

SENATE BILL NO. 90—COMMITTEE ON COMMERCE AND LABOR

**(ON BEHALF OF LEGISLATIVE COMMITTEE
ON HEALTH CARE)**

PREFILED JANUARY 24, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Making various changes relating to the health of children. (BDR 57-448)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

**CONTAINS UNFUNDED MANDATE (§§ 13, 14)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)**

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

AN ACT relating to the health of children; requiring health insurance plans to include coverage for the cost of hearing aids for children; authorizing public and private schools to obtain and maintain medication to treat asthma under certain conditions; authorizing certain providers of health care to issue an order for such medication to a public or private school; revising requirements relating to the testing of children for lead; providing for the issuance of vouchers to certain persons to purchase diapers; providing for grants to certain entities to promote healthy diet and exercise for children; making appropriations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law requires most health insurance policies that provide family
2 coverage to provide health benefits for the natural and adopted children of the
3 insured. (NRS 689A.043, 689B.033, 695B.193, 695C.173) **Sections 1, 3, 4, 6-9, 11,**
4 **13, 14, 21 and 22** of this bill require all health insurers, including Medicaid, the
5 Children's Health Insurance Program and state and local governmental employers,
6 to include in each plan of health insurance that it provides coverage for a hearing
7 aid for any insured who is less than 18 years of age. **Sections 2, 5, 10 and 12** of this
8 bill make conforming changes.



Existing law authorizes a physician, physician assistant or advanced practice registered nurse to issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school. (NRS 630.374, 632.239, 633.707) **Sections 25, 26 and 28** of this bill similarly authorize a physician, physician assistant or advanced practice registered nurse to issue to a public or private school an order to allow the school to obtain and maintain medication to treat asthma at the school. **Sections 15-19** of this bill: (1) authorize a public or private school to obtain such an order; and (2) prescribe requirements concerning the maintenance, administration and distribution of medication to treat asthma obtained pursuant to such an order. **Section 24** of this bill authorizes a school nurse or other school employee who is authorized to administer and distribute such medication to possess the medication if he or she has received training concerning the proper storage and administration of such medication. **Sections 25, 26, 28 and 29** of this bill provide that a physician, physician assistant, advanced practice registered nurse or pharmacist is not liable for any error or omission concerning the acquisition, possession, provision or administration of medication to treat asthma dispensed pursuant to an order made in accordance with the requirements of this bill not resulting from gross negligence or reckless, willful or wanton conduct of the physician, physician assistant, advanced practice registered nurse or pharmacist. **Section 27** of this bill provides that a nurse who administers medication in accordance with the provisions of this bill is not subject to professional discipline solely for such actions.

Existing law requires the Department of Health and Human Services to encourage certain providers of health care or other services to perform a test to determine the amount of lead in the blood of each child receiving services from the provider at certain times. Existing law also requires: (1) certain tests that indicate an elevated amount of lead in the blood to be confirmed by a second test; and (2) each qualified laboratory that conducts a blood test for the presence of lead in a child to report the results to the appropriate health authority. (NRS 442.700) **Section 23** of this bill revises the conditions under which the results of a test are considered to indicate an elevated amount of lead in the blood. **Section 23** also requires offices of providers of health care or other services and medical facilities to report the results of tests of children for lead to the health authority and prescribes the required contents of such a report.

Existing federal law establishes the special supplemental nutrition program for women, infants and children to provide supplemental foods, nutrition education and breastfeeding support and promotion to low-income pregnant, postpartum and breastfeeding women, infants and children who satisfy certain eligibility requirements. (42 U.S.C. § 1786) **Section 30** of this bill appropriates money to the Department to award vouchers to participants in that program who are parents of children who are less than 4 years of age for the purchase of diapers. **Section 31** of this bill appropriates money to the Division of Public and Behavioral Health of the Department to award grants to nonprofit organizations to fund training and technical assistance concerning proper nutrition and physical activity for providers of child care. **Section 32** of this bill appropriates money to the Nevada Silver State Stars Quality Rating and Improvement System established by the Department of Education to award grants to providers of child care to improve facilities to facilitate a healthy diet and exercise for children.



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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A policy of health insurance must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

Sec. 2. 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 **[H]**, *and section 1 of this act.*

Sec. 3. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. A policy of group health insurance must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

Sec. 4. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. A health benefit plan must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the health benefit plan or the renewal which is in conflict with this section is void.

Sec. 5. 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 4 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. 6. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A benefit contract must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the benefit contract or the renewal which is in conflict with this section is void.

Sec. 7. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. A contract for hospital or medical services must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A contract for hospital or medical services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the contract for hospital or medical services or the renewal which is in conflict with this section is void.

Sec. 8. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. A health care plan must include coverage for a hearing aid that is prescribed for an enrollee who is less than 18 years of age.

2. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the health care plan or the renewal which is in conflict with this section is void.

Sec. 9. 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.1751, 695C.1755, 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 to 695C.1698, inclusive, 695C.1708, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and 695C.1757 *and section 8 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. 10. 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 8 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 or creditors or to the general public;

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

1. A health care plan must include coverage for a hearing aid that is prescribed for an insured who is less than 18 years of age.

2. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2019, has the legal effect of including the coverage required by this section, and any provision of the health care plan or the renewal which is in conflict with this section is void.

Sec. 12. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

(a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows:

(1) The Administrator of the Aging and Disability Services Division;

(2) The Administrator of the Division of Welfare and Supportive Services;

(3) The Administrator of the Division of Child and Family Services;

(4) The Administrator of the Division of Health Care Financing and Policy; and

(5) The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and section 22 of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.621 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:



(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department, other than the State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

Sec. 13. 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



1 to transact the business of such insurance in the State of Nevada,
2 and, where necessary, deduct from the compensation of officers and
3 employees the premiums upon insurance and pay the deductions
4 upon the premiums.

5 (c) Provide group life, accident or health coverage through a
6 self-insurance reserve fund and, where necessary, deduct
7 contributions to the maintenance of the fund from the compensation
8 of officers and employees and pay the deductions into the fund. The
9 money accumulated for this purpose through deductions from the
10 compensation of officers and employees and contributions of the
11 governing body must be maintained as an internal service fund as
12 defined by NRS 354.543. The money must be deposited in a state or
13 national bank or credit union authorized to transact business in the
14 State of Nevada. Any independent administrator of a fund created
15 under this section is subject to the licensing requirements of chapter
16 683A of NRS, and must be a resident of this State. Any contract
17 with an independent administrator must be approved by the
18 Commissioner of Insurance as to the reasonableness of
19 administrative charges in relation to contributions collected and
20 benefits provided. The provisions of NRS 687B.408, 689B.030 to
21 689B.050, inclusive, *and section 3 of this act* and 689B.287 apply
22 to coverage provided pursuant to this paragraph, except that the
23 provisions of NRS 689B.0378 and 689B.03785 only apply to
24 coverage for active officers and employees of the governing body,
25 or the dependents of such officers and employees.

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

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

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



1 provided pursuant to this section to the officers and employees, and
2 the dependents of the officers and employees, of the county, school
3 district, municipal corporation, political subdivision, public
4 corporation or other local governmental agency.

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

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

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

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

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

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

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


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

26 **Sec. 14.** NRS 287.04335 is hereby amended to read as
27 follows:

28 287.04335 If the Board provides health insurance through a
29 plan of self-insurance, it shall comply with the provisions of NRS
30 687B.409, 689B.255, 695G.150, 695G.160, 695G.162, 695G.164,
31 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.173,
32 inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to
33 695G.310, inclusive, and 695G.405, *and section 11 of this act* in the
34 same manner as an insurer that is licensed pursuant to title 57 of
35 NRS is required to comply with those provisions.

36 **Sec. 15.** NRS 386.865 is hereby amended to read as follows:

37 386.865 1. Each public school shall ensure that auto-
38 injectable epinephrine *and any medication to treat asthma*
39 maintained at the school is stored in a designated, secure location
40 that is unlocked and easily accessible.

41 2. Each school district shall establish a policy for the schools
42 within the district, other than charter schools, regarding the proper
43 handling and transportation of auto-injectable epinephrine  *and*
44 *medication to treat asthma.*



3. Not later than 30 days after the last day of each school year, each school district and charter school shall submit a report to the Division of Public and Behavioral Health of the Department of Health and Human Services identifying the number of doses of auto-injectable epinephrine that were administered *and the number of times medication to treat asthma was administered* at each public school within the school district or charter school, as applicable, during the school year.

Sec. 16. NRS 386.870 is hereby amended to read as follows:

386.870 1. Each public school, including, without limitation, each charter school, shall obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse, for auto-injectable epinephrine pursuant to NRS 630.374, 632.239 or 633.707 and acquire at least two doses of the medication to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the public school is used or expires, the public school shall ensure that at least two doses of the medication are available at the school and obtain additional doses to replace the used or expired doses if necessary.

2. *A public school, including, without limitation, a charter school, may obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse for medication to treat asthma pursuant to NRS 630.374, 632.239 or 633.707 to be maintained at the school. If such medication maintained by the public school is used or expires, the public school may obtain additional medication to replace the used or expired medication.*

3. Auto-injectable epinephrine maintained by a public school pursuant to this section may be administered:

(a) At a public school other than a charter school, by a school nurse or any other employee of the public school who has been designated by the school nurse and has received training in the proper storage and administration of auto-injectable epinephrine; or

(b) At a charter school, by the employee designated to be authorized to administer auto-injectable epinephrine pursuant to NRS 388A.547 if the person has received the training in the proper storage and administration of auto-injectable epinephrine.

~~3.4~~ 4. *Medication to treat asthma obtained by a public school pursuant to this section may be administered:*

(a) *At a public school other than a charter school, by a school nurse or any other employee of the public school who has been designated by the school nurse and has received training in the proper storage and administration of medication to treat asthma; or*



(b) *At a charter school, by the employee designated to be authorized to administer medication to treat asthma pursuant to NRS 388A.547 if the person has received the training in the proper storage and administration of such medication.*

5. A school nurse or other designated employee of a public school may ~~administer~~ :

(a) *Administer* auto-injectable epinephrine maintained at the school to any pupil on the premises of the public school during regular school hours whom the school nurse or other designated employee reasonably believes is experiencing anaphylaxis.

~~[4.]~~ (b) *Administer medication to treat asthma maintained at the school to any pupil on the premises of the public school during regular school hours whom the school nurse or other designated employee reasonably believes to be experiencing or at immediate risk of experiencing an asthma attack.*

6. A public school may accept gifts, grants and donations from any source for the support of the public school in carrying out the provisions of this section, including, without limitation, the acceptance of auto-injectable epinephrine *or medication to treat asthma* from a manufacturer or wholesaler of auto-injectable epinephrine ~~[.]~~ *or medication to treat asthma, as applicable.*

Sec. 17. NRS 388A.547 is hereby amended to read as follows:

388A.547 1. Each charter school shall designate one or more employees of the school who is authorized to administer auto-injectable epinephrine.

2. *Each charter school that obtains an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse for medication to treat asthma as authorized pursuant to NRS 386.870 shall designate at least one employee of the school who is authorized to administer such medication.*

3. Each charter school shall ensure that each person ~~[so]~~ designated *to administer medication pursuant to subsection 1 or 2* receives training in the proper storage and administration of auto-injectable epinephrine ~~[.]~~ *or medication to treat asthma, as applicable.*

Sec. 18. NRS 391.291 is hereby amended to read as follows:

391.291 1. The provision of nursing services in a school district by school nurses and other qualified personnel must be under the direction and supervision of a chief nurse who is a registered nurse as provided in NRS 632.240 and who:

(a) Holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission; or



(b) Is employed by a state, county, city or district health department and provides nursing services to the school district in the course of that employment.

2. A school district shall not employ a person to serve as a school nurse unless the person holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission.

3. The chief nurse shall ensure that each school nurse:

(a) Coordinates with the principal of each school to designate employees of the school who are authorized to ~~administer~~ :

(1) Administer auto-injectable epinephrine; and

(2) If the school has obtained an order for medication to treat asthma, as authorized pursuant to subsection 2 of NRS 386.870, administer such medication; and

(b) Provides the employees so designated with training concerning the proper storage and administration of auto-injectable epinephrine ~~or~~ *or medication to treat asthma, as applicable.*

Sec. 19. NRS 394.1995 is hereby amended to read as follows:

394.1995 1. A private school may obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse for auto-injectable epinephrine *or medication to treat asthma* pursuant to NRS 630.374, 632.239 or 633.707 to be maintained at the school. If a dose of auto-injectable epinephrine *or medication to treat asthma* maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine *or medication to treat asthma, as applicable*, to replace the used or expired auto-injectable epinephrine ~~or~~ *or medication to treat asthma.*

2. Auto-injectable epinephrine maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of auto-injectable epinephrine.

3. *Medication to treat asthma maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of medication to treat asthma.*

4. A school nurse or other trained employee may ~~administer~~ :

(a) *Administer* auto-injectable epinephrine maintained at the school to any pupil on the premises of the private school during regular school hours whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.

~~[4-]~~ (b) *Administer medication to treat asthma maintained at the school to any pupil on the premises of the public school during*



regular school hours whom the school nurse or other designated employee reasonably believes to be experiencing or at immediate risk of experiencing an asthma attack.

5. A private school shall ensure that auto-injectable epinephrine *or medication to treat asthma* maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

Sec. 20. Chapter 422 of NRS is hereby amended by adding thereto the provisions set forth as sections 21 and 22 of this act.

Sec. 21. *The Director shall include in the Children's Health Insurance Program coverage for a hearing aid that is prescribed for a covered child.*

Sec. 22. *The Director shall include in the State Plan for Medicaid coverage for a hearing aid that is prescribed for a recipient of Medicaid who is less than 18 years of age and a requirement that the State pay the nonfederal share of expenditures for such hearing aids.*

Sec. 23. NRS 442.700 is hereby amended to read as follows:
442.700 1. The Department shall encourage each provider of health care or other services who:

(a) Is qualified to conduct blood tests during the course of his or her practice to perform, or cause to be performed, a test to determine the amount of lead in the blood of each child receiving services from the provider of health care or other services when the child:

(1) Reaches 12 and 24 months of age, respectively; or

(2) At least once before the child reaches 6 years of age.

(b) Provides early and periodic screening, diagnostic and treatment services to a child in accordance with 42 U.S.C. §§ 1396 et seq. to conduct, or cause to be conducted, a screening for the amount of lead in the blood of the child in accordance with the guidelines of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

2. Any result of a blood test specified in subsection 1 which is obtained by using a capillary specimen and which indicates an amount of lead in the blood that is greater than ~~10 ug/dL~~ *the amount designated by the Council of State and Territorial Epidemiologists or, if that organization ceases to exist, an organization designated by regulation of the State Board of Health, as indicating an elevated amount of lead* must, as soon as practicable after the result is obtained, be confirmed by a second test using a sample of blood from a vein of the child.

3. Each qualified laboratory, *office of a provider of health care or other services or medical facility* that conducts a blood test for the presence of lead in a child who is under 18 years of age shall, as soon as practicable after conducting the test, submit a report of



the results of the test to the appropriate health authority in accordance with regulations adopted by the State Board of Health.

The report must include, without limitation:

(a) *The name, sex, race, ethnicity and date of birth of the child;*

(b) *The address of the child, including, without limitation, the county and zip code in which the child resides;*

(c) *The date on which the sample was collected;*

(d) *The type of sample that was collected; and*

(e) *The name and contact information of the provider of health care who ordered the test.*

4. As used in this ~~[subsection, “health]~~ section:

(a) *“Health authority”* has the meaning ascribed to it in NRS 441A.050.

(b) *“Medical facility”* has the meaning ascribed to it in NRS 449.0151.

Sec. 24. NRS 454.303 is hereby amended to read as follows:

454.303 A school nurse or other employee of a public or private school who is authorized pursuant to NRS 386.870 or 394.1995 to ~~[administer]~~:

1. *Administer* auto-injectable epinephrine may possess and administer auto-injectable epinephrine maintained by the school if the school nurse or other employee has received training in the proper storage and administration of auto-injectable epinephrine as required by NRS 386.870 or 394.1995.

2. *Administer medication to treat asthma may possess and administer medication to treat asthma maintained by the school if the school nurse or other employee has received training in the proper storage and administration of medication to treat asthma as required by NRS 386.870 or 394.1995.*

Sec. 25. NRS 630.374 is hereby amended to read as follows:

630.374 1. A physician or physician assistant may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine *or medication to treat asthma* at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis ~~[]~~ *or asthma, as applicable.*

2. A physician or physician assistant may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has



1 been diagnosed with a condition which may cause the person to
2 require such medication for the treatment of anaphylaxis.

3 3. An order issued pursuant to subsection 1 or 2 must contain:

4 (a) The name and signature of the physician or physician
5 assistant and the address of the physician or physician assistant if
6 not immediately available to the pharmacist;

7 (b) The classification of his or her license;

8 (c) The name of the public or private school or authorized entity
9 to which the order is issued;

10 (d) The name, strength and quantity of the drug authorized to be
11 obtained and maintained by the order; and

12 (e) The date of issue.

13 4. A physician or physician assistant is not subject to
14 disciplinary action solely for issuing a valid order pursuant to
15 subsection 1 or 2 to an entity other than a natural person and without
16 knowledge of a specific natural person who requires the medication.

17 5. A physician or physician assistant is not liable for any error
18 or omission concerning the acquisition, possession, provision or
19 administration of ~~[auto-injectable]~~ :

20 (a) *Auto-injectable* epinephrine maintained by a public or
21 private school or authorized entity pursuant to an order issued by the
22 physician or physician assistant pursuant to subsection 1 or 2 not
23 resulting from gross negligence or reckless, willful or wanton
24 conduct of the physician or physician assistant.

25 (b) *Medication to treat asthma maintained by a public or*
26 *private school pursuant to an order issued by the physician or*
27 *physician assistant pursuant to subsection 1 not resulting from*
28 *gross negligence or reckless, willful or wanton conduct of the*
29 *physician or physician assistant.*

30 6. As used in this section:

31 (a) "Authorized entity" has the meaning ascribed to it in
32 NRS 450B.710.

33 (b) "Private school" has the meaning ascribed to it in
34 NRS 394.103.

35 (c) "Public school" has the meaning ascribed to it in
36 NRS 385.007.

37 **Sec. 26.** NRS 632.239 is hereby amended to read as follows:

38 632.239 1. An advanced practice registered nurse may issue
39 to a public or private school an order to allow the school to obtain
40 and maintain auto-injectable epinephrine *or medication to treat*
41 *asthma* at the school, regardless of whether any person at the school
42 has been diagnosed with a condition which may cause the person to
43 require such medication for the treatment of anaphylaxis ~~[]~~ *or*
44 *asthma, as applicable.*



2. An advanced practice registered nurse may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

3. An order issued pursuant to subsection 1 or 2 must contain:

(a) The name and signature of the advanced practice registered nurse and the address of the advanced practice registered nurse if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school or authorized entity to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

4. An advanced practice registered nurse is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 or 2 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

5. An advanced practice registered nurse is not liable for any error or omission concerning the acquisition, possession, provision or administration of ~~auto-injectable~~:

(a) Auto-injectable epinephrine maintained by a public or private school or authorized entity pursuant to an order issued by the advanced practice registered nurse pursuant to subsection 1 or 2 not resulting from gross negligence or reckless, willful or wanton conduct of the advanced practice registered nurse.

(b) Medication to treat asthma maintained by a public or private school pursuant to an order issued by the advanced practice registered nurse pursuant to subsection 1 not resulting from gross negligence or reckless, willful or wanton conduct of the advanced practice registered nurse.

6. As used in this section:

(a) "Authorized entity" has the meaning ascribed to it in NRS 450B.710.

(b) "Private school" has the meaning ascribed to it in NRS 394.103.

(c) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 27. NRS 632.347 is hereby amended to read as follows:

632.347 1. The Board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or



1 take other disciplinary action against a licensee or holder of a
2 certificate, upon determining that the licensee or certificate holder:

3 (a) Is guilty of fraud or deceit in procuring or attempting to
4 procure a license or certificate pursuant to this chapter.

5 (b) Is guilty of any offense:

6 (1) Involving moral turpitude; or

7 (2) Related to the qualifications, functions or duties of a
8 licensee or holder of a certificate,

9 ➤ in which case the record of conviction is conclusive evidence
10 thereof.

11 (c) Has been convicted of violating any of the provisions of
12 NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440,
13 inclusive.

14 (d) Is unfit or incompetent by reason of gross negligence or
15 recklessness in carrying out usual nursing functions.

16 (e) Uses any controlled substance, dangerous drug as defined in
17 chapter 454 of NRS, or intoxicating liquor to an extent or in a
18 manner which is dangerous or injurious to any other person or
19 which impairs his or her ability to conduct the practice authorized
20 by the license or certificate.

21 (f) Is a person with mental incompetence.

22 (g) Is guilty of unprofessional conduct, which includes, but is
23 not limited to, the following:

24 (1) Conviction of practicing medicine without a license in
25 violation of chapter 630 of NRS, in which case the record of
26 conviction is conclusive evidence thereof.

27 (2) Impersonating any applicant or acting as proxy for an
28 applicant in any examination required pursuant to this chapter for
29 the issuance of a license or certificate.

30 (3) Impersonating another licensed practitioner or holder of a
31 certificate.

32 (4) Permitting or allowing another person to use his or her
33 license or certificate to practice as a licensed practical nurse,
34 registered nurse, nursing assistant or medication aide - certified.

35 (5) Repeated malpractice, which may be evidenced by claims
36 of malpractice settled against the licensee or certificate holder.

37 (6) Physical, verbal or psychological abuse of a patient.

38 (7) Conviction for the use or unlawful possession of a
39 controlled substance or dangerous drug as defined in chapter 454 of
40 NRS.

41 (h) Has willfully or repeatedly violated the provisions of this
42 chapter. The voluntary surrender of a license or certificate issued
43 pursuant to this chapter is prima facie evidence that the licensee or
44 certificate holder has committed or expects to commit a violation of
45 this chapter.



(i) Is guilty of aiding or abetting any person in a violation of this chapter.

(j) Has falsified an entry on a patient's medical chart concerning a controlled substance.

(k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.

(l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;

(3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS; or

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

(m) Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing assistant or medication aide - certified, or has committed an act in another state which would constitute a violation of this chapter.

(n) Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.

(o) Has willfully failed to comply with a regulation, subpoena or order of the Board.

(p) Has operated a medical facility at any time during which:

(1) The license of the facility was suspended or revoked; or

(2) An act or omission occurred which resulted in the suspension or revocation of the license pursuant to NRS 449.160.

➤ This paragraph applies to an owner or other principal responsible for the operation of the facility.

(q) Is an advanced practice registered nurse who has failed to obtain any training required by the Board pursuant to NRS 632.2375.

(r) Is an advanced practice registered nurse who has failed to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

(s) Has engaged in the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.



(t) Has violated the provisions of NRS 454.217 or 629.086.

2. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a conviction of an offense. The Board may take disciplinary action pending the appeal of a conviction.

3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine *or medication to treat asthma* pursuant to a valid order issued pursuant to NRS 630.374, *632.239* or 633.707.

4. As used in this section, "investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.

Sec. 28. NRS 633.707 is hereby amended to read as follows:

633.707 1. An osteopathic physician or physician assistant may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine *or medication to treat asthma* at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis *[or asthma, as applicable]*.

2. An osteopathic physician or physician assistant may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

3. An order issued pursuant to subsection 1 or 2 must contain:

(a) The name and signature of the osteopathic physician or physician assistant and the address of the osteopathic physician or physician assistant if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school or authorized entity to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

4. An osteopathic physician or physician assistant is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 or 2 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

5. An osteopathic physician or physician assistant is not liable for any error or omission concerning the acquisition, possession, provision or administration of *[auto-injectable]* :



1 ***(a) Auto-injectable*** epinephrine maintained by a public or
2 private school or authorized entity pursuant to an order issued by the
3 osteopathic physician or physician assistant ***pursuant to subsection***
4 ***1 or 2*** not resulting from gross negligence or reckless, willful or
5 wanton conduct of the osteopathic physician or physician assistant.

6 ***(b) Medication to treat asthma maintained by a public or***
7 ***private school pursuant to an order issued by the osteopathic***
8 ***physician or physician assistant pursuant to subsection 1 not***
9 ***resulting from gross negligence or reckless, willful or wanton***
10 ***conduct of the osteopathic physician or physician assistant.***

11 6. As used in this section:

12 (a) "Authorized entity" has the meaning ascribed to it in
13 NRS 450B.710.

14 (b) "Private school" has the meaning ascribed to it in
15 NRS 394.103.

16 (c) "Public school" has the meaning ascribed to it in
17 NRS 385.007.

18 **Sec. 29.** NRS 639.2357 is hereby amended to read as follows:

19 639.2357 1. Upon the request of a patient, or a public or
20 private school or an authorized entity for which an order was issued
21 pursuant to NRS 630.374, 632.239 or 633.707, a registered
22 pharmacist shall transfer a prescription or order to another registered
23 pharmacist.

24 2. A registered pharmacist who transfers a prescription or order
25 pursuant to subsection 1 shall comply with any applicable
26 regulations adopted by the Board relating to the transfer.

27 3. The provisions of this section do not authorize or require a
28 pharmacist to transfer a prescription or order in violation of:

29 (a) Any law or regulation of this State;

30 (b) Federal law or regulation; or

31 (c) A contract for payment by a third party if the patient is a
32 party to that contract.

33 4. A pharmacist is not liable for any error or omission
34 concerning the acquisition, possession, provision or administration
35 of ~~auto-injectable~~:

36 ***(a) Auto-injectable*** epinephrine that the pharmacist has
37 dispensed to a public or private school or authorized entity pursuant
38 to an order issued pursuant to NRS 630.374, 632.239 or 633.707 not
39 resulting from gross negligence or reckless, willful or wanton
40 conduct of the pharmacist.

41 ***(b) Medication to treat asthma that the pharmacist has***
42 ***dispensed to a public or private school pursuant to an order issued***
43 ***pursuant to NRS 630.374, 632.239 or 633.707 not resulting from***
44 ***gross negligence or reckless, willful or wanton conduct of the***
45 ***pharmacist.***



5. As used in this section, “authorized entity” has the meaning ascribed to it in NRS 450B.710.

Sec. 30. 1. There is hereby appropriated from the State General Fund to the Department of Health and Human Services for the purpose prescribed by subsection 2 the following sums:

For the Fiscal Year 2019-2020.....	\$500,000
For the Fiscal Year 2020-2021.....	\$500,000

2. The Department of Health and Human Services shall use the money appropriated by subsection 1 to provide vouchers of \$25 per month on a first-come, first-served basis to participants in the special supplemental nutrition program for women, infants and children created by 42 U.S.C § 1786 who are the parents of children who are less than 4 years of age for the purchase of diapers.

3. 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 18, 2020, and September 17, 2021, 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 18, 2020, and September 17, 2021, respectively.

Sec. 31. 1. There is hereby appropriated from the State General Fund to the Division of Public and Behavioral Health of the Department of Health and Human Services to award grants to nonprofit organizations to pay for training and technical assistance concerning proper nutrition and physical activity for providers of child care the following sums:

For the Fiscal Year 2019-2020.....	\$50,000
For the Fiscal Year 2020-2021.....	\$50,000

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 18, 2020, and September 17, 2021, 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 18, 2020, and September 17, 2021, respectively.



Sec. 32. 1. There is hereby appropriated from the State General Fund to the Nevada Silver State Stars Quality Rating and Improvement System established by the Department of Education to award grants to providers of child care that participate in the System for the purposes described in subsection 2 the following sums:

For the Fiscal Year 2019-2020.....	\$200,000
For the Fiscal Year 2020-2021.....	\$200,000

2. A provider of child care that receives a grant pursuant to subsection 1 shall use the grant to improve facilities to facilitate the provision of high-quality, nutritious food and ample physical activity for children.

3. 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 18, 2020, and September 17, 2021, 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 18, 2020, and September 17, 2021, respectively.

Sec. 33. 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. 34. 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. 35. This act becomes effective on July 1, 2019.

