision, treatment or rehabilitation.

(b) Information concerning the placement of the child in relation to the child's siblings, including, without limitation:

(1) Whether the child was placed together with the siblings;

(2) Any efforts made by the agency to have the child placed together with the siblings;

(3) Any actions taken by the agency to ensure that the child has contact with the siblings; and

(4) If the child is not placed together with the siblings:

(I) The reasons why the child is not placed together with the siblings; and

(II) A plan for the child to visit the siblings, which must be approved by the court.

(c) ***Information concerning the child's education, including:***

(1) A copy of an academic plan developed for the child pursuant to NRS 388.155, 388.165 or 388.205 ~~[.]~~ ***;***

(2) The grade and school in which the child is enrolled;

(3) The name of the each school the child attended before enrolling in the school in which he or she is currently enrolled and the corresponding dates of attendance;

(4) Whether the child has not completed or passed any course of instruction that the child should have completed or passed by the time the report is submitted, which has resulted in the child having a deficiency in credits;

(5) A copy of any individualized education program developed for the child;

(6) A copy of any plan developed in accordance with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794;

(7) A summary of any special education services received by the child;

(8) Whether a request that the child receive special education services has been made and, if so, the outcome of such a request; and

(9) Whether, in the opinion of the agency, it is necessary to appoint a surrogate parent to represent the child in all matters relating to the provision of a free and appropriate public education to the child.

(d) A copy of any explanations regarding medication that has been prescribed for the child that have been submitted by a foster home pursuant to NRS 424.0383.

3. Except as otherwise provided in this subsection, a copy of the report submitted pursuant to subsection 2 must be given to the parents, the guardian ad litem and the attorney, if any, representing the parent or the child. If the child was delivered to a provider of emergency services pursuant to NRS 432B.630 and the parent has not appeared in the action, the report need not be sent to that parent.

4. After a plan for visitation between a child and the siblings of the child submitted pursuant to subparagraph (4) of paragraph (b) of subsection 2 has been approved by the court, the agency which provides child welfare services must request the court to issue an order requiring the visitation set forth in the plan for visitation. If a person refuses to comply with or disobeys an order issued pursuant to this subsection, the person may be punished as for a contempt of court.

5. The court or the panel shall hold a hearing to review the placement, unless the parent, guardian or custodian files a motion with the court to dispense with the hearing. If the motion is granted, the court or panel may make its determination from any report, statement or other information submitted to it.

6. Except as otherwise provided in this subsection and subsection 5 of NRS 432B.520, notice of the hearing must be given by registered or certified mail to:

(a) All the parties to any of the prior proceedings;

(b) Any persons planning to adopt the child;

(c) A sibling of the child, if known, who has been granted a right to visitation of the child pursuant to NRS 127.171 and his or her attorney, if any; and

(d) Any other relatives of the child or providers of foster care who are currently providing care to the child.

7. The notice of the hearing required to be given pursuant to subsection 6:

(a) Must include a statement indicating that if the child is placed for adoption the right to visitation of the child is subject to the provisions of NRS 127.171;

(b) Must not include any confidential information described in NRS 127.140; and

(c) Need not be given to a parent whose rights have been terminated pursuant to chapter 128 of NRS or who has voluntarily relinquished the child for adoption pursuant to NRS 127.040.

8. The court or panel may require the presence of the child at the hearing and shall provide to each person to whom notice was given pursuant to subsection 6 a right to be heard at the hearing.

9. The court or panel shall review:

(a) The continuing necessity for and appropriateness of the placement;

(b) The extent of compliance with the plan submitted pursuant to subsection 2 of NRS 432B.540;

(c) Any progress which has been made in alleviating the problem which resulted in the placement of the child; and

(d) The date the child may be returned to, and safely maintained in, the home or placed for adoption or under a legal guardianship.

10. The provision of notice and a right to be heard pursuant to this section does not cause any person planning to adopt the child, any sibling of the child or any other relative, any adoptive parent of a sibling of the child or a provider of foster care to become a party to the hearing.

11. As used in this section, "individualized education program" has the meaning ascribed to it in 20 U.S.C. § 1414(d)(1)(A).

Sec. 14. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 15. NRS 388E.020, 388E.030, 388E.040, 388E.100, 388E.110, 388E.120, 388E.130, 388E.140, 388E.150 and 432B.135 are hereby repealed.

Sec. 16. This act becomes effective on July 1, 2017.

LEADLINES OF REPEALED SECTIONS

388E.020 "Custodian" defined.

388E.030 "Foster home" defined.

388E.040 "Program" defined.

388E.100 Administration of Program; regulations; provision of information concerning Program.

388E.110 Eligibility for participation; exemption; contents of application; notice of approval or denial; consideration of best interests of child; no duty to provide transportation.

388E.120 Eligibility for continued participation in Program; request for transfer or withdrawal from Program.

388E.130 Enrollment on basis of lottery system required under certain circumstances.

388E.140 Count of pupils for State Distributive School Account.

388E.150 Contract for evaluation of Program authorized.

432B.135 Child in custody of agency which provides child welfare services deemed homeless in certain circumstances.

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, reengrossed and to third reading.

Assembly Bill No. 508.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 1016.

AN ACT making an appropriation to the Department of Public Safety for the replacement of dispatch center consoles and portable hand-held radios; 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. There is hereby appropriated from the State Highway Fund to the Department of Public Safety the sum of ~~[$1,329,123]~~ **$1,218,872** for the replacement of dispatch center consoles and portable hand-held radios.

Sec. 2. Any remaining balance of the appropriation made by section 1 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State Highway Fund on or before September 20, 2019.

Sec. 3. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 510.

Bill read third time.

The following amendment was proposed by the Committee on Ways and Means:

Amendment No. 1017.

AN ACT making appropriations to the Bureau of Services to Persons Who Are Blind or Visually Impaired of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation and the Bureau of Vocational Rehabilitation of the Rehabilitation Division of the Department for the enhancement of client information systems; authorizing the expenditure of certain money by those Bureaus for the same purposes; 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. 1. There is hereby appropriated from the State General Fund to the Bureau of Services to Persons Who Are Blind or Visually Impaired of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation the sum of ~~[$118,665]~~ **$131,074** for an enhancement to the Bureau's client information system.

2. Expenditure of ~~[$438,448]~~ **$484,297** not appropriated from the State General Fund or the State Highway Fund is hereby authorized during Fiscal Year 2017-2018 and Fiscal Year 2018-2019 by the Bureau for the same purpose as set forth in subsection 1.

Sec. 2. 1. There is hereby appropriated from the State General Fund to the Bureau of Vocational Rehabilitation of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation the sum of ~~[$474,660]~~ **$524,295** for an enhancement to the Bureau's client information system.

2. Expenditure of ~~[$1,753,791]~~ **$1,937,185** not appropriated from the State General Fund or the State Highway Fund is hereby authorized during Fiscal Year 2017-2018 and Fiscal Year 2018-2019 by the Bureau for the same purpose as set forth in subsection 1.

Sec. 3. Any remaining balance of the appropriations made by sections 1 and 2 of this act must not be committed for expenditure after June 30, 2019, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2019, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2019.

Sec. 4. This act becomes effective ~~[on July 1, 2017.]~~ **upon passage and approval.**

Assemblywoman Carlton moved the adoption of the amendment.

Remarks by Assemblywoman Carlton.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 505.

Bill read third time.

Remarks by Assemblywoman Carlton.

ASSEMBLYWOMAN CARLTON:

Assembly Bill 505 makes the appropriation to the Department of Corrections. We have it listed as $2,339,477 for an electronic medical records system; $1,285,440 for the continued transition from the Nevada Offender Tracking Information System to a new internal system; $2,263,231 for the installation of a new telephone system; and $637,085 for the replacement of the Nevada Staffing Information System used to schedule correctional officers. This act becomes effective on July 1, 2017.

Roll call on Assembly Bill No. 505:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 505 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 506.

Bill read third time.

Remarks by Assemblyman Araujo.

ASSEMBLYMAN ARAUJO:

Assembly Bill 506 appropriates from the State General Fund to the Nevada Gaming Control Board the sum of $2,091,590 for phase three of the Alpha Migration Project and to allow for in-state travel for information technology staff to provide support for the project.

Roll call on Assembly Bill No. 506:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 506 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 507.

Bill read third time.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

Assembly Bill 507 appropriates funding from the State Highway Fund to the Nevada Highway Patrol Division of the Department of Public Safety for the following: the sum of $8,531,643 for the replacement of 125 fleet vehicles and 18 pickup trucks that have exceeded the mileage threshold and the sum of $385,252 for the replacement of 9 motorcycles that have exceeded the mileage threshold.

Roll call on Assembly Bill No. 507:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 507 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 509.

Bill read third time.

Remarks by Assemblywoman Spiegel.

ASSEMBLYWOMAN SPIEGEL:

Assembly Bill 509 appropriates from the State General Fund to the Department of Business and Industry $48,920 for the implementation of an electronic management system for public works and prevailing wage surveys in the Office of the Labor Commissioner. The bill requires that any remaining balance of the appropriation must not be committed for expenditure after June 30, 2019, and any portion of the appropriation remaining must revert to the State General Fund on or before September 20, 2019. The bill becomes effective on July 1, 2017.

Roll call on Assembly Bill No. 509:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 509 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 130.

Bill read third time.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

Assembly Bill 130, as amended, authorizes the court to require a proposed guardian to file a proposed preliminary care plan and budget. The bill provides that any person who retains an attorney for the purposes of representing a party in a guardianship proceeding is personally liable for any attorney fees and costs. It also requires that only the prevailing party in a guardianship case may petition the court for payment of attorney fees and costs from the guardianship estate, and if the court determines that there is no prevailing party, the court may authorize a portion of each party's attorney fees and costs to be paid from the guardianship estate. The bill allows a court-appointed attorney to petition the court in a guardianship case for compensation for services from the guardianship estate.

Lastly, the bill revises requirements of sales of real property of a ward and repeals NRS 159.1435 regarding provisions related to public auction for sale of real property.

Roll call on Assembly Bill No. 130:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 130 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 144.

Bill read third time.

Remarks by Assemblyman Araujo.

ASSEMBLYMAN ARAUJO:

Assembly Bill 144, as amended, creates the Nevada Advisory Commission on Mentoring to support and facilitate existing mentorship programs in the state and requires the Commission, among other things, to establish model guidelines and parameters for existing mentorship programs and develop a financial plan model that provides for the sustainability and financial stability of mentorship programs. Within the limits of legislative appropriations, it shall employ a coordinator for mentorship programs and develop and administer a competitive grant program to award grants of money to mentorship programs.

The bill also requires the Commission to appoint a Mentorship Advisory Council and submit a report to the Governor and the Director of the Legislative Counsel Bureau on or before February 1 of each year outlining its activities and recommendations. Lastly, the bill, as amended, appropriates $7,400 in each year of the 2017-2019 biennium to the Department of Education for the expenses incurred for meetings of the Commission.

Roll call on Assembly Bill No. 144:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 144 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 224.

Bill read third time.

Remarks by Assemblyman Sprinkle.

ASSEMBLYMAN SPRINKLE:

Assembly Bill 224, as amended, replaces certain references to "related conditions" with the term "developmental disability" in certain provisions of the *Nevada Revised Statutes* governing the care and services provided to persons with intellectual disabilities. The measure specifies that such a disability includes autism, cerebral palsy, epilepsy, or any other neurological condition diagnosed by a qualified professional. Finally, the bill prohibits certain contracts for the provision of jobs and day training services to employ persons with developmental disabilities who are under 25 years of age unless the person is paid at least the federal minimum wage.

Roll call on Assembly Bill No. 224:

YEAS—36.

NAYS—Ellison, Marchant, McArthur, Titus—4.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 224 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 348.

Bill read third time.

Remarks by Assemblymen Titus, Edwards, Pickard, Joiner, Bilbray-Axelrod, Elliot Anderson, and Hambrick.

ASSEMBLYWOMAN TITUS:

Assembly Bill 348, as amended, revises provisions concerning the establishment of a course or unit of instruction concerning acquired immune deficiency syndrome, human reproductive system, related communicable diseases, and sexual responsibility. It requires the board of trustees of a school district to periodically revise the content of such course of instruction, as necessary, to ensure that the content is current, age-appropriate, and as applicable, medically accurate. The board must prepare and submit a report categorized by school and grade level to the Director of Legislative Counsel Bureau on the status of the establishment of content of such course of instruction.

The bill, as amended, also allows such course of instruction to be taught by a teacher or school nurse whose qualifications have been previously approved by the board of trustees. Lastly, the bill, as amended, adds certain provisions related to the notification and consent of a parent or guardian with respect to the pupil's participation in such course of instruction.

Mr. Speaker, unfortunately there has been quite a bit of misinformation about this bill. Parental rights are indeed maintained and the makeup of the oversight board has not changed. The bill also requires that parents opt into sex education for their children. Schools may not teach it without the parent's permission. The bill also maintains that the course is only taught by a teacher or a qualified nurse, no outside teachers.

Mr. Speaker and members of this body, 20 years ago the teen birth rates were 61.8 for every 1,000 teenagers between the ages of 15 and 19. In 2014, the teen birth rate in Nevada was 28.5 for every 1,000 teenage girls between the ages of 15 and 19. I strongly believe that one of the improvements here—and the reason for this improvement—is that critical education. I would ask everyone in this body to please support this legislation. I think it is key to our young women and men in this state, and I appreciate your support.

ASSEMBLYMAN EDWARDS:

I rise in opposition to Assembly Bill 348. This bill continues to include some ambiguous language. It is a fatal flaw in the way that a student can be opted into the program against the wishes of their parents.

I do not underestimate the value of a good sex education program, and I think the results have proven that the curriculum they use is effective. I have received copies of the sex education curricula from each of the districts. If there are any changes that are needed, each school district is already empowered to implement such changes. We do not need to keep cluttering state statutes with laws that are, in reality, school district policy matters. I am among the members of this Chamber that are greatly dismayed by the number of laws we write that should be matters routinely handled by school districts.

I encourage all members to vote against this bill and send a message that school boards need to take care of these matters.

ASSEMBLYMAN PICKARD:

I have a question for my colleague from the north regarding section 1.5, subsection 9, with respect to the legislative intent as to whether or not the instruction can begin without the express consent of the parent.

ASSEMBLYWOMAN TITUS:

Thank you for the question. It is my impression and my interpretation of that item that, indeed, the parents have to give consent, but the obligation is on the school to reach out to them again before they start teaching. That does not allow the school to go ahead and teach anyway. The parents must give permission.

ASSEMBLYWOMAN JOINER:

If I may respond, I want to make very clear on the record that parents absolutely must give permission before a student may enter this course. That is not changing from the current law. Actually, in this current version of the bill, I have made it even easier for parents to make their wishes known. If their wish is to opt their child out of the program, for their child to not take the program, there are additional ways that that happens. We are authorizing the school districts to offer this permission slip online. We are also ensuring that if one is not returned to the school

district, the parents are notified again to make sure they know that permission slip is coming home so that their wish is known. It is absolutely not my intent that a child would take this unless they had their parents' permission.

ASSEMBLYWOMAN BILBRAY-AXELROD:

I did not plan on speaking, but I rise in support of this bill. I really have to give a tremendous amount of credit to my colleague from Assembly District 24. If it was up to me, we would be going a lot further, and honestly, it would not be an opt-in situation. If any of you can stand here and think that your teenagers do not need this information, then you need to talk to a few teenagers. Vote however you want to vote, but believe me, my colleague has done a ton of work, and I support her. I urge you to support this bill.

ASSEMBLYMAN ELLIOT ANDERSON:

I rise in support of Assembly Bill 348. I first want to speak to my colleague from the double-deuce and point out that section 1.5, subsection 8, is the existing law that still requires opt-in. The subsection that you referenced, subsection 9 of section 1.5, adds more heft to it.

Furthermore, one problem that Nevada has should be brought up in this discussion. Part of the bill requires better information about consent and that sort of thing. I think healthy choices in relationships is something that is important for kids to know. Oftentimes we have dealt with problems like human trafficking, and those sort of things start with those bad choices and not learning about making healthy choices. I think as a way to help prevent those situations from developing, getting information about responsible choices and proper relationship expectations is important. We should not underestimate that in all our talk about human trafficking.

ASSEMBLYMAN HAMBRICK:

I rise in opposition to Assembly Bill 348. I am troubled by the opt-in opt-out provisions that could last for years. I am also troubled by the fact that much of this is already codified in state law, and anything beyond our current standards are likely to go on for many more years.

Many of you know my wife Nancy. She and I are the parents of two beautiful children. I know that for Nancy and I, many of the details of this subject are best taught at home. This is a sacred issue for many, and I do not believe it is our place to take this any further than it already is.

Roll call on Assembly Bill No. 348:

YEAS—28.

NAYS—Edwards, Ellison, Hambrick, Hansen, Kramer, Krasner, Marchant, McArthur, Oscarson, Pickard, Tolles, Woodbury—12.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 348 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 417.

Bill read third time.

Remarks by Assemblywoman Swank.

ASSEMBLYWOMAN SWANK:

Assembly Bill 417, as amended, creates the Nevada Main Street Program within the Office of Economic Development in the Office of the Governor and requires the Executive Director of the Office of Economic Development to adopt regulations setting forth the requirements to apply for and receive approval as a designated local Main Street program and also requires the Executive Director or designee to coordinate the program and approve or deny applications for grants to designated local Main Street programs.

Roll call on Assembly Bill No. 417:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 417 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 436.

Bill read third time.

Remarks by Assemblywoman Spiegel.

ASSEMBLYWOMAN SPIEGEL:

Assembly Bill 436, as amended, requires the Governor's Office of Economic Development and the Regional Business Development Advisory Council for Clark County to provide information regarding public and private programs for small business funding to certain businesses in the state and clarifies it may be provided either in written or electronic form through the state business portal.

The act is effective for the sections relating to the Secretary of State's Office on January 1, 2018, and for all other sections on July 1, 2017.

Roll call on Assembly Bill No. 436:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 436 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 467.

Bill read third time.

Remarks by Assemblywoman Carlton.

ASSEMBLYWOMAN CARLTON:

Assembly Bill 467, as amended, requires that the Governor appoint five alternate members to the Personnel Commission who may serve as an alternate member when the regular member is unable to attend a meeting of the Commission and increases the quorum from three members to five members. Furthermore, Assembly Bill 467 requires a majority vote of the five members of the Commission to adopt, amend, or rescind a regulation and to decide an appeal to the Commission made by an employee of the state. The bill becomes effective on July 1, 2017.

Roll call on Assembly Bill No. 467:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 467 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 491.

Bill read third time.

Remarks by Assemblyman Araujo.

ASSEMBLYMAN ARAUJO:

Assembly Bill 491, as amended, provides that when a child enters foster care or changes placement while in foster care, the agency that provides child welfare services to the child must determine, in consultation with the local education agency [LEA], whether it is in the child's best interest to remain in his or her school of origin.

If it is determined that the child should remain in his or her school of origin, the child welfare agency and the relevant LEA must provide the child with transportation to that school. If a dispute related to transportation arises between the agencies and is not resolved within five business days, the dispute must be resolved by court order.

Finally, the bill eliminates the Program of School Choice for Children in Foster Care and repeals a statute regarding deeming as homeless certain children in the custody of a child welfare agency.

Roll call on Assembly Bill No. 491:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 491 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 508.

Bill read third time.

Remarks by Assemblywoman Carlton.

ASSEMBLYWOMAN CARLTON:

Assembly Bill 508, as amended, appropriates $1,218,872 for the replacement of dispatch center consoles and portable hand-held radios which have reached the end of their useful life. This act becomes effective upon passage and approval.

Roll call on Assembly Bill No. 508:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 508 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

Assembly Bill No. 510.

Bill read third time.

Remarks by Assemblywoman Titus.

ASSEMBLYWOMAN TITUS:

Assembly Bill 510, as amended, provides one-time funding to the Department of Employment, Training and Rehabilitation to upgrade the Vocational Rehabilitation Division's client information system.

As amended, the bill appropriates [State] General Funds of $655,369 and authorizes expenditures not appropriated by the State General Fund of $2,421,482. Project expenditures would be split between the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired to support and enhance the Bureaus' client information system.

Roll call on Assembly Bill No. 510:

YEAS—40.

NAYS—None.

EXCUSED—Paul Anderson, Wheeler—2.

Assembly Bill No. 510 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

MOTIONS, RESOLUTIONS AND NOTICES

Assemblywoman Benitez-Thompson moved that Senate Bills Nos. 66, 74, 106, 132, 150, 212, 213, 229, 414, 427, and 457; Senate Joint Resolution No. 14 be taken from the General File and placed on the General File for the next legislative day.

Motion carried.

VETOED BILLS AND SPECIAL ORDERS OF THE DAY

Vetoed Assembly Bill No. 350 of the 79th Session.

Governor's message stating his objections read.

Bill read.

OFFICE OF THE GOVERNOR

May 30, 2017

THE HONORABLE JASON FRIERSON, SPEAKER OF THE NEVADA STATE ASSEMBLY, The Nevada Legislature, 401 South Carson Street, Carson City, NV 89701

RE: Assembly Bill 350 of the 79th Legislative Session

DEAR SPEAKER FRIERSON:

I am herewith forwarding to you, for filing within the constitutional time limit and without my approval, Assembly Bill 350 ("AB 350"), which is entitled:

> AN ACT relating to state employment; requiring certain state agencies to provide an employee orientation to new employees, to allow certain employee organizations to provide a presentation during such an orientation or meet with a new employee under certain circumstances and to provide such an employee organization with certain information concerning new employees; requiring certain state agencies to allow certain employee organizations to meet with employees at certain locations; and providing other matters properly relating thereto.

At its core, AB 350 has good intentions. Improving the pay and working conditions for state employees has been a priority of mine and the Legislature. Whenever possible and prudent, my recommended executive budgets have included state employee raises, the end of furloughs, and other benefit increases for Nevada's public servants. In my proposed budget for the upcoming biennium, all state employees will receive a four percent raise with no additional retirement contributions.

Nevada has a long, bipartisan history of balancing the provision of state services to our citizens with the relationship between employer and employee. AB 350 upsets this balance, and creates a process that could end in collective bargaining for all state employees—a policy that has already been historically considered and rejected by prior administrations and legislatures.

Moreover, AB 350 mandates that employee organizations make their presentations during working hours paid for by taxpayers. Such a mandate is inconsistent with bipartisan reforms enacted during the 2015 Legislative Session.

For these reasons, I veto Assembly Bill 350 and return it without my signature or approval.

Sincere regards,
BRIAN SANDOVAL
Governor

Assemblywoman Benitez-Thompson moved that Assembly Bill No. 350 of the 79th Session be placed on the Chief Clerk's desk.

Motion carried.

Vetoed Assembly Bill No. 427 of the 79th Session.

Governor's message stating his objections read.

Bill read.

OFFICE OF THE GOVERNOR

May 30, 2017

THE HONORABLE JASON FRIERSON, SPEAKER OF THE NEVADA STATE ASSEMBLY, The Nevada Legislature, 401 South Carson Street, Carson City, NV 89701

RE: Assembly Bill 427 of the 79th Legislative Session

DEAR SPEAKER FRIERSON:

I am herewith forwarding to you, for filing within the constitutional time limit and without my approval, Assembly Bill 427 ("AB 427"), which is entitled:

> AN ACT relating to public assistance; revising provisions relating to eligibility of certain convicted persons for public assistance; and providing other matters properly relating thereto.

Nevada law strikes an important and careful balance between the nutritional and financial needs of certain felony drug offenders and the public policy of ensuring that these individuals seek and receive drug treatment and are no longer possessing, using, or distributing controlled substances.

Under existing law, persons with felony convictions associated with the possession, use, or distribution of a controlled substance may be eligible for Temporary Assistance for Needy Families ("TANF") and the Supplemental Nutrition Assistance Program ("SNAP") if, among other requirements, he or she is participating in or has successfully completed a drug treatment program. A person is also required to demonstrate that he or she has not possessed, used, or distributed a controlled substance since that person began a drug treatment program.

AB 427 eliminates the drug treatment component, allowing felony drug offenders to access these public benefits without participating in or completing a drug program. This is a substantial change in public policy that I cannot support because it removes important tools and incentives for drug offenders to receive necessary treatment for addiction and rebuild their lives.

For these reasons I veto AB427 and return it without my signature or approval.

Sincere regards,
BRIAN SANDOVAL
Governor

Assemblywoman Benitez-Thompson moved that Assembly Bill No. 427 of the 79th Session be placed on the Chief Clerk's desk.

Motion carried.

REMARKS FROM THE FLOOR

Assemblywoman Spiegel requested that the following remarks be entered in the Journal.

ASSEMBLYWOMAN SPIEGEL:

Mr. Speaker, I rise tonight with some sad news. Our friend Patrick Patin passed away this afternoon after a long illness. Those of us who have been involved in the Clark County Democratic Party and Nevada State Democratic Party knew Patrick for his many contributions and his bright smile. Patrick was an active member of both the Clark County and the Nevada

State Democratic Central Committees. He was President of the Nevada Stonewall Democratic Caucus and the Stonewall Democratic Club of Southern Nevada, and he was active with Gender Justice Nevada. Patrick was an integral part of the Nevada Democratic family. We will miss his many contributions and his friendship. Please keep Patrick's family and his partner Jimmy in your thoughts and prayers.

Assemblyman Thompson requested that the following remarks be entered in the Journal.

ASSEMBLYMAN THOMPSON:

There is another great Nevadan that we laid to rest today and that is Mr. Ardell Galbreth. He recently served as the Director of the Department of Employment, Training, and Rehabilitation. His last position was at Workforce Connections. He battled cancer for quite a while. One thing I want to say about him is that literally until the day he died, he worked hard to make sure that people who did not have skills and were not competitive in the workforce were able to attain those skills. He fought hard with the community—all the ridicule he may have received—but he kept on smiling, he kept on pushing forward towards the mark to help people. I would like for this body to acknowledge him. He served in the military and was truly the epitome of a public servant. My prayers and thoughts go out to his family and to his Workforce Connections family.

GUESTS EXTENDED PRIVILEGE OF ASSEMBLY FLOOR

On request of Assemblywoman Benitez-Thompson, the privilege of the floor of the Assembly Chamber for this day was extended to the following students, teachers, and chaperones from Hunter Lake Elementary School: Liam Britt, Lakota Dale, Kaitlyn Fowler, Isaac Goodfellow, Madison Jenks, Simon McCombs, Emily Mercer, Naomi Mick, Champ Notyce, Khellan O'Reilly, Violet Richter, Kaliel Russell, Angela Sanchez, Jackson Sellers, Julio Soto Mendoza, Delaney Sullivan, Imogen Valory, Alyssa Veliz, Winston Wayman, Ty Wedgworth, Ryder Wilson, Breck Worthen, Tanner York, Mahmud Zaman, Dakota Allred, Nadia Davis, Marissa Garcia, Rowen Garcia, Evan Green, Kalub Green, Jacob Heller, Riley Hopkins, Deshawn Joyner Nelson, Spencer Klupfell, Alexa Lehan, Pele Masina, Alexa Mauzy, Liberty O'Bryan, Jazlyn Ortiz, Nick Owens, Jorge Pizarro Chavez, Christian Powers, Jonas Przywara, Pam Stearne, Cash Tobin, Otto Wiest, and Sophia Williams.

On request of Assemblywoman Krasner, the privilege of the floor of the Assembly Chamber for this day was extended to the following students, teachers, and chaperones from Incline Elementary School: Hannah Bloomhuff, Ayana Boyce, Emily Brubaker, Cameron Collins, Orrin Drescher, Sofia Gomez, Bryan Guevara, Natalia Herrera, Whitney Kiesel, Addy LaForge, Emmie Larson, Daviel Lopez, Lainey Lowden, Santiago Martinez, Kira Noble, Samuel Perry, Dean Pluckhan, Cash Pollard, Jose Ramirez, Maritza Rangel, Fernanda Rojas, Jordan Thralls, Fatima Aguirre, Ben Aguirre, Chloe Clark, Gianna Damato, Dylan Deming, Liam Ellis, Kolby Engles, Klyie Erickson, Dawson Ferrell, Kayla Franczak, William Jones, Jacob Klein, Kelsey Marino, Isabel Martinez, Nathassa Martinez,

Josiah McMahan, Maya Phillips, Yuridia Ramirez, Kasandra Rangel, Zane Richards, Jonathan Santiago, Kyler Thompson, and Katherine Wechsler.

On request of Assemblyman Wheeler, the privilege of the floor of the Assembly Chamber for this day was extended to the following students, teachers, and chaperones from Minden Elementary School: Reese Ballingham, Nicolas Beier, Jackson Binder, Cooper Brown, Leila Etheridge, Dulce Franco, Rhiannon French, Ty Glover, Malia Haskins, Patience Hoffman, Annalise Irving, Brooke Jones, Nephi Langkilde, Kimberly Lopez, Devyn Maaka, Aiden Martinez, Marissa Romero-Mendoza, Vanessa Vargas-Ruiz, Gage Saucedo, Nathan Scribner, Leo Stancampiano, Mari Stone, Kaylee Taylor, Nathan Taylor, Caden Thacker, Andrew Campbell Weber, Titan Allen, Xander Bacon, Logan Barker, Ellie Barnes, Kylee Barron, Mason Britton, Ryan Brown, Ashlyn Charles, Demetra Dobson, Jacob Erickson, Brinley Ginocchio, Gracie Goss, Abby Hamer, Holly Hastings, Dash Jantos, Sofia Jones, Jeremy MacPherson, Emery Meenan, Soren Nilssen, Lizzy Peck, Violet Prouty, Jonathan Soto, Kaelyn Spriggs, Valerie Vieira, Brandon Marshall, Omar Orozco, and Liv Nillsen.

Assemblywoman Benitez-Thompson moved that the Assembly adjourn until Wednesday, May 31, 2017, at 11:30 a.m., and that it do so in memory of Patrick Patin and Ardell Galbreth.

Motion carried.

Assembly adjourned at 10:51 p.m.

Approved: JASON FRIERSON
Speaker of the Assembly

Attest: SUSAN FURLONG
Chief Clerk of the Assembly