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SECOND REPRINT

A.B. 386

ASSEMBLY BILL NO. 386—ASSEMBLYWOMEN MONROE-MORENO;
SUMMERS-ARMSTRONG AND THOMAS

MARCH 22, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to midwives. (BDR 54-111)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides
for Term of Imprisonment in County or City Jail or
Detention Facility.
Effect on the State: Yes.

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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 midwives; establishing the Board of Licensed Certified Professional Midwives and requiring the Board to adopt certain regulations; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain tasks relating to the regulation of licensed certified professional midwives; providing for the licensure of licensed certified professional midwives; authorizing a licensed certified professional midwife to utilize a certified professional midwife birth assistant under certain circumstances; prescribing requirements relating to the practice of certified professional midwifery; requiring any midwife who provides services in this State to provide to clients a Community Birth Disclosure; authorizing a licensed certified professional midwife to possess, administer and order certain drugs, devices, chemicals and solutions; creating a special endorsement authorizing a licensed certified professional midwife to order, dispense and implant certain devices; creating a special endorsement authorizing a licensed certified professional midwife to possess, administer, prescribe and dispense certain drugs; exempting a licensed certified professional midwife and other providers of health care from certain liability; prohibiting certain persons from performing midwifery; requiring Medicaid to cover the services of a licensed certified professional midwife; authorizing a licensed certified professional midwife to serve as the director of a freestanding birthing center; specifying the midwives to which certain requirements apply; providing a penalty; and providing other matters properly relating thereto.



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Legislative Counsel's Digest:

Existing law requires a midwife to perform certain duties relating to reporting births and deaths and testing newborn babies for certain diseases. (NRS 440.100, 440.740, 442.008-442.110, 442.600-442.680) **Sections 2-32** of this bill provide for: (1) the licensure of licensed certified professional midwives by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) the regulation of licensed certified professional midwives by the Division and the Board of Licensed Certified Professional Midwives created by **section 17** of this bill. **Sections 2-14, 45, 69 and 74** of this bill define certain terms related to the practice of certified professional midwifery. **Section 15** of this bill: (1) exempts certain providers of health care from requirements governing the licensure and regulation of licensed certified professional midwives; and (2) provides that **sections 2-32** do not abridge, limit or otherwise affect the right of a person to deliver a baby in the manner and location that the person desires. **Sections 36, 38, 39 and 42-44** of this bill similarly exempt licensed certified professional midwives and certified professional midwife student midwives from provisions governing certain other providers of health care. Licensed certified professional midwives and certified professional midwife student midwives would also be exempt from provisions governing allopathic physicians. (NRS 630.047)

Section 16 of this bill authorizes the Division to accept gifts, grants and donations to pay the costs of performing its duties under the provisions of this bill.

Section 17 creates the Board of Licensed Certified Professional Midwives. **Sections 34, 55 and 58-62** of this bill make various changes to ensure that the Board is treated similarly to other boards that regulate health-related professions. **Section 34** also provides that a person may obtain a license as a licensed certified professional midwife through reciprocity if the person has been in practice for at least 1 year immediately preceding the date on which the person submits an application. **Section 18** of this bill prescribes certain requirements concerning the operations and duties of the Board. **Section 19** of this bill requires the Board to adopt regulations governing the practice of certified professional midwifery, including: (1) requirements governing the issuance and renewal of a license as a licensed certified professional midwife, including a requirement that an applicant to renew a license must have completed continuing education in cultural humility or the elimination of racism or bias; (2) requirements governing the investigation of misconduct and discipline; (3) requirements governing the management of a client who is at a moderate or high risk of an adverse outcome; and (4) requirements governing certain other aspects of the practice of certified professional midwifery. **Section 76.5** of this bill provides that continuing education in cultural humility or the elimination of racism or bias completed by a licensed certified professional midwife satisfies a requirement that an agent or employee of certain health care facilities receive training in cultural competency.

Section 20 of this bill prescribes the requirements for the issuance of a license as a licensed certified professional midwife. **Section 103** of this bill revises the requirements for the issuance of a license as a licensed certified professional midwife on January 1, 2026, to authorize the Division to exempt certain applicants from certain education requirements to address shortages in the number of midwives practicing in rural or underserved areas in the State or barriers for applicants from marginalized identities. **Section 21** of this bill: (1) authorizes a licensed certified professional midwife to utilize a certified professional midwife birth assistant to perform certain simple, routine medical tasks; and (2) prescribes the required training for a certified professional midwife birth assistant.

Existing federal law requires each state to adopt procedures to ensure that applicants for certain licenses and certificates comply with child support obligations. (42 U.S.C. § 666) **Sections 22 and 29** of this bill enact such procedures as applicable to an applicant for a license as a licensed certified professional



midwife in order to comply with federal law. **Sections 104 and 110** of this bill remove a requirement that an application for a license as a licensed certified professional midwife include the social security number of the applicant on the date that those federal requirements are repealed, while leaving in place the other requirements of **sections 22 and 29** until 2 years after that date. **Section 33** of this bill makes a conforming change to account for applicants for licensure who do not have a social security number.

Section 23 of this bill prescribes the authorized activities of a certified professional midwife student midwife and requirements governing the supervision of a certified professional midwife student midwife by a preceptor. **Section 24** of this bill requires any midwife who provides services in this State to provide to a client a Community Birth Disclosure that contains certain information. **Section 24** additionally requires the Board to create the Community Birth Disclosure in collaboration with all types of midwives practicing in this State. **Section 24** further requires a licensed certified professional midwife to obtain informed written consent from each client before providing services.

Existing law authorizes only certain practitioners who are licensed in this State and registered with the State Board of Pharmacy to prescribe drugs and devices. (NRS 639.235, 639.23505) **Sections 25, 40, 41 and 78** of this bill authorize a licensed certified professional midwife to: (1) order, possess and administer certain drugs, devices, chemicals and solutions; and (2) order certain devices and vaccines for a client. **Sections 26, 40 and 78** of this bill authorize a licensed certified professional midwife to apply to the Division for a special endorsement for his or her license to: (1) order, dispense and implant contraceptive devices; or (2) possess, administer, prescribe and dispense certain dangerous drugs. **Sections 21, 23 and 79** of this bill authorize a certified professional midwife birth assistant or certified professional midwife student midwife to administer certain drugs, devices, chemicals and solutions under the direct supervision of a licensed certified professional midwife or in certain emergency situations. **Section 23** additionally authorizes a certified professional midwife student midwife to administer or implant a contraceptive device under the supervision of a preceptor who holds the appropriate special endorsement.

Section 27 of this bill imposes specific requirements concerning the management of a client who is at a moderate or high risk of an adverse outcome, and **section 19** requires the Board of Licensed Certified Professional Midwives to adopt additional regulations governing the management of such a client. **Section 19.5** of this bill authorizes the Board to establish an advisory committee to advise the Board concerning the adoption of those regulations. **Section 27** also exempts: (1) a licensed certified professional midwife from liability resulting from the informed refusal to consent of such a client to consultation, co-management with or referral to another provider of health care or transfer to a medical facility or the inability of the licensed certified professional midwife to arrange for such consultation or carry out such co-management, referral or transfer; and (2) other providers of health care from liability for the actions or omissions of a licensed certified professional midwife.

Section 28 of this bill requires a licensed certified professional midwife to report to the Division certain information concerning his or her practice upon the renewal of his or her license.

Section 30 of this bill: (1) requires the Division to maintain certain records of proceedings relating to licensing, disciplinary actions and investigations; and (2) declares certain records to be confidential and certain other records to be public. **Section 57** of this bill makes a conforming change to clarify that such confidential records of the Division are not public records. **Section 31** of this bill prohibits a person who does not hold a license as a licensed certified professional midwife from representing that he or she is licensed to engage in the practice of certified



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professional midwifery. **Section 31** also prohibits a person whose license to perform midwifery in another jurisdiction of the United States has been suspended or revoked from performing midwifery or holding himself or herself out as a midwife in this State until the license in the other district, state or territory is restored. **Section 31** authorizes a person to represent that he or she is licensed to engage in the practice of certified professional midwifery if the person is licensed in another district, state or territory of the United States and the person discloses that license to the public. **Section 31** also prohibits a certified professional midwife student midwife from: (1) engaging in midwifery in circumstances other than those authorized by this bill; or (2) representing that he or she is qualified to engage in the practice of certified professional midwifery without supervision. **Section 31** authorizes the Division to order a person to cease and desist from performing midwifery or holding himself or herself out as a midwife if: (1) his or her license as a licensed certified professional midwife has been suspended or revoked; (2) he or she is the subject of pending disciplinary action; or (3) he or she has voluntarily relinquished his or her license under certain circumstances. **Section 31** additionally authorizes the Division to, when it has reason to believe or has received complaints that a person has repeatedly violated the provisions of **section 31**, certify the facts to the Attorney General, or other appropriate law enforcement officer, who may, in his or her discretion, cause appropriate proceedings to be brought. **Section 32** authorizes the Division or the Attorney General to seek an injunction against any person violating any provision of **sections 2-32**.

Existing law defines the term "provider of health care" as a person who practices any of certain professions related to the provision of health care. (NRS 629.031) Existing law imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) **Section 35** of this bill includes licensed certified professional midwives in the definition of "provider of health care," thereby subjecting licensed certified professional midwives to the same requirements. **Section 76** of this bill makes a conforming change to clarify that licensed certified professional midwives are providers of health care. **Section 37** of this bill requires a licensed certified professional midwife to report misconduct by a person licensed or certified by the State Board of Nursing to the Executive Director of the Board.

Sections 48 and 49 of this bill provide that a licensed certified professional midwife is not liable for civil damages resulting from providing emergency care or gratuitous care to an indigent person under certain circumstances. **Section 70** of this bill requires a licensed certified professional midwife who attends a birth that occurs outside a hospital which is not also attended by a physician or advanced practice registered nurse to prepare a birth certificate. **Section 71** of this bill provides for the imposition of a fine upon a person who furnishes false information to a licensed certified professional midwife for the purpose of making incorrect certification of births or deaths.

Existing law provides that, in any civil action concerning any unwelcome or nonconsensual sexual conduct, there is a rebuttable presumption that the sexual conduct was unwelcome or nonconsensual if the alleged perpetrator was a person in a position of authority over the alleged victim. (NRS 41.138) **Section 47** of this bill provides that a licensed certified professional midwife, certified professional midwife student midwife or certified professional midwife birth assistant is a person of authority for that purpose.

Sections 46, 50-54, 63, 64, 66-76 and 80-102 of this bill make revisions to treat licensed certified professional midwives similarly to other providers of health care in certain respects. **Section 65** of this bill requires Medicaid to cover the services of a licensed certified professional midwife and to provide reimbursement for such services at rates comparable to other providers of health care who provide



similar services. **Section 56** of this bill makes a conforming change to indicate the proper placement of **section 65** in the Nevada Revised Statutes.

Section 77 of this bill authorizes a licensed certified professional midwife to serve as the director of a freestanding birthing center.

Existing law requires a primary care provider, including a midwife, to take certain actions to facilitate the detection of harmful mutations in the BRCA gene in patients who are adult women. (NRS 457.301) **Section 81** of this bill provides that this requirement applies to licensed certified professional midwives, but not to other midwives.

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

Section 1. Title 54 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 32, inclusive, of this act.

Sec. 2. *As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 3 to 14, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Board” means the Board of Licensed Certified Professional Midwives created by section 17 of this act.*

Sec. 4. *“Certified nurse-midwife” means a person who is:*
1. Certified as a nurse-midwife by the American Midwifery Certification Board, or its successor organization; and
2. Licensed as an advanced practice registered nurse pursuant to NRS 632.237.

Sec. 5. *“Certified professional midwife birth assistant” means a person who performs routine medical tasks and procedures under the direct supervision of a licensed certified professional midwife.*

Sec. 6. *“Certified professional midwife student midwife” means a person who performs midwifery under the direct supervision of a preceptor pursuant to section 23 of this act.*

Sec. 7. *“Co-manage” means a licensed certified professional midwife jointly managing the care of a client with another provider of health care.*

Sec. 8. *“Consult” means a client receiving an opinion concerning the management of a particular condition or symptom from an appropriate provider of health care at the direction of a licensed certified professional midwife.*

Sec. 9. *“Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.*



1 **Sec. 10.** *“Licensed certified professional midwife” means a*
2 *person licensed as a licensed certified professional midwife*
3 *pursuant to section 20 of this act.*

4 **Sec. 11.** *“Medical facility” has the meaning ascribed to it in*
5 *NRS 449.0151.*

6 **Sec. 11.5.** *“Midwifery” means the provision of care to clients*
7 *before conception, while pregnant and during the postpartum*
8 *period and to newborn infants. The term includes, without*
9 *limitation, the practice of certified professional midwifery.*

10 **Sec. 12.** *“Practice of certified professional midwifery” means*
11 *the provision of autonomous care to healthy clients who are at low*
12 *risk of developing complications before conception, while*
13 *pregnant and during the postpartum period and to newborn*
14 *infants for up to 6 weeks after childbirth. The term includes,*
15 *without limitation, co-management of the care of a client with a*
16 *qualified provider of health care.*

17 **Sec. 13.** *“Provider of health care” has the meaning ascribed*
18 *to it in NRS 629.031.*

19 **Sec. 14.** *“Refer” means a licensed certified professional*
20 *midwife arranging for another provider of health care to assume*
21 *primary responsibility for managing a condition or symptom.*

22 **Sec. 15.** 1. *Except as otherwise provided in this section and*
23 *sections 21, 24 and 27 of this act, the provisions of this chapter do*
24 *not apply to a person who holds a license, certificate or other*
25 *credential issued pursuant to chapters 630 to 641D, inclusive, of*
26 *NRS and is practicing within the scope of authority authorized by*
27 *that license, certificate or other credential. For the purposes of*
28 *this subsection, a certified nurse-midwife shall be deemed to be*
29 *practicing within the scope of authority authorized by his or her*
30 *license as an advanced practice registered nurse.*

31 2. *This chapter does not prohibit:*

32 (a) *Gratuitous services of a person in an emergency; or*

33 (b) *Gratuitous care by friends or by members of the family.*

34 3. *This chapter does not abridge, limit or otherwise affect the*
35 *right of any person to deliver a baby in the manner and location*
36 *that the person desires.*

37 **Sec. 16.** *The Division may accept gifts, grants and donations*
38 *to pay the costs of performing its duties under the provisions of*
39 *this chapter.*

40 **Sec. 17.** 1. *The Board of Licensed Certified Professional*
41 *Midwives is hereby created.*

42 2. *The Administrator of the Division shall appoint to the*
43 *Board:*

44 (a) *Four voting members who are licensed certified*
45 *professional midwives currently practicing in this State;*



(b) One voting member who is a representative of the general public and who has received care from a licensed certified professional midwife; and

(c) One nonvoting member to serve as a liaison with the Division.

3. The Board may adopt regulations, in consultation with the Division, to add not more than three members, in addition to the members appointed pursuant to subsection 2, to the Board.

4. Each member of the Board must be a resident of this State.

5. The Administrator of the Division:

(a) May solicit nominations for appointment to the Board from interested persons and entities.

(b) Shall give preference when appointing the members of the Board to candidates who have experience providing or utilizing midwifery services outside of a hospital.

6. The Board shall adopt regulations prescribing the terms of its members. Such terms must not exceed 4 years. The Administrator of the Division may:

(a) Reappoint a member at the expiration of his or her term; or

(b) Terminate a member before the expiration of his or her term for cause.

7. A vacancy on the Board must be filled in the same manner as the initial appointment.

8. Except as otherwise provided in this subsection, members of the Board serve without compensation. The State Board of Health may, by regulation, provide for compensation of the members of the Board.

Sec. 18. 1. A majority of the voting members of the Board constitutes a quorum for the transaction of business, and a majority of a quorum present at any meeting is sufficient for any official action taken by the Board.

2. The Board shall:

(a) At its first meeting and annually thereafter, elect a Chair from among its members;

(b) Meet annually at the call of the Chair; and

(c) Recommend to the Legislature any statutory changes to improve the practice of certified professional midwifery in this State.

3. To the extent that money is available, the Board may meet more frequently than required by paragraph (b) of subsection 2.

4. To the extent practicable, any advice or recommendations made by the Board concerning the practice of certified professional midwifery must be guided by current, peer-reviewed scientific research.



Sec. 19. *The Board shall adopt any regulations necessary or convenient for carrying out the provisions of this chapter. In adopting regulations, the Board shall consider measures necessary to minimize the likelihood of serious harm to the clients of licensed certified professional midwives and the fetuses and newborn infants of such clients. Those regulations must include, without limitation:*

1. Requirements governing the issuance and renewal of a license as a licensed certified professional midwife, including, without limitation:

(a) The period for which a license is valid, which must not exceed 2 years. If the Division determines that the fees collected pursuant to this chapter will not cover the costs of the Division to perform the duties prescribed by the provisions of this chapter if that period is longer than 1 year, the Division shall notify the Board of that determination. Upon receiving such notice, the Board shall adopt regulations pursuant to this paragraph to prescribe a period for which a license is valid that does not exceed 1 year.

(b) A requirement that an applicant for the renewal of a license must have completed continuing education in cultural humility or the elimination of racism or bias. The regulations adopted pursuant to this paragraph must allow an applicant for the renewal of a license to satisfy that requirement by completing any continuing education in cultural humility or the elimination of racism or bias required by the North American Registry of Midwives, or its successor organization, to maintain certification by that organization.

2. The procedure for filing a complaint with the Division concerning a licensed certified professional midwife or certified professional midwife student midwife.

3. Grounds for the Division to impose disciplinary action against a licensed certified professional midwife or certified professional midwife student midwife and the procedure by which the Division will impose such disciplinary action.

4. Requirements governing the reinstatement of a license or special endorsement that has been revoked, including, without limitation, the procedure to apply for reinstatement and the minimum amount of time after the revocation that must pass before the person is authorized to apply for reinstatement.

5. Requirements governing the reinstatement of the authority to perform midwifery of a person who has been ordered to cease and desist from performing midwifery and holding himself or herself out as a midwife pursuant to section 31 of this act, including, without limitation, the procedure to apply for



1 *reinstatement and the minimum amount of time after the issuance*
2 *of the order that must pass before the person is authorized to apply*
3 *for reinstatement.*

4 6. Regulations governing the ordering, usage and
5 administration of drugs, vaccines, chemicals, solutions and
6 devices pursuant to section 25 of this act.

7 7. Regulations concerning the management by a licensed
8 certified professional midwife of a client who may have a
9 condition that puts the client at a moderate or high risk of an
10 adverse outcome for the client or the fetus or newborn infant of
11 the client. The regulations must, to the extent practicable, be
12 guided by current, peer-reviewed scientific research and must
13 include, without limitation:

14 (a) A list of conditions or symptoms associated with a risk of
15 serious permanent harm or death to a client or the fetus or
16 newborn infant of a client, in addition to those prescribed by
17 section 27 of this act;

18 (b) A list of conditions or symptoms associated with a risk of
19 greater than minimal harm to a client or the fetus or newborn
20 infant of a client that do not pose a risk of serious permanent
21 harm or death, in addition to those prescribed by section 27 of this
22 act; and

23 (c) Specific requirements for each condition or symptom listed
24 pursuant to subparagraphs (1) and (2) governing:

25 (1) The circumstances under which a licensed certified
26 professional midwife must arrange for the client to consult with
27 another provider of health care, co-manage the care of the client
28 with another provider of health care, refer primary responsibility
29 for the care of a client to another provider of health care or
30 transfer the care of the client to a medical facility, procedures for
31 such consultation, co-management, referral or transfer and
32 requirements to ensure that a provider of health care who is
33 consulted, with whom a client's condition or symptom is co-
34 managed or to whom primary responsibility for the care of a client
35 is referred is appropriately qualified; and

36 (2) The information that must be included on the form for
37 providing informed refusal to consent to consultation, co-
38 management, referral or transfer pursuant to section 27 of this act
39 and the management of a client who provides such informed
40 refusal to consent.

41 8. Requirements governing the screening of clients in
42 accordance with chapter 442 of NRS and necessary measures for
43 the prevention of communicable diseases.



9. Requirements concerning the records of treatment and outcomes that must be kept by a licensed certified professional midwife.

10. Administrative penalties that the Division may impose upon a certified professional midwife student midwife who engages in the practice of certified professional midwifery without a preceptor.

11. Administrative penalties that the Division may impose upon a licensed certified professional midwife who engages in activity for which a special endorsement is required by section 23 or 26 of this act without the appropriate endorsement.

12. Any other requirements necessary to optimize obstetrical and neonatal outcomes for clients of licensed certified professional midwives.

Sec. 19.5. 1. The Board may establish by regulation an advisory committee to advise the Board concerning the regulations adopted pursuant to subsection 7 of section 19 of this act. If such an advisory committee is established, the regulations adopted pursuant to this section must establish:

(a) The membership of the advisory committee;

(b) The terms of the members of the advisory committee; and

(c) The duties of the advisory committee.

2. Any recommendations of an advisory committee established pursuant to this section must be based on current, peer-reviewed scientific evidence and widely accepted best practices. Such recommendations may include, without limitation, recommendations concerning the transmission of information necessary for the care of a client from a licensed certified professional midwife to a provider of health care to whom the client is referred or a medical facility to which the client is transferred.

3. Members of the advisory committee serve without compensation and are not entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

4. A member of the advisory committee who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the advisory committee and perform any work necessary to carry out the duties of the advisory committee in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the advisory committee to:



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- (a) Make up the time he or she is absent from work to carry out his or her duties as a member of the advisory committee; or
(b) Take annual leave or compensatory time for the absence.

Sec. 20. 1. An applicant for a license as a licensed certified professional midwife must submit to the Division an application pursuant to this section in the form prescribed by the Division. The application must be accompanied by a fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000, and:

(a) A complete set of his or her fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; or

(b) Written verification, on a form prescribed by the Division, stating that the fingerprints of the applicant were taken in this State and directly forwarded electronically or by another means to the Central Repository and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation for its report.

2. The application must include, without limitation, proof that the applicant is certified as a midwife by the North American Registry of Midwives, or its successor organization, and:

(a) Has completed an educational program that is consistent with the most recent statement on licensure of Certified Professional Midwives by the United States Midwifery Education, Regulation and Association, or its successor organization; or

(b) Holds a Midwifery Bridge Certificate issued by the North American Registry of Midwives, or its successor organization, and has completed the Portfolio Evaluation Process prescribed by that organization.

3. A license as a licensed certified professional midwife may be renewed upon submission to the Division of a renewal application in the form prescribed by the Division. The renewal application must:

(a) Be accompanied by a renewal fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000; and

(b) Include any information required by the regulations adopted by the Board pursuant to section 19 of this act.

4. To the extent that the implementation of such provisions will leave the Division with sufficient money to carry out its duties



under this chapter, the State Board of Health may establish by regulation a procedure through which:

(a) An applicant may petition the Division to reduce the fees imposed pursuant to this section or section 26 of this act. An applicant may qualify for such a reduction if the applicant demonstrates, to the satisfaction of the Division, that the fees imposed pursuant to this section or section 26 of this act are an economic hardship on the applicant.

(b) The Division allocates a portion of the fees imposed and collected pursuant to this section or section 26 of this act to programs that promote applicants from marginalized identities through increasing the numbers of such applicants and reducing barriers that such applicants face.

5. As used in this section, “marginalized identity” means an identity or expression that causes or has historically caused a person of such identity or expression to be disproportionately discriminated against, harassed or otherwise negatively treated or affected as a result of the identity or expression.

Sec. 21. 1. A licensed certified professional midwife may utilize a certified professional midwife birth assistant to perform the tasks and procedures authorized by subsection 3. Except as otherwise provided in subsection 2, a certified professional midwife birth assistant, including, without limitation, a provider of health care serving as a certified professional midwife birth assistant, must:

(a) Be at least 18 years of age;

(b) Have completed training in cultural humility or the elimination of racism or bias;

(c) Have completed training in the techniques of administering neonatal resuscitation provided through the Neonatal Resuscitation Program of the American Academy of Pediatrics, or any successor to that program; and

(d) Hold current certification in the techniques of administering cardiopulmonary resuscitation.

2. A certified professional midwife birth assistant who is a licensed certified professional midwife or a certified nurse-midwife is not required to possess the qualifications set forth in subsection 1.

3. Except as otherwise provided in subsection 5, a certified professional midwife birth assistant may perform routine clinical tasks and procedures only under the direct supervision of a licensed certified professional midwife who is present on the premises and able to intervene if necessary. Such tasks include, without limitation:



(a) Administering medications, including, without limitation and to the extent applicable, any medication described in subsection 2 of section 25 of this act, intradermally, subcutaneously and intramuscularly and performing skin tests;

(b) Providing medication, including, without limitation and to the extent applicable, any medication described in subsection 2 of section 25 of this act, to a patient to self-administer orally, sublingually, topically or rectally;

(c) Administering oxygen;

(d) Assisting in the care of a newborn infant immediately after birth;

(e) Placing a device used for auscultation of fetal heart tones;

(f) Assisting a client with activities of daily living and assisting the client in moving between the bed and bathroom;

(g) Performing cardiopulmonary or neonatal resuscitation; and

(h) Checking vital signs.

4. The supervising licensed certified professional midwife is responsible for ensuring that the certified professional midwife birth assistant has been properly trained to provide the services delegated to him or her. The supervising licensed certified professional midwife shall retain any documentation of the training that the certified professional midwife birth assistant has received for at least 5 years after the supervising licensed certified professional midwife ceases to supervise the certified professional midwife birth assistant.

5. A certified professional midwife birth assistant may provide any necessary assistance in an emergency or when birth is imminent if his or her supervising licensed certified professional midwife is not present. If a certified professional midwife birth assistant provides such assistance without supervision, the certified professional midwife birth assistant must contact a provider of emergency medical services to provide further assistance.

6. A certified professional midwife birth assistant shall not assess clinical information or make clinical decisions.

Sec. 22. 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall include the social security number of the applicant in the application submitted to the Division.

(b) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall submit to the Division of Public and Behavioral Health of the Department of



Health and Human Services the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Division of Public and Behavioral Health of the Department of Health and Human Services shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Division.

3. A license as a licensed certified professional midwife may not be issued or renewed by the Division if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 23. 1. Except as otherwise provided in subsection 5, a certified professional midwife student midwife may engage in the practice of certified professional midwifery, including, without limitation, by using or administering any drug, vaccine, device, chemical or solution described in subsection 1, 2 or 3 of section 25 of this act, only under the direct supervision of a preceptor who is present on the premises and able to intervene if necessary. The preceptor is responsible for each client to whom the certified professional midwife student midwife provides midwifery services.

2. A certified professional midwife student midwife may administer or implant a contraceptive device or possess and administer a drug prescribed by the regulations adopted pursuant to paragraph (b) of subsection 1 of section 26 of this act only under the direct supervision of a preceptor who is a licensed certified professional midwife, holds the appropriate special endorsement issued pursuant to section 26 of this act authorizing



the preceptor to engage in such activity and is present on the premises and able to intervene if necessary. The preceptor is responsible for each client to whom the certified professional midwife student midwife provides services pursuant to this subsection.

3. A preceptor must be a person engaged in the practice of certified professional midwifery who is approved by the North American Registry of Midwives, or its successor organization, to serve as a preceptor.

4. A preceptor shall:

(a) Notify each client that a certified professional midwife student midwife may be involved in the care of the client;

(b) Explain the scope of the activities that the certified professional midwife student midwife may perform under the supervision of the preceptor; and

(c) Review and evaluate all care provided by a certified professional midwife student midwife under his or her supervision and attend every clinical encounter between the certified professional midwife student midwife and a client.

5. If the preceptor of a certified professional midwife student midwife ceases to serve as his or her preceptor and the certified professional midwife student midwife has no additional preceptor, the certified professional midwife student midwife must cease engaging in the practice of certified professional midwifery.

6. A certified professional midwife student midwife may provide any necessary assistance in an emergency or when birth is imminent if his or her preceptor is not present. If a certified professional midwife student midwife needs to provide such assistance and his or her preceptor is not present, the certified professional midwife student midwife must contact a provider of emergency medical services to provide further assistance.

Sec. 24. Upon accepting a client:

1. Any midwife, including, without limitation, a licensed certified professional midwife and a certified nurse-midwife, shall provide the client with a Community Birth Disclosure. The Community Birth Disclosure must inform the client regarding:

(a) The type of midwife that the midwife is;

(b) The type of education and training that the midwife has received; and

(c) The care to be provided by the midwife.

➔ The Board shall create the Community Birth Disclosure in collaboration with all types of midwives practicing in this State.

2. A midwife must sign and date, and obtain the signature of the client with a notation of the date of that signature, the Community Birth Disclosure provided pursuant to subsection 1.



1 *The midwife shall retain a copy of the Community Birth*
2 *Disclosure for 5 years.*

3 3. *In addition to complying with the requirements of*
4 *subsections 1 and 2, a licensed certified professional midwife shall*
5 *obtain from the client informed written consent regarding the care*
6 *to be provided by the licensed certified professional midwife.*
7 *Informed written consent requires that the licensed certified*
8 *professional midwife provide to the client:*

9 (a) *A description of the educational background and*
10 *credentials of the licensed certified professional midwife;*

11 (b) *A description of the practice of certified professional*
12 *midwifery as set forth in section 12 of this act and the limitations*
13 *on the practice of a licensed certified professional midwife;*

14 (c) *Instructions for obtaining a copy of the provisions of*
15 *sections 2 to 32, inclusive, of this act and the regulations adopted*
16 *pursuant to section 19 of this act;*

17 (d) *Instructions for filing a complaint with the Division in*
18 *accordance with the regulations adopted pursuant to section 19 of*
19 *this act;*

20 (e) *A description of the actions that the licensed certified*
21 *professional midwife will take in an emergency, including, without*
22 *limitation, the conditions under which the licensed certified*
23 *professional midwife will recommend the transfer of the client to a*
24 *medical facility and the procedure that the licensed certified*
25 *professional midwife will follow when making such a transfer;*

26 (f) *A description of the procedures that will be used during the*
27 *birth in the client's chosen setting, the risks and benefits of birth*
28 *in that setting and the conditions that may arise during delivery;*

29 (g) *A disclosure of whether the licensed certified professional*
30 *midwife holds liability insurance;*

31 (h) *A summary of the provisions of section 27 of this act and*
32 *the regulations adopted pursuant to section 19 of this act*
33 *governing consultation, co-management, referral and transfer and*
34 *a description of the procedures established by the licensed certified*
35 *professional midwife for consultation, co-management, referral*
36 *and transfer; and*

37 (i) *Any other information required by regulation of the Board.*

38 **Sec. 25. 1.** *A licensed certified professional midwife may*
39 *use the following devices:*

40 (a) *Dopplers, syringes, needles, phlebotomy equipment,*
41 *sutures, urinary catheters, intravenous equipment, amnihooks,*
42 *airway suction devices, electronic fetal monitors,*
43 *tocodynamometer monitors, equipment for administering oxygen,*
44 *glucose monitoring systems and testing strips, neonatal and adult*



oximetry equipment, centrifuges and equipment for conducting screenings of hearing ability;

(b) Equipment for administering nitrous oxide, including, without limitation, scavenging systems, only in a freestanding birthing center licensed pursuant to chapter 449 of NRS;

(c) Neonatal and adult resuscitation equipment, including, without limitation, airway devices; and

(d) Any other device authorized by regulation of the Board.

2. A licensed certified professional midwife may possess and administer:

(a) Oxytocin, misoprostol, methylergonovine, tranexamic acid, lidocaine, penicillin, ampicillin, cefazolin, clindamycin, epinephrine, diphenhydramine, ondansetron, phylloquinone, erythromycin ointment, terbutaline and nitrous oxide;

(b) Influenza vaccine, hepatitis B vaccine, COVID-19 vaccine and diphtheria, tetanus and pertussis vaccine;

(c) Rho (D) immune globulin and hepatitis B immune globulin; and

(d) Any other drugs or vaccines authorized by regulation of the Board.

3. A licensed certified professional midwife may possess and administer:

(a) Oxygen, lactated Ringers solution, 5 percent dextrose in lactated Ringers solution, 0.9 percent sodium chloride solution and sterile water; and

(b) Any other chemicals or solutions authorized by regulation of the Board.

4. A licensed certified professional midwife may order for a client:

(a) Breast pumps, compression stockings and belts, maternity belts, diaphragms, cervical caps, glucometers, glucose testing strips, iron supplements and prenatal vitamins; and

(b) Any vaccine described in paragraph (b) of subsection 2.

Sec. 26. 1. The Division shall, upon application by a licensed certified professional midwife who has such qualifications as the Board specifies by regulation, issue:

(a) A special endorsement of the license authorizing the licensed certified professional midwife to order, dispense, administer and implant contraceptive devices for a client.

(b) A special endorsement of the license authorizing the licensed certified professional midwife to possess, administer, prescribe and dispense drugs prescribed by regulation of the Board, in consultation with the State Board of Pharmacy, for a client.



2. An application for the issuance or renewal of a special endorsement pursuant to this section must be accompanied by a fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$500.

3. The Board, in consultation with the State Board of Pharmacy, shall adopt regulations to carry out the provisions of this section. Those regulations must prescribe:

(a) The training and experience necessary to obtain a special endorsement, including, without limitation:

(1) The additional education and training necessary to obtain a special endorsement described in paragraph (a) or (b) of subsection 1, which must be similar to the education and training required for other providers of health care who perform the activities authorized by those endorsements;

(2) The number of completed implantations of a contraceptive device under the supervision of a preceptor necessary to obtain a special endorsement described in paragraph (a) of subsection 1; and

(3) Requirements for the completion of training required by the manufacturer of a contraceptive device or the equivalent of such training to obtain a special endorsement described in paragraph (a) of subsection 1.

(b) The period for which a special endorsement is valid, which must not exceed the length of the period for which the license of the holder of the endorsement is valid.

(c) The contraceptive devices that the holder of a special endorsement issued pursuant to paragraph (a) of subsection 1 may order, dispense, administer and implant.

(d) The drugs that the holder of a special endorsement issued pursuant to paragraph (b) of subsection 1 may possess, administer, prescribe or dispense, which must only include:

(1) Antibiotic, antiemetic, antiviral, antifungal and antipruritic medications and low-potency topical steroids for the prevention and treatment of conditions that do not constitute a significant deviation from normal pregnancy or postpartum; and

(2) Hormonal and nonhormonal contraceptives.

4. A special endorsement issued pursuant to paragraph (b) of subsection 1 does not authorize the holder to prescribe or dispense drugs for a newborn infant.

Sec. 27. 1. Except as otherwise provided in subsections 4 and 5, a licensed certified professional midwife must recommend and, with the consent of the client, arrange for consultation or co-management with or referral to a qualified provider of health care or transfer to an appropriate medical facility if the licensed



certified professional midwife determines that any of the following conditions or symptoms exist:

- (a) Complete placenta previa;
- (b) Partial placenta previa after the 27th week of gestation;
- (c) Infection with the human immunodeficiency virus;
- (d) Cardiovascular disease;
- (e) Severe mental illness that may cause the client to cause harm to themselves or others;
- (f) Pre-eclampsia or eclampsia;
- (g) Fetal growth restriction, oligohydramnios or moderate or severe polyhydramnios in the pregnancy;
- (h) Potentially serious anatomic fetal abnormalities;
- (i) Diabetes that requires insulin or other medication for management;
- (j) Gestational age of greater than 43 weeks; or
- (k) Any other condition or symptom:

(1) Designated by the regulations adopted pursuant to section 19 of this act; or

(2) Which, in the judgment of the licensed certified professional midwife, could threaten the life of the client or the fetus or newborn infant of the client.

2. Except as otherwise provided in subsections 4 and 5, a licensed certified professional midwife must recommend and, with the consent of the client, arrange for consultation or co-management with or referral to a qualified provider of health care if the licensed certified professional midwife determines that any of the following conditions or symptoms exist:

- (a) Prior cesarean section or other surgery resulting in a uterine scar;
- (b) Multifetal gestation;
- (c) Noncephalic presentation after 36 weeks of gestation; or
- (d) Any other condition or symptom designated by the regulations adopted pursuant to section 19 of this act.

3. A licensed certified professional midwife who recommends to a client consultation, co-management, referral or transfer shall document in the record of the client:

- (a) The contents of the recommendation;
- (b) The condition or symptom for which the recommendation was made;
- (c) Whether the client consented to the consultation, co-management, referral or transfer; and
- (d) If the client provides consent, the name, profession and specialty of the provider of health care with whom the licensed certified professional midwife consulted or co-managed or to



whom the client was referred or the medical facility to which the client was transferred.

4. A client may provide informed refusal to consent to consultation, co-management, referral or transfer in writing on a form prescribed by the Board. If a client provides informed refusal to consent to:

(a) Consultation, co-management, referral or transfer after the licensed certified professional midwife has determined that a condition or symptom described in subsection 1 exists, the licensed certified professional midwife must attempt to locate a qualified provider of health care for which the client consents to consultation, co-management or referral or an appropriate medical facility for which the client consents to transfer. If the licensed certified professional midwife is unable to locate such a provider of health care who is willing to consult, co-manage or accept the referral or such a medical facility which is willing to accept the transfer, the licensed certified professional midwife is not liable for any damages resulting from the failure to consult, co-manage, refer or transfer. If the condition or symptom threatens the life or health of the client or the fetus or the newborn infant of the client during labor or delivery, the licensed certified professional midwife must call 911 and provide care until relieved by a qualified provider of health care.

(b) Consultation, co-management or referral after the licensed certified professional midwife has determined that a condition or symptom described in subsection 2 exists, the licensed certified professional midwife:

(1) May continue to serve as the primary provider of health care for the client until the client provides such consent; and

(2) Is not liable for any damages resulting from the failure to consult, co-manage or refer.

5. If, after determining that a condition or symptom described in:

(a) Subsection 1 exists and making a reasonable effort to arrange for consultation with, co-management of the condition or symptom with or referral of the client to a qualified provider of health care or the transfer of the client to an appropriate medical facility, a licensed certified professional midwife is unable to locate a qualified provider of health care who is willing to consult, co-manage or accept the referral or an appropriate medical facility willing to accept the transfer, the licensed certified professional midwife shall be deemed to be in compliance with the requirements of this section and is not liable for any damages resulting from the inability of the licensed certified professional midwife to consult, co-manage, refer or transfer. If the condition



1 or symptom threatens the life or health of the client or the fetus or
2 newborn infant of the client during labor or delivery, the licensed
3 certified professional midwife must call 911 and provide care until
4 relieved by a qualified provider of health care.

5 (b) Subsection 2 exists and making a reasonable effort to
6 arrange for consultation with, co-management of the condition or
7 symptom with or referral of the client to a qualified provider of
8 health care, a licensed certified professional midwife is unable to
9 locate a qualified provider of health care who is willing to consult,
10 co-manage or accept the referral, the licensed certified
11 professional midwife shall be deemed to be in compliance with the
12 requirements of this section and is not liable for any damages
13 resulting from the inability of the licensed certified professional
14 midwife to arrange for consultation, co-manage or refer.

15 6. A provider of health care who is not a licensed certified
16 professional midwife is not liable for any damages resulting from
17 any act or omission of a licensed certified professional midwife
18 and is not required to adhere to any standards of care governing
19 the practice of certified professional midwifery. Such a provider of
20 health care is only liable for the damages resulting from his or her
21 own acts or omissions in accordance with the standards of care
22 governing his or her profession.

23 **Sec. 28. 1.** With each application for the renewal of his or
24 her license, a licensed certified professional midwife shall submit
25 to the Division a report, in the form prescribed by the Division,
26 that includes, for the immediately preceding licensure period:

27 (a) The total number of clients who, when accepted by the
28 licensed certified professional midwife as clients, intended to
29 deliver their babies outside of a hospital;

30 (b) The number of live births attended by the licensed certified
31 professional midwife outside of a hospital;

32 (c) The number of cases of fetal demise, deaths of newborns
33 and maternal deaths attended by the licensed certified professional
34 midwife;

35 (d) The number of clients transferred to a medical facility
36 during the antepartum, intrapartum or immediate postpartum
37 periods and the reason for and outcome of each such transfer;

38 (e) A brief description of any complications resulting in
39 maternal or infant morbidity or mortality;

40 (f) The planned location and actual location of each delivery;
41 and

42 (g) Any other information required by regulation of the Board.

43 2. Not later than 30 days after attending a maternal or
44 newborn infant death, a licensed certified professional midwife
45 shall report the death to the Division and the Board.



1 **Sec. 29. 1.** *If the Division receives a copy of a court order*
2 *issued pursuant to NRS 425.540 that provides for the suspension*
3 *of all professional, occupational and recreational licenses,*
4 *certificates and permits issued to a person who is the holder of a*
5 *license issued pursuant to this chapter, the Division shall deem the*
6 *license issued to that person to be suspended at the end of the 30th*
7 *day after the date on which the court order was issued unless the*
8 *Division receives a letter issued to the holder of the license by the*
9 *district attorney or other public agency pursuant to NRS 425.550*
10 *stating that the holder of the license has complied with the*
11 *subpoena or warrant or has satisfied the arrearage pursuant to*
12 *NRS 425.560.*

13 2. *The Division shall reinstate a license issued pursuant to*
14 *this chapter that has been suspended by a district court pursuant*
15 *to NRS 425.540 if:*

16 (a) *The Division receives a letter issued by the district attorney*
17 *or other public agency pursuant to NRS 425.550 to the person*
18 *whose license was suspended stating that the person whose license*
19 *was suspended has complied with the subpoena or warrant or has*
20 *satisfied the arrearage pursuant to NRS 425.560; and*

21 (b) *The person whose license was suspended pays the*
22 *appropriate fee required pursuant to this chapter.*

23 **Sec. 30. 1.** *The Division shall keep a record of its*
24 *proceedings relating to licensing, disciplinary actions and*
25 *investigations. Except as otherwise provided in this chapter, the*
26 *record is a public record for the purposes of chapter 239 of NRS.*

27 2. *Except as otherwise provided in this section and NRS*
28 *239.0115, a complaint filed with the Division, all documents and*
29 *other information filed with the complaint and all documents and*
30 *other information compiled as a result of an investigation*
31 *conducted to determine whether to initiate disciplinary action*
32 *against a person are confidential and privileged.*

33 3. *A complaint or other document filed by the Division to*
34 *initiate disciplinary action, any written opinion rendered by the*
35 *Division and all documents and information considered by the*
36 *Division when determining whether to impose discipline are public*
37 *records.*

38 4. *An order that imposes discipline and the findings of fact*
39 *and conclusions of law supporting that order are public records.*

40 5. *The provisions of this section do not prohibit the Division*
41 *from communicating or cooperating with or providing any*
42 *documents or other information to any other licensing board or*
43 *any other agency that is investigating a person, including, without*
44 *limitation, a law enforcement agency.*



Sec. 31. 1. Except as otherwise provided in subsection 2, a person who is not licensed as a licensed certified professional midwife or a person whose license as a licensed certified professional midwife has been suspended or revoked by the Division shall not:

(a) Use in connection with his or her name the words “licensed certified professional midwife,” “licensed midwife” or any other letters, words or insignia indicating or implying that he or she is licensed to engage in the practice of certified professional midwifery, or in any other way, orally, or in writing or print, or by sign, directly or by implication, represent himself or herself as licensed to engage in the practice of certified professional midwifery in this State; or

(b) List or cause to have listed in any directory, including, without limitation, a telephone directory, his or her name or the name of his or her company under the heading “licensed certified professional midwife,” “licensed midwife” or any other term that indicates or implies that he or she is licensed to engage in the practice of certified professional midwifery in this State.

2. A person who is not licensed as a licensed certified professional midwife or a person whose license as a licensed certified professional midwife has been suspended or revoked by the Division may use or list the words or headings described in paragraph (a) or (b) of subsection 1 if the person is licensed in the District of Columbia or any state or territory of the United States and is not subject to an order issued pursuant to subsection 5. If the person uses or lists the words or headings pursuant to this section, the person shall disclose the district, state or territory, as applicable, in which he or she is licensed.

3. A person who is licensed as a licensed certified professional midwife and who is also licensed to perform midwifery in any capacity in the District of Columbia or any state or territory of the United States shall disclose each additional district, state or territory, as applicable, in which he or she is currently licensed or has ever been licensed in all circumstances described in paragraphs (a) and (b) of subsection 1. If the license of such a person to perform midwifery has been revoked or suspended in the other district, state or territory, the person shall not perform midwifery or hold himself or herself out as a midwife until his or her license in the other district, state or territory is reinstated to an active and valid status.

4. A certified professional midwife student midwife shall not:
(a) Engage in midwifery except in circumstances authorized by this chapter; or



(b) Use in connection with his or her name the words “licensed certified professional midwife,” “certified professional midwife,” “licensed midwife” or any other letters, words or insignia indicating or implying that he or she is licensed to engage in the practice of certified professional midwifery without supervision, or in any other way, orally, or in writing or print, or by sign, directly or by implication, represent himself or herself as licensed to engage in the practice of certified professional midwifery without supervision in this State.

5. The Division may order a person to cease and desist from performing midwifery and holding himself or herself out as a midwife if:

(a) The person’s license as a licensed certified professional midwife has been suspended or revoked;

(b) The person has disciplinary action pending against him or her pursuant to this chapter; or

(c) The person has voluntarily relinquished his or her license while a complaint is pending against the person which alleges a violation which:

(1) Has caused serious injury, serious harm or serious impairment of public health; or

(2) Indicates that the person would be likely to cause serious injury, serious harm or serious impairment of public health if the person continues to perform midwifery.

6. A person shall not perform midwifery or hold himself or herself out as a midwife after receiving an order to cease and desist from those activities pursuant to subsection 5 unless the Division has reinstated his or her license to practice licensed certified professional midwifery or his or her authority to perform midwifery in accordance with the regulations adopted pursuant to section 19 of this act.

7. If the Division has reason to believe that a person has repeatedly violated any provision of this section or the Division has received complaints that a person has repeatedly violated any provision of this section, the Division may certify the facts to the Attorney General, or other appropriate law enforcement officer, who may, in his or her discretion, cause appropriate proceedings to be brought.

Sec. 32. 1. The Division or the Attorney General may maintain in any court of competent jurisdiction a suit to enjoin any person from violating a provision of this chapter or any regulations adopted pursuant thereto.

2. Such an injunction:

(a) May be issued without proof of actual damage sustained by any person as a preventive or punitive measure.



(b) Does not relieve any person or business entity from any other legal action.

Sec. 33. NRS 622.238 is hereby amended to read as follows:

622.238 1. The Legislature hereby finds and declares that:

(a) It is in the best interests of this State to make full use of the skills and talents of every resident of this State.

(b) It is the public policy of this State that each resident of this State, regardless of his or her immigration or citizenship status, is eligible to receive the benefit of applying for a license, certificate or permit pursuant to 8 U.S.C. § 1621(d).

2. Notwithstanding any other provision of this title, a regulatory body shall not deny the application of a person for the issuance of a license pursuant to this title based solely on his or her immigration or citizenship status.

3. Notwithstanding the provisions of NRS 623.225, 623A.185, 624.268, 625.387, 625A.105, 628.0345, 628B.320, 630.197, 630A.246, 631.225, 632.3446, 633.307, 634.095, 634A.115, 635.056, 636.159, 637.113, 637B.166, 638.103, 639.129, 640.095, 640A.145, 640B.340, 640C.430, 640D.120, 640E.200, 641.175, 641A.215, 641B.206, 641C.280, 641D.330, 642.0195, 643.095, 644A.485, 645.358, 645A.025, 645B.023, 645B.420, 645C.295, 645C.655, 645D.195, 645G.110, 645H.550, 648.085, 649.233, 652.075, 653.550, 654.145, 655.075 and 656.155, *and section 22 of this act*, an applicant for a license who does not have a social security number must provide an alternative personally identifying number, including, without limitation, his or her individual taxpayer identification number, when completing an application for a license.

4. A regulatory body shall not disclose to any person who is not employed by the regulatory body the social security number or alternative personally identifying number, including, without limitation, an individual taxpayer identification number, of an applicant for a license for any purpose except:

(a) Tax purposes;

(b) Licensing purposes; and

(c) Enforcement of an order for the payment of child support.

5. A social security number or alternative personally identifying number, including, without limitation, an individual taxpayer identification number, provided to a regulatory body is confidential and is not a public record for the purposes of chapter 239 of NRS.

Sec. 34. NRS 622.520 is hereby amended to read as follows:

622.520 1. A regulatory body that regulates a profession pursuant to chapters 630, 630A, 632 to 641D, inclusive, *and sections 2 to 32, inclusive, of this act*, 644A or 653 of NRS in this State may enter into a reciprocal agreement with the corresponding



1 regulatory authority of the District of Columbia or any other state or
2 territory of the United States for the purposes of:

3 (a) Authorizing a qualified person licensed in the profession in
4 that state or territory to practice concurrently in this State and one or
5 more other states or territories of the United States; and

6 (b) Regulating the practice of such a person.

7 2. A regulatory body may enter into a reciprocal agreement
8 pursuant to subsection 1 only if the regulatory body determines that:

9 (a) The corresponding regulatory authority is authorized by law
10 to enter into such an agreement with the regulatory body; and

11 (b) The applicable provisions of law governing the practice of
12 the respective profession in the state or territory on whose behalf the
13 corresponding regulatory authority would execute the reciprocal
14 agreement are substantially similar to the corresponding provisions
15 of law in this State.

16 3. A reciprocal agreement entered into pursuant to subsection 1
17 must not authorize a person to practice his or her profession
18 concurrently in this State unless the person:

19 (a) Has an active license to practice his or her profession in
20 another state or territory of the United States.

21 (b) ~~Has~~ *Except as otherwise provided in this paragraph, has*
22 *been in practice for at least the 5 years immediately preceding the*
23 *date on which the person submits an application for the issuance of*
24 *a license pursuant to a reciprocal agreement entered into pursuant to*
25 *subsection 1. If the person seeks to practice as a licensed certified*
26 *professional midwife in this State pursuant to sections 2 to 32,*
27 *inclusive, of this act, the person must have been in practice for at*
28 *least 1 year immediately preceding the date on which the person*
29 *submits an application for the issuance of a license pursuant to a*
30 *reciprocal agreement entered into pursuant to subsection 1.*

31 (c) Has not had his or her license suspended or revoked in any
32 state or territory of the United States.

33 (d) Has not been refused a license to practice in any state or
34 territory of the United States for any reason.

35 (e) Is not involved in and does not have pending any
36 disciplinary action concerning his or her license or practice in any
37 state or territory of the United States.

38 (f) Pays any applicable fees for the issuance of a license that are
39 otherwise required for a person to obtain a license in this State.

40 (g) Submits to the applicable regulatory body the statement
41 required by NRS 425.520.

42 4. If the regulatory body enters into a reciprocal agreement
43 pursuant to subsection 1, the regulatory body must prepare an
44 annual report before January 31 of each year outlining the progress
45 of the regulatory body as it relates to the reciprocal agreement and



1 submit the report to the Director of the Legislative Counsel Bureau
2 for transmittal to the next session of the Legislature in odd-
3 numbered years or to the Joint Interim Standing Committee on
4 Health and Human Services in even-numbered years.

5 **Sec. 35.** NRS 629.031 is hereby amended to read as follows:

6 629.031 Except as otherwise provided by a specific statute:

7 1. “Provider of health care” means:

8 (a) A physician licensed pursuant to chapter 630, 630A or 633
9 of NRS;

10 (b) A physician assistant;

11 (c) A dentist;

12 (d) A licensed nurse;

13 (e) A person who holds a license as an attendant or who is
14 certified as an emergency medical technician, advanced emergency
15 medical technician or paramedic pursuant to chapter 450B of NRS;

16 (f) A dispensing optician;

17 (g) An optometrist;

18 (h) A speech-language pathologist;

19 (i) An audiologist;

20 (j) A practitioner of respiratory care;

21 (k) A licensed physical therapist;

22 (l) An occupational therapist;

23 (m) A podiatric physician;

24 (n) A licensed psychologist;

25 (o) A licensed marriage and family therapist;

26 (p) A licensed clinical professional counselor;

27 (q) A music therapist;

28 (r) A chiropractic physician;

29 (s) An athletic trainer;

30 (t) A perfusionist;

31 (u) A doctor of Oriental medicine in any form;

32 (v) A medical laboratory director or technician;

33 (w) A pharmacist;

34 (x) A licensed dietitian;

35 (y) An associate in social work, a social worker, a master social
36 worker, an independent social worker or a clinical social worker
37 licensed pursuant to chapter 641B of NRS;

38 (z) An alcohol and drug counselor or a problem gambling
39 counselor who is certified pursuant to chapter 641C of NRS;

40 (aa) An alcohol and drug counselor or a clinical alcohol and
41 drug counselor who is licensed pursuant to chapter 641C of NRS;

42 (bb) A behavior analyst, assistant behavior analyst or registered
43 behavior technician; ~~for~~

44 (cc) *A licensed certified professional midwife; or*



(dd) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:

(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and

(b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

Sec. 36. NRS 630A.090 is hereby amended to read as follows:

630A.090 1. This chapter does not apply to:

(a) The practice of dentistry, chiropractic, Oriental medicine, podiatry, optometry, perfusion, respiratory care, faith or Christian Science healing, nursing, *certified professional midwifery*, veterinary medicine or fitting hearing aids.

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(c) Licensed or certified nurses in the discharge of their duties as nurses.

(d) Homeopathic physicians who are called into this State, other than on a regular basis, for consultation or assistance to any physician licensed in this State, and who are legally qualified to practice in the state or country where they reside.

2. This chapter does not repeal or affect any statute of Nevada regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services of a person in case of emergency.

(b) The domestic administration of family remedies.

4. This chapter does not authorize a homeopathic physician to practice medicine, including allopathic medicine, except as otherwise provided in NRS 630A.040.

Sec. 37. NRS 632.472 is hereby amended to read as follows:

632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or holder of a certificate which constitutes a violation of the provisions of this chapter:

(a) Any physician, dentist, dental hygienist, *licensed certified professional midwife*, chiropractic physician, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, medication aide - certified, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family



therapist, clinical professional counselor, alcohol or drug counselor, peer recovery support specialist, peer recovery support specialist supervisor, music therapist, holder of a license or limited license issued pursuant to chapter 653 of NRS, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

(d) Any person who maintains or is employed by an agency to provide personal care services in the home.

(e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(f) Any person who maintains or is employed by an agency to provide nursing in the home.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Any social worker.

(l) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant or medication aide - certified has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.



4. Any person who in good faith reports any violation of the provisions of this chapter to the Executive Director of the Board pursuant to this section is immune from civil liability for reporting the violation.

5. As used in this section:

(a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

(b) "Community health worker pool" has the meaning ascribed to it in NRS 449.0028.

(c) "Peer recovery support specialist" has the meaning ascribed to it in NRS 433.627.

(d) "Peer recovery support specialist supervisor" has the meaning ascribed to it in NRS 433.629.

Sec. 38. NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

(a) The practice of medicine or perfusion pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry, optometry, respiratory care, faith or Christian Science healing, nursing, *certified professional midwifery*, veterinary medicine or fitting hearing aids.

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(c) Osteopathic physicians who are called into this State, other than on a regular basis, for consultation or assistance to a physician licensed in this State, and who are legally qualified to practice in the state where they reside.

(d) Osteopathic physicians who are temporarily exempt from licensure pursuant to NRS 633.420 and are practicing osteopathic medicine within the scope of the exemption.

(e) The performance of medical services by a student enrolled in an educational program for a physician assistant which is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, as part of such a program.

(f) A physician assistant of any division or department of the United States in the discharge of his or her official duties unless licensure by a state is required by the division or department of the United States.

2. This chapter does not repeal or affect any law of this State regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services of a person in cases of emergency.

(b) The domestic administration of family remedies.



1 **Sec. 39.** NRS 637B.080 is hereby amended to read as follows:
2 637B.080 The provisions of this chapter do not apply to any
3 person who:

4 1. Holds a current credential issued by the Department of
5 Education pursuant to chapter 391 of NRS and any regulations
6 adopted pursuant thereto and engages in the practice of audiology or
7 speech-language pathology within the scope of that credential;

8 2. Is employed by the Federal Government and engages in the
9 practice of audiology or speech-language pathology within the
10 scope of that employment;

11 3. Is a student enrolled in a program or school approved by the
12 Board, is pursuing a degree in audiology or speech-language
13 pathology and is clearly designated to the public as a student; or

14 4. Holds a current license issued pursuant to chapters 630 to
15 637, inclusive, 640 to 641D, inclusive, or 653 of NRS ~~or~~ **or sections**
16 **2 to 32, inclusive, of this act,**

17 ↪ and who does not engage in the private practice of audiology or
18 speech-language pathology in this State.

19 **Sec. 40.** NRS 639.0125 is hereby amended to read as follows:
20 639.0125 "Practitioner" means:

21 1. A physician, dentist, veterinarian or podiatric physician who
22 holds a license to practice his or her profession in this State;

23 2. A hospital, pharmacy or other institution licensed, registered
24 or otherwise permitted to distribute, dispense, conduct research with
25 respect to or administer drugs in the course of professional practice
26 or research in this State;

27 3. An advanced practice registered nurse who has been
28 authorized to prescribe controlled substances, poisons, dangerous
29 drugs and devices;

30 4. A physician assistant who:

31 (a) Holds a license issued by the Board of Medical Examiners;
32 and

33 (b) Is authorized by the Board to possess, administer, prescribe
34 or dispense controlled substances, poisons, dangerous drugs or
35 devices under the supervision of a physician as required by chapter
36 630 of NRS;

37 5. A physician assistant who:

38 (a) Holds a license issued by the State Board of Osteopathic
39 Medicine; and

40 (b) Is authorized by the Board to possess, administer, prescribe
41 or dispense controlled substances, poisons, dangerous drugs or
42 devices under the supervision of an osteopathic physician as
43 required by chapter 633 of NRS; ~~for~~

44 6. An optometrist who is certified by the Nevada State Board
45 of Optometry to prescribe and administer pharmaceutical agents



pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification ~~H~~; or

7. *A licensed certified professional midwife, for the purpose of:*

(a) *Ordering any device or drug described in subsection 1 or 2 of section 25 of this act for use in his or her practice in accordance with the provisions of that section and any regulations adopted pursuant to section 19 of this act;*

(b) *Ordering any device or vaccine described in subsection 4 of section 25 of this act for a client;*

(c) *If the licensed certified professional midwife holds a special endorsement pursuant to paragraph (a) of subsection 1 of section 26 of this act, ordering and dispensing any medical device for contraception authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act; and*

(d) *If the licensed certified professional midwife holds a special endorsement pursuant to paragraph (b) of subsection 1 of section 26 of this act, prescribing and dispensing any drug authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act.*

Sec. 41. NRS 639.23505 is hereby amended to read as follows:

639.23505 ~~H~~

1. *Except as otherwise provided in subsection 2, a* practitioner shall not dispense for human consumption any controlled substance or dangerous drug if the practitioner charges a patient for that substance or drug, either separately or together with charges for other professional services:

~~H~~ (a) Unless the practitioner first applies for and obtains a certificate from the Board and pays the required fee; and

~~I~~ (b) Issues a written prescription.

2. *A licensed certified professional midwife may administer drugs and devices ordered pursuant to section 25 of this act in accordance with the provisions of that section and any regulations adopted pursuant to section 19 of this act without obtaining a certificate from the Board.*

Sec. 42. NRS 640A.070 is hereby amended to read as follows:
640A.070 This chapter does not apply to a person:

1. Holding a current license or certificate issued pursuant to chapter 391, 630 to 637B, inclusive, 640, 640B to 641B, inclusive, or 641D of NRS, *or sections 2 to 32, inclusive, of this act* who practices within the scope of that license or certificate.



2. Employed by the Federal Government who practices occupational therapy within the scope of that employment.

3. Enrolled in an educational program approved by the Board which is designed to lead to a certificate or degree in occupational therapy, if the person is designated by a title which clearly indicates that he or she is a student.

4. Obtaining the supervised fieldwork experience necessary to satisfy the requirements of subsection 3 of NRS 640A.120.

Sec. 43. NRS 640B.145 is hereby amended to read as follows:

640B.145 The provisions of this chapter do not apply to:

1. A person who is licensed pursuant to chapters 630 to 637, inclusive, or chapter 640, 640A or 641D of NRS, **or sections 2 to 32, inclusive, of this act** when acting within the scope of that license.

2. A person who is employed by the Federal Government and engages in the practice of athletic training within the scope of that employment.

3. A person who is temporarily exempt from licensure pursuant to NRS 640B.335 and is practicing athletic training within the scope of the exemption.

Sec. 44. NRS 640C.100 is hereby amended to read as follows:

640C.100 1. The provisions of this chapter do not apply to:

(a) A person licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 640, 640A or 640B of NRS **or sections 2 to 32, inclusive, of this act** if the massage therapy, reflexology or structural integration is performed in the course of the practice for which the person is licensed.

(b) A person licensed as a barber or apprentice pursuant to chapter 643 of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for a barber or apprentice pursuant to that chapter.

(c) A person licensed or registered as an advanced esthetician, esthetician, esthetician's apprentice, hair designer, hair designer's apprentice, hair braider, shampoo technologist, cosmetologist or cosmetologist's apprentice pursuant to chapter 644A of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for an advanced esthetician, esthetician, esthetician's apprentice, hair designer, hair designer's apprentice, hair braider, shampoo technologist, cosmetologist or cosmetologist's apprentice pursuant to that chapter.

(d) A person licensed or registered as a nail technologist or nail technologist's apprentice pursuant to chapter 644A of NRS if the person is massaging, cleansing or stimulating the hands, forearms, feet or lower legs within the permissible scope of practice for a nail technologist or nail technologist's apprentice.



(e) A person who is an employee of an athletic department of any high school, college or university in this State and who, within the scope of that employment, practices massage therapy, reflexology or structural integration on athletes.

(f) Students enrolled in a school of massage therapy, reflexology or structural integration recognized by the Board.

(g) A person who practices massage therapy, reflexology or structural integration solely on members of his or her immediate family.

(h) A person who performs any activity in a licensed brothel.

2. Except as otherwise provided in subsection 3 and NRS 640C.330, the provisions of this chapter preempt the licensure and regulation of a massage therapist, reflexologist or structural integration practitioner by a county, city or town, including, without limitation, conducting a criminal background investigation and examination of a massage therapist, reflexologist or structural integration practitioner or applicant for a license to practice massage therapy, reflexology or structural integration.

3. The provisions of this chapter do not prohibit a county, city or town from requiring a massage therapist, reflexologist or structural integration practitioner to obtain a license or permit to transact business within the jurisdiction of the county, city or town, if the license or permit is required of other persons, regardless of occupation or profession, who transact business within the jurisdiction of the county, city or town.

4. As used in this section, "immediate family" means persons who are related by blood, adoption or marriage, within the second degree of consanguinity or affinity.

Sec. 45. The preliminary chapter of NRS is hereby amended by adding thereto a new section to read as follows:

Except as otherwise expressly provided in a particular statute or required by the context, "licensed certified professional midwife" means a person licensed as a licensed certified professional midwife pursuant to section 20 of this act.

Sec. 46. NRS 7.095 is hereby amended to read as follows:

7.095 1. An attorney shall not contract for or collect a fee contingent on the amount of recovery for representing a person seeking damages in connection with an action for injury or death against a provider of health care based upon professional negligence in excess of:

(a) Forty percent of the first \$50,000 recovered;

(b) Thirty-three and one-third percent of the next \$50,000 recovered;

(c) Twenty-five percent of the next \$500,000 recovered; and



(d) Fifteen percent of the amount of recovery that exceeds \$600,000.

2. The limitations set forth in subsection 1 apply to all forms of recovery, including, without limitation, settlement, arbitration and judgment.

3. For the purposes of this section, “recovered” means the net sum recovered by the plaintiff after deducting any disbursements or costs incurred in connection with the prosecution or settlement of the claim. Costs of medical care incurred by the plaintiff and general and administrative expenses incurred by the office of the attorney are not deductible disbursements or costs.

4. As used in this section:

(a) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(b) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, registered nurse, *licensed certified professional midwife*, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 47. NRS 41.138 is hereby amended to read as follows:

41.138 1. In any civil action concerning any unwelcome or nonconsensual sexual conduct, including, without limitation, sexual harassment, there is a rebuttable presumption that the sexual conduct was unwelcome or nonconsensual if the alleged perpetrator was a person in a position of authority over the alleged victim.

2. As used in this section:

(a) “Person in a position of authority” means a parent, relative, household member, employer, supervisor, youth leader, scout leader, coach, mentor in a mentoring program, teacher, professor, counselor, school administrator, religious leader, doctor, nurse, *licensed certified professional midwife, certified professional midwife student midwife, certified professional midwife birth assistant*, psychologist, other health care provider, guardian ad litem, guardian, babysitter, police officer or other law enforcement officer or any other person who, by reason of his or her position, is able to exercise significant or undue influence over the victim.



(b) "Sexual harassment" has the meaning ascribed to it in NRS 176A.280.

Sec. 48. NRS 41.505 is hereby amended to read as follows:

41.505 1. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* and any person who holds an equivalent license issued by another state, who renders emergency care or assistance, including, without limitation, emergency obstetrical care or assistance, in an emergency, gratuitously and in good faith, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person. This section does not excuse a physician, physician assistant, ~~for~~ nurse *or licensed certified professional midwife* from liability for damages resulting from that person's acts or omissions which occur in a licensed medical facility relative to any person with whom there is a preexisting relationship as a patient.

2. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* and any person who holds an equivalent license issued by another state who:

(a) Is retired or otherwise does not practice on a full-time basis; and

(b) Gratuitously and in good faith, renders medical care within the scope of that person's license to an indigent person,

➤ is not liable for any civil damages as a result of any act or omission by that person, not amounting to gross negligence or reckless, willful or wanton conduct, in rendering that care.

3. Any person licensed to practice medicine under the provisions of chapter 630 or 633 of NRS or licensed to practice dentistry under the provisions of chapter 631 of NRS who renders care or assistance to a patient for a governmental entity or a nonprofit organization is not liable for any civil damages as a result of any act or omission by that person in rendering that care or assistance if the care or assistance is rendered gratuitously, in good faith and in a manner not amounting to gross negligence or reckless, willful or wanton conduct.

4. As used in this section, "gratuitously" has the meaning ascribed to it in NRS 41.500.

Sec. 49. NRS 41.506 is hereby amended to read as follows:

41.506 1. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* and any person who holds an equivalent license issued by another state who renders emergency obstetrical care or assistance



1 to a pregnant woman during labor or the delivery of the child is not
2 liable for any civil damages as a result of any act or omission by that
3 person in rendering that care or assistance if:

4 (a) The care or assistance is rendered in good faith and in a
5 manner not amounting to gross negligence or reckless, willful or
6 wanton conduct;

7 (b) The person has not previously provided prenatal or
8 obstetrical care to the woman; and

9 (c) The damages are reasonably related to or primarily caused
10 by a lack of prenatal care received by the woman.

11 2. A licensed medical facility in which such care or assistance
12 is rendered is not liable for any civil damages as a result of any act
13 or omission by the person in rendering that care or assistance if that
14 person is not liable for any civil damages pursuant to subsection 1
15 and the actions of the medical facility relating to the rendering of
16 that care or assistance do not amount to gross negligence or
17 reckless, willful or wanton conduct.

18 **Sec. 50.** NRS 41A.017 is hereby amended to read as follows:

19 41A.017 "Provider of health care" means a physician licensed
20 pursuant to chapter 630 or 633 of NRS, physician assistant, dentist,
21 licensed nurse, *licensed certified professional midwife*, dispensing
22 optician, optometrist, registered physical therapist, podiatric
23 physician, licensed psychologist, chiropractic physician, doctor of
24 Oriental medicine, holder of a license or a limited license issued
25 under the provisions of chapter 653 of NRS, medical laboratory
26 director or technician, licensed dietitian or a licensed hospital,
27 clinic, surgery center, physicians' professional corporation or group
28 practice that employs any such person and its employees.

29 **Sec. 51.** NRS 42.021 is hereby amended to read as follows:

30 42.021 1. In an action for injury or death against a provider
31 of health care based upon professional negligence, if the defendant
32 so elects, the defendant may introduce evidence of any amount
33 payable as a benefit to the plaintiff as a result of the injury or death
34 pursuant to the United States Social Security Act, any state or
35 federal income disability or worker's compensation act, any health,
36 sickness or income-disability insurance, accident insurance that
37 provides health benefits or income-disability coverage, and any
38 contract or agreement of any group, organization, partnership or
39 corporation to provide, pay for or reimburse the cost of medical,
40 hospital, dental or other health care services. If the defendant elects
41 to introduce such evidence, the plaintiff may introduce evidence of
42 any amount that the plaintiff has paid or contributed to secure the
43 plaintiff's right to any insurance benefits concerning which the
44 defendant has introduced evidence.



2. A source of collateral benefits introduced pursuant to subsection 1 may not:

(a) Recover any amount against the plaintiff; or

(b) Be subrogated to the rights of the plaintiff against a defendant.

3. In an action for injury or death against a provider of health care based upon professional negligence, a district court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000 in future damages.

4. In entering a judgment ordering the payment of future damages by periodic payments pursuant to subsection 3, the court shall make a specific finding as to the dollar amount of periodic payments that will compensate the judgment creditor for such future damages. As a condition to authorizing periodic payments of future damages, the court shall require a judgment debtor who is not adequately insured to post security adequate to assure full payment of such damages awarded by the judgment. Upon termination of periodic payments of future damages, the court shall order the return of this security, or so much as remains, to the judgment debtor.

5. A judgment ordering the payment of future damages by periodic payments entered pursuant to subsection 3 must specify the recipient or recipients of the payments, the dollar amount of the payments, the interval between payments, and the number of payments or the period of time over which payments will be made. Such payments must only be subject to modification in the event of the death of the judgment creditor. Money damages awarded for loss of future earnings must not be reduced or payments terminated by reason of the death of the judgment creditor, but must be paid to persons to whom the judgment creditor owed a duty of support, as provided by law, immediately before the judgment creditor's death. In such cases, the court that rendered the original judgment may, upon petition of any party in interest, modify the judgment to award and apportion the unpaid future damages in accordance with this subsection.

6. If the court finds that the judgment debtor has exhibited a continuing pattern of failing to make the periodic payments as specified pursuant to subsection 5, the court shall find the judgment debtor in contempt of court and, in addition to the required periodic payments, shall order the judgment debtor to pay the judgment creditor all damages caused by the failure to make such periodic payments, including, but not limited to, court costs and attorney's fees.



7. Following the occurrence or expiration of all obligations specified in the periodic payment judgment, any obligation of the judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

(a) “Future damages” includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.

(b) “Periodic payments” means the payment of money or delivery of other property to the judgment creditor at regular intervals.

(c) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(d) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, *licensed certified professional midwife*, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 52. NRS 52.320 is hereby amended to read as follows:

52.320 As used in NRS 52.320 to 52.375, inclusive, unless the context otherwise requires:

1. “Custodian of medical records” means a chiropractic physician, physician, registered physical therapist, ~~for~~ licensed nurse *or licensed certified professional midwife* who prepares and maintains medical records, or any employee or agent of such a person or a facility for convalescent care, medical laboratory or hospital who has care, custody and control of medical records for such a person or institution.

2. “Medical records” includes bills, ledgers, statements and other accounts which show the cost of medical services or care provided to a patient.

Sec. 53. NRS 200.5093 is hereby amended to read as follows:

200.5093 1. Any person who is described in subsection 4 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned shall:



(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office; or

(3) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractic physician, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, **licensed certified professional midwife**, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, behavior analyst, assistant behavior analyst, registered behavior technician, peer recovery support specialist, as defined in NRS 433.627, peer recovery support specialist supervisor, as defined in NRS 433.629, or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.



(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(g) Any employee of the Department of Health and Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to 45 C.F.R. § 1321.11.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons or vulnerable persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

(m) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

(n) Every person who is enrolled with the Division of Health Care Financing and Policy of the Department of Health and Human Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect,



isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; and

(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.

Sec. 54. NRS 200.5095 is hereby amended to read as follows:

200.5095 1. Reports made pursuant to NRS 200.5093 and 200.5094, and records and investigations relating to those reports, are confidential.

2. A person, law enforcement agency or public or private agency, institution or facility who willfully releases data or information concerning the reports and investigation of the abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, except:



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- 1 (a) Pursuant to a criminal prosecution;
- 2 (b) Pursuant to NRS 200.50982; or
- 3 (c) To persons or agencies enumerated in subsection 3,
- 4 ➔ is guilty of a misdemeanor.

5 3. Except as otherwise provided in subsection 2 and NRS
6 200.50982, data or information concerning the reports and
7 investigations of the abuse, neglect, exploitation, isolation or
8 abandonment of an older person or a vulnerable person is available
9 only to:

10 (a) A physician who is providing care to an older person or a
11 vulnerable person who may have been abused, neglected, exploited,
12 isolated or abandoned;

13 (b) An agency responsible for or authorized to undertake the
14 care, treatment and supervision of the older person or vulnerable
15 person;

16 (c) A district attorney or other law enforcement official who
17 requires the information in connection with an investigation of the
18 abuse, neglect, exploitation, isolation or abandonment of the older
19 person or vulnerable person;

20 (d) A court which has determined, in camera, that public
21 disclosure of such information is necessary for the determination of
22 an issue before it;

23 (e) A person engaged in bona fide research, but the identity of
24 the subjects of the report must remain confidential;

25 (f) A grand jury upon its determination that access to such
26 records is necessary in the conduct of its official business;

27 (g) Any comparable authorized person or agency in another
28 jurisdiction;

29 (h) A legal guardian of the older person or vulnerable person, if
30 the identity of the person who was responsible for reporting the
31 alleged abuse, neglect, exploitation, isolation or abandonment of the
32 older person or vulnerable person to the public agency is protected,
33 and the legal guardian of the older person or vulnerable person is
34 not the person suspected of such abuse, neglect, exploitation,
35 isolation or abandonment;

36 (i) If the older person or vulnerable person is deceased, the
37 executor or administrator of his or her estate, if the identity of the
38 person who was responsible for reporting the alleged abuse, neglect,
39 exploitation, isolation or abandonment of the older person or
40 vulnerable person to the public agency is protected, and the executor
41 or administrator is not the person suspected of such abuse, neglect,
42 exploitation, isolation or abandonment;

43 (j) The older person or vulnerable person named in the report as
44 allegedly being abused, neglected, exploited, isolated or abandoned,
45 if that person is not legally incapacitated;



(k) An attorney appointed by a court to represent a protected person in a guardianship proceeding pursuant to NRS 159.0485, if:

(1) The protected person is an older person or vulnerable person;

(2) The identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected; and

(3) The attorney of the protected person is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment; or

(l) The State Guardianship Compliance Office created by NRS 159.341.

4. If the person who is reported to have abused, neglected, exploited, isolated or abandoned an older person or a vulnerable person is the holder of a license or certificate issued pursuant to chapters 449, 630 to 641B, inclusive, 641D, 653 or 654 of NRS ~~H~~ **or sections 2 to 32, inclusive, of this act**, the information contained in the report must be submitted to the board that issued the license.

5. If data or information concerning the reports and investigations of the abuse, neglect, exploitation, isolation or abandonment of an older person or a vulnerable person is made available pursuant to paragraph (b) or (j) of subsection 3 or subsection 4, the name and any other identifying information of the person who made the report must be redacted before the data or information is made available.

Sec. 55. NRS 218G.400 is hereby amended to read as follows:

218G.400 1. Except as otherwise provided in subsection 2, each board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, **and sections 2 to 32, inclusive, of this act**, 648, 654 and 656 of NRS shall:

(a) If the revenue of the board from all sources is less than \$200,000 for any fiscal year and, if the board is a regulatory body pursuant to NRS 622.060, the board has submitted to the Director of the Legislative Counsel Bureau for each quarter of that fiscal year the information required by NRS 622.100, prepare a balance sheet for that fiscal year on the form provided by the Legislative Auditor and file the balance sheet with the Legislative Auditor and the Chief of the Budget Division of the Office of Finance on or before December 1 following the end of that fiscal year. The Legislative Auditor shall prepare and make available a form that must be used by a board to prepare such a balance sheet.

(b) If the revenue of the board from all sources is \$200,000 or more for any fiscal year, or if the board is a regulatory body pursuant to NRS 622.060 and has failed to submit to the Director of



1 the Legislative Counsel Bureau for each quarter of that fiscal year
2 the information required by NRS 622.100, engage the services of a
3 certified public accountant or public accountant, or firm of either of
4 such accountants, to audit all its fiscal records for that fiscal year
5 and file a report of the audit with the Legislative Auditor and the
6 Chief of the Budget Division of the Office of Finance on or before
7 December 1 following the end of that fiscal year.

8 2. In lieu of preparing a balance sheet or having an audit
9 conducted for a single fiscal year, a board may engage the services
10 of a certified public accountant or public accountant, or firm of
11 either of such accountants, to audit all its fiscal records for a period
12 covering two successive fiscal years. If such an audit is conducted,
13 the board shall file the report of the audit with the Legislative
14 Auditor and the Chief of the Budget Division of the Office of
15 Finance on or before December 1 following the end of the second
16 fiscal year.

17 3. The cost of each audit conducted pursuant to subsection 1 or
18 2 must be paid by the board that is audited. Each such audit must be
19 conducted in accordance with generally accepted auditing standards,
20 and all financial statements must be prepared in accordance with
21 generally accepted principles of accounting for special revenue
22 funds.

23 4. Whether or not a board is required to have its fiscal records
24 audited pursuant to subsection 1 or 2, the Legislative Auditor shall
25 audit the fiscal records of any such board whenever directed to do so
26 by the Legislative Commission. When the Legislative Commission
27 directs such an audit, the Legislative Commission shall also
28 determine who is to pay the cost of the audit.

29 5. A person who is a state officer or employee of a board is
30 guilty of nonfeasance if the person:

31 (a) Is responsible for preparing a balance sheet or having an
32 audit conducted pursuant to this section or is responsible for
33 preparing or maintaining the fiscal records that are necessary to
34 prepare a balance sheet or have an audit conducted pursuant to this
35 section; and

36 (b) Knowingly fails to prepare the balance sheet or have the
37 audit conducted pursuant to this section or knowingly fails to
38 prepare or maintain the fiscal records that are necessary to prepare a
39 balance sheet or have an audit conducted pursuant to this section.

40 6. In addition to any other remedy or penalty, a person who is
41 guilty of nonfeasance pursuant to this section forfeits the person's
42 state office or employment and may not be appointed to a state
43 office or position of state employment for a period of 2 years
44 following the forfeiture. The provisions of this subsection do not



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1 apply to a state officer who may be removed from office only by
2 impeachment pursuant to Article 7 of the Nevada Constitution.

3 **Sec. 56.** NRS 232.320 is hereby amended to read as follows:

4 232.320 1. The Director:

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

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

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

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

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

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

18 (b) Shall administer, through the divisions of the Department,
19 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
20 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
21 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, **and**
22 **section 65 of this act**, 422.580, 432.010 to 432.133, inclusive,
23 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
24 and 445A.010 to 445A.055, inclusive, and all other provisions of
25 law relating to the functions of the divisions of the Department, but
26 is not responsible for the clinical activities of the Division of Public
27 and Behavioral Health or the professional line activities of the other
28 divisions.

29 (c) Shall administer any state program for persons with
30 developmental disabilities established pursuant to the
31 Developmental Disabilities Assistance and Bill of Rights Act of
32 2000, 42 U.S.C. §§ 15001 et seq.

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

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

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

43 (3) Provide for communication and the coordination of those
44 services among nonprofit organizations, agencies of local
45 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.

Sec. 57. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 224.240, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150,



1 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195,
2 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755,
3 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438,
4 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503,
5 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910,
6 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335,
7 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420,
8 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100,
9 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242,
10 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080,
11 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830,
12 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503,
13 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035,
14 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271,
15 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045,
16 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465,
17 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525,
18 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888,
19 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305,
20 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028,
21 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407,
22 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534,
23 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116,
24 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170,
25 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,
26 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209,
27 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805,
28 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555,
29 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403,
30 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940,
31 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340,
32 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830,
33 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040,
34 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098,
35 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303,
36 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350,
37 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110,
38 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,
39 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672,
40 630.2673, 630.30665, 630.336, 630A.327, 630A.555, 631.332,
41 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283,
42 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055,
43 634.1303, 634.214, 634A.169, 634A.185, 635.111, 635.158,
44 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087,
45 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185,



1 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620,
2 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340,
3 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217,
4 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760,
5 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180,
6 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,
7 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,
8 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126,
9 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130,
10 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480,
11 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710,
12 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190,
13 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,
14 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306,
15 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,
16 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536,
17 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550,
18 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159,

19 711.600, *and section 30 of this act*, sections 35, 38 and 41 of
20 chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391,
21 Statutes of Nevada 2013 and unless otherwise declared by law to be
22 confidential, all public books and public records of a governmental
23 entity must be open at all times during office hours to inspection by
24 any person, and may be fully copied or an abstract or memorandum
25 may be prepared from those public books and public records. Any
26 such copies, abstracts or memoranda may be used to supply the
27 general public with copies, abstracts or memoranda of the records or
28 may be used in any other way to the advantage of the governmental
29 entity or of the general public. This section does not supersede or in
30 any manner affect the federal laws governing copyrights or enlarge,
31 diminish or affect in any other manner the rights of a person in any
32 written book or record which is copyrighted pursuant to federal law.

33 2. A governmental entity may not reject a book or record
34 which is copyrighted solely because it is copyrighted.

35 3. A governmental entity that has legal custody or control of a
36 public book or record shall not deny a request made pursuant to
37 subsection 1 to inspect or copy or receive a copy of a public book or
38 record on the basis that the requested public book or record contains
39 information that is confidential if the governmental entity can
40 redact, delete, conceal or separate, including, without limitation,
41 electronically, the confidential information from the information
42 included in the public book or record that is not otherwise
43 confidential.

44 4. If requested, a governmental entity shall provide a copy of a
45 public record in an electronic format by means of an electronic



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1 medium. Nothing in this subsection requires a governmental entity
2 to provide a copy of a public record in an electronic format or by
3 means of an electronic medium if:

4 (a) The public record:

5 (1) Was not created or prepared in an electronic format; and

6 (2) Is not available in an electronic format; or

7 (b) Providing the public record in an electronic format or by
8 means of an electronic medium would:

9 (1) Give access to proprietary software; or

10 (2) Require the production of information that is confidential
11 and that cannot be redacted, deleted, concealed or separated from
12 information that is not otherwise confidential.

13 5. An officer, employee or agent of a governmental entity who
14 has legal custody or control of a public record:

15 (a) Shall not refuse to provide a copy of that public record in the
16 medium that is requested because the officer, employee or agent has
17 already prepared or would prefer to provide the copy in a different
18 medium.

19 (b) Except as otherwise provided in NRS 239.030, shall, upon
20 request, prepare the copy of the public record and shall not require
21 the person who has requested the copy to prepare the copy himself
22 or herself.

23 **Sec. 58.** NRS 284.013 is hereby amended to read as follows:

24 284.013 1. Except as otherwise provided in subsection 4, this
25 chapter does not apply to:

26 (a) Agencies, bureaus, commissions, officers or personnel in the
27 Legislative Department or the Judicial Department of State
28 Government, including the Commission on Judicial Discipline;

29 (b) Any person who is employed by a board, commission,
30 committee or council created in chapters 445C, 590, 623 to 625A,
31 inclusive, 628, 630 to 644A, inclusive, *and sections 2 to 32,*
32 *inclusive, of this act,* 648, 652, 654 and 656 of NRS; or

33 (c) Officers or employees of any agency of the Executive
34 Department of the State Government who are exempted by specific
35 statute.

36 2. Except as otherwise provided in subsection 3, the terms and
37 conditions of employment of all persons referred to in subsection 1,
38 including salaries not prescribed by law and leaves of absence,
39 including, without limitation, annual leave and sick and disability
40 leave, must be fixed by the appointing or employing authority
41 within the limits of legislative appropriations or authorizations.

42 3. Except as otherwise provided in this subsection, leaves of
43 absence prescribed pursuant to subsection 2 must not be of lesser
44 duration than those provided for other state officers and employees
45 pursuant to the provisions of this chapter. The provisions of this



subsection do not govern the Legislative Commission with respect to the personnel of the Legislative Counsel Bureau.

4. Any board, commission, committee or council created in chapters 445C, 590, 623 to 625A, inclusive, 628, 630 to 644A, inclusive, 648, 652, 654 and 656 of NRS which contracts for the services of a person, shall require the contract for those services to be in writing. The contract must be approved by the State Board of Examiners before those services may be provided.

5. Except as otherwise provided in NRS 284.4086, to the extent that they are inconsistent or otherwise in conflict, the provisions of this chapter do not apply to any terms and conditions of employment that are properly within the scope of and subject to the provisions of a collective bargaining agreement or a supplemental bargaining agreement that is enforceable pursuant to the provisions of NRS 288.400 to 288.630, inclusive.

Sec. 59. NRS 353.005 is hereby amended to read as follows:

353.005 Except as otherwise provided in NRS 353.007, the provisions of this chapter do not apply to boards created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, *and sections 2 to 32, inclusive, of this act*, 648, 654 and 656 of NRS and the officers and employees of those boards.

Sec. 60. NRS 353A.020 is hereby amended to read as follows:

353A.020 1. The Director, in consultation with the Committee and Legislative Auditor, shall adopt a uniform system of internal accounting and administrative control for agencies. The elements of the system must include, without limitation:

(a) A plan of organization which provides for a segregation of duties appropriate to safeguard the assets of the agency;

(b) A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;

(c) Procedures for authorizations and recordkeeping which effectively control accounting of assets, liabilities, revenues and expenses;

(d) A system of practices to be followed in the performance of the duties and functions of each agency; and

(e) An effective system of internal review.

2. The Director, in consultation with the Committee and Legislative Auditor, may modify the system whenever the Director considers it necessary.

3. Each agency shall develop written procedures to carry out the system of internal accounting and administrative control adopted pursuant to this section.

4. For the purposes of this section, “agency” does not include:



(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, *and sections 2 to 32, inclusive, of this act*, 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

Sec. 61. NRS 353A.025 is hereby amended to read as follows:

353A.025 1. The head of each agency shall periodically review the agency's system of internal accounting and administrative control to determine whether it is in compliance with the uniform system of internal accounting and administrative control for agencies adopted pursuant to subsection 1 of NRS 353A.020.

2. On or before July 1 of each even-numbered year, the head of each agency shall report to the Director whether the agency's system of internal accounting and administrative control is in compliance with the uniform system adopted pursuant to subsection 1 of NRS 353A.020. The reports must be made available for inspection by the members of the Legislature.

3. For the purposes of this section, "agency" does not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, *and sections 2 to 32, inclusive, of this act*, 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

4. The Director shall, on or before the first Monday in February of each odd-numbered year, submit a report on the status of internal accounting and administrative controls in agencies to the:

(a) Director of the Legislative Counsel Bureau for transmittal to the:

(1) Senate Standing Committee on Finance; and

(2) Assembly Standing Committee on Ways and Means;

(b) Governor; and

(c) Legislative Auditor.

5. The report submitted by the Director pursuant to subsection 4 must include, without limitation:

(a) The identification of each agency that has not complied with the requirements of subsections 1 and 2;

(b) The identification of each agency that does not have an effective method for reviewing its system of internal accounting and administrative control; and



(c) The identification of each agency that has weaknesses in its system of internal accounting and administrative control, and the extent and types of such weaknesses.

Sec. 62. NRS 353A.045 is hereby amended to read as follows:
353A.045 The Administrator shall:

1. Report to the Director.

2. Develop long-term and annual work plans to be based on the results of periodic documented risk assessments. The annual work plan must list the agencies to which the Division will provide training and assistance and be submitted to the Director for approval. Such agencies must not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, *and sections 2 to 32, inclusive, of this act*, 648, 654 and 656 of NRS.

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

3. Provide a copy of the approved annual work plan to the Legislative Auditor.

4. In consultation with the Director, prepare a plan for auditing executive branch agencies for each fiscal year and present the plan to the Committee for its review and approval. Each plan for auditing must:

(a) State the agencies which will be audited, the proposed scope and assignment of those audits and the related resources which will be used for those audits; and

(b) Ensure that the internal accounting, administrative controls and financial management of each agency are reviewed periodically.

5. Perform the audits of the programs and activities of the agencies in accordance with the plan approved pursuant to subsection 5 of NRS 353A.038 and prepare audit reports of his or her findings.

6. Review each agency that is audited pursuant to subsection 5 and advise those agencies concerning internal accounting, administrative controls and financial management.

7. Submit to each agency that is audited pursuant to subsection 5 analyses, appraisals and recommendations concerning:

(a) The adequacy of the internal accounting and administrative controls of the agency; and

(b) The efficiency and effectiveness of the management of the agency.



8. Report any possible abuses, illegal actions, errors, omissions and conflicts of interest of which the Division becomes aware during the performance of an audit.

9. Adopt the standards of The Institute of Internal Auditors for conducting and reporting on internal audits.

10. Consult with the Legislative Auditor concerning the plan for auditing and the scope of audits to avoid duplication of effort and undue disruption of the functions of agencies that are audited pursuant to subsection 5.

Sec. 63. NRS 372.7285 is hereby amended to read as follows:

372.7285 1. In administering the provisions of NRS 372.325, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) “Medicaid” means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) “Medicare” means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) “Provider of health care” means a physician or physician assistant licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, *licensed certified professional midwife*, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractic physician, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 64. NRS 374.731 is hereby amended to read as follows:

374.731 1. In administering the provisions of NRS 374.330, the Department shall apply the exemption to the sale of a medical



device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) “Medicaid” means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) “Medicare” means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) “Provider of health care” means a physician or physician assistant licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, *licensed certified professional midwife*, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractic physician, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 65. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent authorized by federal law, the Director shall include in the State Plan for Medicaid a requirement that, except as otherwise provided in subsection 2, the State shall pay the nonfederal share of expenditures incurred for services rendered by a licensed certified professional midwife. Such services must be reimbursed at a rate comparable to similar services provided by other providers of health care, including, without limitation, physicians, physician assistants and advanced practice registered nurses, regardless of the location at which the services are provided.

2. The Department or a managed care organization, including, without limitation, a health maintenance organization, that provides health care services to recipients of Medicaid under



the State Plan for Medicaid may charge a copayment or coinsurance or apply a deductible for the services described in subsection 1. The amount of such a copayment, coinsurance or deductible must not exceed the amount of the copayment, coinsurance or deductible charged for the same services provided by another provider of health care.

3. As used in this section, “provider of health care” has the meaning ascribed to it in NRS 629.031.

Sec. 66. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare



1 services for appropriate counseling, training or other services. A
2 notification and referral to an agency which provides child welfare
3 services pursuant to this subsection shall not be construed to require
4 prosecution for any illegal action.

5 4. A report must be made pursuant to subsection 1 by the
6 following persons:

7 (a) A person providing services licensed or certified in this State
8 pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632,
9 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C,
10 640D, 640E, 641, 641A, 641B, 641C, 641D or 653 of NRS ~~H~~ **or**
11 **sections 2 to 32, inclusive, of this act.**

12 (b) Any personnel of a medical facility licensed pursuant to
13 chapter 449 of NRS who are engaged in the admission, examination,
14 care or treatment of persons or an administrator, manager or other
15 person in charge of such a medical facility upon notification of
16 suspected abuse or neglect of a child by a member of the staff of the
17 medical facility.

18 (c) A coroner.

19 (d) A member of the clergy, practitioner of Christian Science or
20 religious healer, unless the person has acquired the knowledge of the
21 abuse or neglect from the offender during a confession.

22 (e) A person employed by a public school or private school and
23 any person who serves as a volunteer at such a school.

24 (f) Any person who maintains or is employed by a facility or
25 establishment that provides care for children, children's camp or
26 other public or private facility, institution or agency furnishing care
27 to a child.

28 (g) Any person licensed pursuant to chapter 424 of NRS to
29 conduct a foster home.

30 (h) Any officer or employee of a law enforcement agency or an
31 adult or juvenile probation officer.

32 (i) Except as otherwise provided in NRS 432B.225, an attorney.

33 (j) Any person who maintains, is employed by or serves as a
34 volunteer for an agency or service which advises persons regarding
35 abuse or neglect of a child and refers them to persons and agencies
36 where their requests and needs can be met.

37 (k) Any person who is employed by or serves as a volunteer for
38 a youth shelter. As used in this paragraph, "youth shelter" has the
39 meaning ascribed to it in NRS 244.427.

40 (l) Any adult person who is employed by an entity that provides
41 organized activities for children, including, without limitation, a
42 person who is employed by a school district or public school.

43 (m) Any person who is enrolled with the Division of Health
44 Care Financing and Policy of the Department of Health and Human



Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

(n) A peer recovery support specialist, as defined in NRS 433.627, or peer recovery support specialist supervisor, as defined in NRS 433.629.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State shall, at the time of initial licensure, certification or endorsement:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is licensed, certified or endorsed in this State.

8. The employer of a person who is described in subsection 4 and who is not required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State must, upon initial employment of the person:



(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is employed by the employer.

9. Before a person may serve as a volunteer at a public school or private school, the school must:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section and NRS 392.303;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section and NRS 392.303; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person serves as a volunteer at the school.

10. As used in this section:

(a) “Private school” has the meaning ascribed to it in NRS 394.103.

(b) “Public school” has the meaning ascribed to it in NRS 385.007.

Sec. 67. NRS 439A.0195 is hereby amended to read as follows:

439A.0195 “Practitioner” means a physician licensed under chapter 630, 630A or 633 of NRS, dentist, licensed nurse, *licensed certified professional midwife*, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or other person whose principal occupation is the provision of services for health.

Sec. 68. NRS 439B.225 is hereby amended to read as follows:

439B.225 1. As used in this section, “licensing board” means any division or board empowered to adopt standards for the issuance or renewal of licenses, permits or certificates of registration pursuant to NRS 435.3305 to 435.339, inclusive, chapter 449, 625A, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640D, 641, 641A, 641B, 641C, 641D, 652, 653 or 654 of NRS *and sections 2 to 32, inclusive, of this act*.

2. The Committee shall review each regulation that a licensing board proposes or adopts that relates to standards for the issuance or renewal of licenses, permits or certificates of registration issued to a person or facility regulated by the board, giving consideration to:



(a) Any oral or written comment made or submitted to it by members of the public or by persons or facilities affected by the regulation;

(b) The effect of the regulation on the cost of health care in this State;

(c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and

(d) Any other related factor the Committee deems appropriate.

3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.

4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.

Sec. 69. Chapter 440 of NRS is hereby amended by adding thereto a new section to read as follows:

As used in this chapter, “midwife” means any type of midwife, including, without limitation, a licensed certified professional midwife, a certified nurse-midwife or any person who engages in the practice of certified professional midwifery.

Sec. 70. NRS 440.280 is hereby amended to read as follows:

440.280 1. If a birth occurs in a hospital or the person giving birth and child are immediately transported to a hospital, the person in charge of the hospital or his or her designated representative shall obtain the necessary information, prepare a birth certificate, secure the signatures required by the certificate and file it within 10 days with the health officer of the registration district where the birth occurred. The physician in attendance shall provide the medical information required by the certificate and certify to the fact of birth within 72 hours after the birth. If the physician does not certify to the fact of birth within the required 72 hours, the person in charge of the hospital or the designated representative shall complete and sign the certification.

2. If a birth occurs outside a hospital and the person giving birth and child are not immediately transported to a hospital, the birth certificate must be prepared and filed by one of the following persons in the following order of priority:

(a) The physician *or advanced practice registered nurse* in attendance at or immediately after the birth.

(b) *The licensed certified professional midwife in attendance at or immediately after the birth.*

(c) Any other person in attendance at or immediately after the birth.



~~(c)~~ (d) The person giving birth or other parent or, if the other parent is absent and the person giving birth is incapacitated, the person in charge of the premises where the birth occurred.

3. If a birth occurs in a moving conveyance, the place of birth is the place where the child is removed from the conveyance.

4. In cities, the certificate of birth must be filed sooner than 10 days after the birth if so required by municipal ordinance or regulation.

5. If the person giving birth was:

(a) Married at the time of birth, the name of the spouse of that person must be entered on the certificate as the other parent of the child unless:

(1) A court has issued an order establishing that a person other than the spouse of the person giving birth is the other parent of the child; or

(2) The person giving birth and a person other than the spouse of the person giving birth have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285.

(b) Widowed at the time of birth but married at the time of conception, the name of the spouse of the person giving birth at the time of conception must be entered on the certificate as the other parent of the child unless:

(1) A court has issued an order establishing that a person other than the spouse of the person giving birth at the time of conception is the other parent of the child; or

(2) The person giving birth and a person other than the spouse of the person giving birth at the time of conception have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to NRS 440.285.

6. If the person giving birth was unmarried at the time of birth, the name of the other parent may be entered on the original certificate of birth only if:

(a) The provisions of paragraph (b) of subsection 5 are applicable;

(b) A court has issued an order establishing that the person is the other parent of the child; or

(c) The parents of the child have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283 or a declaration for the voluntary acknowledgment of parentage developed by the Board pursuant to



1 NRS 440.285. If both parents execute a declaration consenting to
2 the use of the surname of one parent as the surname of the child, the
3 name of that parent must be entered on the original certificate of
4 birth and the surname of that parent must be entered thereon as the
5 surname of the child.

6 7. An order entered or a declaration executed pursuant to
7 subsection 6 must be submitted to the local health officer, the local
8 health officer's authorized representative, or the attending physician
9 or midwife before a proper certificate of birth is forwarded to the
10 State Registrar. The order or declaration must then be delivered to
11 the State Registrar for filing. The State Registrar's file of orders and
12 declarations must be sealed and the contents of the file may be
13 examined only upon order of a court of competent jurisdiction or at
14 the request of either parent or the Division of Welfare and
15 Supportive Services of the Department of Health and Human
16 Services as necessary to carry out the provisions of 42 U.S.C. §
17 654a. The local health officer shall complete the original certificate
18 of birth in accordance with subsection 6 and other provisions of this
19 chapter.

20 8. As used in this section, "court" has the meaning ascribed to
21 it in NRS 125B.004.

22 **Sec. 71.** NRS 440.770 is hereby amended to read as follows:

23 440.770 Any person who furnishes false information to a
24 physician, advanced practice registered nurse, *licensed certified*
25 *professional midwife*, funeral director, midwife or informant for the
26 purpose of making incorrect certification of births or deaths shall be
27 punished by a fine of not more than \$250.

28 **Sec. 72.** NRS 441A.110 is hereby amended to read as follows:

29 441A.110 "Provider of health care" means a physician, nurse,
30 *licensed certified professional midwife* or veterinarian licensed in
31 accordance with state law, a physician assistant licensed pursuant to
32 chapter 630 or 633 of NRS or a pharmacist registered pursuant to
33 chapter 639 of NRS.

34 **Sec. 73.** NRS 441A.315 is hereby amended to read as follows:

35 441A.315 1. Except as otherwise provided in subsection 3, a
36 physician, physician assistant, advanced practice registered nurse or
37 midwife who provides or supervises the provision of emergency
38 medical services in a hospital or primary care to a patient who is 15
39 years of age or older shall, in accordance with the regulations
40 adopted pursuant to subsection 4:

41 (a) Consult with the patient to ascertain whether he or she
42 wishes to be tested for sexually transmitted diseases, including,
43 without limitation, the human immunodeficiency virus, and to
44 determine which tests, if any, are medically indicated for the patient;
45 and



(b) If the patient wishes to be tested, conduct any test which is medically indicated for the patient or assist the patient with obtaining any such test, to the extent practicable for the physician, physician assistant, advanced practice registered nurse or midwife.

2. Except as otherwise provided in subsection 3, a hospital that provides emergency medical services or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Ensure that the patient is consulted to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

(b) If the patient wishes to be tested, ensure that any test which is medically indicated for the patient is conducted or that the patient is assisted with obtaining any such test, to the extent practicable for the hospital.

3. A physician, physician assistant, advanced practice registered nurse, midwife or hospital is not required to comply with the requirements of subsection 1 or 2 if the physician, physician assistant, advanced practice registered nurse or midwife or a provider of health care who provides emergency medical services or primary care to the patient at the hospital, as applicable, reasonably believes that the patient:

(a) Is being treated for a life-threatening emergency;

(b) Has recently been offered or has been the subject of a test for the human immunodeficiency virus or other sexually transmitted diseases; or

(c) Lacks capacity to consent to such testing.

4. The Board shall adopt regulations to ensure that:

(a) Any test which is administered to a patient or for which a patient is assisted in obtaining pursuant to this section is medically indicated for that patient; and

(b) Communications concerning testing pursuant to this section are made in a culturally competent manner and, to the extent practicable, in a language that is easily understood by the patient.

5. A physician, physician assistant, advanced practice registered nurse, midwife or hospital that fails to comply with the provisions of this section:

(a) Is not subject to a criminal penalty or an administrative fine pursuant to this chapter; and

(b) Is subject to disciplinary action, where applicable.

6. As used in this section:

(a) *“Midwife” has the meaning ascribed to it in NRS 442.003.*



(b) “Primary care” means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

~~[(b)]~~ (c) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

Sec. 74. NRS 442.003 is hereby amended to read as follows:

442.003 As used in this chapter, unless the context requires otherwise:

1. “Advisory Board” means the Advisory Board on Maternal and Child Health.

2. “Department” means the Department of Health and Human Services.

3. “Director” means the Director of the Department.

4. “Division” means the Division of Public and Behavioral Health of the Department.

5. “Fetal alcohol syndrome” includes fetal alcohol effects.

6. “Freestanding birthing center” has the meaning ascribed to it in NRS 449.0065.

7. “Laboratory” has the meaning ascribed to it in NRS 652.040.

8. “Midwife” means ~~[(b)]~~

~~—(a) A person certified as:~~

~~—(1) A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or~~

~~—(2) A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or~~

~~—(b) Any other]~~ *any* type of midwife ~~[(b)]~~, *including, without limitation, a licensed certified professional midwife, a certified nurse-midwife or any person who engages in the practice of certified professional midwifery.*

9. “Provider of health care or other services” means:

(a) A clinical alcohol and drug counselor who is licensed, or an alcohol and drug counselor who is licensed or certified, pursuant to chapter 641C of NRS;

(b) A physician or a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) A licensed nurse;

(d) A licensed psychologist;

(e) A licensed marriage and family therapist;

(f) A licensed clinical professional counselor;

(g) A licensed social worker;

(h) A licensed dietitian; ~~[(b)]~~

(i) *A licensed certified professional midwife; or*



(j) The holder of a certificate of registration as a pharmacist.

Sec. 75. NRS 442.119 is hereby amended to read as follows:

442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context otherwise requires:

1. “Health officer” includes a local health officer, a city health officer, a county health officer and a district health officer.

2. “Medicaid” has the meaning ascribed to it in NRS 439B.120.

3. “Medicare” has the meaning ascribed to it in NRS 439B.130.

4. “Provider of prenatal care” means:

(a) A physician who is licensed in this State and certified in obstetrics and gynecology, family practice, general practice or general surgery.

(b) A certified nurse-midwife who is licensed by the State Board of Nursing.

(c) An advanced practice registered nurse who is licensed by the State Board of Nursing pursuant to NRS 632.237 and who has specialized skills and training in obstetrics or family nursing.

(d) A physician assistant licensed pursuant to chapter 630 or 633 of NRS who has specialized skills and training in obstetrics or family practice.

(e) A licensed certified professional midwife.

Sec. 76. NRS 442.610 is hereby amended to read as follows:

442.610 “Provider of health care” means:

1. A provider of health care as defined in NRS 629.031 ~~and~~, *including, without limitation, a licensed certified professional midwife; and*

2. ~~A midwife; and~~

~~—3.—~~ A freestanding birthing center licensed pursuant to chapter 449 of NRS.

Sec. 76.5. NRS 449.103 is hereby amended to read as follows:

449.103 1. To enable an agent or employee of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who provides care to a patient or resident of the facility to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are:

(a) From various racial and ethnic backgrounds;



- (b) From various religious backgrounds;
- (c) Persons with various sexual orientations and gender identities or expressions;
- (d) Children and senior citizens;
- (e) Persons with a mental or physical disability; and
- (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board.

2. The training relating specifically to cultural competency conducted by a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed pursuant to subsection 1 must be provided through a course or program that is approved by the Department of Health and Human Services.

3. The regulations adopted pursuant to this section must authorize a licensed certified professional midwife who is subject to the requirements of subsection 1 to use the training required by the regulations adopted pursuant to paragraph (b) of subsection 1 of section 19 of this act to satisfy the requirements of subsection 1.

Sec. 77. NRS 449.198 is hereby amended to read as follows:

449.198 1. A freestanding birthing center must:

(a) Provide sufficient space for members of the family of the pregnant person and other persons chosen by the pregnant person to assist with the birth;

(b) Have obstetrical services available to meet the needs of an acute patient; and

(c) Be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services relating to pregnancy.

2. Surgery, including, without limitation, the use of forceps, vacuum extractions, cesarean sections and tubal ligations, must not be performed at a freestanding birthing center.

3. A freestanding birthing center must have a director who is responsible for the operation of the freestanding birthing center. The director of a freestanding birthing center must be:

(a) A physician;

(b) *A licensed certified professional midwife;*

(c) A person who:

(1) Is certified as a Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; and

(2) Has successfully completed a program of education and training in midwifery that:

(I) Is accredited by the Midwifery Education Accreditation Council, or its successor organization; and

(II) Provides instruction and training in the Essential Competencies for Midwifery Practice prescribed by the



1 International Confederation of Midwives, or its successor
2 organization; or

3 ~~(e)~~ (d) A certified nurse-midwife.

4 4. As used in this section, “certified nurse-midwife” means a
5 person who is:

6 (a) Certified as a Certified Nurse-Midwife by the American
7 Midwifery Certification Board, or its successor organization; and

8 (b) Licensed as an advanced practice registered nurse pursuant
9 to NRS 632.237.

10 **Sec. 78.** NRS 454.00958 is hereby amended to read as
11 follows:

12 454.00958 “Practitioner” means:

13 1. A physician, dentist, veterinarian or podiatric physician who
14 holds a valid license to practice his or her profession in this State.

15 2. A pharmacy, hospital or other institution licensed or
16 registered to distribute, dispense, conduct research with respect to or
17 to administer a dangerous drug in the course of professional practice
18 in this State.

19 3. When relating to the prescription of poisons, dangerous
20 drugs and devices:

21 (a) An advanced practice registered nurse who holds a certificate
22 from the State Board of Pharmacy permitting him or her so to
23 prescribe; or

24 (b) A physician assistant who holds a license from the Board of
25 Medical Examiners and a certificate from the State Board of
26 Pharmacy permitting him or her so to prescribe.

27 4. An optometrist who is certified to prescribe and administer
28 pharmaceutical agents pursuant to NRS 636.288 when the
29 optometrist prescribes or administers dangerous drugs which are
30 within the scope of his or her certification.

31 5. *A licensed certified professional midwife, for the purpose*
32 *of:*

33 (a) *Ordering any device or drug described in subsection 1 or 2*
34 *of section 25 of this act for use in his or her practice;*

35 (b) *Ordering any device or vaccine described in subsection 4 of*
36 *section 25 of this act for a client;*

37 (c) *If the licensed certified professional midwife holds an*
38 *endorsement issued pursuant to paragraph (a) of subsection 1 of*
39 *section 26 of this act, ordering and dispensing any contraceptive*
40 *device authorized by the regulations adopted by the Board of*
41 *Licensed Certified Professional Midwives pursuant to section 26*
42 *of this act; and*

43 (d) *If the licensed certified professional midwife holds an*
44 *endorsement issued pursuant to paragraph (b) of subsection 1 of*
45 *section 26 of this act, prescribing and dispensing any drug*



authorized by the regulations adopted by the Board of Licensed Certified Professional Midwives pursuant to section 26 of this act.

Sec. 79. NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

(c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

(d) In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(1) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(2) Acting under the direction of the medical director of that agency or facility who works in this State.

(e) A medication aide - certified at a designated facility under the supervision of an advanced practice registered nurse or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this paragraph, “designated facility” has the meaning ascribed to it in NRS 632.0145.

(f) Except as otherwise provided in paragraph (g), an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(1) The State Board of Health in a county whose population is less than 100,000;

(2) A county board of health in a county whose population is 100,000 or more; or

(3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

(g) An advanced emergency medical technician or a paramedic who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.



(h) A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

(i) A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

(j) A medical student or student nurse in the course of his or her studies at an accredited college of medicine or approved school of professional or practical nursing, at the direction of a physician and:

(1) In the presence of a physician or a registered nurse; or

(2) Under the supervision of a physician or a registered nurse if the student is authorized by the college or school to administer the drug or medicine outside the presence of a physician or nurse.

➔ A medical student or student nurse may administer a dangerous drug in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

(k) Any person designated by the head of a correctional institution.

(l) An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

(m) A holder of a license to engage in radiation therapy and radiologic imaging issued pursuant to chapter 653 of NRS, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

(n) A chiropractic physician, but only if the drug or medicine is a topical drug used for cooling and stretching external tissue during therapeutic treatments.

(o) A physical therapist, but only if the drug or medicine is a topical drug which is:

(1) Used for cooling and stretching external tissue during therapeutic treatments; and

(2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

(p) In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.

(q) A veterinary technician or a veterinary assistant at the direction of his or her supervising veterinarian.

(r) In accordance with applicable regulations of the Board, a registered pharmacist who:



(1) Is trained in and certified to carry out standards and practices for immunization programs;

(2) Is authorized to administer immunizations pursuant to written protocols from a physician; and

(3) Administers immunizations in compliance with the “Standards for Immunization Practices” recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(s) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

(t) A person who is enrolled in a training program to become a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist or veterinary technician or to obtain a license to engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist, veterinary technician or person licensed to engage in radiation therapy and radiologic imaging who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

(u) A medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(v) A certified professional midwife, certified professional midwife student midwife or certified professional midwife birth assistant who is administering the medicine or drug under the direct supervision of a licensed certified professional midwife, as authorized by sections 2 to 32, inclusive, of this act and any regulations adopted pursuant thereto.

2. As used in this section, “accredited college of medicine” has the meaning ascribed to it in NRS 453.375.



* A B 3 8 6 R 2 *

Sec. 80. NRS 454.361 is hereby amended to read as follows:

454.361 A conviction of the violation of any of the provisions of NRS 454.181 to 454.371, inclusive, constitutes grounds for the suspension or revocation of any license issued to such person pursuant to the provisions of chapters 630, 631, 633, 635, 636, 638, 639 or 653 of NRS **H or sections 2 to 32, inclusive, of this act.**

Sec. 81. NRS 457.301 is hereby amended to read as follows:

457.301 1. A primary care provider shall:

(a) Attempt to determine whether each adult woman to whom he or she provides care has a personal or family history of breast, ovarian, tubal or peritoneal cancer or an ancestry associated with a harmful mutation in the BRCA gene or meets any other criteria under which the United States Preventive Services Task Force has recommended screening for a risk of such a mutation; and

(b) If the primary care provider determines that an adult woman to whom he or she provides care meets the criteria described in paragraph (a) and has not previously undergone genetic testing for a harmful mutation in the BRCA gene, use an appropriate brief familial risk assessment tool to screen for a risk of such a mutation.

2. If such a screening indicates that a woman is at risk of a harmful mutation in the BRCA gene, the primary care provider must:

(a) Provide the woman with written notice of the need to discuss genetic counseling and testing with the provider;

(b) Provide genetic counseling to the woman or ensure that the woman is referred for genetic counseling; and

(c) If a genetic test for harmful mutations in the BRCA gene is clinically indicated as a result of the genetic counseling, administer such a test to the woman or ensure that the woman is referred for such testing.

3. A primary care provider who fails to comply with this section is not subject to criminal penalties or professional discipline for such failure to comply.

4. As used in this section, “primary care provider” means:

(a) A physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS or advanced practice registered nurse who specializes in primary care, family medicine, internal medicine or obstetrics and gynecology; or

(b) A **licensed certified professional** midwife.

Sec. 82. NRS 608.0116 is hereby amended to read as follows:

608.0116 “Professional” means pertaining to:

1. An employee who is licensed or certified by the State of Nevada for and engaged in the practice of law or any of the professions regulated by chapters 623 to 645, inclusive, 645G and 656A of NRS **H and sections 2 to 32, inclusive, of this act.**



2. A creative professional as described in 29 C.F.R. § 541.302 who is not an employee of a contractor as that term is defined in NRS 624.020.

Sec. 83. NRS 679B.440 is hereby amended to read as follows:

679B.440 1. The Commissioner may require that reports submitted pursuant to NRS 679B.430 include, without limitation, information regarding:

(a) Liability insurance provided to:

(1) Governmental agencies and political subdivisions of this State, reported separately for:

(I) Cities and towns;

(II) School districts; and

(III) Other political subdivisions;

(2) Public officers;

(3) Establishments where alcoholic beverages are sold;

(4) Facilities for the care of children;

(5) Labor, fraternal or religious organizations; and

(6) Officers or directors of organizations formed pursuant to title 7 of NRS, reported separately for nonprofit entities and entities organized for profit;

(b) Liability insurance for:

(1) Defective products;

(2) Medical or dental malpractice of:

(I) A practitioner licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639 or 640 of NRS **or sections 2 to 32, inclusive, of this act** or who holds a license or limited license issued pursuant to chapter 653 of NRS;

(II) A hospital or other health care facility; or

(III) Any related corporate entity;

(3) Malpractice of attorneys;

(4) Malpractice of architects and engineers; and

(5) Errors and omissions by other professionally qualified persons;

(c) Vehicle insurance, reported separately for:

(1) Private vehicles;

(2) Commercial vehicles;

(3) Liability insurance; and

(4) Insurance for property damage; and

(d) Workers' compensation insurance.

2. The Commissioner may require that the report include, without limitation, information specifically pertaining to this State or to an insurer in its entirety, in the aggregate or by type of insurance, and for a previous or current year, regarding:

(a) Premiums directly written;

(b) Premiums directly earned;



- (c) Number of policies issued;
- (d) Net investment income, using appropriate estimates when necessary;
- (e) Losses paid;
- (f) Losses incurred;
- (g) Loss reserves, including:
 - (1) Losses unpaid on reported claims; and
 - (2) Losses unpaid on incurred but not reported claims;
- (h) Number of claims, including:
 - (1) Claims paid; and
 - (2) Claims that have arisen but are unpaid;
- (i) Expenses for adjustment of losses, including allocated and unallocated losses;
- (j) Net underwriting gain or loss;
- (k) Net operation gain or loss, including net investment income; and
- (l) Any other information requested by the Commissioner.

3. The Commissioner may also obtain, based upon an insurer in its entirety, information regarding:

- (a) Recoverable federal income tax;
- (b) Net unrealized capital gain or loss; and
- (c) All other expenses not included in subsection 2.

Sec. 84. NRS 686A.2825 is hereby amended to read as follows:

686A.2825 “Practitioner” means:

1. A physician, dentist, nurse, *licensed certified professional midwife*, dispensing optician, optometrist, physical therapist, podiatric physician, psychologist, chiropractic physician, doctor of Oriental medicine in any form, director or technician of a medical laboratory, pharmacist, person who holds a license to engage in radiation therapy and radiologic imaging or a limited license to engage in radiologic imaging pursuant to chapter 653 of NRS or other provider of health services who is authorized to engage in his or her occupation by the laws of this state or another state; and

2. An attorney admitted to practice law in this state or any other state.

Sec. 85. NRS 686B.030 is hereby amended to read as follows:

686B.030 1. Except as otherwise provided in subsection 2 and NRS 686B.125, the provisions of NRS 686B.010 to 686B.1799, inclusive, apply to all kinds and lines of direct insurance written on risks or operations in this State by any insurer authorized to do business in this State, except:

- (a) Ocean marine insurance;
- (b) Contracts issued by fraternal benefit societies;
- (c) Life insurance and credit life insurance;



- 1 (d) Variable and fixed annuities;
- 2 (e) Credit accident and health insurance;
- 3 (f) Property insurance for business and commercial risks;
- 4 (g) Casualty insurance for business and commercial risks other
- 5 than insurance covering the liability of a practitioner licensed
- 6 pursuant to chapters 630 to 640, inclusive, of NRS *and sections 2 to*
- 7 *32, inclusive, of this act* or who holds a license or limited license
- 8 issued pursuant to chapter 653 of NRS;
- 9 (h) Surety insurance;
- 10 (i) Health insurance offered through a group health plan
- 11 maintained by a large employer; and
- 12 (j) Credit involuntary unemployment insurance.

13 2. The exclusions set forth in paragraphs (f) and (g) of
14 subsection 1 extend only to issues related to the determination or
15 approval of premium rates.

16 **Sec. 86.** NRS 686B.040 is hereby amended to read as follows:

17 686B.040 1. Except as otherwise provided in subsection 2,
18 the Commissioner may by rule exempt any person or class of
19 persons or any market segment from any or all of the provisions of
20 NRS 686B.010 to 686B.1799, inclusive, if and to the extent that the
21 Commissioner finds their application unnecessary to achieve the
22 purposes of those sections.

23 2. The Commissioner may not, by rule or otherwise, exempt an
24 insurer from the provisions of NRS 686B.010 to 686B.1799,
25 inclusive, with regard to insurance covering the liability of a
26 practitioner licensed pursuant to chapter 630, 631, 632 or 633 of
27 NRS *or sections 2 to 32, inclusive, of this act* for a breach of the
28 practitioner's professional duty toward a patient.

29 **Sec. 87.** NRS 686B.115 is hereby amended to read as follows:

30 686B.115 1. Any hearing held by the Commissioner to
31 determine whether rates comply with the provisions of NRS
32 686B.010 to 686B.1799, inclusive, must be open to members of the
33 public.

34 2. All costs for transcripts prepared pursuant to such a hearing
35 must be paid by the insurer requesting the hearing.

36 3. At any hearing which is held by the Commissioner to
37 determine whether rates comply with the provisions of NRS
38 686B.010 to 686B.1799, inclusive, and which involves rates for
39 insurance covering the liability of a practitioner licensed pursuant to
40 chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive,*
41 *of this act* for a breach of the practitioner's professional duty toward
42 a patient, if a person is not otherwise authorized pursuant to this title
43 to become a party to the hearing by intervention, the person is
44 entitled to provide testimony at the hearing if, not later than 2 days



1 before the date set for the hearing, the person files with the
2 Commissioner a written statement which states:

- 3 (a) The name and title of the person;
- 4 (b) The interest of the person in the hearing; and
- 5 (c) A brief summary describing the purpose of the testimony the
6 person will offer at the hearing.

7 4. If a person provides testimony at a hearing in accordance
8 with subsection 3:

9 (a) The Commissioner may, if the Commissioner finds it
10 necessary to preserve order, prevent inordinate delay or protect the
11 rights of the parties at the hearing, place reasonable limitations on
12 the duration of the testimony and prohibit the person from providing
13 testimony that is not relevant to the issues raised at the hearing.

14 (b) The Commissioner shall consider all relevant testimony
15 provided by the person at the hearing in determining whether the
16 rates comply with the provisions of NRS 686B.010 to 686B.1799,
17 inclusive.

18 **Sec. 88.** NRS 689A.035 is hereby amended to read as follows:

19 689A.035 1. An insurer shall not charge a provider of health
20 care a fee to include the name of the provider on a list of providers
21 of health care given by the insurer to its insureds.

22 2. An insurer shall not contract with a provider of health care
23 to provide health care to an insured unless the insurer uses the form
24 prescribed by the Commissioner pursuant to NRS 629.095 to obtain
25 any information related to the credentials of the provider of health
26 care.

27 3. A contract between an insurer and a provider of health care
28 may be modified:

29 (a) At any time pursuant to a written agreement executed by
30 both parties.

31 (b) Except as otherwise provided in this paragraph, by the
32 insurer upon giving to the provider 45 days' written notice of the
33 modification of the insurer's schedule of payments, including any
34 changes to the fee schedule applicable to the provider's practice. If
35 the provider fails to object in writing to the modification within the
36 45-day period, the modification becomes effective at the end of that
37 period. If the provider objects in writing to the modification within
38 the 45-day period, the modification must not become effective
39 unless agreed to by both parties as described in paragraph (a).

40 4. If an insurer contracts with a provider of health care to
41 provide health care to an insured, the insurer shall:

42 (a) If requested by the provider of health care at the time the
43 contract is made, submit to the provider of health care the schedule
44 of payments applicable to the provider of health care; or



(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~H~~ *or sections 2 to 32, inclusive, of this act.*

Sec. 89. NRS 689B.015 is hereby amended to read as follows:

689B.015 1. An insurer that issues a policy of group health insurance shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~H~~ *or sections 2 to 32, inclusive, of this act.*



Sec. 90. NRS 689C.131 is hereby amended to read as follows:

689C.131 1. A carrier serving small employers and a carrier that offers a contract to a voluntary purchasing group shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the carrier to its insureds.

2. A carrier specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the carrier uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a carrier specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the carrier upon giving to the provider 45 days' written notice of the modification of the carrier's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45 day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45 day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If a carrier specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the carrier shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS **or sections 2 to 32, inclusive, of this act.**

Sec. 91. NRS 690B.250 is hereby amended to read as follows:

690B.250 Except as more is required in NRS 630.3067 and 633.526:

1. Each insurer which issues a policy of insurance covering the liability of a practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS **or sections 2 to 32, inclusive, of this act** or who holds a license or limited license issued pursuant to chapter 653 of



1 NRS for a breach of his or her professional duty toward a patient
2 shall report to the board which licensed the practitioner within 45
3 days each settlement or award made or judgment rendered by reason
4 of a claim, if the settlement, award or judgment is for more than
5 \$5,000, giving the name of the claimant and the practitioner and the
6 circumstances of the case.

7 2. A practitioner licensed pursuant to chapters 630 to 640,
8 inclusive, of NRS *or sections 2 to 32, inclusive, of this act* or who
9 holds a license or limited license issued pursuant to chapter 653 of
10 NRS who does not have insurance covering liability for a breach of
11 his or her professional duty toward a patient shall report to the board
12 which issued the practitioner's license within 45 days of each
13 settlement or award made or judgment rendered by reason of a
14 claim, if the settlement, award or judgment is for more than \$5,000,
15 giving the practitioner's name, the name of the claimant and the
16 circumstances of the case.

17 3. These reports are public records and must be made available
18 for public inspection within a reasonable time after they are received
19 by the licensing board.

20 **Sec. 92.** NRS 690B.270 is hereby amended to read as follows:

21 690B.270 If an insurer declines to issue to a practitioner
22 licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or*
23 *sections 2 to 32, inclusive, of this act* a policy of professional
24 liability insurance, the insurer shall, upon the request of the
25 practitioner, disclose to the practitioner the reasons the insurer
26 declined to issue the policy.

27 **Sec. 93.** NRS 690B.280 is hereby amended to read as follows:

28 690B.280 If an insurer, for a policy of professional liability
29 insurance for a practitioner licensed pursuant to chapter 630, 631,
30 632 or 633 of NRS ~~H~~ *or sections 2 to 32, inclusive, of this act*, sets
31 the premium for the policy for the practitioner at a rate that is higher
32 than the standard rate of the insurer for the applicable type of policy
33 and specialty of the practitioner, the insurer shall, upon the request
34 of the practitioner, disclose the reasons the insurer set the premium
35 for the policy at the higher rate.

36 **Sec. 94.** NRS 690B.290 is hereby amended to read as follows:

37 690B.290 If an insurer offers to issue a claims-made policy to a
38 practitioner licensed pursuant to chapter 630, 631, 632 or 633 of
39 NRS ~~H~~ *or sections 2 to 32, inclusive, of this act*, the insurer shall:

40 1. Offer to issue an extended reporting endorsement to the
41 practitioner; and

42 2. Disclose to the practitioner the cost formula that the insurer
43 uses to determine the premium for the extended reporting
44 endorsement. The cost formula must be based on:



(a) An amount that is not more than twice the amount of the premium for the claims-made policy at the time of the termination of that policy; and

(b) The rates filed by the insurer and approved by the Commissioner.

Sec. 95. NRS 690B.300 is hereby amended to read as follows:

690B.300 1. Except as otherwise provided in this section, if an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year, the insurer shall not set the premium for the policy at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year if the difference in rates is based in whole or in part upon the number of babies delivered per year by the practitioner.

2. If an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year, the insurer may set the premium for the policy at a rate that is different, based in whole or in part upon the number of babies delivered per year by the practitioner, from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year if the insurer:

(a) Bases the difference upon actuarial and loss experience data available to the insurer; and

(b) Obtains the approval of the Commissioner for the difference in rates.

3. The provisions of this section do not prohibit an insurer from setting the premium for a policy of professional liability insurance issued to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* who delivers one or more babies per year if the difference in rates is based solely upon factors other than the number of babies delivered per year by the practitioner.

Sec. 96. NRS 690B.310 is hereby amended to read as follows:

690B.310 1. If an agreement settles a claim or action against a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* for a breach of his or



her professional duty toward a patient, the following terms of the agreement must not be made confidential:

- (a) The names of the parties;
- (b) The date of the incidents or events giving rise to the claim or action;
- (c) The nature of the claim or action as set forth in the complaint and the answer that is filed with the district court; and
- (d) The effective date of the agreement.

2. Any provision of an agreement to settle a claim or action that conflicts with this section is void.

Sec. 97. NRS 690B.320 is hereby amended to read as follows:

690B.320 1. If an insurer offers to issue a claims-made policy to a practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS *or sections 2 to 32, inclusive, of this act* or who holds a license or limited license issued pursuant to chapter 653 of NRS, the insurer shall:

(a) Offer to issue to the practitioner an extended reporting endorsement without a time limitation for reporting a claim.

(b) Disclose to the practitioner the premium for the extended reporting endorsement and the cost formula that the insurer uses to determine the premium for the extended reporting endorsement.

(c) Disclose to the practitioner the portion of the premium attributable to funding the extended reporting endorsement offered at no additional cost to the practitioner in the event of the practitioner's death, disability or retirement, if such a benefit is offered.

(d) Disclose to the practitioner the vesting requirements for the extended reporting endorsement offered at no additional cost to the practitioner in the event of the practitioner's death or retirement, if such a benefit is offered. If such a benefit is not offered, the absence of such a benefit must be disclosed.

(e) Include, as part of the insurance contract, language which must be approved by the Commissioner and which must be substantially similar to the following:

If we adopt any revision that would broaden the coverage under this policy without any additional premium either within the policy period or within 60 days before the policy period, the broadened coverage will immediately apply to this policy.

2. The disclosures required by subsection 1 must be made as part of the offer and acceptance at the inception of the policy and again at each renewal in the form of an endorsement attached to the insurance contract and approved by the Commissioner.



3. The requirements set forth in this section are in addition to the requirements set forth in NRS 690B.290.

Sec. 98. NRS 690B.360 is hereby amended to read as follows:

690B.360 1. The Commissioner may collect all information which is pertinent to monitoring whether an insurer that issues professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* is complying with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive. Such information may include, without limitation:

(a) The amount of gross premiums collected with regard to each medical specialty;

(b) Information relating to loss ratios; and

(c) Information reported pursuant to NRS 679B.430 and 679B.440.

2. In addition to the information collected pursuant to subsection 1, the Commissioner may request any additional information from an insurer:

(a) Whose rates and credit utilization are materially different from other insurers in the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* in this State;

(b) Whose credit utilization shows a substantial change from the previous year; or

(c) Whose information collected pursuant to subsection 1 indicates a potentially adverse trend.

3. If the Commissioner requests additional information from an insurer pursuant to subsection 2, the Commissioner may:

(a) Determine whether the additional information offers a reasonable explanation for the results described in paragraph (a), (b) or (c) of subsection 2; and

(b) Take any steps permitted by law that are necessary and appropriate to assure the ongoing stability of the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* in this State.

4. On an ongoing basis, the Commissioner may analyze and evaluate the information collected pursuant to this section to determine trends in and measure the health of the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 32, inclusive, of this act* in this State.

5. If the Commissioner convenes a hearing pursuant to subsection 1 of NRS 690B.350 and determines that the market for professional liability insurance issued to any class, type or specialty



of practitioner licensed pursuant to chapter 630, 631 or 633 of NRS *or sections 2 to 32, inclusive, of this act* is not competitive and that such insurance is unavailable or unaffordable for a substantial number of such practitioners, the Commissioner shall prepare and submit a report of the Commissioner's findings and recommendations to the Director of the Legislative Counsel Bureau for transmittal to members of the Legislature.

Sec. 99. NRS 695A.095 is hereby amended to read as follows:

695A.095 1. A society shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the society to its insureds.

2. A society shall not contract with a provider of health care to provide health care to an insured unless the society uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a society and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the society upon giving to the provider 45 days' written notice of the modification of the society's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If a society contracts with a provider of health care to provide health care to an insured, the society shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS *H or sections 2 to 32, inclusive, of this act.*



Sec. 100. NRS 695B.035 is hereby amended to read as follows:

695B.035 1. A corporation subject to the provisions of this chapter shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the corporation to its insureds.

2. A corporation specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the corporation uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a corporation specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the corporation upon giving to the provider 45 days' written notice of the modification of the corporation's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If a corporation specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the corporation shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS **or sections 2 to 32, inclusive, of this act.**

Sec. 101. NRS 695C.125 is hereby amended to read as follows:

695C.125 1. A health maintenance organization shall not contract with a provider of health care to provide health care to an insured unless the health maintenance organization uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain



1 any information related to the credentials of the provider of health
2 care.

3 2. A contract between a health maintenance organization and a
4 provider of health care may be modified:

5 (a) At any time pursuant to a written agreement executed by
6 both parties.

7 (b) Except as otherwise provided in this paragraph, by the health
8 maintenance organization upon giving to the provider 45 days'
9 written notice of the modification of the health maintenance
10 organization's schedule of payments, including any changes to the
11 fee schedule applicable to the provider's practice. If the provider
12 fails to object in writing to the modification within the 45-day
13 period, the modification becomes effective at the end of that period.
14 If the provider objects in writing to the modification within the 45-
15 day period, the modification must not become effective unless
16 agreed to by both parties as described in paragraph (a).

17 3. If a health maintenance organization contracts with a
18 provider of health care to provide health care to an enrollee, the
19 health maintenance organization shall:

20 (a) If requested by the provider of health care at the time the
21 contract is made, submit to the provider of health care the schedule
22 of payments applicable to the provider of health care; or

23 (b) If requested by the provider of health care at any other time,
24 submit to the provider of health care the schedule of payments,
25 including any changes to the fee schedule applicable to the
26 provider's practice, specified in paragraph (a) within 7 days after
27 receiving the request.

28 4. As used in this section, "provider of health care" means a
29 provider of health care who is licensed pursuant to chapter 630, 631,
30 632 or 633 of NRS ***H or sections 2 to 32, inclusive, of this act.***

31 **Sec. 102.** NRS 695G.127 is hereby amended to read as
32 follows:

33 695G.127 1. A managed care organization shall not contract
34 with a provider of health care to provide health care to an insured
35 unless the managed care organization uses the form prescribed by
36 the Commissioner pursuant to NRS 629.095 to obtain any
37 information related to the credentials of the provider of health care.

38 2. A contract between a managed care organization and a
39 provider of health care may be modified:

40 (a) At any time pursuant to a written agreement executed by
41 both parties.

42 (b) Except as otherwise provided in this paragraph, by the
43 managed care organization upon giving to the provider 45 days'
44 written notice of the modification of the managed care
45 organization's schedule of payments, including any changes to the



1 fee schedule applicable to the provider's practice. If the provider
2 fails to object in writing to the modification within the 45-day
3 period, the modification becomes effective at the end of that period.
4 If the provider objects in writing to the modification within the 45-
5 day period, the modification must not become effective unless
6 agreed to by both parties as described in paragraph (a).

7 3. If a managed care organization contracts with a provider of
8 health care to provide health care services pursuant to chapter 689A,
9 689B, 689C, 695A, 695B or 695C of NRS, the managed care
10 organization shall:

11 (a) If requested by the provider of health care at the time the
12 contract is made, submit to the provider of health care the schedule
13 of payments applicable to the provider of health care; or

14 (b) If requested by the provider of health care at any other time,
15 submit to the provider of health care the schedule of payments,
16 including any changes to the fee schedule applicable to the
17 provider's practice, specified in paragraph (a) within 7 days after
18 receiving the request.

19 4. As used in this section, "provider of health care" means a
20 provider of health care who is licensed pursuant to chapter 630, 631,
21 632 or 633 of NRS ~~H~~ *or sections 2 to 32, inclusive, of this act.*

22 **Sec. 103.** Section 20 of this act is hereby amended to read as
23 follows:

24 Sec. 20. 1. An applicant for a license as a licensed
25 certified professional midwife must submit to the Division an
26 application pursuant to this section in the form prescribed by
27 the Division. The application must be accompanied by a fee
28 in the amount prescribed by regulation of the State Board of
29 Health pursuant to NRS 439.150, which must not exceed
30 \$1,000, and:

31 (a) A complete set of his or her fingerprints and written
32 permission authorizing the Division to forward the
33 fingerprints to the Central Repository for Nevada Records of
34 Criminal History for submission to the Federal Bureau of
35 Investigation for its report; or

36 (b) Written verification, on a form prescribed by the
37 Division, stating that the fingerprints of the applicant were
38 taken in this State and directly forwarded electronically or by
39 another means to the Central Repository and that the
40 applicant has given written permission to the law enforcement
41 agency or other authorized entity taking the fingerprints to
42 submit the fingerprints to the Central Repository for
43 submission to the Federal Bureau of Investigation for its
44 report.



2. The application must include, without limitation, proof that the applicant ~~is~~:

(a) ~~Is~~ certified as a midwife by the North American Registry of Midwives, or its successor organization; ~~and~~ ~~and~~

~~(a)~~ (b) Has completed an educational program that is consistent with the most recent statement on licensure of Certified Professional Midwives by the United States Midwifery Education, Regulation and Association, or its successor organization. ~~or~~

~~(b) Holds a Midwifery Bridge Certificate issued by the North American Registry of Midwives, or its successor organization, and has completed the Portfolio Evaluation Process prescribed by that organization.]~~

3. *If the Division determines it to be necessary to address shortages in the number of licensed certified professional midwives practicing in rural or underserved areas in this State or barriers for applicants from marginalized identities, the Division may, on a case-by-case basis, exempt an applicant from the requirements of paragraph (b) of subsection 2 if the applicant:*

(a) *Holds a Midwifery Bridge Certificate issued by the North American Registry of Midwives, or its successor organization; and*

(b) *Has completed the Portfolio Evaluation Process prescribed by that organization.*

4. A license as a licensed certified professional midwife may be renewed upon submission to the Division of a renewal application in the form prescribed by the Division. The renewal application must:

(a) Be accompanied by a renewal fee in the amount prescribed by regulation of the State Board of Health pursuant to NRS 439.150, which must not exceed \$1,000; and

(b) Include any information required by the regulations adopted by the Board pursuant to section 19 of this act.

~~4.]~~ 5. To the extent that the implementation of such provisions will leave the Division with sufficient money to carry out its duties under this chapter, the State Board of Health may establish by regulation a procedure through which:

(a) An applicant may petition the Division to reduce the fees imposed pursuant to this section or section 26 of this act. An applicant may qualify for such a reduction if the applicant demonstrates, to the satisfaction of the Division, that the fees imposed pursuant to this section or section 26 of this act are an economic hardship on the applicant.



(b) The Division allocates a portion of the fees imposed and collected pursuant to this section or section 26 of this act to programs that promote applicants from marginalized identities through increasing the numbers of such applicants and reducing barriers that such applicants face.

~~5.]~~ 6. As used in this section, “marginalized identity” means an identity or expression that causes or has historically caused a person of such identity or expression to be disproportionately discriminated against, harassed or otherwise negatively treated or affected as a result of the identity or expression.

Sec. 104. Section 22 of this act is hereby amended to read as follows:

Sec. 22. 1. In addition to any other requirements set forth in this chapter ~~1:~~

~~—(a) An applicant for the issuance of a license as a licensed certified professional midwife in this State shall include the social security number of the applicant in the application submitted to the Division.~~

~~—(b) An]~~ , **an** applicant for the issuance of a license as a licensed certified professional midwife in this State shall submit to the Division of Public and Behavioral Health of the Department of Health and Human Services the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Division of Public and Behavioral Health of the Department of Health and Human Services shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Division.

3. A license as a licensed certified professional midwife may not be issued or renewed by the Division if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court



order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 105. (Deleted by amendment.)

Sec. 106. (Deleted by amendment.)

Sec. 107. (Deleted by amendment.)

Sec. 108. Notwithstanding the provisions of section 17 of this act, on or before July 1, 2024, the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services may appoint to the Board of Licensed Certified Professional Midwives created by that section:

1. Four members pursuant to paragraph (a) of subsection 2 of that section who are not licensed pursuant to section 20 of this act and are certified as midwives by the North American Registry of Midwives, or its successor organization. If such a member is not licensed as a licensed certified professional midwife pursuant to section 20 of this act on July 1, 2024:

(a) His or her term ends on that date; and

(b) The Administrator shall appoint a person who is so licensed to fill the vacancy.

2. One member pursuant to paragraph (b) of subsection 2 of section 17 of this act who has not received care from a licensed certified professional midwife licensed pursuant to section 20 of this act but who has received care from a midwife certified by the North American Registry of Midwives, or its successor organization. That member may serve until the expiration of the term prescribed pursuant to subsection 6 of section 17 of this act.

Sec. 109. NRS 440.035 is hereby repealed.

Sec. 110. 1. This section and sections 106 and 107 of this act become effective upon passage and approval.

2. Sections 1 to 102, inclusive, 108 and 109 of this act become effective:

(a) Upon passage and approval for the purpose of appointing the members of the Board of Licensed Certified Professional Midwives created by section 17 of this act, adopting any regulations 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. Section 103 of this act becomes effective on January 1, 2026.



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4. Section 104 of this act becomes effective on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

are repealed by the Congress of the United States.

5. Section 105 of this act becomes effective on the date on which the regulations described in section 106 of this act become effective.

6. Section 33 of this act expires by limitation on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

are repealed by the Congress of the United States.

7. Sections 22, 29 and 104 of this act expire by limitation on the date 2 years after the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

are repealed by the Congress of the United States.

TEXT OF REPEALED SECTION

440.035 “Midwife” defined. As used in this chapter, “midwife” means:

1. A person certified as:



- (a) A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or
 - (b) A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or
2. Any other type of midwife.

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